

HOW MUCH HOME HEALTH CARE CAN I GET?

At the start of care and when your condition changes, your home health agency should assess you to see what services you need. The home health agency should then develop a plan of care that spells out the type and amount of services that you need.

Your doctor must sign the plan of care at the start of your care and at least every 60 days. If you still need more care after that, the plan of care and certification can be renewed for as many 60-day periods as you need as long as your doctor signs them. A face-to-face-meeting is not required for re-certification. It is important to make sure that doctor agrees with the plan of care and thinks it contains all the care that you need.

Services Included:

- A. The law requires the 60-day episode to include all covered home health services, including medical supplies, paid on a reasonable cost basis. That means the 60-day episode rate includes costs for the six home health disciplines and the costs for routine and nonroutine medical supplies. The six home health disciplines included in the 60-day episode rate are:

1. Skilled nursing services
2. Home health aide services;
3. Physical therapy;
4. Speech-language pathology services;
5. Occupational therapy services;
6. Medical social services.

B. The 60-day episode rate also includes amounts for non-routine medical supplies and therapies that could have been unbundled to Part B prior to home health prospective payment system (HH PPS).

Excluded Services:

The law specifically excludes durable medical equipment (DME) from the 60-day episode rate and consolidated billing requirements. DME continues to be paid on the fee schedule outside of the HH PPS rate.

The osteoporosis drug (injectable calcitonin), which is covered where a woman is postmenopausal and has a bone fracture. This drug is also excluded from the 60-day episode rate but must be billed by the home health agency (HHA) while a patient is under a home health plan of care since the law requires consolidated billing of osteoporosis drugs. The osteoporosis drug continues to be paid on a reasonable cost basis.

Reference: Medicare Watch, Volume 7, Issue 11. April 7, 2016