

## HOME HEALTH CARE AGENCY

NHP reimburses contracted Home Health Care agencies for home health care service provided to a member with an approved home health care plan.

### Prerequisites

#### Authorization, Notification and Referral

Service	Requirement
Initial Skilled Nursing Visit	Authorization, Notification or Referral not required
Home Health Care Services	Prior Authorization Required
Home visit for early maternity discharge visit or maternal child home visit for post-natal assessment and follow up care (up to a maximum of <b>two</b> visits)	Authorization, Notification or Referral not required

### Limitations

#### Exceptions to Policy Criteria

Skilled nursing visits initiated on non-business days do not require prior authorization until the next business day at which time NHP would require notification of the services rendered. Prior authorization is required for all concurrent home health services thereafter.

#### Member Cost-Sharing

The provider is responsible for verifying at each encounter, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

### Definitions

**Holidays:** Holidays will include the following: New Year’s Day, Martin Luther King Day, President’s Day, Patriot’s Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran’s Day, Thanksgiving Day, and Christmas Day.

**Home Health Care:** Care rendered by a contracted home health care agency to a member who is confined to his/her home due to an illness, injury, or disability that restricts his/her ability to leave home without a considerable and taxing effort, or when home is determined to be the most appropriate setting, as determined by a NHP nurse case manager.

**Home Health Care Services:** Services include limited part-time or intermittent skilled nursing care and home health aide services defined as fewer than eight hours per day, on a less than daily basis, up to 35 hours per week, physical therapy, occupational therapy, speech-language therapy, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers), medical supplies, and other services.

**Home Health Agency:** A public or private organization that provides home care services, such as skilled nursing care, physical therapy, occupational therapy, speech therapy, and personal care by home health aides to individuals whose place of residence conforms to the requirements of 42 CFR 440.70(c).

**Home Health Aide:** A person who is employed by an approved home health agency to perform certain personal care and other health related services.

**Homemaker:** A person who performs light housekeeping duties (for example, cooking, cleaning, laundry, shopping) for the purpose of maintaining a household.

**Nights:** The hours from 3:00 P.M. to 7:00 A.M. Monday through Friday.

**Nurse:** A person licensed as a registered nurse, or a licensed practical nurse by the state's board of registration in nursing.

**Skilled Nursing Service:** The planning, provision and evaluation of goal-oriented nursing care that requires specialized knowledge and skills acquired under the established curriculum of a school of nursing approved by a board of registration in nursing. Such services include only those services that require the skills of a nurse.

**Weekends:** The hours from 3:00 P.M. Friday to 7:00 A.M. Monday.

### **Neighborhood Health Plan Reimburses**

Home health services in conjunction with an approved home health plan of care, including but not limited to:

- Intermittent skilled nursing: RN or LPN.
- Services of a home health aide, only when considered a medically necessary component of skilled home care services.
- Medical social services.
- Home health services only. All other medical supplies, such as for wound care or DME, must be obtained from a NHP participating DME provider and may require prior authorization by NHP.
- Physical, speech and occupational therapies.
- Nutritional counseling, only when considered a medically necessary component of skilled home care services.
- Two early maternity discharge visits: skilled nursing care.
- Home infusion billed by a contracted NHP Home infusion provider.
- Physician and nurse practitioner services billed by a contracted NHP provider.
- Durable Medical Equipment (DME) from a NHP contracted DME provider, in agreement with benefit limits that may apply per member plan.

### **Neighborhood Health Plan Does *Not* Reimburse Home Health Care Providers For**

- Companion services.
- Custodial care services.
- Domestic housekeeping services.
- Home health aide services in the absence of an active skilled home care program.
- Meal service.

- Medical supplies which are inclusive to the home health visit payment (including but not limited to minor supplies such as alcohol prep sponges, bandages, gloves, incontinent cleaners, lotion, non-sterilize gauze, non-sterile specimen, over-the-counter supplies for skin tears, personal care items, sharps disposable containers, tape, thermometer cover, “vacutainers” with needle).
- Personal care attendants.
- Private duty nursing.
- Respite care to family/caregivers.
- Venipuncture as the only purpose of the home care visit.

## Procedure Codes

*Note: This list of codes may not be all-inclusive.*

Code	Descriptor	Billing Comment
99501	Home visit for postnatal assessment and follow up care	Bill no greater than two routine visits
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT 99500-99602 can be used)	Per your contractual agreement, apply modifiers in the first two modifier fields
S9124	Nursing care, in the home; by licensed practical nurse, per hour	Per your contractual agreement, apply modifiers in the first two modifier fields
0421	Physical Therapy Visit	HCPCS code required
0431	Occupational Therapy Visit	HCPCS code required
0441	Speech Therapy Visit	HCPCS code required
0551	Skilled Nursing Visit Charge	HCPCS code required. Bill with a count representing the number of visits per day.
0552	Skilled Nursing Hourly Charge	HCPCS code required
0572	Home Health Aide Hourly Charge	HCPCS code required

## Modifiers

Submit modifiers with all procedure codes as specified in your contractual agreement with NHP.

## Provider Payment Guidelines and Documentation

- For post-partum care and early maternity discharge visit - skilled nursing care, submit with diagnosis codes in the range: V24.0 – V24.2
- The allowable charge for Revenue Code 0551, for skilled nursing includes but is not limited to: pre and post-hospitalization assessment, IV infusion, administration of medication: PO, IM, SQ; training and education patient, family, and caregiver; wound care management, patient monitoring, lab and blood draws, physician case conference, discharge assessment.

## References

114.3 CMR 49.01

114.60 CMR 50.0 Home Health Services, dated December 1, 2008

130 CMR 403.00, Transmittal Letter HHA-40, dated 11/01/07

NHP Home Infusion Including Enteral Nutrition Therapy

## Publication History

<b>Topic:</b> Home Health Care Agency	<b>Effective Date:</b> May 25, 2010
<b>Owner:</b> Provider Network Management	<b>Last Revised:</b> May 25, 2010

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. Neighborhood Health Plan utilizes McKesson's claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the "appropriate set" of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Questions may be directed to Provider Network Management at [prweb@nhp.org](mailto:prweb@nhp.org).