

## **Progress Note Guidance**

### **Purpose:**

The purpose of this Progress Note is to assist the Physician, and/or Medicare allowed Non-Physician Practitioner (NPP)\*, in documenting patient eligibility for the Medicare home health benefit. This document can be placed in the “progress notes” section of the patient’s medical record. The use of this Progress Note is entirely voluntary/optional and is intended ONLY to assist the physician or allowable Medicare NPP in documenting patient eligibility (i.e. the encounter and homebound status of the patient.)

*The completion of this Progress Note alone will not substantiate eligibility for the Medicare Home Health benefit.*

### **Medicare Home Health Services Patient Eligibility Certification Requirements:**

The face-to-face encounter is one of several requirements for the initial certification of eligibility for Medicare home health services. For the initial certification of eligibility for Medicare home health services, a physician must certify (attest) that the patient meets all of the following criteria:

- 1. The patient is, or was, confined to the home at the time home health services were furnished;**
2. The patient needs, or needed, skilled services;
3. The patient is under the care of a physician;
4. The patient is receiving or received home health services while under a plan of care established and reviewed by a physician; and
- 5. The patient has had a face-to-face encounter that:**
  - **occurred no more than 90 days prior to the home health start of care date or within 30 days of the start of the home health care;**
  - **was related to the primary reason the patient requires home health services; and was performed by a physician or allowed non-physician practitioner.****The certifying physician must also document the date of the encounter.**

### **Who Can Complete this Progress Note:**

The following practitioners are eligible to satisfy the face-to-face encounter requirement described in #5 above and may complete this Progress Note:

1. The physician who certifies the patient’s eligibility for home health benefit/services;
2. A physician, with privileges, who cared for the patient in an acute or post-acute care facility from which the patient was directly admitted to home health; or
3. A Medicare allowed NPP\*, defined as a nurse practitioner, clinical nurse specialist, certified nurse midwife or a physician assistant (as those terms are defined in section 1861(aa)(5) of the Social Security Act).

*The Home Health agency cannot complete this form and send to the physician for his signature.*

### **The Patient’s Medical Record is the Basis for Certification:**

The certifying physician shall use the patient’s medical record as a basis for certification of home health eligibility. Therefore, in cases where an eligible entity other than the certifying physician completes the face-to-face encounter, the certifying physician may review, sign-off (evidencing his/her review) and incorporate the completed Progress Note into the patient’s medical record held by the certifying physician.

# Progress Note

*The use of this document is entirely voluntary/optional.*

## Patient:

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Date of Birth:** \_\_/\_\_/\_\_\_\_

**Name of physician/Medicare allowed non-physician practitioner (NPP)\* who performed the encounter:** \_\_\_\_\_  
**Date of encounter:** \_\_/\_\_/\_\_\_\_

**Is this encounter with the patient related to the primary reason the patient requires Home Health Services?**

**Yes**  **No**  (Please check one :)

## Subjective:

Patient's Chief Complaint:

\_\_\_\_\_  
\_\_\_\_\_

- Check if not completing a history and physical during the encounter.  
[In the e-clinical template, the "History of Present Illness" and "Review of Systems" will not appear if checked.]

## History of Present Illness:

**Pain Assessment:**

**Location:** \_\_\_\_\_

**Quality:**  aching  burning  radiating  other: \_\_\_\_\_

**Severity:**  1  2  3  4  5  6  7  8  9  10

**Duration:**  1day  2days  3days  other: \_\_\_\_\_

**Timing:**  constant  intermittent  time of day? \_\_\_\_\_

**Context:** better/worse  at work  rest  sleep  other: \_\_\_\_\_

**Moderating Factors:** better/worse with  heat  ice  other: \_\_\_\_\_

**Associated Signs/Symptoms:** \_\_\_\_\_

**Medical History:** \_\_\_\_\_

**Surgical Procedure(s) History:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

## Review of Systems:

**Eyes:**  visual changes  other \_\_\_\_\_

**ENT:**  sore throat  rhinitis  other \_\_\_\_\_

**CV:**  chest pain  other \_\_\_\_\_

**Resp:**  SOB  cough  hemoptysis  other \_\_\_\_\_

**Gastro:**  nausea  vomiting  diarrhea  abd pain  other \_\_\_\_\_

**GenitoUr:**  dysuria  frequency  urgency  other \_\_\_\_\_

**Musc/Skel:**  back pain  joint pain  other \_\_\_\_\_

**Skin/Breast:**  rash  itching  other \_\_\_\_\_

**Neurologic:**  numbness  dizziness  other \_\_\_\_\_

**Psych:**  anxiety  depression  other \_\_\_\_\_

**Endocrine:**  hypoglycemia  thirsty  other \_\_\_\_\_

**Hem/Lymph:**  anemia  bleeding  other \_\_\_\_\_

Allergy/Immune:  deficiency  other \_\_\_\_\_  
Other: \_\_\_\_\_

**Objective:**

Vital Signs: T=\_\_\_\_\_ P=\_\_\_\_\_ R=\_\_\_\_\_ BP=\_\_\_\_\_/\_\_\_\_\_ Height=\_\_\_\_\_ Weight=\_\_\_\_\_

General Appearance \_\_\_\_\_

Objective Findings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assessment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plan:**

This patient requires **Skilled Nursing Services:** *(Please specify.)*

\_\_\_\_\_  
\_\_\_\_\_

This patient needs to be evaluated and treated for one or more of the following services: *(Check all that apply.)*

Physical therapy: (specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Occupational Therapy: (specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Speech Language Pathology: (specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Check here if you will not be following this patient's care after discharge.  
[In the e-clinical template the "Naming the Community Physician" section will not appear if not checked.]

If the patient requiring home health services is being discharged to home from a hospital/acute care facility, and the discharging physician will not be following the patient after discharge, then please identify the community physician who will be taking over care for the patient.

\_\_\_\_\_  
Physician's Name

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

***To receive home health services, the patient must be homebound and meet Medicare's criteria for "Confined to the Home."***

Check here and continue if choosing to document homebound status as part of this Progress Note.  
[In the e-clinical template, the "Homebound Status" section will not appear if not checked.]

**Homebound Status:**

Medicare considers the patient homebound if the **ONE** of criteria A and **BOTH** of criteria B are met:

**Criteria A: Select and describe at least one.**

Because of illness or injury, the patient needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence.

Specify: \_\_\_\_\_  
\_\_\_\_\_

The patient has a condition such that leaving his or her home is medically contraindicated.

Specify: \_\_\_\_\_  
\_\_\_\_\_

**Criteria B:** (To meet Medicare's confined to home requirement, patient must meet at least one Criteria A **AND** both Criteria B.)

There must exist a normal inability to leave the home.

Specify: \_\_\_\_\_  
\_\_\_\_\_

Leaving home requires a considerable and taxing effort.

Specify: \_\_\_\_\_  
\_\_\_\_\_

*Note: If the patient does in fact leave the home, the patient may nevertheless be considered homebound if the absences from the home are infrequent or for periods of relatively short duration, or are attributable to the need to receive health care treatment (examples: outpatient dialysis, or chemotherapy/radiation therapy, attendance at adult day centers to receive medical care)*

\_\_\_\_\_  
PHYSICIAN OR MEDICARE ALLOWED NPP\* SIGNATURE

*\* Medicare allowed NPP: Physician assistant, nurse practitioner, clinical nurse specialist or certified nurse midwife who is working in accordance with State law and in collaboration with the certifying physician or in collaboration with an acute or post-acute care physician with privileges who cared for the patient in the acute or post-acute care facility from which the patient was directly admitted to home health.*

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

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