

Physician Estimate of Length of Services

Can the physician estimate of length of services be longer than 60 days?

The physician estimate of length of service can be longer than 60 days. This estimate is for however long the physician feels skilled services are needed and the beneficiary will remain homebound to qualify for home health services.

When was the new requirement for the physician to identify the length of services upon recertification effective? Does a verbal order for recertification identifying the anticipated length of service meet the requirement?

The requirement for a physician's estimate of time is part of the Change Request (CR) 9119, which took effect January 1, 2015. This is part of Pub 100-02; Chapter 7; Section 30.5.2. This CMS publication does not give any specific manner for this physician estimation to be presented. If the verbal order states the physician estimates how much longer the skilled services will be required, it should be accepted.

Is the agency allowed to write out the estimation for length of service recertification, or does it need to be a written narrative from the physician?

The agency cannot estimate the length of services – this must be done by the physician. However, the agency can provide a written statement with a blank left for the estimated time as a reminder to the physician to complete and sign.

Can the recertification visit frequency and duration of visits on the recertification plan of care (POC) cover the physician's estimate of the services needed?

No, that is merely the ordered frequency. It does not indicate how long skilled services are estimated to be needed. There should be something that more clearly indicates how much longer skilled services are needed; even if it estimates services for the entire 60-days or longer.

If the requirement for physician's estimation of length of service is only for recertifications, how can face to face encounters only be required for a start of care, not recertifications?

The face-to-face encounter has nothing to do with the timeframe required for recertifications. A face-to-face encounter is only required for a start of care, not a recertification.

If a beneficiary is recertified more than once, is a physician estimate of length of service required with each recertification?

Yes, each recertification requires a physician estimate of the patient's length of service.

Homebound Status

Is the homebound status still being scrutinized? Most physicians only put "taxing effort to leave home"?

Yes, the homebound status must be supported by the physician's documentation. A narrative paragraph is no longer required.

Physician Certification

How is the start of care (SOC) date different from the certification date?

The start of care date is the first billable visit date for the 60-day episode (the first date the patient receives billable services).

The physician certification date is the date the physician certifies the patient is homebound, needs skilled services, a plan of care is established and reviewed by a physician and the patient is under the care of a physician. This is usually included in the CMS form 485.

What is meant by the certification date?

The certification date is the date the physician certifies:

- the patient is confined to the home
- the patient needs skilled services
- a plan of care has been established and is periodically reviewed by a physician
- services were furnished while the patient is under the care of a physician

There is no required format, but this information is usually seen printed at the bottom of the CMS form 485, used by the majority of agencies for the plan of care.

Does the certification have to be signed and dated prior to the start of care (SOC)? Does the plan of care (485) need to be signed and dated by the by the physician on the first day of the certification period?

The physician certification must be completed before the home health agency bills Medicare for reimbursement. However, physicians should complete the certification when the plan of care is established, or as soon as possible thereafter. This is a longstanding CMS policy as referenced in Pub 100-01; Chapter 4; Section 30.1.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ge101c04.pdf>

Hospitalist Signs the Physician Certification

If the hospitalist is the certifying physician and identifies the community physician, is it all right that the Plan of Care (or 485) is signed by the community physician?

Yes, in most instances the physician who certifies the patient's eligibility for Medicare home health services will be the same physician who establishes and signs the plan of care. But if the hospitalist is the certifying physician and identifies the community physician, the community physician will be the one who signs the Plan of Care (or 485).

What if the beneficiary is sent to home health from an acute facility and does not have a primary care physician (PCP), who then certifies the patient for services?

One of the requirements to qualify for the Medicare home health benefit is that the patient must be under the care of a physician. If there is no physician to follow the beneficiary after their discharge from an acute care facility, the beneficiary does not qualify for Medicare home health services.

We have an initial physician certification from the acute care facility signed by the hospitalist from that facility. Any subsequent orders or changes are sent to and signed by the primary care physician (PCP), which is usually near the end of ordered care. Does the PCP still have to be the one to certify the patient?

The hospitalist may sign the physician certification as long as the hospitalist also identifies the community physician who will be following the patient after discharge. One of the criteria that must be met for a patient to be considered eligible for the home health benefit is that the patient must be under the care of a physician.

Face-to-Face Encounter

When is a face-to-face encounter required?

A face-to-face encounter is required anytime a start of care (SOC) OASIS is completed. A start of care OASIS is not required for change in principal diagnosis, if it occurs while the patient is still under home health services.

Does a Resumption of Care require a face to face?

No, a face-to-face encounter is only required when a SOC OASIS is completed.

If the face-to-face encounter can happen up to 30 days after the start of care, doesn't the physician have to sign the physician certification at the start of care?

The face-to-face is part of the certification of patient eligibility for the Medicare home health benefit. Therefore, the physician cannot certify the patient until the face-to-face is completed, even if it happens up to 30 days after the start of care.

If the face-to-face encounter is completed by the hospitalist, does the face-to-face documentation also have to be signed and dated on/before certification date?

Yes, please see the question directly above.

Should all paperwork associated with the face-to-face be titled face-to-face and signed/dated?

While not required, it is encouraged for all documents considered as face-to-face information be labeled as part of the face-to-face documentation, so as not to be missed by the reviewers. All documents should always be signed and dated by the author of the document.

If the physician puts the date of the face-to-face encounter as 5/23 and we receive the discharge summary 5/26, do we need to send the face to face back to get the correct date?

The date of the face-to-face encounter is the date it occurred, not the date it was received. If the discharge summary is being used as the face-to-face encounter document, the date of the discharge summary should agree with the date of the face-to-face encounter.

If the physician saw the beneficiary during the entire hospital stay, do we need to specify a date or can we use date range that the patient was followed by the physician?

The face-to-face encounter must be for a specific date, not a range of dates.

Supporting Documentation

New rules state the additional documentation sent by the Home Health Agency (HHA) to the physician to be included in the beneficiary's medical record, needs to be signed and dated by him/her prior to the certification. Does that mean prior to the verbal order to admit the patient or the date the physician signed the 485?

The documentation provided by the HHA must be signed by the physician on or prior to the date of the physician certification. This certification is generally included on the 485.

If the physician documentation is not adequate to support the need for homebound status and the supporting documentation from the HHA is not able to be accepted and signed by the physician on a timely basis, can we go back to having the physician do a narrative?

As of January 1, 2015, documentation in the physician's (or acute/post-acute care facility's) medical records will be used as the basis upon which patient eligibility for the Medicare home health benefit will be determined.

If the nurse's assessment details how the patient is homebound, does that cover the homebound status if the physician does not include adequate information for homebound status in his/her notes?

Information from the HHA, such as the initial and/or comprehensive assessment of the patient, can be incorporated into the certifying physician's medical record for the patient and used to support the patient's homebound status and need for skilled care. However, this information must be corroborated by other medical record entries in the medical record for the patient.

The nurse's assessment can supplement the information already in the physician's records, but must substantiate information from the physician.

OASIS documents are usually 18+ pages long. Is it sufficient for one page to be dated and signed?

Yes, when the OASIS is multiple pages in length, it is acceptable for the physician to sign one page of the OASIS, when it is clear the physician knew the OASIS was comprised of multiple pages. For example, the OASIS is 18 pages in length and the pages are numbered page 1 of 18, page 2 of 18, page 3 of 18, etc.