

Medicare Benefit Policy Manual

Chapter 7 - Home Health Services

Crosswalk

New Chap.	New Sect.	Int. Pub. 13	HH Pub. 11	PMs	Description
7	10		HH-201		Home Health Prospective Payment System
7	10.1		HH-201.1		National 60-Day Episode Rate
7	10.2		HH-201.2		Adjustments to the 60-Day Episode Rates
7	10.3		HH-201.3		Continuous 60-Day Episode Recertification
7	10.4		HH-201.4		Counting 60-Day Episodes
7	10.5		HH-201.5		Split Percentage Payment Approach to the 60-Day Episode
7	10.6		HH-201.6		Physician Signature Requirements for the Split Percentage Payments
7	10.7		HH-201.7		Low Utilization Payment Adjustment
7	10.8		HH-201.8		Partial Episode Payment Adjustment
7	10.9		HH-201.9		Significant Change in Condition Payment Adjustment (SCIC)
7	10.10		HH-201.10		Outlier Payments
7	10.11		HH-201.11		Discharge Issues
7	10.12		HH-201.12		Consolidated Billing

New Chap.	New Sect.	Int. Pub. 13	HHH Pub. 11	PMs	Description
7	10.13		HH-201.14		Change of Ownership Relationship to Episodes Under PPS
7	20	A3-3116	HHH-203		Conditions to Be Met for Coverage of Home Health Services
7	20.1	A3-3116.1	HHH-203.1		Reasonable and Necessary Services
7	20.1.1	A3-3116.1A	HHH-203.1A		Background
7	20.1.2	A3-3113.1B	HHH-203.1B		Determination of Coverage
7	20.2	A3-3116.2	HHH-203.2		Impact of Other Available Caregivers and Other Available Coverage on Medicare Coverage of Home Health Services
7	20.3	A3-3116.3	HHH-203.3		Use of Utilization Screens and "Rules of Thumb"
7	30	A3-3117	HHH-204	A-98-49	Conditions Patient Must Meet to Qualify for Coverage of Home Health Services
7	30.1	A3-3117.1	HHH-204.1		Confined to the Home
7	30.1.1	A3-3117.1A	HHH-204.1A	A-01-21	Patient Confined to the Home
7	30.1.2	A3-3117.1B	HHH-204.1B		Patient's Place of Residence
7	30.2	A3-3117.2	HHH-204.2		Services Are Provided Under a Plan of Care Established and Approved by a Physician
7	30.2.1	A3-3117.2A	HHH-204.2A		Content of the Plan of Care
7	30.2.2	A3-3117.2B	HHH-204.2B		Specificity of Orders
7	30.2.3	A3-3117.2C	HHH-204-2C		Who Signs the Plan of Care

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7	30.2.4	A3-3117.2D	HHH-204-2D		Timeliness of Signature
7	30.2.5	A3-3117.2E	HHH-204-2E		Use of Oral (Verbal) Orders
7	30.2.6	A3-3117.2F	HHH-204.2F		Frequency of Review of the Plan of Care
7	30.2.7	A3-3117.2G	HHH-204.2G		Facsimile Signatures
7	30.2.8	A3-3117.2H	HHH-204.2H		Alternative Signatures
7	30.2.9	A3-3117.2I	HHH-204.2I		Termination of the Plan of Care
7	30.2.10	A3-3117.2J	HHH-204.2J		Sequence of Qualifying Services and Other Medicare Covered Home Health Services
7	30.3	A3-3117.3	HHH-204.3		Under the Care of a Physician
7	30.4	A3-3117.4	HHH-204.4		Needs Skilled Nursing Care on an Intermittent Basis (Other than Solely Venipuncture for the Purposes of Obtaining a Blood Sample), or Physical Therapy or Speech-Language Pathology Services or Has Continued Need for Occupational Therapy
7	30.5	A3-3117.5	HHH-204.5		Physician Certification
7	30.5.1	A3-3117.5A	HHH-204.5A		Content of the Physician Certification
7	30.5.2	A3-3117.5B	HHH-204.5B		Periodic Recertification
7	30.5.3	A3-3117.5C	HHH-204.5C		Who May Sign the Certification

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7	40	A3-3118	HHH-205		Covered Services Under a Qualifying Home Health Plan of Care
7	40.1	A3-3118.1	HHH-205.1		Skilled Nursing Care
7	40.1.1	A3-3118.1	HHH-205.1		General Principles Governing Reasonable and Necessary Skilled Nursing Care
7	40.1.2	A3-3118.1B	HHH-205.1B		Application of the Principles to Skilled Nursing Services
7	40.1.2.1	A3-3118.1B1	HHH-205.1B1		Observation and Assessment of the Patient's Condition When Only the Specialized Skills of a Medical Professional Can Determine Patient's Status
7	40.1.2.2	A3-3118.1B2	HHH-205.1B2		Management and Evaluation of a Patient Care Plan
7	40.1.2.3	A3-3118.1B3	HHH-205.1B3		Teaching and Training Activities
7	40.1.2.4	A3-3118.1B4	HHH-205.1B4		Administration of Medications
7	40.1.2.5	A3-3118.1B5	HHH-205.1B5		Tube Feedings
7	40.1.2.6	A3-4118.1B6	HHH-205.1B6		Nasopharyngeal and Tracheostomy Aspiration
7	40.1.2.7	A3-3118.1B7	HHH-205.1B7		Catheters
7	40.1.2.8	A3-3118.1B8	HHH-205.1B8		Wound Care
7	40.1.2.9	A3-3118.1B9	HHH-205.1B9		Ostomy Care
7	40.1.2.10	A3-3118.1B10	HHH-205.1B10		Heat Treatments
7	40.1.2.11	A3-3118.1B11	HHH-205.1B11		Medical Gasses

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7	40.1.2.12	A3-3118.1B12	HHH-205.1B12		Rehabilitation Nursing
7	40.1.2.13	A3-3118.1B13	HHH-205.1B13		Venipuncture
7	40.1.2.14	A3-3118.1B14	HHH-205.1B14		Student Nurse Visits
7	40.1.2.15	A3-3118.1B15	HHH-205.1B15		Psychiatric Evaluation, Therapy, and Teaching
7	40.1.3	A3.3118.1C	HHH-205.1C		Intermittent Skilled Nursing Care
7	40.2	A3-3118.2	HHH-205.2		Skilled Therapy Services
7	40.2.1	A3-3118.2A	HHH-205.2A		General Principles Governing Reasonable and Necessary Physical Therapy, Speech-Language Pathology services, and Occupational Therapy
7	40.2.2	A3-3118.2B	HHH-205.2B		Application of the Principles to Physical Therapy Services
7	40.2.3	A3-3118.2C	HHH-205.2C		Application of the General Principles to Speech-Language Pathology Services
7	40.2.4	A3-3118.2D	HHH-205.2D		Application of the General Principles to Occupational Therapy
7	40.2.4.1	A3-3118.2D1	HHH-205.2D1		Assessment
7	40.2.4.2	A3-3118.2D2	HHH-205.2D2		Planning, Implementing, and Supervision of Therapeutic Programs
7	40.2.4.3	A3-3118.2D3	HHH-205.2D3		Illustration of Covered Services
7	50	A3-3119	HHH-206		Coverage of Other Home Health Services

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7	50.1	A3-3119.1	HHA-206.1		Skilled Nursing Physical Therapy, Speech-Language Pathology Services, and Occupational Therapy
7	50.2	A3-3119.2	HHA-206.2		Home Health Aide Services
7	50.3	A3-3119.3	HHA-206.3		Medical Social Services
7	50.4	A3-3119.4	HHA-206.4		Medical Supplies (Except for Drugs and Biologicals) and the Use of Durable Medical Equipment
7	50.4.1	A3-3119.4A	HHA-206.4A		Medical Supplies
7	50.4.1.1	A3-3119.4A2	HHA-206.4A3, 4, 5		The Law, Routine and Non Routine Medical Supplies, and the Patient's Plan of Care
7	50.4.1.2	A3-3119.4A1	HHA-206.4A.1		Routine Supplies (Nonbillable)
7	50.4.1.3	A3-3119.4A2	HHA-206.4A.2		Nonroutine Supplies (Billable)
7	50.4.2	A3-3119.4B	HHA-206.4B		Durable Medical Equipment
7	50.5	A3-3119.5	HHA-206.5		Services of Interns and Residents
7	50.6	A3-3119.6	HHA-206.6		Outpatient Services
7	50.7	A3-3119.7	HHA-206.7		Part-Time or Intermittent Home Health Aide and Skilled Nursing Services
7	50.7.1	A3-3119.7A	HHA-206.7A		Definition of "Part-Time"
7	50.7.2	A3-3119.7B	HHA-206.7B		Definition of "Intermittent"

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7	60	A3-3122	HHA-212		Special Conditions for Coverage of Home Health Services Under Hospital Insurance (Part A) and Supplementary Medical Insurance (Part B)
7	60.1	A3-3122.1	HHA-212.1		Post-Institutional Home Health Services Furnished During A Home Health Benefit Period - Beneficiaries Enrolled in Part A and Part B
7	60.2	A3-3122.1	HHA-212.2		Beneficiaries Enrolled in Parts A and B and Meet the Institutional Care Threshold
7	60.3	A3-3122.1	HHA-212.3		Beneficiaries Who Are Enrolled In Part A and Part B, But Do Not Meet Threshold For Post-Institutional Home Health Services
7	60.4	A3-3122.1	HHA-212.4		Beneficiaries Who Are Part A Only Or Part B Only
7	70	A3-3123	HHA-215		Duration of Home Health Services
7	70.1	A3-3123.1	HHA-215.1		Number of Home Health Visits Under Hospital Insurance (Part A)
7	70.2	A3-3123.2	HHA-215.2		Number of Home Health Visits Under Supplementary Medical Insurance (Part B)
7	80	A3-3125	HHA-230A		Specific Exclusions From Coverage as Home Health Services
7	80.1	A3-3125A	HHA-230A		Drugs and Biologicals
7	80.2	A3-3125B	HHA-230B		Transportation
7	80.3	A3-3125C	HHA-230C		Services That Would Not Be Covered As Inpatient Services
7	80.4	A3-3125D	HHA-230D		Housekeeping Services

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7	80.5	A3-3125E	HHA-230E		Services Covered Under End Stage Renal Disease (ESRD) Program
7	80.6	A3-3125F	HHA-230F		Prosthetic Devices
7	80.7	A3-3125G	HHA-230G		Medical Social Services Furnished to Family Members
7	80.8	A3-3125H	HHA-230H		Respiratory Care Services
7	80.9	A3-3125I	HHA-230I		Dietary and Nutrition Personnel
7	90	A3-3127, A3-3661	HHA-219		Medical and Other Health Services Furnished by Home Health Agencies
7	100	A3-3128	HHA-224		Physician Certification for Medical and Other Health Services Furnished by Home Health Agency
7	110		HHA-201.13	A-01-02	Use of Telehealth in Delivery of Home Health Services