



**Medicare Skilled Home Health  
Overview  
July 9, 2015**

# COVERED MEDICARE HOME HEALTH SERVICES

Per §1861 (m) of the Social Security Act, the following are covered Medicare home health services:

- Skilled nursing care on a part-time or intermittent basis;
  - Other than solely for venipuncture
- Home health aides on a part-time or intermittent basis;
- Physical Therapy;
- Occupational Therapy;
- Speech-language Therapy;
- Medical Social Services;

# COVERED MEDICARE HOME HEALTH SERVICES (cont.)

- Routine & Non-routine medical supplies
  - Catheters, catheter care supplies, ostomy bags and ostomy care supplies
- Durable medical equipment
  - Paid separately from the home health payment rates
- Injectable calcitonin (osteoporosis drug)
  - As defined in §1861 (kk) of the Social Security Act
  - Reimbursed on a reason cost basis
  - Patient must meet criteria

# EXCLUSIONS UNDER HOME HEALTH BENEFIT

Excluded services include:

- Drugs and biologicals;
  - Covered under Part B and Part D
- Transportation;
- Housekeeping services;
- Services covered under End Stage Renal Disease (ERSD) program.
  - Wound care for an active shunt site

# PATIENT ELIGIBILITY

To be eligible for Medicare home health services, a patient must have Medicare Part A and/or Part B, and per §1814(a)(2)(C) and §1835(a)(2)(A) of the Act:

- Be confined to the home;
- Need skilled services;
- Be under the care of a physician
- Receive services under a care plan established and reviewed by a physician; and
- Have had a face-to-face encounter with a physician or allowed non-physician practitioner

# PATIENT ELIGIBILITY: CONFINED TO THE HOME

Per §1814(a) and §1835(a) of the Act, an individual shall be considered “confined to the home” (homebound) if the following two criteria are met:

- Criteria One: Must meet **one** of the below
  - Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person to leave their place of residence.
  - **OR**
  - Have a condition such that leaving his or her home is medically contraindicated

# PATIENT ELIGIBILITY: CONFINED TO THE HOME (cont.)

- Criteria Two: **Both** must be met:
  - There must exist a normal inability to leave home
  - Leaving home must require a considerable and taxing effort

## **PATIENT ELIGIBILITY: CONFINED TO THE HOME (cont.)**

The patient may be considered homebound if absences from the home are:

- Infrequent;
- For periods of relatively short duration;
- For the need to receive health care treatment;
- For religious services;
- To attend adult daycare programs; or
- For other unique or infrequent events (funerals, graduations, trip to the barber/beautician)

# PATIENT ELIGIBILITY: EXAMPLES OF CONFINED TO THE HOME

- A patient who is blind or cognitively impaired and requires the assistance of another person in leaving their place of residence.
- A patient returning home following a hospital surgical procedure, who may be suffering from resultant weakness and pain and; therefore, their actions may be restricted by their physician to specific and limited activities such as getting out of bed only for a specified period of time or walking stairs only once a day.
- A patient with a psychiatric illness that is manifested, in part, by a refusal to leave home or a psychiatric illness that affects them to the extent that it wouldn't be considered safe for the patient to leave home unattended, even if they have no physical limitations.

## CERTIFICATION REQUIREMENTS:

- A physician must certify that a patient is eligible for Medicare home health services;
- The physician who establishes the plan of care must sign and date the certification;
- Certification should be completed when the plan of care is established:
  - As soon as possible thereafter
  - Prior to submission of billing
  - Not acceptable to wait until the end of the 60-day episode of care to obtain certification

## CERTIFICATION REQUIREMENTS: (cont.)

Physician must certify that:

- Patient needs intermittent skilled nursing care and/or therapy services
- Patient is confined to the home
- Plan of care has been established and will be periodically reviewed by a physician
- Services will be furnished while the patient was/is under the care of a physician

## CERTIFICATION REQUIREMENTS: (cont.)

- A face-to-face encounter:
  - Occurred no more than 90 days prior to the home health start date or within 30 days of starting,
  - Was related to the primary reason the patient requires home health services,
  - Was performed by a physician or allowed non-physician practitioner, and
  - Date of the encounter is documented.

## RECERTIFICATION REQUIREMENTS:

- At the end of the initial 60-day episode, a decision must be made whether or not to recertify the patient for a subsequent 60 day episode
- Recertification is required at least every 60 days when there is a need for continuous home health care after an initial 60-day episode and unless there is a:
  - Patient-elected transfer; or
  - Discharge with goals met and/or no expectation of a return
- Medicare does not limit the number of continuous episode recertification periods for people who remain eligible

## RECERTIFICATION REQUIREMENTS: (cont.)

- Recertification must be signed and dated by the physician who reviews the plan of care;
- Indicate the continuing need for services;
- Estimate how much longer the skilled services will be required.

## Resources:

- Medicare Learning Network: <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>.
- MLN Connects National Provider Call Program: <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>.



**Thank you**