

# Home health referral checklist for physicians

---

*This is an example of a home health referral checklist that agencies can provide to physicians to educate them on PDGM and what is required of home health agencies. Use this tool as an example when creating your own.*

**NEW** Effective 1/1/2020- Changes in  
Home Health Reimbursement (PDGM=Patient Driven Grouping Model)

## DOCUMENTS/INFORMATION NEEDED

- Patient Demographics (patient first & last name, DOB, Physical address-where service will be provided, insurance information and emergency contact information)
- Medication Profile
- Discharge summary, H/P, or Progress Note
- Referring Physician name and phone
- Contact info for the Physician who will be following the patient for Home Health services

## REFERRAL ORDER TO INCLUDE:

- If the patient had a hospitalization in the past 14 days.
- Skilled services needed. Services requested validated by the primary diagnoses/conditions
- Complete accurate primary diagnosis –NO symptom or Unspecified codes. (Why does this patient need skilled care at home?)
- Specific information on laterality and location
- Specific Wound etiology and cause
- Wound care instructions

**Medicare and some MC Advantage plans require a face-to-face encounter. PAs or NPs must have an accompanying physician signature. In response to the COVID-19 PHE, regulatory changes included in the 2020 CARES Act included an update allowing PAs and NPs to complete the face-to-face encounter note for eligibility, so long as state guidelines allow this under the PA or NP scope of practice.**

## PHYSICIAN'S ROLE:

### 1. PROVIDE SPECIFIC DIAGNOSIS:

Symptom Codes such as **weakness, debility, abnormal gait and fatigue** will **NOT** be eligible for payment under **Home Health** per Medicare. **(No R codes) (NO codes ending in 9)**

#### How you can help:

**-Be specific** on the primary patient issue.

**-Identify what underlying diagnosis is causing symptoms** such as...weakness, debility, abnormal gait- i.e.: caused by **"Parkinson's"**.

---

### 2. QUICK TURNAROUND OF SIGNED ORDERS

Under Medicare, agencies must have all orders back in the office with signature, date and time before any billing can be completed 30 days from our start of care date.

#### How you can help:

**-Review, sign, date and time your orders as quickly as possible.**

Do you prefer fax, electronic portal, hand delivery? Let us know what works for you.