

Billing for Home Health Certification of Care, G0180

AKA, get \$\$\$ for work you are already doing

Pilot in Senior Care June-Aug 2022

Sum of Sum of Charge	Column Labels				
Row Labels	108855 DESPREAUX, MICHELE A	122205 BELAYNEH, NAOMI	127619 ALI, RABIAH	Grand Total	
99442	\$ 1,056.00	\$ 1,232.00	\$ 1,144.00	\$ 3,432.00	
99443	\$ 1,375.00	\$ 125.00	\$ 375.00	\$ 1,875.00	
G0180	\$ 556.00	\$ 6,533.00	\$ 278.00	\$ 7,367.00	
Grand Total	\$ 2,987.00	\$ 7,890.00	\$ 1,797.00	\$ 12,674.00	
Sum of Payment	Column Labels				
Row Labels	108855 DESPREAUX, MICHELE A	122205 BELAYNEH, NAOMI	127619 ALI, RABIAH	Grand Total	
99442	\$ 860.50	\$ 860.76	\$ 941.64	\$ 2,662.89	
99443	\$ 1,167.91	\$ 79.73	\$ 315.27	\$ 1,562.92	
G0180	\$ 226.39	\$ 2,479.82	\$ 118.12	\$ 2,824.33	
Grand Total	\$ 2,254.80	\$ 3,420.31	\$ 1,375.03	\$ 7,050.14	

The Details

- For 2-1/2 months of focusing on billing G0180 for HH Certification and plan of care,
- We billed **\$7367** for 2 MD's and one NP
- We collected **\$2824**. Per billing, the patient does not get balance billed
- Rvu = **0.67** per incident (certification period)/ approx \$55 reimbursement

Caveats

- You have to have seen the pt for the issue requiring the HH within the last 90 days, or have an appt in the next 30 days
- Face to Face date can be you reviewing the hospital notes where they mention the need for home health and/or write the referral
- Telehealth video counts as “seeing” the patient per medicare. Telephone (audio only) does not

The How To

- Need to focus on this. Watch for the forms that state “HH Certification and plan of care” . Review chart to make sure this is appropriate and not a duplicate for the time period.
- Open documentation encounter
- Use .HHCERT dot phrase and fill in the variables
- Pull in the main diagnoses for why patient needs home health
- Choose G0180 or G0179 (recert)

- Watch the \$ roll in!

- **Home Health Certification and plan of Care**
- **Provider:** @ENCPROVNMTITLE@
- **Chief complaint:** Home health care Certification
- **Patient ID:** @NAME@ is a @AGE@ @SEX@.
-
- **Agency:** ***
- **Certification period:** ***
- **Face to Face:** ***
- **Services:** ***
- **HOMEBOUND STATUS:** Further, I certify that my clinical findings support that this patient is homebound
- @DIAGX@
- **Problem list**
- @PROBL@
- **Allergy/Intolerances:**
- @ALLERGY@
- **Assessment/Plan:**
- @DIAGPROB@
- **Final Medication List:**
- @ENCMED@
- Signed by
- @MECRED@
- @TD@

**Bill for this
GO180**

Home Health Care Certification and Plan of Care

Kline Galland Home Health

Tracking No. 57154

Patient Name [REDACTED]		Medical Record No. 107719	SOC Date 12/15/2022	Certification Period From: 12/15/2022 To: 2/12/2023	Provider No. 507121
Patient's Care Location Address and Telephone Numbers Home 28705 34th Ave S Apt/Suite #B102 Alburtn, WA 98001			Primary Physician Address and Phone Numbers MICHELE DESPREAUX MD Valley Medical Center - Infectious Disease Clinic - Specialty Care 4033 Talbot Rd S Ste 570 Renton, WA 98055 W: (425) 690-3489 F: (425) 690-9089		
Date of Birth 03-09-1947	Sex Female	H1 Claim No. 114063498	Primary Payer UHC-Med Advantage (507121)		
Community DNR		Advance Directives/Healthcare Proxy None /			

Diagnosis:

Primary Diagnosis: 12/15/2022 Unspecified open wound' right thigh' subsequent encounter (O) (S71.101D)
 Other Pertinent Diagnosis: 12/15/2022 Unspecified open wound' left thigh' subsequent encounter (O) (S71.102D)
 12/15/2022 Unspecified open wound' left ankle' subsequent encounter (O) (S91.002D)
 12/15/2022 Lymphedema' not elsewhere classified (O) (I89.0)
 12/15/2022 Chronic respiratory failure with hypoxia (O) (J96.11)
 12/15/2022 Other asthma (O) (J45.998)
 12/15/2022 Hypertensive heart disease with heart failure (O) (I11.0)
 12/15/2022 Chronic diastolic (congestive) heart failure (O) (I50.32)
 12/15/2022 Primary osteoarthritis, other specified site (O) (M19.09)
 12/15/2022 Migraine w/o aura' not intractable' w/o status migrainosus (O) (G43.009)
 12/15/2022 Prediabetes (O) (R73.03)
 12/15/2022 Rheumatoid arthritis' unspecified (O) (M06.9)
 12/15/2022 Morbid (severe) obesity with alveolar hypoventilation (O) (E66.2)
 12/15/2022 Post-traumatic stress disorder' unspecified (O) (F43.10)
 12/15/2022 Long term (current) use of opiate analgesic (O) (Z79.891)
 12/15/2022 Long term (current) use of inhaled steroids (O) (Z79.51)
 12/15/2022 Dependence on wheelchair (O) (Z99.3)
 12/15/2022 Personal history of (healed) traumatic fracture (O) (Z87.81)

[REDACTED]
 MRN: 02089728
 DOB: 03/09/1947 [REDACTED]

Allergies:

No Known Allergies

Activity Level:

Up As Tolerated, Exercises Prescribed, Wheelchair

Functional Limitations:

Bowel/Bladder (Incontinence); Endurance; Ambulation

Mental, Psychosocial, Cognitive Status:

Oriented, Forgetful

Safety Measures:

Safe transfers; Fall precautions; Standard Precautions; Skin breakdown prevention; Transfer Precautions; Ambulation Precautions;

Electric Wheelchair, Hand-held shower; Grab bars/safety rails, Other: Bordered foam dressings, Neroform, tape,

Nutrition:

Regular Diet,

Prognosis:

Good

Risk for ED Visits/Hospital Readmission:

Decline in mental, emotional, or behavioral status in the past 3 months; Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months; Currently taking 5 or more medications; Other risks: Declined abilities with new wounds to the back of her thighs

Medication:

Albuterol (Eqv-ProAir HFA) 90 mcg/inh inhalation aerosol, Inhale 2 puff(s) inhalation every 4 hours as needed; For wheezing Start Date: 12/15/2022

Albuterol Sulfate 2.5 mg/3 mL (0.083%) inhalation solution; Inhale 1 vial(s) inhalation every 4 hours as needed; For SOB and/or wheezing Start Date: 12/15/2022

baclofen 10 mg oral tablet; Take 1-2 tab(s) orally 3 times a day; For muscle spasms Start Date: 12/15/2022

cetirizine 10 mg oral tablet; Take 1 tab(s) orally once a day; For allergies Start Date: 12/15/2022

cyclobenzaprine 10 mg oral tablet; Take 1 tab(s) orally 3 times a day as needed; For muscle spasms Start Date: 12/15/2022

Docusate Sodium sodium 100 mg oral capsule; Take 1 cap(s) oral once a day as needed; For occasional issues with constipation Start Date: 12/15/2022

Fluticasone Propionate 50 mcg/inh nasal spray; Administer 2 spray(s) nasal 1 to 3 times a day as needed; For nasal relief Start Date: 12/15/2022

Gabapentin 800 mg oral tablet; Take 1 tab(s) oral 2 times a day; For nerve pain Start Date: 12/15/2022

HydroXYzine Hydrochloride hydrochloride 25 mg oral tablet; Take 1 tab(s) oral every 8 hours as needed; For itching Start Date: 12/15/2022

lidocaine topical 5% topical film, Apply 1 patch; applied topically once a day as needed; For pain and/or discomfort Start Date: 12/15/2022

Loperamide Hydrochloride 2 mg oral capsule; Take 1 cap(s) oral 1 to 4 times a day as needed; For diarrhea prevention Start Date: 12/15/2022

OxyCODONE Hydrochloride 10 mg oral tablet; Take 1 tab(s) oral 4 times a day as needed; For pain Start Date: 12/15/2022

Oxygen 2L/min gas, Inhale: 2 liters per minute intranasally Per instructions, 2 L/min at night and during the day with activity Start Date: 12/21/2022

Pantoprazole 40 mg oral delayed release tablet; Take 1 tab(s) oral 2 times a day; For ulcer of the duodenum Start Date: 12/15/2022

Potassium Chloride (Eqv-K-Tab) 10 mEq oral tablet, extended release; Take 1 tab(s) oral 2 times a day; For use with diuretic Start Date: 12/15/2022

solifenacin 10 mg oral tablet; Take 1 tab(s) orally once a day as needed; For overactive bladder Start Date: 12/15/2022

SudoGest 30 mg oral tablet; Take 1 tab(s) oral every 6 hours as needed; For congestion Start Date: 12/15/2022

Tersemide 20 mg oral tablet; Take 3 tab(s) oral once a day (in the morning); Diuretic Start Date: 12/15/2022

Tylenol 8 Hour 650 mg oral tablet, extended release; Take 2 tab(s) oral every 8 hours as needed; For pain and/or discomfort Start Date: 12/15/2022

Vitamin B12 1000 mcg oral tablet; Take 1 tab(s) orally once a day; Supplement Start Date: 12/15/2022

Vitamin D2 50,000 intl units oral capsule; Take 1 cap(s) oral once a month; Supplement Start Date: 01/01/2023

Orders/Treatments:

--- Discipline Orders

Skilled Nursing to Assess and Evaluate 12/14/2022 through 1/14/2023

Physical Therapy to Assess and Evaluate 12/14/2022 through 1/14/2023

Occupational Therapy to Assess and Evaluate 12/14/2022 through 1/14/2023

--- Additional Services

Notify MD for Blood Pressure: Systolic > 160 or <90; Diastolic > 100 or < 50; Pulse: < 50 or > 110; Respiration: < 10 or > 26; Pain: Sustained at >7/10; Oxygen Saturation: < 90%; Temperature >100.5 degrees F; Monitor SaO2 PRN for respiratory symptoms. Administer Flu vaccination with low dose flu immunization if under 65 years of age or high dose flu vaccination if 65+ if not contraindicated during flu season per CDC guidelines. Skilled nurse, or other skilled discipline involved with care, to assess for signs and symptoms of exacerbation of comorbid diagnoses and call MD regarding interventions to address. Per orders from Dr. Hope Druckman, agency ok to perform COVID test as needed due to concerning symptoms, potential exposure, transfer to facility, or other

Agency Signature: Electronically signed by Mary Tieng, PT Date: 12/28/2022 3:07 PM

wheelchair and her recliner as she presents with weakness, decreased balance, and declining activity tolerance. Demographic info: 75 yo female Primary physician: Michelle Despreaux Other physicians actively involved: Matthew Bremner (dermatologist) Active problems being managed by outside providers (such as dialysis, chemo, ports, catheters or PEG tubes not managed by HH) First Choice Who patient would like involved/updated on care decisions: self; if unable to speak for herself, Justin Carlson Patient's living situation and access to caregivers: has caregivers Mon-Fri from 0800-1200/1300 Who manages medications: self *Severe medication interactions: Potassium chloride and cyclobenzaprine Potassium chloride and Hydroxyzine Potassium chloride and solifenacin Oxycodone and baclofen Oxycodone and cyclobenzaprine Oxycodone and gabapentin Oxycodone and Hydroxyzine Risk factors for rehospitalization and common interventions: -Decline in mental, emotional and behavioral status in the past 6 months: Interventions to include educating patient and caregivers on ways to maximize compliance with agency and provider recommendations, develop compensatory strategies for cognitive decline, and reduce risk of injury through adaptations. Goal: Patient/caregivers to demonstrate proficiency with strategies to compensate for decline. -Reported or observed history of difficulty complying with any medical instructions (medications, diet, exercise, etc) within the past 3 months: Interventions to include educating patient and caregivers on ways to maximize compliance with agency and provider recommendations, develop compensatory strategies, and reduce risk of injury through adaptations. Goal: Patient/caregivers to demonstrate proficiency with strategies to compensate for decline. -Currently taking 5 or more medications or any high risk meds: Interventions to include teaching patient and caregivers best practice strategies to take medications correctly, purpose of medications, risks of non-compliance, side-effects, monitoring for efficacy of medications, and when to call agency or providers. Goal: Patient/caregivers to demonstrate independence with medication management.

Rehab:

Far

Discharge:

When goals met or progress plateaus

Face To Face Attestation:

The patient had a face-to-face encounter with an allowed provider type and the encounter was related to the primary reason for home health care. Encounter occurred 12/9/2022, supporting documentation can be found in clinical document "referral" beginning on page 8



12/16/2022 08:44:48 AM
Printed By: ASETO, ALFRED O

Client Coordination Note Report

Client: [REDACTED]	Insured ID: 8000880263177	Primary Payer: MOLINA MEDICARE OPTIONS-WAID PDGM
MR No: B0100142286901	Insured ID: 110063447533	Secondary Payer: WAID MEDICAID MOLINA
Legacy MR No:		

DOB 03/06/1937	Phone	Fax
Primary Physician BELAYNEH, NAOMI NP	(425)690-3489	(425)690-9089

Note Date	Note Type	Entered By	Note Status
12/15/2022	PHYSICIAN ORDER - FAX FORM	KRISTIN HOLLINGBERY, PT	Active
	Last Update	Last Updated By	

Note

WRITTEN REQUEST FOR PHYSICIAN APPROVAL OF ORDERS SENT VIA FAX. ORDERS ARE NOT EFFECTIVE UNTIL THE HOME HEALTH AGENCY RECEIVES THE SIGNED AND DATED ORDER BACK. FREQUENCY MAY BE ADJUSTED TO FIT INTO FIRST CALENDAR WEEK TO MEET REGULATORY REQUIREMENTS.

REASON FOR ORDER:

FAX ORDER REQUEST FOR CONTINUED PHYSICAL THERAPY 1W6 EFFECTIVE 12/19/22 FOR BALANCE, GAIT, AND FALL PREVENTION. [REDACTED]

Not billable

PHYSICIAN SIGNATURE: _____ DATE: _____

 Charge Capture

Select New Charge

★ My Favorites

 PR SBSQ HOSP IP/OBS HIGH 50 [99233 (CPT®)] PR SBSQ HOSP IP/OBS SF/LOW 25 [99231 (CPT®)] discharge over 30 min [99239 (CPT®)] PR SBSQ HOSP IP/OBS MODERATE 35 [99232 (CPT®)]

Home Health Billing

 Certification billing [G0180] Re-certification billing [G0179]

My Charges Entered Within the Last 72 Hours

No charges to display