



## **Reviewing Home Health Claims: Episodes beginning on or after August 1, 2015**

### **Medical Review of Home Health (HH) Claims**

CMS plans to issue guidance to Medicare Administrative Contractors (MACs), Medicare Recovery Auditors, and other review contractors (herein, “Medicare review contractors”). This CMS guidance is for review of certification/recertification requirements for home health services based on the CY 2015 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Requirements; and Survey and Enforcement Requirements for Home Health Agencies (HHAs) final rule (CMS 1611-F). This regulation implements revisions to home health policies regarding physician certification and recertification of patient eligibility for Medicare home health services, and outlines procedures for obtaining documentation from the certifying physician and/or the acute/post-acute care facility that: (1) establish that the patient was eligible for the home health benefit; and (2) demonstrate that the face-to-face encounter was related to the primary reason the patient requires home health services, occurred within the required timeframe, and was performed either by the certifying physician, an acute/post-acute care physician that cared for the patient in that setting, or allowed non-physician practitioner (NPP).

### **HH Probe and Educate Reviews**

Throughout this document, the term “HH probe and educate reviews” will be used to refer to reviews conducted by Medicare review contractors to determine if the requirements for certification/recertification, patient eligibility, coding and medical necessity (CMS-1611-F requirements for home health services) were met. The primary purpose of this HH Probe and Educate process is to ensure that HHAs understand the new patient certification requirements implemented in CMS-1161-F. CMS will direct Medicare review contractors to apply CMS-1611-F and any additional guidance issued by CMS, when conducting HH Probe and Educate reviews. Eligible claims will be those submitted by HHAs for episodes that start on or after August 1, 2015, through an end date to be determined.

When conducting a HH Probe and Educate review in accordance with 1611-F, CMS will instruct Medicare review contractors to review home health claims for compliance with:

- Certification/recertification documentation of patient eligibility for Medicare home health services
- Face-to-face encounter requirements
- Coding
- Medical necessity
- Medicare coverage and payment criteria

### **Reviewing Home Health Claims for Certification/Recertification Requirements**

CMS plans to direct Medicare review contractors conducting HH Probe and Educate reviews to assess whether or not documentation of patient eligibility requirements for certification/recertification were met.

Requirements related to home health certification/recertification can be found in IOM 100-02, chapter 7 at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html>.

### **Reviewing Home Health Claims for Face-to-Face Encounter Requirements**

CMS plans to direct Medicare review contractors conducting HH Probe and Educate reviews to assess whether or not home health face-to-face encounter documentation requirements were met. Requirements related to the home health face-to-face documentation can be found in IOM 100-02, chapter 7 at:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html>.

### **Reviewing Home Health Claims for Correct Coding**

CMS plans to direct Medicare review contractors conducting HH Probe and Educate reviews to assess whether home health claims have been correctly coded, meeting all of the coding guidelines listed in the current Procedural Terminology Coding Clinic, Coding Clinic for HCPCS, and any coding requirements listed in CMS manuals or MAC articles. Requirements related to correct coding can be found in IOM 100-08, chapter 3 at:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>, and IOM 100-04, chapter 10 @ <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending>.

### **Reviewing Home Health Claims for Medical Necessity**

CMS plans to direct Medicare review contractors conducting HH Probe and Educate reviews to assess whether or not documentation supports the medical necessity of the home health services. Requirements related to medical necessity can be found in IOM 100-08, Chapter 6 at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>.

### **Reviewing Home Health Claims for Medicare coverage and payment policies**

CMS plans to direct Medicare review contractors conducting HH Probe and Educate reviews to assess whether or not documentation supports Medicare coverage and payment policies for home health services.

Requirements related to Medicare coverage and payment policies can be found in IOM 100-02, chapter 7, IOM 100-04, chapter 10, and IOM 100-08, Chapter 6 at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html><https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>.

### **General Rules for HH Probe and Educate reviews**

The Medicare review contractors shall review the certification documentation for any episode initiated with the completion of a start-of-care OASIS assessment. This means that if the subject claim is for a subsequent episode of care, the HHA must submit all certification documentation as well as recertification documentation.

- A. The Medicare review contractor shall determine whether the supporting documentation addresses each of the following criteria for which a physician certified (attested to):
  - a. Homebound
  - b. Skilled Care
  - c. Plan of Care
  - d. Under Physician Care
  - e. Face-to-Face Encounter

- B. Recertification--The Medicare review contractor shall review for the certifying physician's statement which must indicate the continuing need for services and estimate how much longer the services will be required.
- C. Any information provided to the certifying physician from the HHA and incorporated into the patient's medical record held by the physician or the acute/post-acute care facility's medical record (if the patient was directly admitted to home health) must corroborate the rest of the patient's medical record.
- D. The reviewer shall consider all documentation from the HHA that has been signed off in a timely manner and incorporated into the physician/hospital record when making its coverage determination. HHA documentation that is used to support the home health certification is considered to be incorporated timely when it is signed off prior to or at the time of claim submission.
- E. If the comprehensive assessment is incorporated into the certifying physician's record for the patient and is used to support that the patient meets the home health eligibility criteria, then the diagnoses and conditions listed on the start of care assessment must be corroborated by information in the certifying physician's and/or the acute/post-acute care facility's own medical record documentation.

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