

HOME HEALTH DENIAL FACT SHEET

Denial Reason: Missing/
Incomplete/Untimely Plan of Care
or Certification

<p>What is the plan of care?</p>	<p>Home health services must be provided based on the plan of care, which is established and approved by the physician.</p> <p>The plan of care must include the following:</p> <ul style="list-style-type: none"> • All pertinent diagnoses • Patient's mental status • Types of services, supplies, equipment • Frequency of visits • Prognosis, rehab potential, functional limitations, activities permitted, nutritional requirements • All medications and treatments • Safety measures to protect against injury • A plan for timely discharge or referral
<p>What is the timeline for the plan of care?</p>	<p>The plan of care must be reviewed, signed and dated by the physician that established the plan of care:</p> <ul style="list-style-type: none"> • At least every 60 days; and • Prior to submitting the claim for the episode to Medicare.
<p>How are orders documented?</p>	<p>All orders must be complete and include the following:</p> <ul style="list-style-type: none"> • Patient's name • Discipline(s) providing services • Frequency • Duration • Modality <p>When verbal orders are obtained, the nurse or therapist receiving the orders must document, sign and date the orders with the date of receipt. Verbal orders must be countersigned and dated by the physician before the agency submits the claim.</p>
<p>What is a certification?</p>	<p>A certification is required for home health services. The certification must be completed by a Medicare enrolled physician, and must include:</p> <ul style="list-style-type: none"> • A statement certifying the patient's need for one or more of the following services: <ul style="list-style-type: none"> - Intermittent skilled nursing (except if solely for venipuncture); - Physical therapy; - Speech language pathology; or - Continued need for occupational therapy • A statement certifying the home health services are/were needed because the patient is/was confined to the home; • Face to Face encounter documentation; and • A signature and date of the physician who established the plan of care and certified services. <p>Example Certification Statement:</p> <p>I certify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized services on this plan of care and will periodically review the plan. The patient had a face-to-face encounter with an allowed provider type on 11/01/2016 and the encounter was related to the primary reason for home health care.</p>

<p>What is the timeline for the certification?</p>	<p>The certification must be:</p> <ul style="list-style-type: none"> • Obtained when the plan of care is established, or as soon as possible thereafter; and • Completed prior to submitting the claim for the episode to Medicare. <p>Note: If the physician’s order and certification are not obtained prior to providing the care, no Medicare payment can be made.</p>
<p>What is important to remember?</p>	<ul style="list-style-type: none"> • There is no specific plan of care form mandated by CMS. • HHAs have the flexibility to implement both the plan of care and certification content requirements in a manner that best makes sense for them. • If the patient dies before certification can be completed, attempts to obtain certification must be evident in the documentation and then the certification would be deemed complete. • When submitting documentation, you must include all documentation to support the initial certification, including documentation in the certifying physician’s medical records. This includes claims for subsequent home health episodes.
<p>Where do I find more information?</p>	<ul style="list-style-type: none"> • CGS “Physician Orders, Plan of Care and Certification” Web page: http://www.cgsmedicare.com/hhh/coverage/HH_Coverage_Guidelines/1B.html • <i>Medicare Benefit Policy Manual</i> (CMS Pub. 100-02, Ch. 7) sections 30.2 - 30.5 http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf