

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash -- In response to shortage of liposomal doxorubicin (Doxil), the Food and Drug Administration is permitting the temporary importation of Lipodox, a brand of liposomal doxorubicin hydrochloride; visit <http://www.FDA.gov/NewsEvents/Newsroom/PressAnnouncements/ucm292658.htm> for additional information. The CMS HCPCS Quarterly Update includes two new codes (Q2048 and Q2049) for liposomal doxorubicin that will become effective Sun July 1. The code descriptors are worded in a manner that distinguishes Lipodox and Doxil. As of Sun July 1, HCPCS code J9001 will not be used for Medicare billing. CMS will release a Change Request (CR) with additional instructions in the near future.

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A Physician's Guide to Medicare's Home Health Certification, including the Face-to-Face Encounter

Provider Types Affected

This MLN Matters® Special Edition Article is intended for physicians who refer patients to home health, order home health services, and/or certify patients' eligibility for the Medicare home health benefit, home health agencies, and non-physician practitioners (NPPs).

What You Need to Know

1. Requirements which must be met in order for a patient to qualify for Medicare's home health benefit.

The patient must:

- be confined to the home;
- be under the care of a physician;
- receive services under a plan of care established and periodically reviewed by a physician;

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- be in need of skilled nursing care on an intermittent basis or physical therapy or speech-language pathology, or have a continuing need for occupational therapy.

2. Physician Home Health Certification Requirements

- Physician must be Medicare-enrolled;
 - When a resident is not Medicare-enrolled, the Medicare-enrolled teaching physician, who is supervising the resident, would sign the certification.
- The certifying physician must certify that the patient is receiving home health services under the care of a physician who is a doctor of medicine, osteopathy, or podiatric medicine; and
- The certifying physician must not have a financial relationship with the home health agency, as defined in 42 CFR 411.354, unless exceptions to the referral prohibition defined in Section 1877 of the Social Security Act apply.

3. Timeframe for completion of the certification

- Must be obtained when the plan of treatment is established, or as soon as possible thereafter;
- Must be signed and dated by the physician who established the plan; and
- Must be complete prior to the home health agency billing Medicare.

4. Certification Content Requirements

The physician must certify that:

- Home health services are or were needed because the patient is homebound.
- The patient needs or needed skilled nursing services on an intermittent basis (other than solely venipuncture for the purposes of obtaining a blood sample), or physical therapy, or speech-language pathology services; or continues to need occupational therapy after the need for skilled nursing care, physical therapy, or speech-language pathology services ceased. Where a patient's sole skilled service need is for skilled oversight of unskilled services (management and evaluation of the care plan), the physician must include a brief narrative describing the clinical justification of this need as part of the certification and recertification, or as a signed addendum to the certification and recertification.
- A plan of care has been established and is periodically reviewed by a physician.
- The services are or were furnished while the patient is or was under the care of a physician.

5. Face-to-Face Requirements

- For initial home health certifications, the certifying physician must document that the physician himself or herself, an allowed NPP, or a physician caring for the patient in an acute or post-acute facility who has privileges at the facility had a face-to-face encounter with the patient.

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- The face-to-face encounter must occur within 90 days prior to the home health start of care date or within 30 days after the start of care.
- The face-to-face encounter can be performed via a telehealth service, in an approved originating site.
- Prior to billing, the home health agency should ensure that all certifications are complete, including that the face-to-face documentation that has been clearly titled, dated, and signed by the certifying physician.

6. Face-to-Face Documentation Requirements

- Documentation must be clearly titled, dated, and signed by the certifying physician, whether as part of the certification form itself, or as an addendum. It must also include the date the face-to-face encounter was performed.
- Documentation includes a brief narrative which describes how the patient's clinical condition, as seen during that encounter, supports the patient's homebound status and need for skilled services.
- The face-to-face documentation must be that of the certifying physician, and cannot be altered/changed in any way by the home health agency.
- The face-to-face documentation is part of the certification, and the certification is required at the time the home health agency bills Medicare.
- The face-to-face documentation can include, or exist as, checkboxes so long as it comes from the certifying physician.
- If the physician who cared for the patient in the acute or post-acute facility chooses to use documentation that is compiled from the patient's medical record (e.g. a discharge summary) to inform the certifying physician of how the clinical findings of the face-to-face encounter support Medicare home health eligibility for that patient, the compiled documentation must be reflective of the clinical findings of that face-to-face encounter as observed by that physician caring for the patient in the acute or post-acute facility, thus serving as that physician's communication to the certifying physician. Further, if the certifying physician chooses to use the encounter documentation from the informing physician as his or her documentation of the face-to-face encounter, the certifying physician must sign and date the documentation, demonstrating that the certifying physician received that information from the physician who performed the face-to-face encounter, and that the certifying physician is using that discharge summary or documentation as his or her documentation of the face-to-face encounter. One physician signature, from the certifying physician, suffices if the face-to-face encounter documentation is co-located with the physician's certification of eligibility. Otherwise, if the face-to-face documentation is attached as an addendum to the certification (a separate document), the face-to-face documentation and certification each require a signature from the certifying physician.
- Electronic signatures are acceptable.

7. Who Can Perform the Face-to-Face Encounter?

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- Medicare-enrolled physicians who are also the certifying physician;
- The following physicians are allowed to perform the face-to-face encounter and inform the certifying physician:
 - Physicians (Medicare-enrolled or otherwise) who cared for the patient in an acute or post-acute facility during a recent acute or post-acute stay and have privileges at the facility;
 - Because residents (Medicare-enrolled or otherwise) do not have privileges at acute or post-acute facilities, if they are performing the encounter and informing the certifying physician, they must inform the certifying physician under the supervision of their teaching physician who must have such privileges.
- NPPs allowed to perform the face-to-face encounter include:
 - A nurse practitioner or clinical nurse specialist working in collaboration with the certifying physician in accordance with State law;
 - A certified nurse-midwife under the supervision of the certifying physician, as authorized by State law; and
 - A physician assistant under the supervision of the certifying physician.
- NPPs are subject to the same financial restrictions with the home health agency as the certifying physician.

8. Recertifications

- Face-to-face encounter documentation is only required for the initial certification
- At the end of the 60-day episode, a decision must be made whether or not to recertify the patient for a subsequent 60-day episode.

Additional Information

A list of frequently asked questions is available at <http://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html> on the CMS website.

MLN Matters® Article #SE1038, which provides guidance for the original face-to-face implementation, is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1038.pdf> on the CMS website.

If you have any questions, please contact your carrier or Medicare Administrative Contractor at their toll-free number, which may be found at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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