

OASIS Alert

Industry News

Watch Out For Face-To-Face Documentation Probe

Payment for your subsequent episodes is now at risk if reviewers find your patient's initial episode face-to-face documentation lacking.

HHH Medicare Administrator Contractor **NHIC** recently told home health agencies they didn't have to submit F2F documentation for second or later episodes. But MAC **CGS** is singing a different tune.

"As a result of numerous errors identified by both CGS and the Comprehensive Error Rate Testing (CERT) contractor related to home health face-to-face (FTF) encounter documentation, CGS will be initiating a widespread edit for all home health providers," the MAC says in a message to providers. Claims selected for the edit "will be reviewed for valid FTF encounter documentation, medical necessity compliance with all CMS coverage guidelines, correct billing and coding," CGS specifies.

New requirement: "Beginning July 8, 2013, CGS will begin requesting the initial certification face-to-face (FTF) encounter documentation is submitted with all home health claims selected for Medical Review," the MAC says. "The **Centers for Medicare & Medicaid Services** (CMS) clarified the 'face-to-face encounter requirement is necessary for the initial certification, which is a condition of payment. Without a complete initial certification, there cannot be subsequent episodes.'"

Compare Billing Report Data

You may not have been one of the nearly 5,000 home health agencies that received personalized comparative billing reports from Medicare earlier this year, but you still can benefit from them.

CBR contractor **SafeGuard Services** has put some of the report data, which comes from the 2011 calendar year, on its website.

For example: The number of national average visits per episode is 18.31, SafeGuard says. The national average visits for physical therapy is 8.97, occupational therapy is 5.58, and speech therapy is 5.39 (for those episodes containing at least one therapy visit). And the national average Medicare payment per episode is \$2,684.01, according to the contractor. SafeGuard also breaks out each of those benchmarks by state.

Change: Even those agencies that received reports may want to take a look, because this data has been modified from the information in the original reports, SafeGuard says. The original reports included statistics by beneficiary, while this information is organized by episode.

Billing report data "can assist you in performing a self-audit in assessing your compliance with Medicare guidelines for billing Home Health Services," SafeGuard says in a sample billing report on its website. "We hope you find this information helpful and that it will provide insights into your current and future billing practices."

"Essentially, the Comparative Billing Report (CBR) is used to show that a health care provider's billing patterns are excessive or otherwise outside the norm," notes **The Martin Law Firm** in Blue Bell, Pa., on its website.



"Check your home health agency's current averages to see how you compare to others," software and consulting firm **HEALTHCAREfirst** says on its website. "If your Medicare billing data is significantly different than the averages shown, you will want to make sure that you have significant documentation to support your data."

Warning: "Because Medicare is collecting and reporting this data, it could be quite easy for them in the future to use it to generate ADRs in order to see why your agency is out of the 'norm,'" HEALTHCAREfirst says. "You will want to address any issues you may see ... now."

The national and state-by-state data are at www.safeguard-servicesllc.com □ click on "FAQs" in the left column, then "Comparative Billing Report on Home Health Services by Episode." To see a sample report, click on "CBR Samples" in the left column and scroll down to the home health report.