

# Home Health Made Simple

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# Objectives

- participants will identify the requirements for home health eligibility
- participants will list the services available with home health
- participants will recognize the requirements for face to face for home health

# Home Health Eligibility

1. Homebound
2. Skilled Need

# Homebound

- “Homebound” does not equate to “bedbound”. Rather, the patient must exhibit a normal inability to leave home in order to receive their medical treatment.
- However, some absences from home are permissible, if for the purposes of:
  - Attending religious services
  - Attending a unique or special family event
  - Going to the barber/beauty parlor
  - Obtaining healthcare services that cannot be provided in the home
  - Attending adult day care

# HOME BOUND

- In addition to these explicit exceptions, Medicare regulations also permit absences from home in the event that they are:
  - Infrequent
  - Of relatively short duration
  - Where leaving requires a considerable and taxing effort
  - Where leaving can be accomplished only with the aid of assistive devices
- These standards are very broad, they are inherently subjective, and are highly dynamic.

# Skilled Need

- In order for home health services to be deemed “medically necessary” they must:
- Be reasonable AND necessary for the diagnosis and treatment of an injury or illness.
- Warranted by the patient’s current and documented medical condition.
- Skilled nursing, or
- Physical therapy, or
- Speech therapy, or
- Occupational therapy

# Skilled Nursing

- Disease Education
- Wound Care
- Acute illness Assessment
- Prescription Education

# Physical Therapy

- Weakness
- Frequent Fall Evaluation
- Post CVA
- Post Fracture
- Post Ortho Surgery



# Speech Therapy

- Dysphagia
- Post CVA
- Dementia Staging

# Occupational Therapy

- Post CVA
- Weakness
- Energy Conservation
- Assists with ADLs

# Social Worker

- Caregiver Aid
- Placement
- Prescription Assistance

# Face 2 Face

- Effective for patients admitted on or after April 01, 2011.
- Applicable only to patients who are being initially certified for home health care services
- Does not apply to patients being recertified or patients already being seen as of the effective date.
- Required only for patients with Medicare as the primary or secondary payor.
  - §6407 (a) of Affordable Care Act amends
  - § 1834 (a) (11) B of the Social Security Act
  - to address a face to face encounter

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# Face 2 Face

- The physician is required to perform 2 basic tasks:
  - 1. Document that an eligible face-to-face encounter has occurred with the patient
  - 2. Certify the patient's eligibility for the home health benefit.

# Common Errors in Denials

- The encounter was not related to the reason for Home Care
- Incomplete description of homebound status
- Incomplete or missing support for the need for skilled services

# Insufficient Homebound Documentaiton

- Functional Decline
- Dementia
- Difficult to travel to doctor's office
- Unable to leave home
- Weak
- Unable to drive
- Taxing to leave the home
- Gait abnormality



# Homebound documented

- Documentation must include details showing how specific clinical findings support homebound status
- Can not include
  - Diagnosis alone
  - Recent Procedure or injury
  - Simply state weak

# Insufficient Documentation for Skilled Services

- Family is asking for help
- Continue to have problems
- List of tasks for nurse to do
- Patient unable to do wound care
- Diabetes

# Example of statement

- Wound care completed to left great toe. No s/s of infection, but patient remains at high risk due to DM. Skilled nurse visit to perform wound care and assess wound status. Patient on bed to chair activities only

# Example of statement

- Lung Sounds coarse throughout. Patient finished antibiotic therapy today for pneumonia and to see pulmonologist tomorrow for follow up due to COPD. Short of breath with talking and ambulation of 1-2 feet. Nurse to assess respiratory status for s/s of recurring infection or changes in respiratory status.

# Who can document F2F

- Certifying physician (signer of 485) or a qualified NPP working for the physician.
- Physician who cared for the patient in an acute or post-acute facility or a qualified NPP working for the physician

# Medicare Clarification of F2F

- The certifying physician must document that the F2F visit took place, regardless of who performed the encounter
- If F2F not done by certifying physician then physician or NPP who cared for patient at acute or post-acute facility who performed the F2F must inform the certifying physician of the clinical findings of the FTF

# Where can FACE 2 Face be documented

- Discharge Summary
- Electronic Medical Record
- Special form created by healthcare facility

# Face 2 Face FUture

- April 2014 Office of Inspector found
- 32 % of Face to Face incomplete
- 2 Billion dollars paid for HH visits that should not have been made because of F2F



# Face 2 Face Future

- Proposed Changes
- Eliminate Physician narrative, Physician would still certify F2F visit occurred
- CMS will review “only the medical record for the patient of the acute/post-acute facility.....used to support physician’s certification for home health
- CMS will not pay for G0180 or G0179 if home health episode is denied