



HOME CARE ORDER & FACE TO FACE FORM

All areas of this form must be completed in **Narrative form**

Patient Name:		Date of Birth:	
Order			
Home Care to Evaluate and Treat		Date ordered _____	
<input type="checkbox"/> Nursing	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Telehealth	
<input type="checkbox"/> Home Health Aide	<input type="checkbox"/> Occupational Therapy		
<input type="checkbox"/> Medical Social Worker	<input type="checkbox"/> Speech/Language Therapy		
Skilled Need			
Due to the following medical conditions _____ this patient requires skilled services for _____.			
<i>i.e.: Signs/Symptoms/Disease Management/Treatments</i>			
Primary Diagnosis			
Diagnosis	ICD10:	See examples from "Unacceptable Primary Dx List" (cannot bill for F2F until primary dx is acceptable)	
Homebound Status			
What makes the patient homebound?			
<i>Description of gait, balance, pain, activity intolerance, cognition, respiratory status, cardiovascular status, etc. Do not use taxing effort and lack of transportation.</i>			

Face to Face Encounter			
I certify this patient is under my care. I, a Nurse Practitioner or a Physician's assistant working in collaboration with me, had a face to face encounter with this patient on:	MONTH	DAY	YEAR
Physician Signature:			
Physician Printed Name:			
Physician that will follow in HHH and sign the POC:			
Nurse/Social worker completing form:	<input type="checkbox"/>	Progress note attached with same physician and date of face to face	

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Wound Orders			
<i>Wound supply scripts need to be provided for exact dressing, how many, and duration for commercial insurance. (Medicare AARP, Medicare Anthem, Medicaid, CareSource, Ambetter, Self-Pay, Commercial Insurances)</i>			
If any problem with the wound, notify wound center or Dr. _____			
Location of Wound:	Cleaning:	<input type="checkbox"/> Wound Cleanser <input type="checkbox"/> Saline	
Dressing:	Frequency	Duration:	
Does any part of the wound need to be packed?	<input type="checkbox"/> YES If Yes, dressing used:		<input type="checkbox"/> NO
Teachable Caregiver:			
Special Instructions:			
Wound Vac Orders			
Pressure:	Frequency of Dressing Changes:		
<input type="checkbox"/> Intermittent _____ mmHG <input type="checkbox"/> Continuous	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Family to be instructed in wet to dry orders if there is a malfunction with wound vac:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Special Instructions:			
Urinary Catheter			
If any problems with catheter, notify Dr. _____			
Using Sterile technique to change:	<input type="checkbox"/> May use 1 application to urethra of 2% lidocaine urojet for difficult insertions. <input type="checkbox"/> Teach infection control measures when changing urinary collection bag. <input type="checkbox"/> May use leg bag.		
<input type="checkbox"/> _____ FR Foley <input type="checkbox"/> _____ millimeter balloon <input type="checkbox"/> Frequency _____ or PRN if leaking, occluded, or dislodged <input type="checkbox"/> Duration of Foley _____ <input type="checkbox"/> Date Catheter inserted/last changed _____	<input type="checkbox"/> May irrigate with 30 millimeters normal saline as needed for sediment or occlusion.		
Tube Feedings			
If any problems with tube feedings notify Dr. _____			
Route of Administration:	Administration type:	Bolus Flush:	
PEG G-tube J-tube NG	Pump Bolus Gravity	_____ ml before/after feeding	
<input type="checkbox"/> Formula Name: _____ <input type="checkbox"/> Rate: _____ <input type="checkbox"/> Medications: PO _____ TUBE _____ <input type="checkbox"/> Oral intake _____ <input type="checkbox"/> Amount free fluids per day _____	Patient/Caregiver to administer:		
DME Provider supplying supplement: (Circle one) Goshen Home Medical Alick's Other: _____			
Physician Signature:			Date:



Unacceptable Primary Diagnosis for Home Care

- M62.81 Muscle Weakness (generalized)
- M54.5 Low back pain
- R26.81 Unsteadiness on feet
- R53.1 Weakness
- G62.9 Polyneuropathy
- R29.6 Repeated falls
- R42 Dizziness and giddiness
- M19.90 Unspecified osteoarthritis, unspecified site
- C34.90 Malignant neoplasm of unspecified part of unspecified bronchus or lung
- I95.9 Hypotension, unspecified
- L03.90 Cellulitis, unspecified
- L89.—9 pressure ulcer with unspecified stage
- L98.9 Disorder of skin and subcutaneous tissue, unspecified
- M06.9 Rheumatoid arthritis, unspecified
- M06.89 Rheumatoid arthritis, multiple sites
- M25.551 Pain in right hip
- M25.552 Pain in left hip
- M25.651 Pain in right knee
- M25.652 Pain in left knee
- M48.00 Spinal stenosis, site unspecified (must have location like cervical, lumbar, etc)
- M54.30 Sciatic, site specified
- M62.50 Muscle wasting, and atrophy not elsewhere classified, unspecified site
 - --Code for muscle wasting must include site to be accepted as primary diagnosis
- R26.0 Ataxia gait
- R27.8 Other lack of coordination
- R33.9 Retention of urine, unspecified
- R55 Syncope and collapse
- R25.9 Unspecified convulsions
- S06.9X9D Unspecified intracranial injury with loss of consciousness of unspecified duration
- S05.11XD Contusion of right forearm, subsequent encounter
- S80.811D Abrasion, right lower leg, subsequent encounter
- Z51.81 Encounter for therapeutic drug level monitoring
- Z51.89 Encounter for other specified after care
- Z91.81 History of falling

Tips / Suggestions

- Many codes that end in “9” are unaccepted diagnosis as these codes indicate unspecified sites or unspecified diseases. They can be used as a secondary diagnosis.
- Most R and Z codes don’t work
- Pain & weakness don’t work without underlying causes
- Bodily locations and degrees need to be specific (if code says “unspecified” or “generalized”, it probably won’t work)

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