



Home Health Pre-Bill Technical Review

Agencies caring for patients with Medicare must follow many rules and regulations when it comes to billing, two of which include clinical documentation requirements and technical billing elements. The billing elements are all of the administrative details that must be met before submitting the claim such as signatures, dates, assessments, orders, and even down to the specific language on a patient consent. MAC's will deny payment for any missing technical element. Use this tool to help meet technical elements before submission to lessen the risk of denial or overpayment.

Indicator	Billing Review
1. Face to Face encounter is performed within allowable time frame and is signed/dated prior to certification signature.	TECHNICAL. Timeframe is 90 days prior or 30 days after SOC. Please note date of encounter in comments. Chapter 7
2. Face to face encounter was performed by an allowable provider and signature legible or noted as electronically signed.	TECHNICAL. Certifying physician, physician who cared for patient in an acute or post-acute facility or NPP (NP, PA) Chapter 7
3. Face to Face Encounter documentation reflects a recent illness, injury and/or exacerbation of a chronic condition and supports the admission to homecare.	TECHNICAL. If no, explain in comments- Chapter 7
4. Encounter date on the certification matches the encounter date on the F2F encounter note.	TECHNICAL. Please note date of encounter -Chapter 7
5. Face to Face Encounter documentation supports the need for skilled services.	TECHNICAL. Chapter 7
6. Face to Face Encounter supports homebound status.	TECHNICAL. If face to face does not support homebound criteria 1 and criteria 2, is there additional documentation that does? Where? - Chapter 7
7. Telephone contact with MD present or receipt of VO for services upon eval or recertification visit for all disciplines.	TECHNICAL.
8. Corroborating documentation to support Face to Face Encounter is signed and dated by certifying physician prior to certification date.	TECHNICAL. This includes documentation from the agency to assist in meeting the requirements of F2F. Please note, this is only intended to be corroborating documentation and not sole documentation to meet the requirement. Chapter 7
9. Certification documentation contains required elements: (1) confined to home (2) need skilled services (3) be under care of a physician (4) receive services under a POC established and reviewed by a physician and (5) had a F2F by allowable provider.	TECHNICAL. Chapter 7
10. Orders present for all visits completed.	TECHNICAL. G576- not level 1 or level 2; Chapter 7
11. Supplemental order(s) present, complete, signed/dated for all treatment, medication and visit changes prior to billing.	TECHNICAL. G584- Not level 1 or Level 2; Chapter 7
12. There are objective and measurable ST and LT goals on the 485 for all therapy disciplines.	TECHNICAL. Chapter 7. If more than one type of therapy was provided, please specify the details for each therapy type in the comments.