

Information for Providers on Home Health Orders

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.

Ordering Home Health Services:

There are three basic provider 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:
 - a. Physician: Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), or MBBS (Bachelor of Medicine, Bachelor of Surgery) practicing in accordance with state law/licensure.
 - b. Allowed practitioner: Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS) practicing in accordance with state law/licensure.

Verbal Orders:

A written or verbal order is required before any direct care services can be provided. A written or verbal order is needed at time of, or immediately following, the initial admission visit to confirm the ongoing plan of care before any further services can be provided. This is a federal requirement under the Medicare Conditions of Participation in order for a home health agency to provide and be reimbursed for services.

Overseeing the 60-Day Home Health Plan of Care:

A patient is required to be under the care of the physician or allowed practitioner who signs the Plan of Care order. The Plan of Care order covers a 60-day timeframe. The dates of the Plan of Care are typically 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 home health eligibility, unless the patient is directly admitted to home health care after an acute or post-acute care facility discharge, and the encounter was performed by a physician or allowed practitioner in the acute/post-acute care setting.

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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. It is a requirement for Home Health Agencies to include a statement within the medical record confirming the certifying provider is authorizing the new provider to take over care in their 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>

NGS Home Health Documentation: Home Health Certifying Provider Change
<https://www.ngsmedicare.com/home-health-documentation?selectedArticleId=11274551>