AIMEDALLIANCE

Expansion of Home Health Services for Medicare Beneficiaries

Overview

On March 24, 2020, the Centers for Medicare and Medicare Services (CMS) issued an interim final rule that gives individuals and entities that provide services to Medicare beneficiaries the much needed flexibilities to respond effectively to serious public health threats posed by the spread of the 2019 Novel Coronavirus (COVID-19).[1] The following fact sheet explains how these provisions apply to home health services.

Who is eligible for home health benefits?

Medicare beneficiaries who are homebound and need to receive skilled nursing services in their houses can receive those services under the Medicare home health benefit. Under the new rule, a beneficiary is deemed "homebound" if a physician certifies that the beneficiary should not leave his or her home because the beneficiary either (1) has a suspected or confirmed COVID-19 diagnosis, or (2) has a condition where it is medically contraindicated for the beneficiary to leave the house.

A beneficiary that is exercising "self-quarantine" for his or her own safety would not be eligible for the Medicare Home Health benefit unless a physician certifies that the individual is deemed homebound.

What are skilled nursing services?

Skilled nursing care means that the services you need require the "skills of a nurse, [and] are reasonable and necessary for the treatment of your illness or injury."[2] Examples of skilled nursing care include giving IV drugs, certain injections, or tube feedings; changing dressings; and teaching about prescription drugs or diabetes care. Any service that could be done safely and effectively by a non-medical person (or by yourself) without the supervision of a nurse isn't skilled nursing care. For example, a home health visit solely to obtain a nasal or throat culture would not be considered a skilled service because it does not require the skills of a nurse to obtain the culture as the specimen could be obtained by an appropriately-trained medical assistant or laboratory technician.

How does a physician certify that an individual is eligible for home health benefits?

The physician must document in the medical record why the patient's condition is such that leaving the home is medically contraindicated. Physicians can refer to guidance issued by the Centers for Disease Control and Prevention (CDC) on COVID-19 to support their determinations.

---

[1] https://www.cms.gov/files/document/covid-final-ifc.pdf

[2] https://www.medicare.gov/Pubs/pdf/10969-Medicare-and-Home-Health-Care.pdf

Who can set up the plan of care and certify patient eligibility?

Under the new rule, a nurse practitioner, clinical nurse specialist, or physician assistant – as authorized by state law – in addition to a physician may do the following:

- Order home health services;
- Establish and review a plan of care (e.g., sign the plan of care); and
- Certify and re-certify that the patient is eligible for such services.

While nurse practitioners, clinical nurse specialists, and physician assistants are typically not permitted to take such actions, the U.S. Department of Health and Human Services (HHS) has stated that it will use enforcement discretion and will not conduct audits to ensure that only physicians provide the orders, sign and date the plans of care, or certify/recertify patient eligibility for claims submitted during this public health emergency.

Can home health services be provided via telehealth?

A home health agency may provide services via telehealth, as long as the services are part of the patient's plan of care and do not replace needed in-person visits as ordered in the plan of care.

Can a physician contract with a home health agency to provide services, such as the administration of Part B medications?

Yes, a physician can contract with a home health agency to provide services, including the administration of Part B medications, given that the COVID-19 outbreak may prevent some patients from receiving such drugs.

If patients were routinely receiving medically necessary physician-administered drugs at a medical facility and lose access to those medications because 1) the provider needs to be isolated to minimize exposure risk; or 2) the patient needs to be isolated based on presumed or confirmed COVID-19 infection, physicians may enter into contractual arrangements with a home health agency to utilize their nurses or other clinical staff to provide such services. However, the billing practitioner must provide appropriate supervision through real-time, audio-visual communications technology.

Is a physician required to provide direct supervision of a home health provider who administers a Part B drug?

Yes, to be eligible for payment under Medicare B for skilled services, physicians are required to provide "direct supervision" to the home health practitioner providing the service. "Direct supervision" typically means that the physician must be present in the office suite and immediately available to provide assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

However, given that such supervision may not be practical or safe during COVID-19, CMS has temporarily revised its definition of "direct supervision" to allow for use of real-time, audio-visual telecommunication for the duration of the public health emergency.

It is important to note that, in some instances, direct supervision through the use of real-time, audio-visual telecommunication may be insufficient, depending upon the services provided and the individualized circumstances. In those instances, a physician may still need to be physically present when the services are provided. The physician will need to make such a determination based on his or her clinical judgement and the individualized circumstances.

Who bills for the services if a physician is contracting with a home health agency?

The home health provider must seek payment from the billing physician for any services that the home health provider conducted and should not submit claims directly to Medicare for such services. CMS plans to closely monitor claims to ensure that services are not being inappropriately billed.