

### **NEW MEDICARE REQUIREMENT EFFECTIVE JANUARY 1, 2011**

*(CMS enforcement of the rule will commence April 1, 2011)*

The Patient Protection Affordable Care Act has mandated a physician face-to-face encounter (in-person visit) for Medicare home health services.

#### **The in-person visit with the patient must be done by one of the following:**

- **Community physician** who will certify the plan of home health care, **OR**
- **Hospitalist** in the hospital, as long as he/she can identify community physician who will certify plan of home health care, **OR**
- **Non-Physician Practitioner (NPP)** such as Nurse Practitioner, Clinical Nurse Specialist or Physician's Assistant, who must document the clinical findings and provide them to the certifying physician

#### **The in-person visit timeframes must be observed:**

- **No earlier than 90-days before the admission visit** to home health services; **OR**
- **Within 30-days after the admission visit** to home health services

#### **The narrative documentation must have:** *(See Documentation Guide)*

- The **patient name and identification** (usually the patient's date of birth)
- The **date of the in-person visit and that the visit was related to**, completely or in part, **the medical condition for which the patient needs home health services**
- **Clinical findings that support the medical necessity and need for Medicare-covered skilled nursing, physical therapy and/or speech therapy services; AND**
- **Clinical findings that support the patient is homebound**

The in-person visit documentation must be a **separate and distinct section of or addendum to the physician's orders/485 and** must be **clearly signed and dated by the certifying physician** who either performed the visit or received documentation from their NPP.

**A discharge planner or the physician's office nurse can complete the form** for the physician to sign and date if the information concerning the physician/patient encounter is extracted from **the physician's own medical record entries**, and those entries include how the patient's clinical condition (as seen during the encounter) supports homebound status and the need for skilled services.

***The home health agency is required by Medicare to maintain this documentation as a condition of reimbursement.***