JOB AIDS & MANUALS

HOMEBOUND STATUS

A Medicare beneficiary must be confined to the home in order to use their Medicare home health benefit. CMS defines homebound status in the CMS IOM Publication 100-02, *Medicare Benefit Policy Manual,* Chapter 7, Section 30.1.1 and states a physician must certify that the patient is homebound per the **two criteria** in the CMS definition:

1. **Criteria one**
   The patient must either:
   - because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence **or**
   - have a condition such that leaving his or her home is medically contraindicated.

If the patient meets one of the criteria one conditions, then the patient must **also** meet two additional requirements defined in criteria two below.

2. **Criteria two**
   A normal inability to leave home must exist **and** leaving home must require a considerable and taxing effort.

In determining whether the patient meets criterion two of the homebound definition, the clinician needs to take into account the illness or injury for which the patient met criterion one and consider the illness or injury in the context of the patient's overall condition. The clinician is not required to include standardized phrases reflecting the patient's condition (e.g., repeating the words "taxing effort to leave the home") in the patient's chart, nor are such phrases sufficient, by themselves, to demonstrate that criterion two has been met. For example, longitudinal clinical information about the patient's health status is typically needed to sufficiently demonstrate a normal inability to leave the home and leaving home requires a considerable and taxing effort. Such clinical information about the patient's overall health status may include, but is not limited to, such factors as the patient's diagnosis, duration of the patient's condition, clinical course (worsening or improvement), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, etc.

- Documentation in the certifying physician's medical records and/or the acute/post-acute care facility's medical records will be used as the basis upon which patient eligibility for the Medicare home health benefit will be determined.
- The certifying physician and/or the acute/post-acute care facility medical record for the patient must contain information that justifies the referral for Medicare home health services. Documentation to support patient eligibility and support certification can be found most often in clinical and progress notes and discharge summaries.

The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.