

Part B Insider (Multispecialty) Coding Alert

Physician Note: MAC Warns Physicians About Home Health Referrals

When referring Medicare beneficiaries for home health care, it's all in the details. In a recent release, one Medicare Administrative Contractor (MAC) reminds physicians of their substantial referral responsibilities, but also may be scaring them out of making referrals at all.

Palmetto GBA walks physicians and referring medical facilities through the documentation requirements for patients referred to home health agencies in a recent article on its website titled "Home Health Referrals." The description ranges from homebound status to intermittent skilled services to face-to-face documentation.

But: The article also contains this bold-face warning to docs: "You are responsible for all claims that you submit or cause to be submitted to the Medicare Program. Medicare assumes that every claim you submit or cause to be submitted is for something that you determined to be medically necessary. Submitting false claims or causing false claims to be submitted can subject you to civil or criminal penalties, and can have consequences on your medical license and ability to bill Medicare. False claims include claims where the service is not supported by the patient's medical record."

Observers worry that language may scare off referring physicians who already want to write off home care as too time-intensive on the documentation front.

Guidance: If you are concerned about your home health referrals, Palmetto GBA in collaboration with HHH MACs' CGS Medicare and NGS Medicare uploaded an example in its online guidance last November that outlines a typical referral timeline. The scenario addresses common Medicare roadblocks and offers quick links to CMS resources and tips to avoid denials at each bend in the road.

Take a look at Palmetto GBA's home health referral example at www.palmettogba.com/palmetto/providers.nsf/DocsR/JJ-Part-B~B6GJVJ2651.