Home Health Agency (HHA) and Physician Documentation: Review Decision Flowchart

**Physician Documentation**

Step 1: Does the documentation include the physician/allowed non-physician practitioner face to face encounter documentation (e.g., clinical note, discharge summary)?*  
Yes  
No

Step 2: Does certifying physician, acute care facility, or post-acute care facility documentation satisfy the homebound criteria?  
Yes

Homebound Requirement Met!

Step 3: Is skilled need demonstrated by the certifying physician, acute care facility, or post-acute care facility documentation?  
Yes

Skilled Need Met!

**HHA Documentation**

Step 2A: Do HHA records satisfy the homebound criteria?  
Yes  
No

Step 2B: Is HHA information signed and dated by the physician?  
Yes  
No

Step 2C: Is HHA information corroborated by the certifying physician and/or acute or post-acute care facility documentation?  
Yes  
No

**Review Decision**

Step 3A: Do HHA records satisfy the skilled need requirement?  
Yes  
No

Step 3B: Is HHA information signed and dated by the physician?  
Yes  
No

Step 3C: Is HHA information corroborated by the certifying physician and/or acute or post-acute care facility documentation?  
Yes  
No

PAY claim / Affirm request (if all other eligibility criteria are met)

DENY claim / Non-affirm request

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*Per home health regulation, A face-to-face patient encounter must be related to the primary reason the patient requires home health services, occur 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, and be performed by a physician or allowed non-physician practitioner. Throughout the remainder of this flowchart, the reviewer can look to the certifying physician’s, acute care facility’s, or post-acute care facility’s documentation to support beneficiary eligibility for home health services.*