Home Health: Face-to-Face Documentation Requirement

Hello, I'm Dr. Harry Feliciano. As senior medical director for Palmetto GBA, one of my responsibilities is to help provers like you understand the regulations and manual instructions that drive payment for Medicare claims.

The first step is to make sure you understand that you are a vital link in the Health Information Supply Chain.

Other parts of this training include coders, billers and payers.

Incomplete or missing information in any of these areas creates a weak link in the chain, and can lead to delayed or denied payments.

At Palmetto GBA we are working to identify information at the granular level that, if reported correctly and completely, will strengthen the Health Information Supply Chain.

Not only will this reduce claim error rates and help you get your claims paid, but also you will facilitate your ability to create more successful, individualized care plans for your patients.

As you know physician documentation is fundamental in the integrity of the Medicare program. Proper documentation helps ensure that the right items and services are provided to Medicare beneficiaries.

One of the most challenging documentation items is the Medicare Home Health Face-To-Face physician documentation requirement.

Today I'm providing you with a set of four questions to help you successfully communicate your clinical rationale for determining that an individual is home-bound and in need of skilled services.

Here are the four questions:

- Question One: What is the structural impairment?
- Question Two: What is the functional impairment?
- Question three: What is the activity limitation?
- Question four: How do the skills of a nurse or therapist address the specific structural and functional impairments and the activity limitations you have identified when answering the first three questions?

As an example: suppose you have a patient with type 2 diabetes mellitus, hypertension, and peripheral artery disease. The patient has undergone a blown knee amputation for ischemia and a non-healing lower-extremely ulcer.

Using the four questions here are some examples of relevant information that could be used to successfully communicate the clinical observations made during your home health face-to-face encounter.

To answer the first question you might document the structure of the lower leg or an issue with the skin of the lower extremities.

For the next question you could document the repair functions of skin, or perhaps the patient's muscle power function and muscle endurance function.

Looking at question three, you might document the patient's mobility.

For example, any limitations in transferring and walking, or any limitations in self-care, such as washing, bathing or dressing.

And finally you will document how the skill of a nurse or therapist would address the structural or functional impairments and activity limitations by explaining that the skills of a nurse are necessary to monitor the healing process of the patient's surgical wounds.

Or, how physical or occupational therapy is needed to evaluate the patient's functional status, capacity for improved mobility and self-care, or to implement an individualized patient-centered plan of care addressing the active limitations.

At Palmetto GBA we know that you are already using this type of information to provide care that will result in the best possible outcomes for your patients.

Our goal is to help you effectively communicate so that the specific information is no longer missing from the Health Information Supply Chain.

Capturing and communicating the answers to these four simple questions will help reduce errors, denials and appeals associated with the home health face-to-face requirement.

I am Dr. Harry Feliciano with Palmetto GBA. Have a great day.