
Home Health Care Services Payment Policy

Policy Overview

This policy documents Neighborhood Health Plan of Rhode Island's (Neighborhood's) coverage and reimbursement requirements for skilled and non-skilled home health care services.

Scope

This policy applies to:

- Medicaid** *excluding Extended Family Planning (EFP)*
- INTEGRITY**
- Commercial**

Prerequisites

All services must be medically necessary to qualify for reimbursement; however, Neighborhood *does not* require members to meet the Medicare definition of "homebound" to be eligible for services under this benefit.

Service-specific criteria benefit limitations and prior authorizations requirements may apply. Prior authorization requirements vary by line of business and services provided. 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 [Clinical Medical Policies](#). In the absence of a clinical medical policy, Neighborhood may utilize industry accepted criteria, National or Local Coverage Determinations and/or EOHHS regulations.

Please contact Provider Services at 1-800-963-1001 for additional details.

Reimbursement Guidelines

The State of Rhode Island Executive Office of Health & Human Services (EOHHS) requires Neighborhood Health Plan of Rhode Island (Neighborhood) providers to use of an electronic visit verification (EVV) system for personal care services and home health care services (HHCS) that require an in-home visit, pursuant to section 1903(l) of the Cures Act.

Home Health Care services are provided under a home care plan authorized by a health care professional, 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. These services include:

- **Skilled Nursing Services:** Services rendered by a licensed Registered Nurse (RN), Licensed Practical Nurse (LPN). These may include, but are not limited to:
 - Clinical patient assessment;
 - Administration of Medications;
 - Tube Feedings;
 - Nasopharyngeal and Tracheostomy Aspiration and care;
 - Catheters;
 - Wound Care;
 - Ostomy Care;
 - Rehabilitation Nursing

- **Skilled Therapy Services:** Services rendered by a licensed Occupational Therapist (OT), Physical Therapist (PT), Speech-Language Pathologist (SLP), Occupational Therapy Assistant (OTA), Physical Therapy Assistant (PTA), Master Social Worker or higher, as designated by the plan of care and within scope of licensure.

- **Non-Skilled Services:** Services rendered by a licensed Home Health Aide/Certified Nursing Assistant (HHA/CNA or Homemaker). These may include, but are not limited to:
 - Personal Care;
 - Standard Dressing Changes (non-clinical); ○ Medication assistance (self-administered, non-clinical); and ○ Homemaking services

- **Early Maternity Discharge Services:** Upon discharge from the hospital within forty eight (48) hours of a vaginal delivery and ninety six (96) hours of a caesarean delivery members may receive:
 - One (1) home visit from an RN or pediatric nurse practitioner;
 - Up to four (4) hours per day for four (4) days post discharge of Home Health Assistance (HHA).

Benefit Limitations and Exclusions

All Lines of Business

- A physician's order is required for skilled services for all lines of business.
- The following items are excluded from coverage under the Home Care Services Benefit:
 - Drugs and Biologicals;
 - Services that would not be covered if furnished as inpatient services;



- Services covered under ESRD program;
- Prosthetic Devices; ○ Medical Social Services provided to family members; ○ Respiratory Care Services;
- Dietary and Nutritional Personnel, when not incidental to services required by the care plan.

Rite Care/RHE

- Combination services are non-covered.
- Respite and Relief Care are non-covered.

INTEGRITY

- Services provided under a home care plan authorized by a health care professional, including full-time, part time, or intermittent skilled nursing care, physical therapy, occupational therapy, speech–language pathology, medical social services, DME and medical supplies for use at home, and all other services must be provided by a Medicare certified home health agency.ⁱⁱⁱ
- Non-skilled services may be delivered by a home health agency that is not Medicare certified.
- Private Duty Nursing^{iv} and non-skilled services may be delivered by a home health agency that is not Medicare certified.
- Non-skilled services do not require a physician’s order.

Commercial

- Homemaker services are non-covered
- Combination services are non-covered

Transportation

Transportation may be provided when incidental to providing services as approved in the plan of care; however, no additional hours may be requested or charged specifically for this purpose.

A home care/home health agency, as well as its employees, agents, and subcontractors providing transportation are prohibited from charging a Medicaid beneficiary for any portion of the transportation that was provided during authorized hours of care.

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 90 days of the date services are provided to members.

Adjustments, corrections, and reconsiderations must include the [required forms](#). All submissions must be in compliance with National Claims Standards.

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.

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

- 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; Multiple shifts on the same day must be billed on the same claim line with a cumulative of all hours for that date of service;
- Dates of service must be within the same month.

Date span billing is prohibited for the following:

- Skilled services;
- Combination Services, when used with shift differential modifiers, unless the modifier applies to each date of service in the date span.

Incremental codes must be used for time that does not meet hourly rounding requirements. Hourly codes submitted with fractional units (1.5, 2.5, etc.) will be denied.

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.

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 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, including date notification of refusal was reported to Care Management team;
- 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.

Once a record is established, additions, deletions, modifications, or edits of any kind must be made in compliance with Chapter 3 of the CMS Medicare Program Integrity Manual.

Electronic Medical Records (EHRs) are compliant with CMS and Neighborhood’s documentation standards. All EHRs must meet state and federal privacy guidelines.

Whether electronic, paper, or a combination of both, all records must be accurate, legible, and completed with signature in a prompt manner, but no later than 30 days from the date of service.

At its discretion, Neighborhood may request copies of patient records at any time to ensure adherence to state, federal, and reimbursement requirements as outlined in this document. Records requested shall be provided by the provider within 30 days of the request

Coding

Skilled Services (Nursing)*

Code	Description
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
99501	Home visit for postnatal assessment and follow-up care
99502	Home visit for newborn care and assessment
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)

99504	Home visit for mechanical ventilation care
99505	Home visit for stoma care and maintenance including colostomy and cystostomy
99506	Home visit for intramuscular injections
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)
99511	Home visit for fecal impaction management and enema administration
G0068	Professional services for the administration of antiinfective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0069	Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0070	Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0154	Direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting, each 15 minutes
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
S5108	Home care training to home care client, per 15 minutes
S5109	Home care training to home care client, per session
S5110	Home care training, family; per 15 minutes
S5111	Home care training, family; per session
S5115	Home care training, nonfamily; per 15 minutes
S5116	Home care training, nonfamily; per session
S5180	Home health respiratory therapy, initial evaluation
S5181	Home health respiratory therapy, NOS, per diem
S9097	Home visit for wound care

S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem
S9123	Nursing care in the home by a Registered Nurse (RN), per hour (Private Duty Nursing)
S9124	Nursing care in the home by a Licensed Practical Nurse (LPN), per hour (Private Duty Nursing).
T1001	Nursing assessment/evaluation.
T1002	RN services up to 15 minutes
T1003	LPN services up to 15 minutes
T1030	Nursing care in the home, by a registered nurse (RN), per diem.
T1031	Nursing care in the home, by a licensed practical nurse (LPN), per diem.
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit
T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit

Skilled Services (Social work)*

Code	Description
99510	Home visit for individual, family, or marriage counseling.
S9127	Social work visit, in the home, per diem.

Skilled Services (Physical Therapy)*

Code	Description
97001	Physical therapy evaluation
97002	Physical therapy re-evaluation
97140	Manual therapy techniques, one or more regions.
97161	Physical therapy evaluation; low complexity, 20 minutes
97162	Physical therapy evaluation; moderate complexity, 30 minutes
97163	Physical therapy evaluation; high complexity, 45 minutes
97164	Physical therapy re-evaluation; established care plan.
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes.
S9131	Physical therapy, in the home, per diem.

Skilled Services (Occupational Therapy)*

Code	Description
97003	Occupational therapy evaluation
97004	Occupational therapy re-evaluation
97165	Occupational therapy evaluation; low complexity, 30 minutes.
97166	Occupational therapy evaluation; moderate complexity, 45 minutes.

97167	Occupational therapy evaluation; high complexity, 60 minutes.
97168	Occupational therapy re-evaluation; established care plan.
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance).
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact.
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact.
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), direct one-on-one contact.
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes.
S9129	Occupational Therapy, in the home, per diem.

Skilled Services (Speech Therapy)*

Code	Description
92506	Evaluation of speech, language, voice, communication, and/or auditory processing
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual.
92521	Evaluation of speech fluency (e.g., stuttering, cluttering).
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria).
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language).
92524	Behavioral and qualitative analysis of voice and resonance.
97526	Treatment of swallowing dysfunction and/or oral function for feeding.
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech.
92610	Evaluation of oral and pharyngeal swallowing function.
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes.
S9128	Speech Therapy, in the home, per diem.

*Neighborhood recognizes that when clinically appropriate, services may be provided by a PTA, OTA, COTA, or SLPA. Supervision must be performed in accordance with the licensing requirements defined by the Rhode Island Department of Health as it relates to each discipline. v

Home IV Infusions

Code	Description
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)
B4100	Food thickener, administered orally, per oz
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4104	Additive for enteral formula (e.g., fiber)
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
B5157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit

B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix
B4185	Parenteral nutrition solution, not otherwise specified, 10 g lipids
B4187	Omegaven, 10 g lipids
B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix
B4193	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 g of protein - premix
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 g of protein - premix
B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day
B4220	Parenteral nutrition supply kit; premix, per day
B4222	Parenteral nutrition supply kit; home mix, per day
B4224	Parenteral nutrition administration kit, per day
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephroAmine, RenAmine - premix
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-premix

B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acidsFreAmine-HBC-premix
B9002	Enteral nutrition infusion pump, any type
B9004	Parenteral nutrition infusion pump, portable
B9006	Parenteral nutrition infusion pump, stationary
B9998	NOC for enteral supplies
B9999	NOC for parenteral supplies
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration
S0032	Injection, nafcillin sodium, 2 g
S0077	Injection, clindamycin phosphate, 300 mg
S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting
S5518	Home infusion therapy, all supplies necessary for catheter repair
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9345	Home infusion therapy, antihemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9359	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

S9363	Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9370	Home therapy, intermittent antiemetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9372	Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with Heparin to maintain patency)
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)
S9374	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9375	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

S9376	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9377	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9529	Routine venipuncture for collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem

S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)

Early Maternity Discharge

Code	Description
99501	Home visit for postnatal assessment and follow-up care
99502	Home visit for newborn care and assessment
T1001	Nursing assessment/evaluation
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes
T1030	Nursing care, in the home, by registered nurse, per diem

Non-skilled Services

Code	Description
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
S1520	Chore services; per 15 minutes
S5121	Chore services; per diem
S5125	Home Health Aide (HHA) or Certified Nursing Assistant (CAN) providing care in the home, per 15 minutes
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.

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.
S5126	Attendant care services; per diem
S5130	Homemaker services, not otherwise specified, per 15 minutes.

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

Modifier	Definition
TV	Weekend/Federal Holiday Shift
UH	Evening Shift 3PM -11PM
UJ	Night Shift 11PM-7AM

Care Share Program

Code	Definition
S5111	Home care training, family; per session
S5116	Home care training, nonfamily; per session

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
11/03/20	Update: Add exclusion language for Commercial LOB.
04/08/20	Document Update
02/03/20	Document Update
07/01/17	Effective date

References

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 ⁱⁱⁱ
Contract between CMS, RI EOHHS, and NHPRI: Home Health Services defined.

^{iv} *Contract between CMS, RI EOHHS, and NHPRI*, “Private Duty Nursing”: Individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State law and as identified in the LTSS Care Plan. These services are provided to an Enrollee at home.

^v RI DOH R5-40-PT/PTA, Section 14: Supervision; RI DOH R5-40.1-OCC, Section 5.5: Supervision; RI DOH R5-48-SPA, Section 6.3: Supervision and Responsibility ^{ix} [R23-17-HNC/HC/PRO](#)

^x [42 CFR 484.48 - Conditions of Participation: Clinical Records](#)