



Home Health Certifications:

An Update and Refresher

By J. Ryan Williams

BEGINNING ON JULY 1, 2014, home health agencies are required to report the NPI number of the physician who certifies a patient's need for home health services and the physician who signs the plan of care. This new requirement is intended to cover situations in which a physician attending to a patient in an acute or post-acute setting certifies the need for home health services and then "hands off" the patient to another physician for continued care.

Most of the time the same physician certifies the need for home health services and signs the plan of care. As such, this new requirement is not likely to cause any significant issues. Even so, the new billing requirement highlights the importance of the initial home health certifications and the appropriate documentation. Now may be a great time to review the home health certification requirements.

The Affordable Care Act requires that the physician, or a permitted non-physician practitioner, certify the need for home health services based on an appropriately documented face-to-face encounter with the patient. Since the home health certification requirement

and the mandate for a face-to-face encounter is a condition for payment, failing to comply will result in payment denials to the home health agency.

The face-to-face encounter requirement is designed to establish the patient's home bound status and need for skilled services. These two elements must be documented in a brief narrative that is signed by the certifying physician, dated and labeled as "home health face to face encounter." Simply listing diagnosis, recent injuries, procedures or other characteristics of the patient is insufficient to satisfy the requirement. The face-to-face encounter must occur within 90 days prior to the start of the home health care services or within 30 days after the start of care.

The mechanics of obtaining the documentation to satisfy the face-to-face encounter requirement are flexible and designed to accommodate the varying physician practice situations. For example, a physician or non-physician practitioner who attends to a patient in an acute or post-acute setting can certify the need for home health services based on his or her face to face encounter, establish and sign the plan of care and then "hand off" the patient's care to a community

based physician. Alternatively, a certifying physician may rely on the documentation or other information of a physician or non-physician practitioner to satisfy the face-to-face encounter documentation. Discharge summaries or referral notes from a physician who cared for the patient in an acute or post-acute setting could satisfy the documentation requirement as long as the documentation adequately explains the clinical findings of the face-to-face encounter that support the patient's home bound status and need for skilled care.

Physicians who certify the need for home health services should ensure that all documentation of the face to face encounter meet applicable requirements. Most improper payments for home health services result from insufficient documentation errors involving the lack of an appropriate narrative description of the face-to-face encounter. Without narrative descriptions of a face-to-face encounter that support clinical findings for home bound status and the need for skilled services, payment for home health services may be in jeopardy.

J. Ryan Williams is a Partner, Health Care Practice Group, of Brouse McDowell in Akron. ■