

7 examples of patient-specific homebound documentation

CHRISTUS HomeCare in San Antonio provides the following sample narratives to referring physicians' offices for use in explaining the need for home health services and to agency clinicians for use in skilled visit notes. The narratives have been updated based on recent guidance from Medicare administrative contractor Palmetto GBA and CMS and have helped the agency reduce its face-to-face denials. (*See related story, p. 3.*)

Please note: *Examples list multiple conditions and symptoms that specifically explain "why" each patient is homebound.*

Example #1:

Patient is homebound due to inability to ambulate for more than a few minutes or a few feet without falling due to poor balance and extreme fatigue/weakness; very SOB with minimal exertion and patient must stop to sit and rest every few minutes or he/she cannot go on. Patient has had multiple falls with injury in recent past and also requires the assistance of another person to ambulate at all times due to unsafe gait pattern and cardiopulmonary disease exacerbation.

Example #2:

Patient is homebound due to end-stage dementia and cannot be left unattended due to wandering behaviors and extremely poor cognition. Patient has wandered away from home and been lost in the past resulting in injury. The patient is now too disoriented to safely leave home alone and requires frequent prompting and redirection of another person to keep the patient from harm. The patient also exhibits poor balance and falls easily if not supported by another person during all attempts at ambulation.

Example #3:

Patient is homebound due to unsteady, painful ambulation with extremely poor balance and current use of narcotic pain medications to address pain issues. Side effects of the narcotic pain medications being exhibited by the patient are disorientation, drowsiness, and dizziness; all increasing patient's fall risk and making it very difficult and unsafe for the patient to leave home. Patient requires supportive devices of wheelchair and special transportation, as well as the assistance of another person at all times when attempting to leave home for medically-required appointments.

Example #4:

Patient is homebound due to morbid obesity, unsteady and unsafe ambulation, very poor balance and weakness from recent surgery. Attempts to leave the home exacerbate the patient's COPD with extreme SOB and uncontrollable coughing resulting. The patient's oxygen saturation levels also fall below 90% and it takes several minutes for coughing to subside and oxygen levels to return to above 90% after stopping and resting. Patient is at very high risk for falls with serious injury due to problems with oxygenation and leaving home is medically contraindicated for all the reasons cited above.

Example #5:

Patient is homebound due to complex surgical wound to ___ foot. The patient is non-weight bearing on ___ foot resulting in new mobility, balance and transfer limitations that increase patient's fall risk. Leaving the home also presents risks of complication such as infection and delayed healing for this diabetic patient. It is medically contraindicated for the patient to leave home until wound heals.

Short-term wound and IV patients

These examples don't have the typical high-level of functional impairment on OASIS scores, but are covered under homebound status, explains Laura Montalvo, regional director of quality for CHRISTUS HomeCare in San Antonio.

Example #6:

Patient has a surgical wound that has failed to heal in past two months due to complications of infection and patient was rehospitalized for I&D x 1 since original surgery for wound debridement. The __ wound is very painful and patient requires narcotic medications to control pain. Side effects of drowsiness and dizziness are being experienced by patient resulting in unsafe ambulation/high fall risk. Patient cannot attend outpatient wound care center due to inability to leave home due to gait disturbance, severe pain and continued risk of infection, non-healing of wound and rehospitalization.”

Example #7:

Patient has a non-healing surgical wound that has dehisced. Patient was rehospitalized due to serious infection complications and uncontrolled DM (or fill in other dx) and now requires home IV therapy and wound care. The patient cannot leave home as the wound location in lower abdomen is causing the patient to hunch forward with physical guarding of the wound site due to severe pain. This is resulting in unsafe gait pattern due to poor balance and placing the patient at high fall risk. Patient is also requiring use of narcotic pain meds to address pain, further increasing balance problems and fall risk. Patient is unable to attend outpatient wound care center or IV therapy suite due to inability to leave home safely, likelihood of continued infection and rehospitalization.

Updated certification statement

The agency stresses the importance of providing specific detail about the patient's condition and tells physicians what not to say:

Further, I certify that my clinical findings support that this patient is homebound because: (e.g., cite specific clinical findings that make this individual homebound; do not use diagnosis, procedures or injuries alone; do not use terms like gait abnormality or weakness without specific clinical findings to explain fully, etc.)

This guidance helps physicians avoid vague language such as “require considerable and taxing effort” to justify homebound status.