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MLN909413 2019-11 Compliance-Tips-for-Home-Health ...

As required under section 3708 of the CARES Act, CMS is allowing nurse practitioners, clinical nurse specialists and physician assistants to certify the need for home health services as defined under 42 CFR § 424.507(b)(1) payment requirements for covered Part A or Part B home health services.

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Home Health Nurse Practitioner Documentation section 3708 of the CARES Act allows a Medicare-eligible home health patient to be under the care of a nurse practitioner, clinical nurse specialist, or a physician assistant who is working in accordance with State law. These physicians/practitioners can: (1) order home health services; (2)

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HOME HEALTH ASSESSMENT CRITERIA HOME HEALTH

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Home health recertification documentation. BEFORE: Physicians needed to include a separate statement about how much longer home health services would be needed as part of the home health recertification. AFTER: A separate statement is not needed. For more information: CR 11104 (PDF) (Implementation date April 22, 2019) DMEPOS order requirements

Simplifying Documentation Requirements | CMS

- Mandated by the Affordable Care Act (ACA)
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- Prior to certifying a patient's eligibility for the home health benefit, the certifying physician must document that he or she, or an allowed non-physician practitioner (NPP) has had a face-to-face encounter with the patient
- Documentation regarding these encounters must be present on certifications for patients with starts of care on and after January 1, 2011

Medicare Home Health Face-to-Face Requirement

Issue 1: The Authority of Nurse Practitioners (NPs) to Certify Patients as Home Health Care Eligible Medicaid authorizes nurse practitioners to refer patients to specialists only with physician approval. The physicians must provide documentation, even if they did not participate in the exam.

9 Laws and Regulations Nurse Practitioners Should Know ...

(A) The certifying physician or allowed practitioner signs and dates the HHA documentation demonstrating that the documentation from the HHA was considered when certifying patient eligibility for Medicare home health services. (B) HHA documentation can include, but is not limited to, the patient's plan of care required under § 409.43 of this chapter, or the initial or comprehensive assessment of the patient required under § 484.55 of this chapter.

42 CFR § 424.22 - Requirements for home health services ...

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Within 30 days after the home health nurse or therapist makes the first visit. *Please note that although a non-physician practitioner may perform the encounter, the certification must be signed by a Medicare enrolled physician. If this requirement is not met, Medicare or Medicaid will not pay for home health services.

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