

# Documenting Home Health Eligibility Criteria Series - Homebound Status

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# NGS Home Health & Hospice (HHH) Provider Outreach & Education (POE) Team

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## Objective

Offer federal Medicare regulatory direction to home health agencies and other provider types ordering, referring, providing oversight, and/or care for patients receiving home health services; as well as a greater understanding of medical record documentation requirements that support homebound status as it relates to Medicare home health eligibility criteria

## AGENDA

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NGS Home Health Jurisdictions

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The Medicare Home Health  
Benefit & Eligibility Criteria

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Documenting Homebound  
Status

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References & Resources

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Question & Answer Period

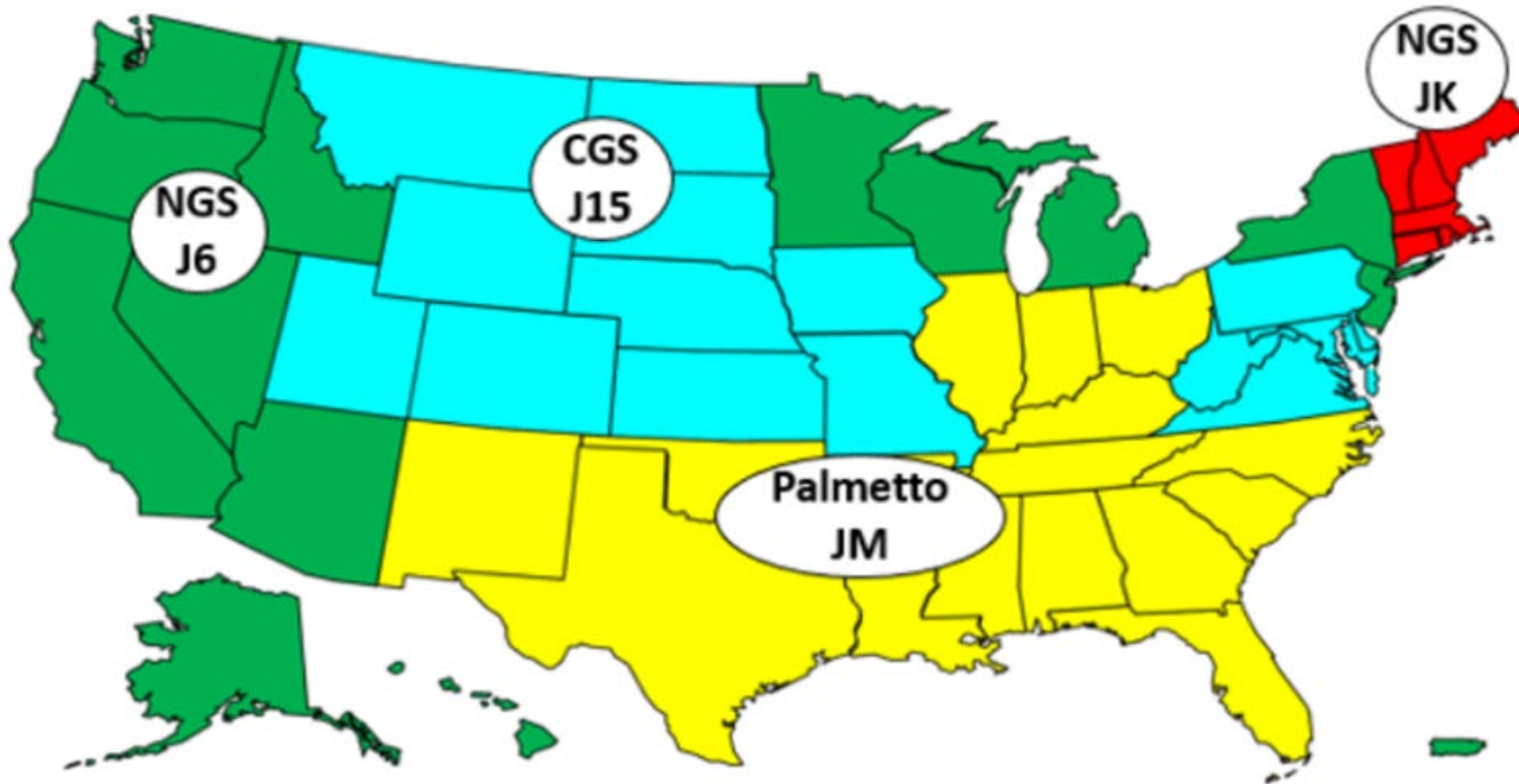


# NGS Home Health Jurisdictions

# NGS Home Health Jurisdictions

National Government Services, Inc.		
Jurisdiction K	Jurisdiction 6	
Maine New Hampshire Vermont Rhode Island Massachusetts Connecticut	New York New Jersey Michigan Wisconsin Minnesota Idaho Nevada Washington Oregon	California Arizona Alaska Hawaii Puerto Rico Mariana Islands American Samoa Virgin Islands Guam

# NGS Home Health Jurisdictions





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# The Medicare Home Health Benefit & Eligibility Criteria

# The Medicare Home Health Benefit

- Services that the Medicare beneficiary (patient) may receive at home include:

Skilled Nursing

Home Health  
Aides

Physical  
Therapy (PT)

Occupational  
Therapy (OT)

Speech  
Language  
Pathology (SLP)

Social Work  
(SW)

# Home Health Eligibility Criteria

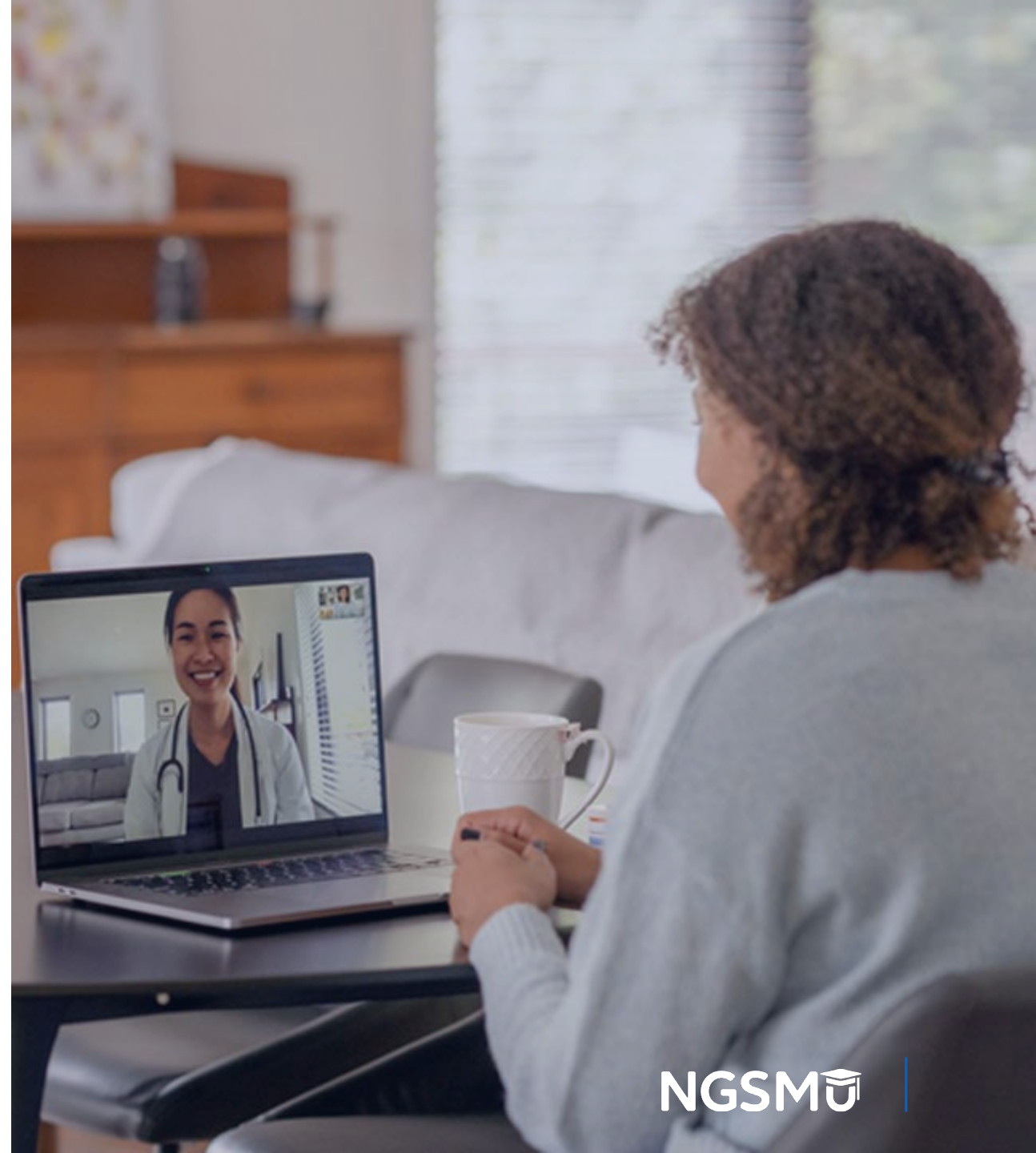
**Confined to the Home  
(Homebound)**

**Have a Need for Skilled  
Services (in the Home)**

**Remain Under the Care  
of a Physician and/or  
Allowed Practitioner  
(Oversight)**

**Receive Services  
Following a Plan of  
Care**

**Had a Face-to-Face  
Encounter**



# Home Health Eligibility Criteria

- Does the patient meet all five eligibility criteria?
  - Is the patient homebound?
    - ✓ Are they able to leave the home to receive services?
  - Do they have a need for the skilled/professional services in the home?
    - ✓ Is the patient able to receive the “skilled” services on an outpatient basis in an office or clinic?
  - Is there a physician and/or allowed practitioner that has agreed to monitor home health services?
    - ✓ Is that name identified within the referral and/or medical record documentation?
  - Is there a plan of care in place or started?
    - ✓ What is the intent of the referral for home health services?
  - Did the patient have a face-to-face encounter for their current primary diagnosis?
    - ✓ Is there a copy of the medical record documentation identifying the encounter?



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# Documenting Homebound Status



# Homebound Status

- Criteria One (One standard must be met):
  - 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
  - Have a condition such that leaving the home is medically contraindicated



# Homebound Status

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

[CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 7](#)

# Homebound Status

## ■ Criteria One

- Verify the type of support and/or supportive device or assistance required to assist the patient in leaving home
  - ✓ Example: patient uses walker or another individual to assist with ambulation

**-or-**

- Verify the reason why leaving home is medically contraindicated
  - ✓ Example: the patient is immunocompromised



# Homebound Status

## ■ Criteria Two

- Explain the patients normal inability to leave home within the medical record documentation
  - ✓ Example: identify the patients “normal ability” prior to the current illness or injury and compare and contrast prior level of function to their current level of function

**-and-**

- Describe the patients taxing effort
  - ✓ Example: utilize the patients medical record documentation from the referring facility or physician/allowed practitioner office to identify patient specific challenges

# Homebound Status

## ■ **Criteria Two**

- Provide documentation regarding the patient's current health status

### ✓ Examples

- Prior level of function
- Current diagnosis
- Duration of condition
- Clinical course (worsening or improving)
- Prognosis
- Nature and extent of functional limitations
- Therapeutic interventions and results

# Homebound Status

## ■ Criteria Two

- Ensure the information is patient specific
  - ✓ Examples:
    - Pain medications (causing drowsiness)
    - Rest periods (frequent rest periods with ambulation)
    - Oxygen (desaturation with ambulation, shortness of breath)
    - Incontinence (acute/chronic, new Foley catheter, briefs, irritation)
    - Confusion (acute/chronic, familiarity with current living accommodations)
    - Safety concerns (related to recent falls, familiarity with current living accommodations, confusion)
    - Alternative accommodations (is the patient currently in their own home or are they now residing elsewhere; moved in with family member, new surroundings)

# Homebound Status

- The patient may leave the home and still be considered homebound; so long as they leave the home:



- Examples:
  - ✓ For medical appointments/treatments
  - ✓ For religious services
  - ✓ To attend adult daycare centers for medical care
  - ✓ For other unique or infrequent events
    - Funeral, graduation, hair care

[CMS IOM Publication 100-02, Medicare Benefit Policy Manual,](#)  
[Chapter 7](#)



# Homebound Status

- The federal Medicare regulations regarding home health services within the Medicare Benefit Policy Manual Chapter 7 **do not state** that the patient cannot leave their home
- The federal Medicare regulations regarding home health services within the Medicare Benefit Policy Manual Chapter 7 **do not state** that the patient cannot drive a car
  - These may be orders from the physician and/or allowed practitioner, but are not reasons to discharge the patient

# Homebound Status

- Documentation must:

- Include information about the injury/illness and the type of support and/or supportive device/assistance required for illness/injury to assist the patient in leaving home
  - ✓ **Example:** The pt. is a 67 year old male with a recent fall and fx to the left ankle requiring ORIF. The patient requires crutches for ambulation r/t NWB on the LLE as per MD orders. Pt requires the assistance of another person to navigate steps into and out of the house

# Homebound Status

- In the event that the patient does not require the assistance of DME, special transportation or another person to leave the house
- Documentation must:
  - **Explain** in detail how the patient's current condition makes leaving home medically contraindicated
    - ✓ **Example:** The patient is immunocompromised or has dementia, psychoses, or other mental health disorders such that leaving the home without assistance from another person puts the patient at risk (as identified by the physician and/or allowed practitioner)

# Homebound Status

- Documentation must:
  - **Clarify** the distinct difference in the patient's normal ability versus their normal inability
    - ✓ **Example:** Documentation regarding the patients PLOF should be identifiable within the patients medical record. This information should be reviewed and compared to their current LOF as it relates to the current injury or illness and need for skilled services in the home, as well as the patients homebound status

# Homebound Status

- Documentation must:

- Describe exactly what effects are causing the considerable and taxing effort for this patient when leaving home
  - ✓ **Example:** The patient is s/p MVA with multiple injuries, R hip fx with THR resulting from a stroke. She requires a walker with one to two assist with ADLs, ambulation, and four steps into and out of the home. The patient has remained confused and experiences incontinence since the accident and now resides with her son and his wife



# Homebound Status

- Declaring any portion of the regulation as a blanket statement copied from the CMS Medicare Benefit Policy Manual Chapter 7 is considerably vague...
  - **Examples:**
    - ✓ “It’s a taxing effort for the patient to leave home.”
    - ✓ “The patient leaves home for periods of short duration.”
    - ✓ “The patient leaves home infrequently.”
    - ✓ “The patient leaves home for religious services.”
    - ✓ “The patient has a normal inability to leave their home.”

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# Home Health References & Resources

# CMS Home Health Resources

- [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 7](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 10](#)
- [CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 6](#)
- [Medicare & Medicaid Program: Conditions of Participation for Home Health Agencies](#)
- [HH PPS web page](#)
- [Home Health Agency \(HHA\) Center](#)
- [MLN® Publication, “Home Health Prospective Payment System”](#)
- [The Medicare Learning Network®](#)

# Medicare University

- Interactive online system available 24/7
- Educational opportunities available
  - Computer-based training courses
  - Teleconferences, webinars, live seminars/face-to-face training
- Self-report attendance
- [Medicare University website](#)

# Medicare University Self-Reporting Instructions

- Log on to the National Government Services [Medicare University site](#)
  - Topic = Documenting Home Health Eligibility Criteria Series (Presentation One): Homebound Status
  - Medicare University Credits (MUCs) = 1
  - Catalog Number = AA-C-####
  - Participant Code = #####SRD1
  - For step-by-step instructions on self-reporting please visit [Self-Reporting for Webinars, Teleconferences and Events](#) on the NGS website

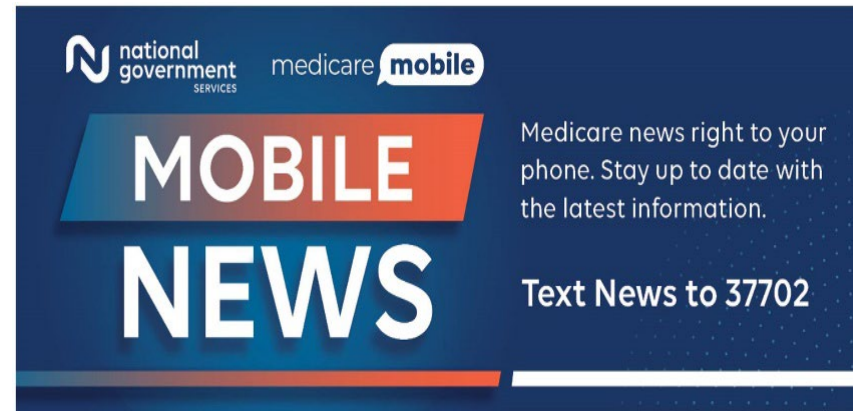


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- All National Government Services Part A and Part B Provider Outreach and Education attendees can now receive one CEU from AAPC for every hour of National Government Services education received
- If you are accredited with a professional organization other than AAPC, and you plan to request continuing education credit, please contact your organization, not National Government Services, with your questions concerning CEUs

# National Government Services Website and **Contact Information**

AK, AZ, CA, HI, ID, NV, OR, WA, AS, GU, MP	MI, MN, NY, NJ WI, PR, USVI	
Interactive Voice Response (IVR) Unit: 866.277.7287	Interactive Voice Response (IVR) Unit: 866.275.3033	t:
Provider Contact Center (PCC): 866.590.6724	Provider Contact Center (PCC): 866.590.6728	

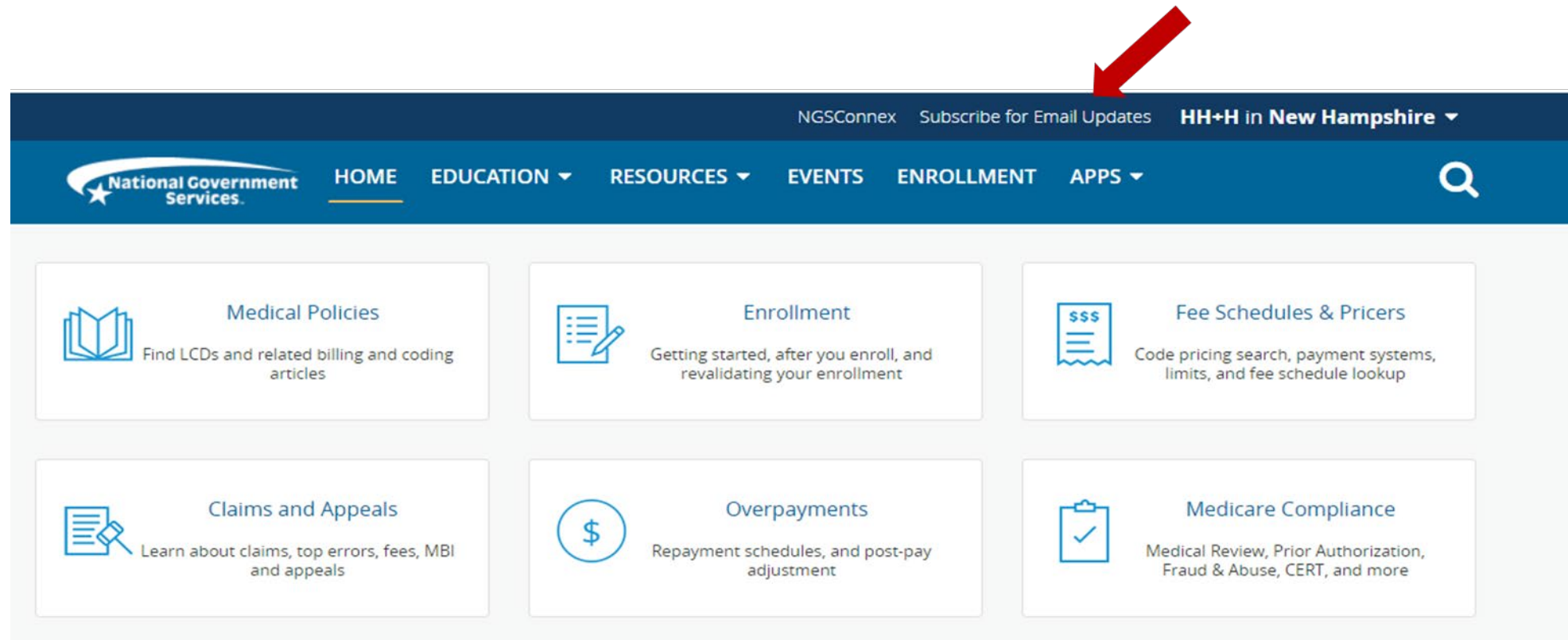


# Provider Contact Center Procedures

- The PCC should always be your **first option when contacting the MAC**
  - Required to log and track all incoming inquiries
- Tiered system to respond accurately to all provider inquiries

# NGS Email Updates

- Subscribe to receive the latest Medicare information





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Physician Certification of Terminal Illness

- Must be obtained by the medical director of the hospice or the physician member of the hospice IDG and the individual's attending physician if the individual has an attending physician
- No one other than a medical doctor or doctor of osteopathy can certify or recertify an individual as terminally ill as the responsibility of not certifying
- Nurse practitioners and physician assistants cannot certify or recertify an individual as terminally ill
- In the event that a beneficiary's attending physician is a nurse practitioner or a physician assistant, the hospice medical director or the physician member of the hospice IDG certifies the individual as terminally ill

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Responding to a Home Health & Hospice ADR

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# 2023 HHH MAC Collaborative Summit

- Save the Date
- September 13, 14, 15
- Flamingo Las Vegas Hotel & Casino
  - 355 S. Las Vegas Boulevard
  - Las Vegas, NV 89109
- Early Bird Registration \$249 (April 1 – June 1)
  - Includes 3 full days of education
- Rooms: \$95/night
  - Group Name: [2023 HHH Medicare Summit](#)
  - Processing fee incurred for telephone reservations

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- We rely on your feedback!
  - When you visit our events page, please click on the banner and share your thoughts with us about the education we provide you. The survey only takes a few minutes of your time, and lets us know
    - What we are doing right
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    - Educational topics you would like to see continued
    - Where we can improve
    - Thank You!



# YOUR FEEDBACK MATTERS

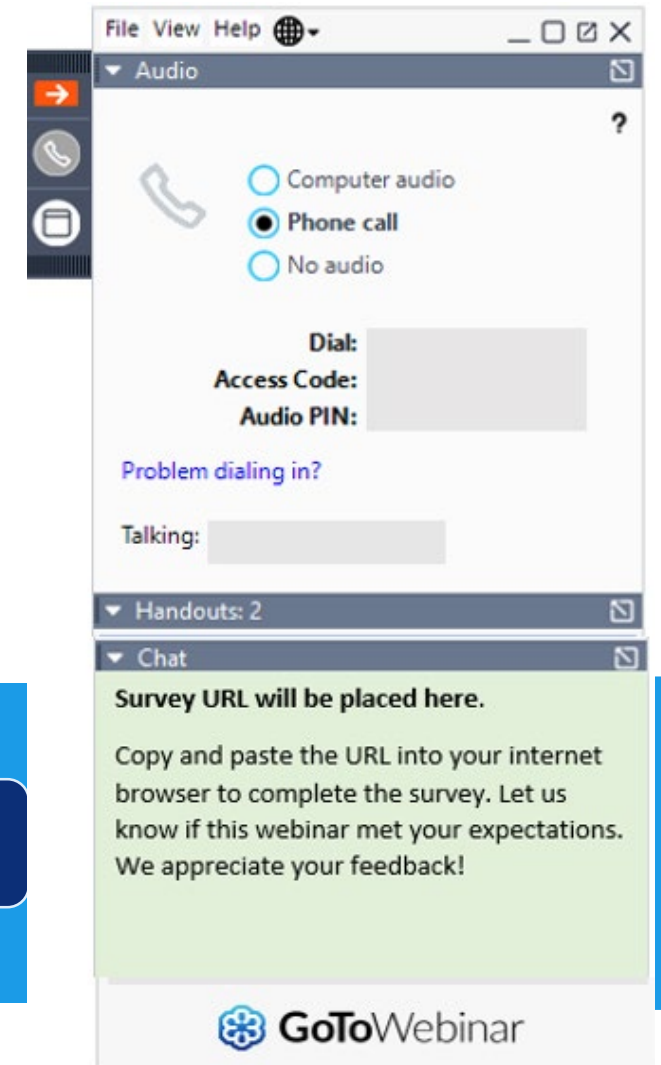
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  - If you have positive comments, let us know so we can continue providing you with the education you need!

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# Thank You!

? ? ? Any  
Questions?