



Medicare guidelines require specific documentation in order for your patients to meet home health care eligibility. The most common reason for CMS home health claim denials is insufficient documentation of clinical findings to support the Face-to-Face requirement by the physician/non-physician practitioner (NPP).

As of 1/1/20, CMS requires the home health care documentation to specify the underlying cause, or diagnosis/disease process, for the ordered skilled care.

Per CMS: "If supporting documentation is not sufficient to demonstrate patient eligibility or made available upon request, payment to the home health agency and physician may be denied. Certifying physicians who show patterns of non-compliance may also be subject to reviews such as provider-specific reviews."

To meet the CMS requirements, a Face-to-Face Encounter Note may be a clinical note, progress note or discharge summary and must include the following:

1. Be legibly signed and dated by an allowed provider type (certifying physician, acute/post-acute care physician, NP, or PA working in collaboration with the certifying and/or acute/post-acute care physician. The certifying physician must document that the FTF visit took place, regardless of who performed the encounter.)
2. Indicate the reason for the encounter and that the assessment is related to the need for home health services (encounter is for the primary reason for home health care)
3. Be dated between 90 days before or 30 days after the start of home health services
4. Documentation that supports the patient's need for skilled services (SN, PT, and/or SLP)
5. Documentation meets **both** criteria in substantiating homebound status as listed below

Homebound Criteria 1:

- Type of support and/or supportive device or assistance required to leave home.

OR

- Leaving home is medically contraindicated

Homebound Criteria 2:

- Explain the patient's normal inability to leave home.

AND

- Defines the taxing effort considering these areas:

Diagnosis, duration of condition, safety concerns, prognosis, clinical course, nature and extent of functional limitations, pain meds, rest periods, oxygen needs, confusion, continence issues, other accommodations

CMS approved home health order and F2F encounter documentation must include:

- ❶ Home Health Order related to the underlying cause, or diagnosis, for all ordered skilled care
- ❷ Reason for encounter and assessment related to need for home health care
- ❸ Documentation to support homebound status
- ❹ Documentation to support need for skilled home health services

Example 1:

Ms. Thomas Home Health Order: ❶ RN needed for wound care, monitor for infections, educate on dressing changes due to non-healing diabetic wound.

Ms. Thomas F2F Encounter Documentation:

(9/1/19) Ms. Thomas needs hydrocolloid with silver dressing changes for ❷ non-healing wound on left heel. Minimal weight bearing on left leg with a surgical boot on left foot. ❸ Patient now homebound due to minimal weight bearing and walking restrictions to promote wound healing. ❹ RN needed for wound care, monitor for signs of infection, and educate on dressing changes.

Example 2:

Mr. Jones Home Health Order: ❶ RN educate new nebulizer due to new COPD diagnosis

Mr. Jones F2F Encounter Documentation:

(8/15/19) Mr. Jones is ❷ newly diagnosed with COPD. Has had weight loss and is short of breath ambulating less than 50 feet, ❸ patient needs assistance of a walker to leave the home to prevent falls and conserve energy. ❹ Skilled nursing care is needed to educate disease management, and medication teaching for new nebulizer use.

NEW!

CMS requires the home health documentation to include the underlying cause or diagnosis that supports the need for skilled services.

The following lists highlight the most commonly used ineligible symptom codes along with corresponding examples of acceptable language.

INELIGIBLE SYMPTOM CODE	ACCEPTABLE EXAMPLE (NOT ALL INCLUSIVE)
Difficulty walking	Minimal weight bearing due to non-healing diabetic wound
Abnormal Gait	Weakness due to spinal stenosis
Unspecified abnormalities of gait and mobility	Repeated Falls due to dementia
Muscle Weakness	Restricted mobility due to rib fractures s/p fall
Generalized Weakness	Short of breath due to exacerbation of COPD
Osteoarthritis unspecified site	Repeated falls due to pain and swelling of the right hip
Primary Osteoarthritis unspecified site	Recent fall due to lumbar osteoarthritis
Rheumatoid Arthritis	Generalized weakness and fatigue caused by seronegative rheumatoid arthritis
Low back pain	Low back pain resulting from compression fracture of unspecified lumbar vertebra
Pain in right hip	Limited mobility due to dislocation and sprain of joints and ligaments of the right hip
Pain in left hip	Infection and inflammatory reaction due to internal left hip prosthesis
Dysphagia	Unexpected weight loss and increased fatigue due to recent CVA

INELIGIBLE SYMPTOM CODE	ACCEPTABLE EXAMPLE (NOT ALL INCLUSIVE)
Dizziness and giddiness	Intractable dizziness due to adverse effect of medications
Syncope	Multiple falls due to Cardiogenic syncope
Repeat Falls	Multiple falls resulting from uncontrolled hypertension
History of Falling	Weakness due to orthostatic hypotension
Hypotension Unspecified	Instability and weakness due to dehydration
Altered Mental Status	Confusion resulting from a recent UTI
Unspecified Cognitive Communication Deficit	Shortness of breath and confusion caused by pneumonia
Memory Loss/Amnesia	Memory loss that disrupts daily life due to advancing Alzheimer's Dementia
Chest Pain	Uncontrolled chest pain and shortness of breath due to pleural effusion
Dyspnea	Recent fall resulting from dizziness due to COPD exacerbation
Shortness of Breath	Limited activity due to exacerbation of CHF
Hypoxia	Limited mobility and interrupted sleep due to upper respiratory disease

Ensure your patients' care is not delayed by including the underlying diagnosis/cause for skilled care in the home health documentation.

For questions or more information, contact your BAYADA representative at **000-000-0000**.



BAYADA specialty practices include Home Health Care, Pediatrics, Hospice, and Habilitation.

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