Guide to Home Health Certification
Medicare patients
Presentation Contents

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Background

• The Affordable Care Act has changed the physician home health initial certification requirements for Medicare beneficiaries effective 4/1/2011

• Home health certification now includes documentation of a face-to-face encounter with a physician
Physician Must Clarify:

- Patient under their care and “confined to home”
- Skilled home health services are necessary
- Patient has face-to-face encounter in 90-days prior or 30-days after start of home health care with physician, advanced practice nurse, or physician assistant related to the condition(s) that necessitate home health care

NOTE: Face-to-face encounter mandate only applies to initial certification for initial 60-day episode of care, not to subsequent re-certification episodes
What does “Confined to Home” or “Homebound” mean?

Absences from home require considerable and taxing effort, some examples:

- Needs help of another person to leave home
- Needs assistive devices to leave home
- Needs special transport
- Leaving home exacerbates symptoms (i.e.: shortness of breath, pain, anxiety, confusion, fatigue)

A patient that leaves home infrequently, for short durations, or for health care MAY STILL be considered homebound. Examples include:

- Adult day programs
- Outpatient medical care
- Patient that leaves home infrequently
- Religious Services
- Dialysis
- Barber
What are medically necessary home health services?

Intermittent Skilled Nursing (<7 days/wk; < 8 hours a day)
- Teaching and training
- Observation and assessment
- Complex care plan management and evaluation
- Administration of certain medications
- Tube feedings
- Wound care, catheters and ostomy care
- Nasopharyngeal and tracheostomy aspiration/ care
- Psychiatric nurse evaluation and therapy
- Rehabilitation nursing
What are medically necessary home health therapy services?

Physical therapy, speech-language pathology, or occupational therapy

- Assessment and training
- Complexity must necessitate skilled therapist
- Reasonable and necessary for maintenance or restoration of function due to illness or injury
- Safe and effective
- Ultrasound, shortwave and microwave diathermy treatments
- Hot packs, infra-red treatments, paraffin
- Baths and whirlpool baths
Face-to-face Encounter Requirements

• Must be seen in 90 days prior or within 30 days after initial home health start of care. Reason for encounter includes reason for home care. Encounter can be performed by physician, advanced practice nurse, physician assistant

• Encounter by the same physician signing the certification (or an associated APN/PA); in case of post hospital/ post facility home care the encounter could be by the inpatient physician; then the plan of care signed/ certified by the community physician

• Documentation supports homebound status, medical necessity of skilled service
Can the hospitalist or physician who only sees the patient in the hospital certify home health?

- The hospital-based physician should document/certify the need for home health care based on the face-to-face encounter in the hospital and then “hand off” the patient to the community physician to review and sign the plan of care.
- Depending on the clinical situation, if the hospital physician intends to “follow” the initial post-acute care, there may be instances where they review and sign the plan of care and then hand off the patient at the appropriate time.
Mr. James is an 83 year old man hospitalized with HF exacerbation (has co-morbid diabetes and low vision). He is going home and needs skilled nursing due to medication changes and high potential for readmission to the hospital. He also needs in-home physical therapy due to de-conditioning during exacerbation and fall risk.
Referral Process Options

• Contact hospital case manager responsible for discharge planning
• Call MedStar Health Visiting Nurse Association directly if no case manager is available: 800-862-2166
• Offer/respect patient choice of agency
Example of Documentation by Physician, NP or PA

• Mr. James had a face-to-face encounter with me today, February 14, 2011 for the following condition(s) (encounter diagnoses) 1) Heart Failure 2) Gait Abnormality

• Based on this encounter, I certify this patient needs home health care. Specific home care services needed are skilled nursing and physical therapy. The patient is appropriate for homecare (homebound) because leaving the home is difficult and taxing and the patient leaves home infrequently.

• Specific issues are teaching medication regime, and assessment for side effects (hypotension) from increased diuretics and observation for relapse of pulmonary edema. Needs teaching about sodium restriction and checking weights. Gait has become unsteady and needs PT assessment, home safety assessment, and likely gait training and program to improve strength, balance and endurance.
Need Assistance?

• Call 800-862-2166 to speak with a representative from the MedStar Visiting Nurse Association’s Patient Referral Center