

HOME HEALTH CARE REQUIREMENTS FOR A PLAN OF CARE

The HHA must be acting upon a physician plan of care that meets the requirements of this section for HHA services to be covered.

For HHA services to be covered, the individualized plan of care must specify the services necessary to meet the patient-specific needs identified in the comprehensive assessment. In addition, the plan of care must include the identification of the responsible discipline(s) and the frequency and duration of all visits as well as those items listed in 42CFR484.60(a) that establish the need for such services. All care provided must be in accordance with the plan of care.

If the Plan of Care Includes a Course of Treatment for Therapy Services

The course of therapy treatment must be established by the physician after any needed consultation with the qualified therapist. The plan must include measurable therapy treatment goals which pertain directly to the patient's illness or injury and the patient's resultant impairments, the expected duration of therapy services and must describe a course of treatment which is consistent with the qualified therapist's assessment of the patient's function.

Physician's Order

The orders on the plan of care must indicate the type of services to be provided to the patient, both with respect to the professional who will provide them and the nature of the individual services, as well as the frequency of the services. Orders for care may indicate a specific range in the frequency of visits to ensure that the most appropriate level of services is provided to home health patients under a home health plan of care. When a range of visits is ordered, the upper limit of the range is considered the specific frequency.

Physician Signature

The physician who signs the plan of care must be qualified to sign the physician certification as described in 42 CFR 424.22 and must be signed before Medicare is billed.

Frequency of Review

The plan of care must be reviewed and signed by the physician who established the plan of care, in consultation with HHA professional personnel, at least every 60 days. Each review of a patient's plan of care must contain the signature of the physician and the date of review.

Physician's Certification

A certification (versus recertification) is considered to be anytime that a start of care outcome and assessment information set OASIS is completed to initiate care. A face-to-face encounter should occur no more than 90 days prior to or within 30 days after the start of home health care. The complete certification statement is required by the certifying physician and should include the date of the face to face encounter.

Related Content

- [Centers for Medicare & Medicaid Services Internet-Only Manual, Publication 100-02, Medicare Benefit Policy Manual, Chapter 7, Sections 30.2.1 \(Content of the Plan of Care\), 30.2.2 \(Specificity of Orders\), 30.2.3 \(Who Signs the Plan of Care\) 30.2.6 \(Frequency of Review of the Plan of Care\), 30.5.1 \(Physician Certification\)](#)