Home Health Care Services Skilled and Non-Skilled Payment Policy

Policy Overview

A Home Health Agency (HHA) is a public or private organization that delivers skilled nursing and other therapeutic services to a patient at home. Home Health/Home Care Services means those services provided under a home care plan authorized by a physician or non-physician practitioner (NPP). This policy outlines Neighborhood's coverage and reimbursement requirements for home health care services.

Scope

This policy applies to:

☒**Medicaid** *excluding Extended Family Planning (EFP)*

☒**Commercial**

☐**Dual CONNECT (Coordination only D-SNP)**

☐**INTEGRITY for Duals (Fully Integrated D-SNP)**

Prerequisites

It is the provider's responsibility to verify eligibility, coverage, and authorization criteria prior to rendering services.

For more information, please refer to:

- Neighborhood's plan specific Prior Authorization Reference page.
- Neighborhood's Home Health Care Services - Skilled & Non-Skilled Clinical Medical Policy for detailed information regarding covered services, benefit limitations, exclusions, etc.

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

Coverage Guidelines

Pursuant to Subsection (l) of Section 1903 of the Social Security Act (SSA) (42 U.S.C. 1396b), all states must implement Electronic Visit Verification (EVV) for Medicaid-funded personal care services (PCS) and home health care services (HHCS) by January 2023. As a contracted managed care organization (MCO) with the State of Rhode Island Executive Office of Health & Human Services (EOHHS), Neighborhood Health Plan of Rhode Island requires providers to use of an EVV system for personal care services (PCS) and home health care services (HHCS) that require an

in-home visit. Phase I implementation included PCS and Phase II will include HHCS services as defined in the coding table.

Home Health Care services are provided under a written home care plan authorized by a health care professional[i], including full-time, part-time, or intermittent skilled and non-skilled services, delivered by a Home Health Agency.[ii]

Coverage is provided for services performed within the scope of state licensure, as defined by the Rhode Island Department of Health, within the member's home setting. A home setting is any place where the member has established his/her place of residence for the time period when home care services are being provided. This may include his/her own dwelling, an apartment, the home of a friend or family member, a group home, a homeless shelter or other temporary place of residency or a community setting. Hospitals, skilled nursing facilities intermediate care facility for the developmentally disabled, or any other institutional facility providing medical, nursing, rehabilitative, or related care, will not be considered "home setting." A day care setting, adult day care, or adult medical care does not meet the definition of a home setting.

Covered services include:

- **Skilled Services**
- **Non-Skilled Services**
- **Private Duty Nursing (PDN) Services**

For a more detailed description outlining these services, please refer to the Home Health Care Services - Skilled & Non-Skilled Clinical Medical Policy

Benefit Limitations and Exclusions

All Lines of Business

- A physician's order is required for skilled services for all lines of business.
- Private Duty Nursing and non-skilled services may be delivered by a home health agency that is not Medicare certified.
- Home Health services are not covered if provided in a hospital, nursing facility, intermediate care facility for the developmentally disabled, adult day center, or any other institutional facility providing medical, nursing, rehabilitative, or related care
- Home Health services are not covered solely to allow the caregiver to work or attend school. Lack of an available caregiver does not mean that an otherwise non-skilled service becomes a skilled service.
- PDN or Personal Care Services identified in a child's Individual Education Plan (IEP) as a necessary service for the child to receive a Free and Appropriate Education (FAPE) will be covered by the Local Education Agency (LEA)/school district, not by NHPRI.
- The cost of home health services must not exceed the cost of care in an institutional setting.
- Beneficiaries are not required to be homebound.
- It is considered duplication or overlap of services for a member to receive:
    1. Private duty nursing services and home health aide services, and/or *

2. Private duty nursing services and home infusion nursing oversight services *

*When there is duplication or overlap of services, the lowest level of care needed to safely meet the member's needs may be covered.

Medicaid

- Home care services should be delivered and billed as one-on-one care only. This does not preclude the same provider from delivering services to two people in the same household.[1]
- Per EOHHS, staff must be assigned by the home care and/or home health provider based on staff availability and ability to serve each individual member receiving services from the provider.
    - The provider may not assign direct care staff to provide services to a member with whom the direct care staff resides.
    - The provider may not assign direct care staff to provide services to a member to whom the direct care staff has a family relationship[2].
    - The provider may not assign direct care staff to provide services to a member for whom the direct care staff:
        1. Has any type of guardianship;
        2. Has any type of power of attorney;
        3. Is the authorized representative designated on the individual member's application for Medicaid benefits.

Please refer to **210-RICR-20-05-1** for an outline of requirements and limitations pertaining to home care and home health provider agency participation in and payment by the Rhode Island Medicaid program.

- Homemaking services are only covered when the member also needs personal care services. Homemaking and Personal Care services are covered for up to 6hrs per week for individuals or 10hrs per week for couples who do not meet Long Term Services and Supports (LTSS) eligibility criteria.
    - If a Medicaid-only adult member is going to need non-skilled services on a long-term basis, then the member should be referred to DHS to apply for a LTSS waiver before submitting for authorization of these hours.
- Respite and Relief Care are non-covered for adult members (22 and older).
- An approved LTSS-HCBS waiver is required for adult members to receive PDN services.

[1] https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2024-12/HCBS Waiver V1.11.pdf
[2] "Family relationship" means the following relationships:
a. Parent-child (including stepparent/stepchild);
b. Grandparent-grandchild (including step-grandparent/step-grandchild);
c. Sibling (including step-sibling); and
d. Spouse.

Commercial

- Personal care is only covered if required within a skilled plan of care
- Homemaker services are non-covered.
- Combination services are non-covered.

Member Responsibility

Commercial plans include cost-sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost-sharing obligations or contact Member Services prior to finalizing member charges.

Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Claims must be billed using the **837 Professional file format (CMS-1500).**

CO/CQ modifiers are required when a service is provided by an occupational therapy assistant or a physical therapy assistant. Please refer to the Physical and Occupational Therapy Services Payment Policy for further information.

Date span billing may be used for non-skilled services, subject to the following:

- Claims should be submitted for dates of service in one calendar month;
- Dates of service are limited to one week (7 days) per claim line;
- Services were provided consecutively on each date within the span;
- Any break in service within a date span (i.e., services were provided on Monday, Tuesday, and Wednesday, then on Friday and Saturday) must be indicated on a new claim line;

Date span billing is prohibited when used with shift differential modifiers, unless the modifier applies to each date of service in the date span.

Time-based codes must be billed for the date of service on which they are rendered, not the date of service on which a scheduled shift begins.

Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

To qualify for reimbursement, all records must be kept in accordance with Rhode Island state and federal regulations.

A medical record must be created for each member receiving Home Health/Home Care Services, and contain **no less** than the following:

- Patient identification (name, address, birth date, gender, date of admission or readmission);
- Source of Patient Referral;
- Name of Physician (including address and telephone number);
- Plan of Care
- Personal Care objectives;
- Homemaker objectives (where applicable);
- Medical diagnosis and nursing assessment, therapeutic goals, prognosis and all conditions relevant to the plan of care, including any known allergies and reactions, surgical procedures, surgical complications, infections, prior diagnoses, presence of pressure ulcers, incontinence, disabilities;
- Drug, dietary, treatment, and activity orders;
- Signed and dated clinical and progress notes;
- Signed and dated record of service refusal;
- Copies of summary reports sent to the attending physician;
- Changes in and reviews of the patient's plan of care, signed by responsible professional;
- Documentation of an advance directive (if any) and a copy of the advance directive, if provided to the facility by the patient; and
- Discharge Summaries.

Coding

CPT Code	Description	Skilled vs Non-Skilled Services	Line of Business
S5125	Attendant care services; per 15 minutes	Non-Skilled	Medicaid
S5125-U1	Combination of personal care and homemaking, rendered at the same time, per 15 minutes. U1 modifier must be included each time this service is billed.	Non-Skilled	Medicaid
S5125-U9	High Acuity Attendant care services; per 15 minutes	Non-Skilled	Medicaid
S5125-U1, U9	High Acuity combination of personal care and homemaking, rendered at the same time, per 15 minutes when the Minimum Data Set (MDS) reflects high acuity.	Non-Skilled	Medicaid

CPT Code	Description	Skilled vs Non-Skilled Services	Line of Business
S5130	Homemaker service, NOS; per 15 minutes	Non-Skilled	Medicaid
S9097	Home visit for wound care	Skilled	Medicaid, Commercial
S9127	Social work visit, in the home, per diem	Skilled	Medicaid, Commercial
T1000	RN services, up to 15 minutes	Skilled – PDN Only	Medicaid, Commercial
T1000-TE	LPN/LVN services, up to 15 minutes	Skilled – PDN Only	Medicaid, Commercial
T1001	Nursing assessment/evaluation	Skilled/Non-Skilled	Medicaid, Commercial
T1030	Nursing care, in the home, by registered nurse, per diem	Skilled	Medicaid, Commercial
T1031	Nursing care, in the home, by licensed practical nurse, per diem	Skilled	Medicaid, Commercial
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	Skilled	Medicaid, Commercial
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Skilled	Medicaid, Commercial
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	Skilled	Medicaid, Commercial
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	Non-Skilled in a Skilled plan of care	Medicaid, Commercial

*In addition to U1 and U9, the following modifiers may apply to attendant care and combination services **(*please note**- The shift differential modifier must precede the acuity modifier when both are applicable):

Modifier	Definition
TV	Weekend/Rhode Island State Holiday Shift
UH	Evening Shift 3PM -11PM

Modifier	Definition
UJ	Night Shift 11PM-7AM

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Document History

Date	Action
11/01/2026	Updated non-skilled Coding/Claim Submission.
8/01/2026	Updated Coding Grid to reflect coding changes for Private Duty Nursing codes.
7/01/2026	Updated Coding Grid to remove Commercial from S5125, S5125/U9. Added Commercial to G0156.
06/04/2026	Removed INTEGRITY for Duals and Dual CONNECT content. Updated policy name to align with Clinical Medical Policy.
01/01/2026	Annual policy review. Updated template to include new lines of business. Updated Member Responsibility and Disclaimer language. Updated Claim Submission and Coding Grid for skilled and non-skilled services.
06/30/2025	Updated Benefit limitations and exclusions to separate out Medicaid and INTEGRITY with EOHHS guidance
12/20/2024	Updated coding grid for therapy services effective 10/1/24
09/18/2024	Policy Review Date. Updated policy with clearer definitions for private duty nursing, non-skilled services and limitations and exclusions

Date	Action
07/01/2024	Updated policy to define personal care and homemaker services and RI holiday for TV modifier
01/01/2024	Updated policy name from Home Health Services Payment Policy to Home Health Agency Services Payment Policy. Updated to consolidate HHA coding to align with EVV requirements.
09/29/2021	Policy Review Date. No Content Changes.
11/03/2020	Update: Add exclusion language for Commercial LOB.
04/08/2020	Document Update
02/03/2020	Document Update
07/01/2017	Effective date

[i] *Contract between CMS, RI EOHHS, and NHPRI*, "Health Care Professional": A physician or other provider of health care services under this Demonstration, including but not limited to: a podiatrist, optometrist, psychologist, dentist, physician assistant, physical or occupational therapist, therapist assistant, speech-language pathologist, audiologist, registered or practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, and certified nurse midwife), licensed certified social worker, registered respiratory therapist, and certified respiratory therapy assistant.

[ii] RIGL 17-23-4; 42 CFR, Part 484 - Conditions of Participation: Home Health Agencies