

HOME HEALTHCARE AGENCY

WHAT CRITERIA MUST A PATIENT MEET TO BE ELIGIBLE FOR HOME HEALTH SERVICES?

- Be confined to the home (that is, homebound)
- Need skilled services
- Be under the care of a physician
- Receive services under a home health plan of care (POC) established and periodically reviewed by a physician
- Had a face-to-face encounter related to the primary reason the patient requires home health services with a physician or an allowed non-physician practitioner (NPP) 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

WHO CAN PERFORM THE REQUIRED FACE-TO-FACE ENCOUNTER?

- The certifying physician
- The physician who cares for the patient in an acute or post-acute care facility (from which the patient was directly admitted to home health)
- A nurse practitioner or clinical nurse specialist who is working in collaboration with the certifying physician or the acute/post-acute care physician

4 Easy Steps for Appropriate Home Health Utilization

1. Does patient meet homebound status?
 - Does documentation meet Office of Inspector General (OIG) guidelines?
2. Did you review the Plan of Treatment (POT)?
 - PT/OT/ST can double patient cost (PMPM)
 - Never write Evaluate & Treat: This gives the HHA full opportunity to decide course of service
 - Be prescriptive of exactly what the HHA is expected to provide for your patient to ensure a smooth transition to home
3. Is patient undergoing maintenance therapy or functional therapy?
 - Is HHA improving their overall health?
 - Is the patient attending outpatient services?
4. What is your overall patient recertification rate?
 - Texas recertification average is 20%

WHAT DOES IT MEAN FOR A PATIENT TO BE CONSIDERED CONFINED TO THE HOME (HOMEBOUND)?

- The patient must either:
 - Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers: the use of special transportation; or the assistance of another person to leave their place of residence
 - Have a condition such that leaving his or her home is medically contraindicated
- There must exist a normal inability to leave home
- Leaving home must require a considerable and taxing effort
 - Infrequent, for periods of relatively short duration
 - For the need to receive health care treatment
 - For religious services
 - To attend adult daycare programs
 - For other unique or infrequent events (for example, funeral, graduation, trip to the barber)

WHAT CODES SHOULD I USE ON PHYSICIAN CLAIMS WHEN CERTIFYING/RECERTIFYING ELIGIBILITY FOR HOME HEALTH SERVICES?

- HCPCS code G0180 – Physician CERTIFICATION home health patient for Medicare-covered home health services under a home health plan of care (patient not present)
- HCPCS code G0179 – Physician RECERTIFICATION home health patient for Medicare-covered home health services under a home health plan of care (patient not present)