

Back to Basics: Medicare Coverage of Home Health Services

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Objectives

- Discuss the scope and breadth of Medicare coverage of home health services
- Identify detailed coverage criteria for homebound status and the intermittent care limitation
- Outline the standards to meet for coverage of skilled nursing and therapy services
- Discuss proper documentation for therapy services to support medical necessity determinations.

Focus of this Program

- Medicare coverage and issues
 - Nursing
 - Therapy
 - Why is this subject important?
 - Significant growth in HH therapy utilization
 - Concerns about overutilization
 - Increased oversight resources
- Current and expected oversight of home health claims
- Nursing Coverage Standards
- Therapy Coverage Standards
- Documentation Tips

Eligibility requirements

- Skilled care
 - Skilled care definitions: reasonable and necessary
- Homebound
- Under care of physician
- Intermittent

Qualifying Criteria

- Be in need of skilled nursing care on an intermittent basis OR physical therapy OR speech language pathology; have a continuing need for occupational therapy
- Be confined to the home
- Under the care of a physician
- Receiving services under a plan of care established and periodically reviewed by a physician
- Once the qualifying criteria are met, the patient may also receive the services of an occupational therapy, medical social worker, registered dietician and/or home health aide

Qualifying Criteria: Confined to the Home

- A condition due to an illness or injury that restricts their ability to leave their place of residence except with the aid of :
 - Supportive devices, e.g., crutches, cane, wheelchair, walker
 - Use of special transportation
 - The assistance of another person
 - If leaving the home is medically contraindicated
- The feebleness and insecurity of advanced aged does not confine a person to the home unless they meet the previous criteria.
- Psychiatric illness manifests in a refusal to leave home or if it would be considered unsafe to leave home unattended.

“Allowable” Destinations

- Medical appointments
 - **Attendance at adult day centers to receive medical care**
 - **Ongoing outpatient kidney dialysis**
 - **Outpatient chemotherapy or radiation therapy**
- Church
- Beautician/barber visits
- Special family events

- The ultimate test is the frequency and effort involved and that absences do not indicate the patient has the capacity to obtain health care outside rather than in the home.

Place of Residence

- Wherever the patient makes his/her home

- Assisted Living Facilities, Group Home and Personal Care homes if not primarily engaged in providing to inpatients
 - Diagnostic and therapeutic services
 - Treatment
 - Care of the disabled or sick
 - Rehabilitation services
 - Skilled nursing care or related services for those who require medical or nursing care

Signed Plan of Care

- Physician ordered services
 - While patient under the care of the certifying physician
- Physician certification/recertification
 - Patient confined to home
 - Needs intermittent skilled nursing or PT or SLP or continuing OT
- Plan periodically reviewed (q 60 days)
- Signed and dated prior to billing

Verbal Orders

- Care initiated based on verbal order
- RAP may be dropped once
 - Order reduced to writing
 - Sent to MD
- Claim may be submitted once
 - All signed orders are received

Sequence of Services

- Sequence inconsequential once:
 - Plan of care established
 - Orders for qualifying services
 - Visits delivered in accord with plan of care
- Final visits must be skilled
 - Exception-unanticipated event

Intermittent Skilled Nursing

- Definition of “intermittent nursing” as qualifying
 - More than 1 visit ordered
 - Fewer than 7 days a week
- Definition of “part time and intermittent” nursing and aid as coverage criteria
 - Nursing and aide any number of days, less than 8 hours/day, less than 28-35 hours/week
 - Services in excess of 35 hours but less than 56

Intermittent Skilled Nursing

■ Coverage

- Medically predictable recurring need
- At least once q 60 days (exceptions)
- 7 days a week if
 - Short period (2-3 weeks), or
 - Longer periods with justification & finite and predictable endpoint
 - Exception: daily, BID, TID insulin injections
 - Warning: validation of inability to self-inject

Reasonable and Necessary Skilled Nursing Care

■ Considerations

- Safe and effective only if by RN or LPN under RN
- Reasonable and necessary to diagnosis
- Inherently complex services
- Condition of the patient
- Accepted standards of medical and nursing practice

Skilled Nursing

- Skill remains skill even if taught
- Not skilled if:
 - Can be performed by non-medical person w/o nursing supervision
 - Regardless of lack of availability of caregiver for non-skilled care

Skilled Nursing: Observation & Assessment

- Nursing to:
 - Identify and evaluate likelihood of change
 - Change does or likely to occur
 - Three week rule
 - Consideration: medical history, physiological changes, interventions

Documentation: Observation & Assessment

- Documented Evidence of:
 - Specific orders for skilled nursing observations
 - Clinical findings
 - Unstable (change in condition or treatment at least every 3 weeks)
 - Intervening events (emergent and acute incidents)
 - Implications of clinical findings
 - Interventions
 - Physician reports (if indicated)
 - Ongoing issues & follow-up plans

Skilled Nursing: M&E of Care Plan

- Basis: Underlying conditions or complications require RN to ensure unskilled services achieve their purpose
- Physician statement now required
- Visit frequency: situational
- Considerations
 - Complexity of unskilled services
 - Patient's overall condition
 - Nurse needed to observe and assess effects of non-skilled services

Skilled Nursing: Other

- Medical gases
- Rehabilitation nursing
- Venipuncture
 - Qualifying versus Covered
- Psychiatric nursing
 - Psychiatric diagnosis
 - Credentials

OASIS M2200

- **“In the plan of care for the Medicare payment episode for which this assessment will define a case-mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-pathology visits combined)?”**
- **The HHA would provide the total number of projected therapy visits, unless NA.**

Utilization Shifts

- Prior to 2008, more than 50% of “Hi” therapy cases ended with 10 – 13 visits.
- With the move to the tier model, this group has declined and growth has been seen in:
 - 6 – 9
 - 14 – 19
 - 20+
- Concerns about fraud and abuse in home care continue to be raised.

Medical Necessity



- Slated for FY 2010 by the RACs
- Will require the submission of additional documentation.
- What is “medical necessity?”



What would you do.....

What is Medical Necessity?



- Not “need.”
- Necessity is defined as:
 - An imperative requirement or need for something; indispensability
- Monitor any plan to extend therapy.
- OASIS C Implications.

Necessary

- Speaks to the need for a skilled clinician to be involved with the care.
- Changes in the patient status does not automatically support necessity:
 - Is it occurring because of unique and specific interventions or by “accident?”
 - Could it have occurred without the clinician being involved?

What is “Training”?



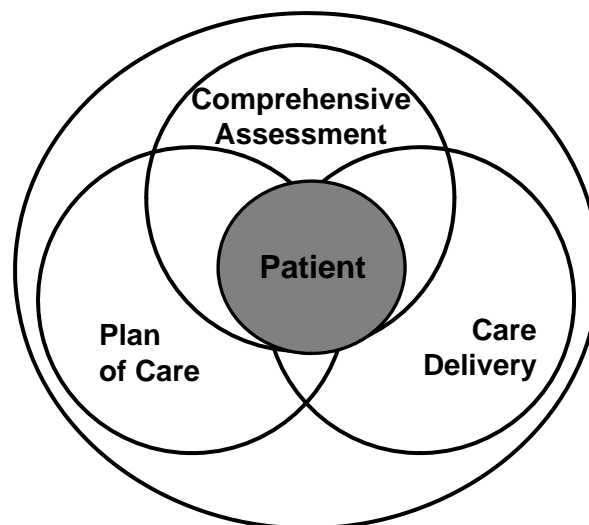
“Independent”



- Use of this term can be a “red flag” that therapy is not needed or has reached set goals and further visits are not warranted:

- Think like OASIS
- Consistency between disciplines

Showing Skilled Need



Fazzi Audit Findings

- **Over 75% of records have visits removed.**
- **Average financial risk is about \$1,000 per record.**
- **Main issues:**
 - Incomplete Assessments**
 - Interventions not relating to assessment**
 - Goals not functional**
 - “Goals Met” not supported**
 - Unclear need for all visits provided**

Skilled Need?

- **Patient amb household distances with walker and SBA.**
- **Patient amb 35 feet with SBA and required 50% verbal cues to maintain equal step length bilaterally.**
- **Patient completes ADLs with modified independence.**
- **Patient completes bathing using a transfer bench with supervision throughout the task due to min unsteadiness noted with fatigue.**

Read Your Documentation!



- Every clinician needs to periodically read his or her documentation to determine if it reads as it was intended.
- Documentation represents both the skills of the individual as well as those of the profession as a whole.
- Particular risk when changing tools.

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