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Medicare-Certified Home Health

Nurses and therapists delivering skilled care plus the personal care support of home health aides.

Hospice

Comfort care, planning assistance, and bereavement support for patients with advanced illness and for their families.

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Symptom management and medical care for patients with advanced illness who are pursuing curative measures or who have a prognosis over six months.

Post-Medical Care Program

Private nursing and attendant services for clients needing support after medical procedures such as birth or cosmetic surgery.

Personal Assistance Services

Non-medical, long-term home care for activities of daily living. Funded by Medicaid, long-term care insurance, or private pay.

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Most Private Insurance
Most Advantage Plans
AARP, Blue Cross / Blue
Shield, Humana, United,

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Medicare
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Service Area

Dallas County
Collin County
Denton County

Home Health Paperwork Just Got A Lot Easier!

Effective January 1, 2015, doctors are no longer required to create narratives specifically to justify home health episodes. In November 2014, the Centers for Medicare & Medicaid Services (CMS) issued final rule CMS-1611-F eliminating this requirement which was originally introduced in 2011. While the new certification requirements will more closely resemble those of year 2010, there will be differences. As we watch CMS implement the new rules, we may see additional adjustments to home health referral and admission procedures. Please feel free to call and request a personal visit in which we can further detail how Aspen Healthcare in particular will make referrals and physician billing easier.

CMS notes that the face-to-face narrative requirements created significant documentation and compliance problems that needed to be addressed, but they emphasized the ongoing need to ensure home health referrals are appropriate. The requirement that there be a patient-to-prescriber encounter (i.e. face-to-face encounter) within the specified time frame remains. The face-to-face encounter must occur between the patient and the certifying physician, or an allowed non-physician practitioner (NPP) working for the certifying physician, or an acute/post-acute care physician who cared for the patient in that setting. The certifying physician must be an MD, DO, or DPM. The face-to-face visit must have occurred within 90 days before the home health start of care or must occur within 30 days after the start of care. Some portion of the face-to-face encounter must be relevant to the primary reason for the home health plan of care.

The requirement that doctors or NPPs make the needed documentation in their own words is largely eliminated. Year 2015 will be more like year 2010 in that doctors will be able to review home health agency notes for accuracy and simply sign off, but some new nuances will apply. CMS explains that they are trying to get away from the old system of home health episodes being justified solely from documents that were created by home health agencies, even if some of those documents were certified by doctors. CMS feels that collaborating documentation from the doctor's records will better ensure appropriate referral. CMS also rules that the certification plus documentation from the doctor's records must 100% justify the home health episode, without relying on the home health agency's visit notes. Given the peculiarities of home health documentation, this alone would create an impossible situation, but there is one saving allowance in the new rule. CMS has denoted that the home health agency may provide documentation - especially their initial comprehensive assessment - to the physician for the physician to sign and incorporate into their patient record. The documentation provided by the home health agency would then be considered part of the patient record. In this way, Aspen Healthcare is again allowed to provide referring physicians with the exact language Medicare wants in the documentation.

Under the new rules, home health agencies may need to obtain a copy of the doctor's visit notes from the qualifying face-to-face visit and other items from the patient record. The new rules also specify that if Medicare denies the home health episode due to initial documentation, the doctor's Medicare reimbursement for Home Health Certification or Recertification (HCPC G0180 and G0179) would be retracted. There was no mention of whether this would affect doctor's payment for Home Health Care Plan Oversight (HCPC G0181), and we find it unlikely that this would affect physician reimbursement for Transitional Care Management (CPT 99495 & CPT 99496). If you are not familiar with the codes above, the codes that get doctors paid for the work they do with Aspen Healthcare, please call to request a personal visit from an Aspen liaison.

Beginning January 1, 2015, referrals to home health will get much easier for doctors, but doctors will now be incorporating home health notes into their patient records. Additionally, the quality of home health agency documentation has the potential to affect physician reimbursement. When doctors work with a home health agency, they need to be able to work with an established agency they can trust.



*Please offer Aspen Healthcare - Home Health & Hospice
to your patients.*