

# HOME HEALTH DENIAL FACT SHEET

Denial Reason 5HH01: Homebound Status Is Not Supported in the Record

<p><b>What is homebound?</b></p>	<p>To receive Medicare covered home health services, a physician must certify that the patient is confined to his/her home (i.e. homebound). The patient's condition should be such that there is a normal inability to leave home, and consequently, leaving home would require a considerable and taxing effort.</p> <p>A patient is considered homebound if the following two criteria are met:</p> <p><b>Criteria-One:</b> The patient must either:</p> <ul style="list-style-type: none"> <li>• Because of illness or injury, need the aid of supportive devices or the assistance of another person to leave their place of residence</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Have a condition such that leaving the home is medically contraindicated.</li> </ul> <p>If the patient meets one of the Criteria-One conditions, then the patient <b>must ALSO meet the two additional requirements</b> defined in Criteria-Two.</p> <p><b>Criteria-Two:</b></p> <ul style="list-style-type: none"> <li>• There must exist a normal inability to leave home;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Leaving home must require a considerable and taxing effort.</li> </ul> <p>If the patient does leave home, they may still be considered homebound if the absences are infrequent, for short periods, or to receive health care. These may include:</p> <ul style="list-style-type: none"> <li>• Attendance at adult day care</li> <li>• Ongoing outpatient kidney dialysis</li> <li>• Receive outpatient chemotherapy or radiation.</li> </ul>
<p><b>How is homebound documented?</b></p>	<p>The homebound status must be documented in the medical record frequently enough to reflect the patient's current functional status, and at a minimum, at least once per episode.</p> <p>Homebound documentation should be:</p> <ul style="list-style-type: none"> <li>• Updated as the patient's condition changes</li> <li>• Supported by diagnosis, symptoms, and/or medical condition</li> <li>• Consistent in all discipline notes</li> <li>• Stated in clear, concise, specific, and measurable terms</li> </ul> <p><b>Example:</b> Acceptable documentation of homebound status may be "Beneficiary must use quad cane while ambulating even short distances in the home. Has a very slow, unsteady gait. At times, beneficiary requires assistance of another person to get up and move safely."</p>
<p><b>What is important to remember about homebound?</b></p>	<ul style="list-style-type: none"> <li>• Absences from home should be infrequent, and of short duration.</li> <li>• A patient may have more than one home</li> <li>• Medical care, special occasions and short times away from home on an infrequent basis do not negate homebound status</li> <li>• Charting that only contains checkboxes rarely supports homebound status</li> </ul>

**Where do I find more information?**

- CGS “Homebound” Web page:  
[http://www.cgsmedicare.com/hhh/coverage/HH\\_Coverage\\_Guidelines/1C.html](http://www.cgsmedicare.com/hhh/coverage/HH_Coverage_Guidelines/1C.html)
- CGS “Criteria for Homebound Status” Web page:  
[http://www.cgsmedicare.com/hhh/coverage/HH\\_Coverage\\_Guidelines/3A.html](http://www.cgsmedicare.com/hhh/coverage/HH_Coverage_Guidelines/3A.html)
- CGS “Documentation of Homebound Status” Web page:  
[http://www.cgsmedicare.com/hhh/coverage/HH\\_Coverage\\_Guidelines/3C.html](http://www.cgsmedicare.com/hhh/coverage/HH_Coverage_Guidelines/3C.html)
- CMS Medicare Benefit Policy Manual (Pub. 100-02, Ch. 7, § 30.1):  
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf>