[The Centers for Medicare and Medicaid Services (CMS) for home health care agencies have requirements for who can order services, oversee the plan of care, and sign orders for home health care.](https://www.cgsmedicare.com/hhh/coverage/hh_coverage_guidelines/1b.html)

**Ordering Services:**

There are three basic requirements for ordering services.

1. The physician or allowed practitioner must be enrolled in Medicare. This consists of having an enrollment record in the Provider Enrollment, Chain, and Ownership System (PECOS).
2. The ordering National Provider Identifier (NPI) must be for an individual physician.
3. The physician or allowed practitioner must be of a specialty type that is eligible to order services:
	1. Physician: Doctor of Medicine (MD), Doctor of Osteopathy (DO) or Doctor of Podiatric Medicine (DPM)
	2. Allowed practitioner: Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS) practicing in accordance with state law in the state in which the individual performs such services.

**Overseeing the 60-Day Home Health Plan of Care:**

A patient is expected to be under the care of the physician or allowed practitioner who signs the Plan of Care. The Plan of Care order is a 60-day timeframe. The dates of the Plan of Care are located at the top of the Plan of Care order.

CMS expects that in most instances, the physician or allowed practitioner who certifies the patient’s eligibility for Medicare home health services will be the same physician or allowed practitioner who establishes and signs the Plan of Care.

**Signing the Home Health Plan of Care**:

The physician or allowed practitioner that performed the required face-to-face encounter must sign the Plan of Care and certification of eligibility, unless the patient is directly admitted to home health care from an acute or post-acute care facility and the encounter was performed by a physician or allowed practitioner in such setting.

A physician or other allowed non-physician practitioner, other than the certifying physician or certifying allowed practitioner who established the home health Plan of Care, may sign the Plan of Care or the recertification statement in the absence of the certifying physician or certifying allowed practitioner. This is only permitted when such physician or allowed non-physician practitioner has been authorized to care for the certifying physician’s or allowed practitioner’s patients in his/her absence.

References:

PECOS Enrollment Information: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/EnrollmentResources/provider-resources/provider-enrolment/Med-Prov-Enroll-MLN9658742.html>

Code of Federal Regulations: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-424/subpart-B/section-424.22>

Medicare Benefit Policy Manual (see 30.3 and 30.5.3): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf>