Home Health Certification Statement

What is the certification statement? It is an attestation that the Medicare beneficiary is eligible for home health services. It is a CMS requirement and condition of payment of the home health agency claim. This attestation can only be completed by one physician, the certifying physician. It can appear anywhere in the record, but it is commonly seen on the plan of care.

The certifying physician must attest to five elements for home health certification:

- The patient is homebound
- The patient is in need of skilled services on an intermittent basis
- A plan of care has been established and is periodically reviewed by a physician
- The patient is under the care of a physician
- A face-to-face encounter occurred within 90 prior or 30 days after the start of care, was conducted by an allowed provider type, was for the primary reason the patient is in need of home health services, and the date of the encounter

Example Certification Statement: (Community MD is the Certifying MD)

I certify this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy, or continues to need occupational therapy. This patient is under my care, and I have authorized the services on this plan of care, and will periodically review the plan. I further certify this patient had a face-to-face encounter that was performed on xx/xx/xxxx by a physician or Medicare allowed non-physician practitioner that was related to the primary reason the patient requires home health services.

What if the beneficiary is being referred from a physician at an acute or post-acute care facility who is providing the certification statement at the point of referral but is NOT following the beneficiary in the community? That certification statement may look like this:

Second Example Certification Statement: (Ordering MD is the Certifying MD)

I certify this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy, or continues to need occupational therapy. I have authorized the services on this initial plan of care which will be further developed by Dr. XXX who is overseeing the home health services. I further certify this patient had a face-to-face encounter that was performed on xx/xx/xxxx by a physician or Medicare allowed non-physician practitioner that was related to the primary reason the patient requires home health services.

If the patient is starting home health directly after discharge from an acute/post-acute care setting where the physician, with privileges, that cared for the patient in that setting is certifying the patient's eligibility for the home health benefit, but will not be following the patient after discharge, then the

certifying physician must identify the community physician who will be following the patient after discharge.

Home health agencies have the discretion to provide the certification in any manner they choose as long as all of the elements are included. The certification must be complete prior to when a home health agency bills. CMS says physicians should complete the certification when the plan of care is established, or as soon as possible thereafter.

References:

Medicare Benefit Policy Manual Chapter 7 - Home Health Services
Change Request 9189, Transmittal 602