

Policy Title:	Home Health Care Services Payment Policy		
Policy Number:	000397	Department:	CLM
Effective Date:	07/01/2017		
Review Date:	04/01/2018		
Revision Date:	05/15/2017		
Purpose:	To define Neighborhood Health Plan of Rhode Island's (Neighborhood's) payment policy for Home Health Care services.		
Scope:	<p>This policy applies to all lines of business, except:</p> <ul style="list-style-type: none"> • Extended Family Planning (EFP) 		
Policy Statement:	This document outlines Neighborhood's benefit information, reimbursement methodology, and claims submission requirements for services provided by Home Health Agencies.		
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1. Prior Authorization

Prior authorization requirements vary by line of business and services provided.

Please refer to the plan specific [Prior Authorization Reference Guide](#) to determine when authorization is required.

2. Medical Necessity

All services must be medically necessary; however, Neighborhood *does not* require members to meet the Medicare definition of “homebound” to be eligible for services under this benefit.¹

For service-specific criteria, please refer to Neighborhood’s [Clinical Medical Policies](#). In the absence of a clinical medical policy, Neighborhood utilizes Making Care Appropriate For Patients (MCAP).

These criteria are available to providers upon request. Please contact Utilization Management at (401) 459-6060 for additional details.

3. Benefit Information

a. Coverage

Home Health Care services are provided under a home care plan authorized by a health care professional,¹ including full-time, part-time, or intermittent skilled and non-skilled services, delivered by a Home Health Agency.²

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:

¹ [Medicare Benefit Manual, Chapter 7 - Home Health Services: Section 30.1.1, Patient Confined to the Home](#)

² [RIGL 17-23-4; 42 CFR, Part 484 - Conditions of Participation: Home Health Agencies](#)

- Personal Care;
 - Standard Dressing Changes (non-clinical);
 - Medication assistance (self-administered, non-clinical);
 - Services Incidental to Personal Care (i.e., homemaking).
- **Early Maternity Discharge Services:** Upon discharge from the hospital from giving birth, members may receive:
 - One (1) home visit from an RN or pediatric nurse practitioner;
 - Up to four (4) hours per day of Home Health Assistance.

b. Limitations

A physician's order is required for *skilled* services for *all* lines of business.

Neighborhood's plans are subject to the following limitations:

RIte Care/RHE:

- Homemaking services are only covered when incidental to personal care services.
- Early Maternity Discharge (EMD) services are limited to no more than four (4) days post discharge, within forty-eight (48) hours of vaginal delivery and ninety-six (96) hours of Caesarean delivery.

UNITY/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.³
- Private Duty Nursingⁱⁱ 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.
- Respite and relief care are *only* covered under **UNITY** and **INTEGRITY**.

Combination Services (S5125):

When an **INTEGRITY** member's plan of care includes combination services and he/she refuses the personal care component, S5125/U1 may be billed for three (3) consecutive refusals.

If personal care services are refused on the third consecutive visit, Neighborhood must be notified within one (1) business day. The Care Management team will contact the member to assess his/her needs, and modify the plan of care accordingly.

During the assessment period, agencies may provide and bill for services as needed by the member, but may only bill for actual services provided.

INTEGRITY is an integrated Medicare and Medicaid product, and affords coverage to the broadest extent allowed by federal and state regulations, whichever is greater.

³ Contract between CMS, RI EOHHS, and NHPRI: Home Health Services defined.

c. Exclusions

The following items are excluded from coverage under the Home Health 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.

Transportation exclusion:

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.

d. Member Responsibility

Members covered by a Health Benefit Exchange plan may be responsible for coinsurance or deductibles, based on individual plan selection. Please review plan cost sharing obligations, or contact Member Services prior to finalizing member charges.

4. Billing and Payment

a. Claim Submission

Claims must be submitted on a CMS-1500 Professional claim form or via electronic X12 837P format, in compliance with National Uniform Claim Committee standards.⁴

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.

⁴ [NUCC](#); [ANSI X12](#)

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.

b. Payment Methodology

Neighborhood reimburses skilled nursing services on a per diem basis. All other services outlined in this policy are paid Fee-For-Service, as specified by provider contract.

c. Coding

Billable codes are listed below.

Coding must be compliant with standards defined in the most recent 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.⁵

i. Skilled Services (Nursing)

Code	Description
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.
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

ii. Skilled Services (Social Work)

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

iii. Skilled Services (Physical Therapy)*

Code	Description
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.
97140	Manual therapy techniques, one or more regions.
S9131	Physical therapy, in the home, per diem.

⁵ [AMA CPT Editorial Panel](#); [CMS ICD-10-CM](#); [AAPC HCPCS Level II](#)

iv. Skilled Services (Occupational Therapy)*

Code	Description
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.
S9129	Occupational Therapy, in the home, per diem.

v. Skilled Services (Speech Therapy)*

Code	Description
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.
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech.
92610	Evaluation of oral and pharyngeal swallowing function.
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual.
97526	Treatment of swallowing dysfunction and/or oral function for feeding.
S9128	Speech Therapy, in the home, per diem.

*Neighborhood Health Plan of Rhode Island recognizes that when clinically appropriate, services may be provided by a PTA, OTA, COTA, or SLPA. Supervision must be performed in accordance with the specific licensing requirements as promulgated by the Rhode Island Department of Health as it relates to each discipline.^{6,7,8}

⁶ [RI DOH R5-40-PT/PTA, Section 14: Supervision](#)

⁷ [RI DOH R5-40.1-OCC, Section 5.5: Supervision](#)

⁸ [RI DOH R5-48-SPA, Section 6.3: Supervision and Responsibility](#)

vi. **Non-Skilled Services**

Code	Description
S9122	Home Health Aide (HHA) or Certified Nursing Assistant (CNA) providing care in the home, per hour. This code is to be used to render HHA/CNA services, including extended home care.
T1004	Services of a qualified nursing aide, up to 15 minutes.
S5130	Homemaker services, not otherwise specified, per 15 minutes.
S5125	Attendant care services, per 15 minutes

The following applies to **UNITY** and **INTEGRITY** *only*:

vii. **Combination Home Care Services**

Code	Description
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.

In addition to U1, 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
U9	High Acuity: This code can only be used when combination services are rendered at the same time, per 15 minutes and the Minimum Data Set (MDS) reflects high acuity.

5. Record Keeping

To qualify for reimbursement, all records must be kept in accordance with Rhode Island state⁹ and federal¹⁰ regulations.

A medical record must be created for each member receiving home health services, and contain *no less* than the following:

- a) Patient identification (name, address, birth date, gender, date of admission or readmission);
- b) Source of Patient Referral;
- c) Name of Physician (including address and telephone number);
- d) Plan of Care:
 - (a) Personal Care objectives;
 - (b) Homemaker objectives (where applicable);
- e) Medical diagnosis and nursing assessment, therapeutic goals, prognosis and all conditions relevant to the plan of care, including any known allergies and reactions, surgical

⁹ [R23-17-HNC/HC/PRO](#)

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

- procedures, surgical complications, infections, prior diagnoses, presence of pressure ulcers, incontinence, disabilities;
- f) drug, dietary, treatment, and activity orders;
 - g) signed and dated clinical and progress notes;
 - h) signed and dated record of service refusal, including date notification of refusal was reported to Care Management team, as outlined in section 3.b of this policy;
 - i) copies of summary reports sent to the attending physician;
 - j) Changes in and reviews of the patient's plan of care, signed by responsible professional;
 - k) Documentation of an advance directive (if any) and a copy of the advance directive, if provided to the facility by the patient; and
 - l) 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.¹¹

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 signature¹² 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.

6. Disclaimer

This guideline is informational only, and not a guarantee of reimbursement.

Claim payments are subject 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. All services billed to Neighborhood for reimbursement are subject to audit.

Effective dates noted reflect the date the long standing policy was documented or updated to assist with provider education, unless otherwise noted. Neighborhood reserves the right to update this policy at any time.

7. Revision History

Date	Action
6/1/17	Document written and submitted for publication with effective date of 07/01/17.

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,

¹¹ [3.3.2.5 - Amendments, Corrections and Delayed Entries in Medical Documentation](#)

¹² [CMS 3.3.2.4 - Signature Requirements](#)

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 *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.