



HOME HEALTH CARE PLAN OVERSIGHT

Required for the Billing of G0180 and G0179

G0180 (Average Reimbursement: \$53.48): Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period. Submit when patient has not received Medicare home health services for at least 60 days. ***Cannot combine with TCM visit code.**

G0179 (Average Reimbursement: \$41.40): Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period. ***Cannot combine with TCM visit code and can only be reported once every 60 days.**

Key Requirements:

1. Documentation in the Face-to-Face Note (*see Face-to-Face checklist*)
2. Physician who submits the claim for Care Plan Oversight must be the same physician that signed the Home Health Plan of Care
3. Physicians should retain a copy of the signed and dated HHA Plan of Care (POC) for the home health certification period they are billing for

****Must define the patient as homebound status through the documentation! (*see Homebound Checklist*)**

*Disclaimer: Palm Beach ACO has drafted this document as a reference guide for billing the Home Health Face-to-Face Plan of Care. We are not billing experts, and suggest the practice consults with their billing company prior to submission.

Face-to-Face Checklist

***To be filled out by the Provider and kept as documentation**

General:

- ☐ Is the face to face document labeled and dated?
- ☐ Is it performed within the time frame (90 days before-30 days after)?
- ☐ Is it legible?
- ☐ Is it signed and dated prior to the submission of the claim for billing?
- ☐ Does it contain the date of the encounter?

Clinical Findings:

- ☐ Does it describe the patient's condition and symptoms, not just a list of diagnosis?
- ☐ Is this a new problem or an exacerbation of a previous problem?
- ☐ If this is a post-operative patient:

What surgery was performed/who was the surgeon? _____

How long ago was the surgery? _____

Were there any complications? _____

If pain is documented, how severe is the pain? _____

Skill Need:

- ☐ Is there evidence that skilled Physical Therapy (PT) is needed? (Note this is not an all-inclusive list):
 - ☐ Assessment of functional deficits and home safety evaluations
 - ☐ Therapeutic Exercises
 - ☐ Restore joint function for post joint replacement patient
 - ☐ Gait Training

☐ ADL Training

☐ Is there evidence that Speech Therapy (ST) is needed? (Note this is not an all-inclusive list):

☐ Therapeutic exercise to improve swallowing

☐ Therapeutic exercise to improve language function

☐ Therapeutic exercise to improve cognitive function

☐ Is there evidence that Nursing is needed? (Note this is not an all-inclusive list):

Assessment and observation for _____

Teaching and training for _____

☐ Complex wound assessment and care

☐ Management of new/changed medications

Direct nursing care for _____

Homebound Status:

☐ Description is not limited to weakness, considerable and taxing effort, poor endurance

☐ Does it contain a description of the patient's condition and symptoms, not just a diagnosis and not just the need for an assistive device?

If shortness of breath is applicable, describe the severity (severe at rest, with minimal exertion, etc.)

Weakness as evidence by _____

☐ Does the patient exhibit symptoms when attempting to walk (increase pain, shortness of breath, etc.)

The patient has medically restricted the patient to the home due to:

☐ The patient is homebound due to a psychiatric condition/symptoms

Homebound Requirement Checklist

***To be filled out by the Patient and kept as documentation**

1. Do you require the assistance of another person to leave the home? ☐ Yes ☐ No
2. Do you require the assistance of another person in order to get into an automobile? ☐ Yes ☐ No
3. Do you use a walking device such as a walker, cane, or wheelchair ☐ Yes ☐ No
4. Do you experience shortness of breath when you walk? ☐ Yes ☐ No
5. Are you required to use oxygen? ☐ Yes ☐ No
6. How often do you leave your home? ☐ Infrequently ☐ Frequently
7. Are your trips home typically for long or short periods of time? ☐ Short ☐ Long ☐ I do not leave home
8. Do you have a medical condition that prevents you from leaving your home? ☐ Yes ☐ No
9. Do you leave home for reasons other than: ☐ Yes (How often? (proceed below)) ☐ No (stop here)

↓

☐ Daily

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☐ Weekly ☐ Monthly

 - a. Medical treatment
 - b. To attend religious services
 - c. To go to the barber to beauty salon
 - d. To attend a unique family function or special occasion
10. When you leave home, how would you rate the effort you are required to expend in order to leave?

☐ Considerable and taxing effort ☐ Minimal Effort ☐ Moderate Effort

For Provider Reference ONLY:

“Homebound” does NOT mean that a patient has to be “bed bound” to qualify. The patient is considered “homebound” under Medicare if the patient cannot leave home without “considerable and taxing effort.”

Most patients have an injury or illness that makes it difficult to leave home; for example, if the patient:

- Requires the aid of supportive devices (wheelchair or walker)
- Requires the use of special transportation
- Needs the assistance of another person
- Has a condition that leaving the home is medically contraindicated
- Symptoms of the disease process (such as pain, SOB, or confusion) worsen when leaving the home

The patient can leave 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)

The 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.” Some examples include attending a religious service, a trip to the barber, special family event or a walk around the block.