# Home Health Agency Services 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).

## Scope

This policy applies to:
☒**Medicaid** *excluding Extended Family Planning (EFP)*
☒**INTEGRITY**
☒**Commercial**

## Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as Interqual
- Rhode Island Executive Office of Health and Human Services (EOHHS) recommendations
- Clinical Medical Policies (CMP)

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.

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

## Reimbursement 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. 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;
  - Dressing;
  - Medication assistance (self-administered, non-clinical); and
  - Homemaking services.

## 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 End-Stage Renal Disease 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.

**Medicaid**

- 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).

**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]
- 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 LTSS eligibility criteria.
    - Members who are identified as high risk or whose Comprehensive Functional Needs Assessment (CFNA) indicate a need for LTSS should be referred to EOHHS to apply for an LTSS waiver.
        - Service needs identified in the CFNA will be covered by Neighborhood for up to 90 days
- Non-skilled services may be delivered by a home health agency that is not Medicare certified.
- Private Duty Nursing 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**

- Personal care is only covered if required within a skilled plan of care
- 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 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.

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.

### 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

**Skilled and Non-Skilled Services**

| CPT Code | Description | EVV Phase 1 or 2 | Skilled vs Non-Skilled Services | Line of Business |
|---|---|---|---|---|
| S5125 | Attendant care services; per 15 minutes | 1 | Non-Skilled | All |
| 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. | 1 | Non-Skilled | Medicaid & INTEGRITY |
| S5125-U9 | High Acuity Attendant care services; per 15 minutes | 1 | Non-Skilled | All |
| 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. | 1 | Non-Skilled | Medicaid & INTEGRITY |

| CPT Code | Description | EVV Phase 1 or 2 | Skilled vs Non-Skilled Services | Line of Business |
|---|---|---|---|---|
| S5130 | Homemaker service, NOS; per 15 minutes | 1 | Non-Skilled | Medicaid & INTEGRITY |
| S9097 | Home visit for wound care | N/A | Skilled | All |
| S9127 | Social work visit, in the home, per diem | 2 | Skilled | All |
| S9128 | Speech therapy, in the home, per diem | 2 | Skilled | All |
| S9129 | Occupational therapy, in the home, per diem | 2 | Skilled | All |
| S9131 | Physical therapy; in the home, per diem | 2 | Skilled | All |
| T1001 | Nursing assessment/evaluation | N/A | Skilled | All |
| T1002 | RN services, up to 15 minutes | 2 | Skilled | All |
| T1003 | LPN/LVN services, up to 15 minutes | 2 | Skilled | All |
| T1030 | Nursing care, in the home, by registered nurse, per diem | 2 | Skilled | All |
| T1031 | Nursing care, in the home, by licensed practical nurse, per diem | 2 | Skilled | All |
| G0151 | Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes | 2 | Skilled | INTEGRITY |
| G0152 | Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes | 2 | Skilled | INTEGRITY |
| G0153 | Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes | 2 | Skilled | INTEGRITY |
| G0156 | Services of home health/hospice aide in home health or hospice settings, each 15 minutes | 2 | Non-Skilled in a Skilled plan of care | Medicaid & INTEGRITY |

*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/Holiday Shift |
| UH | Evening Shift 3PM -11PM |

| | |
|---|---|
| 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 |
|---|---|
| **01/01/24** | 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. |
| **09/29/21** | Policy Review Date. No Content Changes. |
| **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.

[x] 42 CFR 484.48 - Conditions of Participation: Clinical Records