COMPLIANCE ALERT

TO: Compliance Alert Distribution List

FROM: Maryann C. Palmeter, CPC, CENTC
       Director, Office of Physician Billing Compliance

SUBJECT: New Medicare Home Health Certification Requirements

DATE: December 17, 2010

Although the practice plan does not bill for Home Health Care (“HH”), there have been some recent changes in Medicare regulations made as a result of the Patient Protection and Affordable Care Act (Public Law 111-148) that will impact physicians who order HH for patients or who certify a patient’s need for HH.

It has been a long-standing Medicare requirement for physicians to order and certify the need for HH, but effective January 1, 2011, a physician who certifies a patient as eligible for Medicare HH services must have a face-to-face encounter with the patient.

As part of the certification form itself, or as an addendum to it, the physician or a non-physician practitioner (NPP) working in collaboration with the ordering physician or under supervision of the ordering physician, must document that they saw the patient and must document how the patient’s clinical condition supports a homebound status and need for skilled services. The face-to-face encounter is not required for re-certifications.

The face-to-face encounter may occur up to 90 days prior to the start of HH; if the reason for the encounter is related to the reason the patient comes to need HH. If no such encounter has occurred, then the physician or NPP has up to 30 days after the start of HH to document the face-to-face encounter and need for HH.

Hospital Patients

It is not uncommon practice for the hospital physician to refer a patient to HH, initiate orders and a plan or care, and certify the patient’s eligibility for HH services. In the patient’s hospital discharge plan, CMS expects the hospital physician to describe the community physician who would be assuming primary care responsibility for the patient upon discharge. If would be appropriate for the physician who assumes responsibility for the patient post-acute care to sign the plan of care and thus the patient would be considered “under the care” of that community/personal physician throughout the
time the patient is receiving HH services. The community physician designated on the discharge plan would assume responsibility for the patient at some point after acute discharge, updating orders, signing the plan or care, etc.

Physicians who see patients in a hospital setting may certify the patient’s HH eligibility and initiate the orders for services. The hospital physician or NPP could document that a face-to-face encounter occurred and how the findings of that encounter, which in this scenario would have occurred during the patient’s acute stay, support HH eligibility. It is important to mention that to be eligible for Medicare’s HH benefit, the patient must be under the care of a physician.

Please share this information with appropriate faculty, staff, and nonphysician practitioners. Feel free to contact me if you have any questions.

Cc: Robert C. Nuss, M.D.