

## Payment Policy: Home Health Care

Reference Number:

Product Types: NHHF Medicaid

Effective Date: September 15, 2018

Last Review Date:

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### **Policy Overview**

Home health care is medically necessary services provided to a member to help treat and/or rehabilitate in the home setting. Home health care includes skilled nursing services, private duty nursing, personal care attendant services, home health aide services, and physical therapy, occupational therapy, speech pathology, and audiology services by a licensed therapy provider in accordance with New Hampshire DHHS regulations, He-W 568.

### **Reimbursement**

New Hampshire Healthy Families (NHHF) reimburses providers for home health care services based on the provider's contractual rates and the guidelines provided within this policy. NHHF reimburses home health services based on the New Hampshire DHHS regulations, PART He-W 553.

### Home Health Aide Services

Home health aide services are reimbursable by NHHF when services provided to the member consist of hands-on care and are required to maintain the member's health, facilitate treatment of the member's medical condition, illness, or injury, and when performed by an LNA, provided under supervision of an RN or LPN.

### Newborn and Post-Partum Home Visits

NHHF reimburses for newborn and post-partum home visits. Post-partum home visits are limited to 1 unit per birth event, and newborn home visits are limited to 4 units per birth event.

### Personal Care Attendant (PCA) Services

Assistance provided in the home, workplace, or other non-intuition setting, which is designed to allow chronically wheelchair mobile members to maintain themselves in their homes in accordance with the New Hampshire DHHS Regulations, PART He-W 552 and RSA 161-E.

### Private Duty Nursing (PDN)

Private duty nursing is continual skilled nursing observation, judgment, assessment, or interventions for more than a 2 hour duration that is provided to a member on an individual basis from registered nurses (RNs) or licensed practical nurses (LPNs) to maintain or improve the member's health status in accordance with the New Hampshire DHHS regulations, PART He-W 540.

### Skilled Nursing Services

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Skilled nursing services are provided by a registered nurse (RN) or a licensed practical nurse (LPN) because the nature of the service is inherently complex or the member's condition is such that the service can be safely and effectively provided only by a licensed nurse in accordance with the Nurse Practice Act, RSA 326-B.

### Therapy Assistants

Physical, occupational, and speech language therapy assistants must be supervised by a qualified licensed therapist in accordance to the New Hampshire DHHS regulations. Therapy assistant services should be reported under the supervising therapist using the appropriate G code. For all therapy related services, prior authorization is managed by National Imaging Associates (NIA).

### **Non-Reimbursable Services related to Home Health Care (not related to PCA)**

Non-reimbursable home health services include, but are not limited to:

- Physician services;
- Social worker services;
- Nutritionist services;
- Visits provided solely for the purpose of supervising the LNA;
- Services provided by an LNA, RN, or LPN or other licensed therapy provider which are not medically related and which constitute routine household activities, day care, or recreational services;
- Services rendered without a physician's signed order;
- Any service whose primary purpose is providing emotional support;
- Any services whose primary purpose is the care or supervision that would be required by any individual of the recipient's chronological age;
- Drugs and biologicals;
- Meals delivered to the home; and
- Homemaker services considered to be general household activities, including:
  - Keeping a safe environment in areas of the home used by the recipient;
  - Performing house cleaning;
  - Rearranging furniture to assure that the recipient can safely reach necessary supplies or medication;
  - Completing laundry tasks; and
  - Assisting the recipient with purchasing food and helping with the preparation of meals and special diets.

### **Coding Implications**

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2018, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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<b>Newborn and Post-Partum Home Visits</b>			
<b>CPT®* Codes</b>	<b>Description</b>	<b>Modifier</b>	<b>Comments</b>
99501	Home visit for postnatal assessment and follow-up care		1 unit per birth event
99502	Home visit for newborn care and assessment		4 units per birth event
<b>Therapy Services Home Visits</b>			
<b>CPT®* Codes</b>	<b>Description</b>	<b>Modifier</b>	<b>Comments</b>
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	GN, GO, or GP	Report modifier GN, GO, or GP per Medicaid guidelines in the first position
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	GN, GO, or GP	Report modifier GN, GO, or GP per Medicaid guidelines in the first position
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	GN, GO, or GP	Report modifier GN, GO, or GP per Medicaid guidelines in the first position
<b>Home Health Aide Services</b>			
<b>CPT®* Codes</b>	<b>Description</b>	<b>Modifier</b>	<b>Comments</b>
G0156	Services of home health/hospice aide in home health settings, each 15 minutes		Report when the visit duration is more than two hours; less than two hours report T1021
T1021	Home health aide or certified nurse assistant, per visit		Report when the visit duration is less than two hours; more than two hours report G0156
<b>Personal Care Attendant</b>			
<b>CPT®* Codes</b>	<b>Description</b>	<b>Modifier</b>	<b>Comments</b>
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)		
<b>Nursing Care in the Home</b>			
<b>CPT®* Codes</b>	<b>Description</b>	<b>Modifier</b>	<b>Comments</b>
T1030	Nursing care, in the home, by registered nurse, per diem		1 unit per day; utilize time of day modifiers for multiple visits

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T1030	Nursing care, in the home, by registered nurse, per diem	U4	Report modifier U4 for initial evaluation; 1 unit per day; utilize time of day modifiers for multiple visits; if time of day modifier applies, report modifier U4 in the second position.
<b>Private Duty Nursing</b>			
<b>CPT®*</b> <b>Codes</b>	<b>Description</b>	<b>Modifier</b>	<b>Comments</b>
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)		
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	U1	Report modifier U1 in the first position for night (10 p.m. to 6 a.m.) or weekend (Saturday 6 a.m. to Monday 6 a.m.)
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	U2	Report modifier U2 in the first position for intensive (individual on ventilator for 12 hours/or more per day)
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	U4	Report modifier U4 when it is in initial evaluation. If a payment modifier (U1, U2) is also applicable, they payment modifier must be in the first position and the U4 modifier must be in the second position.
S9124	Nursing care, in the home; by licensed practical nurse, per hour		
S9124	Nursing care, in the home; by licensed practical nurse, per hour	U1	Report modifier U1 in the first position for night (10 p.m. to 6 a.m.) or weekend (Saturday 6 a.m. to Monday 6 a.m.)
S9124	Nursing care, in the home; by licensed practical nurse, per hour	U3	Report modifier U3 in the first position for intensive (individual on ventilator for 12 hours/or more per day)
S9124	Nursing care, in the home; by licensed practical nurse, per hour	U4	Report modifier U4 when it is in initial evaluation. If a payment modifier (U1, U3) is also applicable, they

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			payment modifier must be in the first position and the U4 modifier must be in the second position.
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Modifier	Description	Comments
UF	Services provided in the morning	Time of day modifiers are required to be submitted with G0156, T1021 and T1030. Report in the first position.
UG	Services provided in the afternoon	
UH	Services provided in the evening	
UJ	Services provided in the night	

**Related Policies**

**References**

- [New Hampshire DHHS Regulations, PART He-W 553](#)
- [New Hampshire DHHS Regulations, PART He-W 540](#)
- [New Hampshire DHHS Regulations, PART He-W 552](#)

Revision History	
9/15/2018	Original Policy Draft

**Important Reminder**

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to

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change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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