

Neighborhood Health Plan of Rhode Island

Skilled Home Health Billing Reference Guide

Providers must ensure claims are submitted in accordance with the applicable requirements in Chapter 10 of the [Medicare Claims Processing Manual](#).

Consolidated Billing Section 1842 (b)(6)(F) of the Social Security Act requires consolidated billing of all home health services while a beneficiary is under a home health plan of care authorized by a physician.

Types of Services

- Skilled nursing care;
- Home health aide services;
- Physical therapy;
- Speech-language pathology;
- Occupational therapy;
- Medical social services;
- Routine and nonroutine medical supplies;
- Medical services provided by an intern or resident-in-training of a hospital, under an approved teaching program of the hospital, in the case of an HHA that is affiliated or under common control with that hospital; and
- Care for homebound patients involving equipment too cumbersome to take to the home.

Claim Submission

The matrix below summarizes key UB-04 form locator fields and billing elements required for skilled home health claim submissions.

Form Locator	Form Locator Name	Valid Data
FL6	Statement Covers	The Statement Covers Period “Through” date for continuous care periods must be 29 days after the “From” date for a 30-day period of care.
FL12	Admission Date	Admission/Start of Care Date is to be the first period of care in the admission. Subsequent periods continue to be the admission date reported on the first period of care.

FL17	Discharge Status	Discharge Status is to be the NUBC code that accurately describes the patient's status as of the "through" date of the billing period.
FL18-28	Condition Code(s)	Condition Code(s) are NUBC approved codes that describe conditions that apply to the claim.
FL31-36	Occurrence Code(s)	Occurrence code(s) <ul style="list-style-type: none"> • See Appendix for Condition Code(s) and usage definition.
FL39-41	Value Code(s)	Value Code(s) <ul style="list-style-type: none"> • See Appendix for Value Codes and usage definition.
FL42	Revenue Code	<ul style="list-style-type: none"> • HH PPS must report a revenue code of 0023 which contains HIPPS code. <ul style="list-style-type: none"> ○ For initial periods of care, the HHA reports on the 0023 revenue code line the date of the first covered visit provided during the period. ○ For subsequent periods, the HHA reports on the 0023 revenue code the date of the first visit provided during the period, regardless of whether the visit was covered or noncovered. ○ 027x – Medical/Surgical Supplies (See appendix) ○ 042x – Physical Therapy (See appendix) ○ 043x – Occupational Therapy (See appendix) ○ 044x – Speech Therapy Pathology (See Appendix) ○ 055x – Skilled Nursing (See Appendix) ○ 056x – Medical Social Services (See Appendix) ○ 057x – Home Health Aid (See Appendix)

FL44	HIPPS Code	<ul style="list-style-type: none"> The Outcome and Assessment Information Set (OASIS)
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Appendix

Institutional claim form; 837I/UB-04.

Claim submissions are to be filed for episodic care; The Statement Covers Period “Through” date for continuous care periods Statement must be 29 days after the Statement “From” date for a 30-day period of care

Type of Bill 032x - Home Health Services under a Plan of Treatment

4th Digit - Definition

- 7 - Replacement of Prior Claim - HHAs use to correct a previously submitted bill. Apply this code for the corrected or “new” bill. These adjustment claims must be accepted at any point within the timely filing period after the payment of the original claim.
- 8 - Void/Cancel of a Prior Claim - HHAs use this code to indicate this bill is an exact duplicate of an incorrect bill previously submitted. A replacement claim must be submitted for the period of care to be paid.
- 9 - Final Claim for an HH PPS Period – This code indicates an HH original bill to be processed All Services rendered in the 30 day period are to be filed on the claim

Admission/Start of Care Date is to be the first period of care in the admission. Subsequent periods continue to be the admission date reported on the first period of care.

Discharge Status is to be the NUBC code that accurately describes the patient’s status as of the “through” date of the billing period.

Condition Code(s) are NUBC approved codes describing conditions that apply to the claim.

Occurrence Code(s)

- Occurrence code 50 and the date the OASIS assessment corresponding to the period of care was completed
- On claims for initial periods of care (i.e. when the From and Admission dates match), the HHA reports an inpatient admission that ended within 14 days of the “From” date by using one of the following codes.

Code	Short Description	Long Description
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61	Hospital Discharge Date	The “through” date of a hospital stay that ended within 14 days prior to the “from” date of the HHA claim.
62	Other Institutional Discharge Date	The Through date of skilled nursing facility (SNF), inpatient rehabilitation facility (IRF), long term care hospital (LTCH) or inpatient psychiatric facility (IPF) stay that ended within 14 days prior to this HHA admission.

Value Codes and Amounts

Based on the site at which the beneficiary is serviced.

Code	Title	Definition
61	Location where service is furnished.	HHAs report the Core Based Statistical Area (CBSA) number (or rural state code) of the location where the home health or hospice service is delivered. The HHA reports the number in dollar portion of the form locator right justified to the left of the dollar/cents delimiter, add two zeros to the cents field if no cents.
85	County where service is rendered.	Where required by law or regulation, report the Federal Information Processing Standards (FIPS) State and County Code of the place of residence where the home health service is delivered.

Revenue Codes

HH PPS must report a revenue code of 0023 which contains HIPPS code.

- For initial periods of care, the HHA reports on the 0023 revenue code line the date of the first covered visit provided during the period.
- For subsequent periods, the HHA reports on the 0023 revenue code the date of the first visit provided during the period, regardless of whether the visit was covered or noncovered.

Each service must be reported in line item detail. Each service visit (revenue codes 042x, 043x, 044x, 055x, 056x and 057x) must be reported as a separate line. Any of the following revenue codes may be used:

Revenue Code	Description
027x	Medical/Surgical Supplies (Also see 062x, an extension of 027x) Required detail: With the exception of revenue code 0274 (prosthetic and orthotic devices), only service units and a charge must be reported with this revenue code. If also reporting revenue code 0623 to separately identify specific wound care supplies, not just supplies for wound care patients, ensure that the charge amounts for revenue code 0623 lines are mutually exclusive from other lines for supply revenue

	<p>codes reported on the claim. Report only nonroutine supply items in this revenue code or in 0623.</p> <p>Revenue code 0274 requires an HCPCS code, the date of service units and a charge amount.</p> <p>NOTE: Revenue Codes 0275 through 0278 are not used for Medicare billing on HH PPS claims.</p>
042x	<p>Physical Therapy</p> <p>Required detail: One of the physical therapy HCPCS codes defined below in the instructions for the HCPCS code field, the date of service, service units which represent the number of 15 minute increments that comprised the visit, and a charge amount.</p>
043x	<p>Occupational Therapy</p> <p>Required detail: One of the occupational therapy HCPCS codes defined below in the instructions for the HCPCS code field, the date of service, service units which represent the number of 15 minute increments that comprised the visit, and a charge amount.</p>
044x	<p>Speech-Language Pathology</p> <p>Required detail: One of the speech-language pathology HCPCS codes defined below in the instructions for the HCPCS code field, the date of service, service units which represent the number of 15 minute increments that comprised the visit, and a charge amount.</p>
055x	<p>Skilled Nursing</p> <p>Required detail: One of the skilled nursing HCPCS codes defined below in the instructions for the HCPCS code field, the date of service, service units which represent the number of 15 minute increments that comprised the visit, and a charge amount.</p>
056x	<p>Medical Social Services</p> <p>Required detail: The medical social services HCPCS code defined below in the instructions for the HCPCS code field, the date of service, service units which represent the number of 15 minute increments that comprised the visit, and a charge amount.</p>
057x	<p>Home Health Aide (Home Health)</p> <p>Required detail: The home health aide HCPCS code defined below in the instructions for the HCPCS code field, the date of service, service units which represent the number of 15 minute increments that comprised the visit, and a charge amount.</p>

Physical Therapy (revenue code 042x)

- G0151 Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes.
- G0157 Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes.
- 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.
- G2168 Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes.

Occupational Therapy (revenue code 043x)

- G0152 Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes.
- G0158 Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes.
- 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.
- G2169 Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes.

Speech-Language Pathology (revenue code 044x)

- G0153 Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes.
- 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.

Skilled Nursing (revenue code 055x) General skilled nursing:

- G0299 Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting
- G0300 Direct skilled nursing of a licensed practical nurse (LPN) in the home health or hospice setting.

Care Plan Oversight

- G0162 Skilled services by a licensed nurse (RN only) for management and evaluation of the plan of care, each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting).

- 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).

Training

- 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.

Medical Social Services (revenue code 056x)

- G0155 Services of a clinical social worker under a home health plan of care, each 15 minutes.

Home Health Aide (revenue code 057x)

- G0156 Services of a home health aide under a home health plan of care, each 15 minutes.

In the course of a single visit, a nurse or qualified therapist may provide more than one of the nursing or therapy services reflected in the G-codes above. HHAs must not report more than one G-code for each visit regardless of the variety of services provided during the visit.

In cases where more than one nursing or therapy service is provided in a visit, the HHA must report the G-code which reflects the service for which the clinician spent most of his/her time. For instance, if direct skilled nursing services are provided, and the nurse also provides training/education of a patient or family member during that same visit, Medicare would expect the HHA to report the G-code which reflects the service for which most of the time was spent during that visit.

Similarly, if a qualified therapist is performing a therapy service and also establishes a maintenance program during the same visit, the HHA should report the G-code that reflects the service for which most of the time was spent during that visit. In all cases, however, the number of 15-minute increments reported for the visit should reflect total time of the visit.

Site of Service Reporting

HHAs must report where home health services were provided. HCPCS codes Q5001, Q5002 or Q5009 matches the earliest dated HH visit line (revenue codes 042X, 043X, 044X, 055X, 056X or 057X) on the claim. The following codes are used for this reporting:

- Q5001: Hospice or home health care provided in patient's home/residence
- Q5002: Hospice or home health care provided in assisted living facility
- Q5009: Hospice or home health care provided in place not otherwise specified

The location where services were provided must always be reported along with the first visit reported on the claim. In addition to reporting a visit line using the G codes as described above, HHAs must report an additional line item with the same revenue code and date of service, reporting one of the three Q codes (Q5001, Q5002, and Q5009), one unit and a nominal covered charge (e.g., a penny). If the location where services were provided changes during the period of care, the new location should be reported with an additional line corresponding to the first visit provided in the new location.

Disposable Negative Pressure Wound Therapy Services

Effective for claims with statement covers Through dates on or after January 1, 2024, Medicare makes a separate payment amount for a disposable negative pressure wound therapy (NPWT) device for a patient under a home health plan of care. Disposable NPWT services are billed using the following HCPCS code:

A9272 - wound suction, disposable, includes dressing, all accessories and components, any type, each.

The HHA reports the HCPCS code with revenue code 027x (other than 0274), units representing the number of disposable devices provided during the billing period and a charge amount. Since Medicare payment no longer includes the services of the practitioner applying the device, revenue codes 042x, 043x or 0559 are not used for dNPWT HCPCS codes on Type of Bill 032x.