

Physician payment for Medicare home health and hospice patients

Physicians who oversee care needs for Medicare home health and hospice patients can be reimbursed for these services. Physicians also can bill for services associated with certifying (and recertifying) home health services.

To receive payment, the physician:

- must provide services to Medicare beneficiaries receiving covered home health/hospice services
- must have had a face-to-face encounter with the patient in the six months prior to the first billing for care plan oversight services
- may not have a relationship with the home health agency that is prohibited by the Stark II regulation (physician self-referral)
- may not be the medical director or employee of the hospice, or provide services under arrangement with the hospice

In addition:

- Payment will be made to only one physician per calendar month per patient receiving care plan oversight services

- Surgeons may bill for post-surgical care plan oversight if documentation shows the care is unrelated to the surgery
- Payment will be allowed during the 30 days following a hospital discharge, provided all other conditions for payment are met

Documentation:

- Medicare requires the physician to document the care plan oversight services that were furnished, and the length of time associated with those services
- Documentation may be requested by Medicare as part of the post-payment review activities
- A home health agency may not maintain documentation for the physician

For more information about care plan oversight, please call **Reverence Home Health & Hospice** at **888-2HOMECARE (888-246-6322)**.

Source: National Association for Home Care & Hospice

How to determine homebound status

According to Centers for Medicare and Medicaid Services (CMS), an individual shall be considered homebound if the following two criteria are met:

Criteria one:

Because of illness or injury, an individual needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; uses special transportation; **or** needs the assistance of another person in order to leave their place of residence or has a condition such that leaving his or her home is medically contraindicated.

If the patient meets one of the criteria one conditions, then the patient must **ALSO** meet two additional requirements defined in criteria two below.

Criteria two:

There must exist a normal inability to leave home **and** leaving home must require a considerable and taxing effort. Please note: A patient can leave their home for medical treatment (such as chemotherapy or dialysis) or for receiving therapeutic and psychosocial treatment (such as through a certified

adult day care program). A patient cannot be disqualified from services if they leave home for a non-medical absence as long as the absence is "infrequent and short in duration" such as attending a religious service, a trip to the barber, or a special family event.

If you have questions about homebound status, please call **Reverence Home Health & Hospice** at **888-2HOMECARE (888-246-6322)**.