

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov
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PHYS
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MEDICAID BULLETIN

TO: Providers Indicated

SUBJECT: Home Health Policy Updates

Face-to-Face Requirements for State Plan Home Health benefit:

Effective October 1, 2013, as mandated by section 6407 (d) of the Affordable Care Act, prior to certifying a beneficiary's eligibility for the home health benefit, the certifying physician must document that he or she, or an allowed non-physician practitioner (NPP) has had a face-to-face encounter with the beneficiary. The state plan Home Health benefit includes skilled nursing, home health aide and therapeutic services such as physical therapy, occupational therapy and speech therapy.

In addition to the certifying physician, NPPs who may perform the face-to-face include:

- Nurse Practitioner or Clinical Nurse Specialist (as defined in section 1861(aa)(5) of the Social Security Act) who is working in collaboration with the physician in accordance with State law
- Physician Assistant (as defined in section 1861(aa)(5) of the Social Security Act) under the supervision of the physician

The face-to-face requirement ensures that the orders and certification for home health services are based on a physician's or NPP's current knowledge of the beneficiaries' clinical condition. Documentation regarding these encounters must be present on certifications for beneficiaries with start of care dates on and after October 1, 2013.

The physician or allowed NPP must document that the face-to-face encounter is related to the need for Home Health services, and that the encounter has occurred no more than 90 days prior or 30 days after the start of care.

Please visit the Home Health provider manual at www.scdhhs.gov for additional information on Face-to-Face documentation requirements for Home Health services.

Physician Certification Requirements for Incontinence Supplies:

Effective October 1, 2013, incontinence supplies are subject to a face-to-face encounter between the beneficiary and the physician. The face-to-face encounter requirements apply to the initial certification and recertifications for incontinence supplies for non-waiver beneficiaries.

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Beneficiaries enrolled in the Community Choices waiver, Head and Spinal Cord Injury waiver, Intellectual Disabilities and Related Disabilities waiver, HIV/AIDS waiver, Ventilator Dependent waiver, Medically Complex Children's waiver, and Community Supports waiver are exempt from the Face to Face policy.

The physician must conduct a face-to-face encounter with the beneficiary to recertify the continuity of incontinence supplies. The Physician Certification of Incontinence DHHS Form 168IS must be reviewed by a physician 3 months, 6 months, 9 months or 12 months from the date the physician signs and dates the initial certification form. Signatures of NPPs on the Physician Certification of Incontinence DHHS Form 168IS are not acceptable.

Clarification to the Physician Certification of Incontinence Medicaid Bulletin:

As referenced in the April 5, 2013 Medicaid Bulletin, *Physician Certification of Incontinence*, the Physician Certification of Incontinence DHHS Form 168IS must be completed by the primary physician initially and every 12 months at a minimum. This policy is effective for waiver beneficiaries only.

Certifications for non-waiver beneficiaries are effective for timeframes of 3 months, 6 months, 9 months or 12 months and are based on the selection chosen by the physician.

Referrals for incontinence supplies can be made to the Community Long Term Care (CLTC) centralized intake by one of the methods below:

- Electronic (Preferred Method) https://phoenix.cltc.state.sc.us/cltc_referrals/new
- Telephone: 855-278-1637
- Fax: 803-255-8340
- Mail: South Carolina DHHS
Community Long Term Care
Intake-J7
PO Box 8206
Columbia, SC 29202-8206

Please visit the Home Health provider manual at www.scdhhs.gov for additional information on the authorization and frequency requirements for incontinence supplies. All incontinence supplies provided for Medicaid beneficiaries should be billed directly to Medicaid. The incontinence service benefit is currently not covered as a part of the managed care benefit for any members enrolled in a Managed Care Organization.

/s/
Anthony E. Keck
Director

Attachment



Nikki Haley • Governor
Anthony E. Keck, Director

PHYSICIAN CERTIFICATION OF INCONTINENCE

TO: _____ FROM: _____
(Name of Physician) _____

(Address) _____

(City, State) (ZIP) _____

BENEFICIARY'S NAME: _____

SOCIAL SECURITY #: _____ DOB _____

Please complete the areas below and return to the "FROM" address above. This beneficiary is requesting incontinence supplies (includes diapers/briefs/pull-ups, wipes, and/or underpads) through the Medicaid Home Health benefit. In order to qualify the beneficiary must have one of the following conditions. Please check any that apply. The form must be fully completed.

- Incontinent of bladder
- Incontinent of bowel

Certifications for waiver beneficiaries are effective for 1 year from the date the physician signs the initial certification.

Certifications for non-waiver beneficiaries are effective for the timeframe indicated below as certified by the physician signing the certification:

- 3 months
- 6 months
- 9 months
- 12 months

What is the diagnosis related to incontinence?

Does this beneficiary use any appliances (e.g. catheter, ostomy) to prevent incontinence? If so, please list

Comments: _____

Please indicate **one** of the following:

Incontinence Supplies are **NOT** medically necessary.

Incontinence Supplies are **MEDICALLY NECESSARY** for this Medicaid beneficiary.

Physician's Signature: _____ Date: _____
(Nurse Practitioner or Physician Assistant signatures are not acceptable)