

HOME HEALTHCARE CLINICAL ELIGIBILITY

Quick Reference Guide

This guide is designed to assist you in determining patient eligibility for home healthcare. To qualify for home healthcare services, the patient must have an **intermittent skilled medical need** and meet the homebound status criteria. To obtain home healthcare services for a patient, the referring physician, physician assistant, or nurse practitioner must provide an order indicating the disciplines needed, patient demographic sheet with insurance information, and documentation of a face-to-face encounter.

Skilled Need

- At minimum, the patient must have a need for skilled nursing care, physical therapy, or speech therapy services on an intermittent basis.
 - > PT and ST can be ordered as stand-alone services, but OT cannot be a stand-alone service.
- Certain services are **NOT** permitted by CMS:
 - > Med box fills, lab draws, or aide services **ONLY**, unless performed in conjunction with other skilled services.
 - > Daily wound care without a teachable caregiver – as it is not intermittent

Homebound Criteria

- The patient needs the aid of supportive devices such as crutches, cane, wheelchair, or walker; or the use of special transportation; or the assistance of another person to leave the home, **AND** leaving home requires a considerable physical effort.
- “Homebound” does NOT mean the patient can never leave their home. Occasional absences from the home are permitted such as attending religious services, dialysis or chemo/radiation treatment, an adult day center, a funeral, or any other infrequent or special event.

CMS Face-to-Face (F2F) Encounter Requirements

- **A face-to-face clinical encounter note** (progress note, H&P, or discharge summary) documenting the primary reason for needing home health services is required within the last 90 days. The encounter must occur in-person or by using virtual two-way audio/visual communication.
- Only a physician, physician assistant, or nurse practitioner may sign the clinical note (cannot be signed by a resident).
 - > **Valid Signatures:** Handwritten or electronically signed, are legible, and include the practitioners full name, credentials, and date.
 - > **Examples of unallowable signatures:** Stamped signatures, illegible signature without an attestation statement, or “electronically signed by agent of provider”.

CMS Acceptable Dx Codes for a Home Health Admission

Some diagnosis codes are **NOT** allowable for a home health admission. Diagnosis codes **MUST**:

- Reflect the disease process or underlying cause of the issue, not the symptom associated
- Indicate specificity, site/location, and laterality
- There are **no “R” codes** in the list of approved diagnosis codes (*see below*)

COMMON NON-ALLOWABLE DX CODES

- M62.81 Muscle Weakness
- R26.0 thru R26.9 Abnormalities of gait and mobility
- R29.6 Repeated falls
- R53.1 Weakness
- R53.81 Debility/malaise
- R29.898 S/S involving the musculoskeletal system
- M54.5 Low back pain
- M54.9 Dorsalgia/Back pain, unspecified
- R13.10 Dysphagia
- M06.9 Rheumatoid Arthritis
- G62.9 Polyneuropathy
- R32 Urine Incontinence
- R33 Retention of Urine
- Pain in r/l hip, shoulder, knee, etc.
- M19.90 Arthritis/Osteoarthritis, unspecified site
- R42 Dizziness/Vertigo
- R55 Syncope
- R60 Edema
- R78.81 Bacteremia
- C34.90 Lung CA
- C50.919 Breast CA
- I69.30 Unspecified sequela of CVA
- R56.9 Convulsions
- M25.56 Pain in left knee

Continued on back

General Home Health Referral Indicators

- Clinical instability: Frequently visits the ED, is hospitalized, or contacts their physician due to exacerbations of chronic conditions such as CHF, COPD, Diabetes or Hypertension (patient is experiencing SOB, coughing, edema, unregulated blood pressure, respiratory infections, etc.)
- Complex care needs: Wound, IV therapy, enteral feeding tube, pleural drainage system, left ventricular assistive device (LVAD), tracheostomy or laryngectomy, or ventilator
- General weakness or deconditioning, ambulatory dysfunction or mobility problems, balance issues, falls, ADL needs, or require training with new DME
- New/changed medications or recently had an adverse event
- New diagnosis due to recent illness, injury, or surgery

Therapy Only Referral Indicators

Your patient may not require a nurse. It's important to order only the minimum disciplines that a patient requires based on their condition and specific needs.

PHYSICAL THERAPY

For patients:

- Recovering from orthopedic surgeries, including joint replacements
- Experiencing general weakness or deconditioning, ambulatory dysfunction or mobility problems, balance issues, falls, ADL needs, or require training with new DME
- With controlled comorbidities that would benefit from medication management, disease management education, and monitoring of vitals

SPEECH THERAPY

For patients:

- Experiencing cognitive deficits with processing information, communicating ideas, collecting thoughts, finding words, and short-term memory
- With difficulty swallowing or speaking (slurring, mumbling, hoarseness, low volume)

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