



Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association

Home Health Services

Table of Contents:

Overview	1
Billing Guidelines	1
Intermittent Visits	2
Long Hour Nursing.....	4

Overview

Home health is care provided by a home health agency to an essentially homebound member in the member’s place of residence. The home health agency must be licensed, registered or certified in the state where the services are performed and provided in accordance with the home health agency’s scope of licensure as provided by law. The services must be provided on a part-time or intermittent basis, according to a professional healthcare provider’s prescribed plan of treatment approved by Blue Cross Blue Shield of North Dakota (BCBSND) prior to admission to home health care. Benefits are available only if, in the absence of home health care, the member would require inpatient hospital or skilled nursing facility services.

Home health services may include skilled services (physical therapy, occupational therapy, speech therapy and skilled nursing), clinical social worker and home health aide services. A patient must receive a skilled service in order to qualify for a home health aide service.

Long hour nursing care is a separate level of service provided by a home health agency when a skilled nursing visit exceeds two hours in length. Examples may include IV infusion greater than two hours requiring constant supervision by a nurse or nursing care to a ventilator-dependent child or adult. When a home care skilled nursing visit is two hours or less, intermittent visit codes should be used.

Preauthorization is required for all home health visits and long hour nursing care.

Billing Guidelines

Home health agencies are considered institutional providers and submit their services on the UB-04 (CMS-1450) claim form with Type of Bill 33X. The HCPCS G codes identify and bill intermittent home health services. These codes are specific to physical therapy, occupational therapy, speech therapy, skilled nursing, clinical social worker and home health aide services when rendered by a licensed home health provider.

Based on the code definitions, one unit equals 15 minutes. Each visit should be reported based on the length of time of the service. The time reported must be time actively spent treating the patient at their place of residence. Time used for travel or administrative services cannot be included in the amount of time reported for the visit. Chart notes must include documentation of time spent during the visit.

When counting the number of 15-minute intervals, do not report services lasting less than 8 minutes. Time intervals for larger numbers of units are as follows:

Units	More than	Less than
1	8 minutes	23 minutes
2	23 minutes	38 minutes
3	38 minutes	53 minutes
4	53 minutes	68 minutes

Units	More than	Less than
5	68 minutes	83 minutes
6	83 minutes	98 minutes
7	98 minutes	113 minutes
8	113 minutes	128 minutes

Intermittent Visits

The following G codes should be used for all intermittent home health services. The first 15-minute increment of a visit is allowed at two times the single 15-minute increment rate. Each additional unit is allowed at the single 15-minute increment rate. This applies only to the G codes used for intermittent home health services; it **does not apply** to the long hour nursing codes (S9123 and S9124). A separate line with the date of service is required for each service billed.

Nurse visits (G0162 and G0163) for the purpose of assessment or for management and evaluation of the patient's care plan are not covered by BCBSND. Therapy visits (G0159, G0160 and G0161) performed as part of a maintenance program are not covered by BCBSND.

Codes that identify a physical therapy assistant and occupational therapy assistant (G0157 and G0158) will be covered at a percentage of the physical and occupational therapy code rate. These services will not be reimbursed by BCBSND when performed as a maintenance program.

HCPCS	Definition	Units	Revenue Code
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	1 unit = 15 minutes	042X
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	1 unit = 15 minutes	043X

HCP	Definition	Units	Revenue Code
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	1 unit = 15 minutes	044X
G0154	Direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting, each 15 minutes	1 unit = 15 minutes	0551
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	1 unit = 15 minutes	056X
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	1 unit = 15 minutes	057X
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	1 unit = 15 minutes	042X
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	1 unit = 15 minutes	043X
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes	1 unit = 15 minutes	042X
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes	1 unit = 15 minutes	043X
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes	1 unit = 15 minutes	044X
G0162	Skilled services by a registered nurse (RN) in the delivery of management & evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieve its purpose in the home health or hospice setting)	1 unit = 15 minutes	0551

HCPCS	Definition	Units	Revenue Code
G0163	Skilled services of a licensed nurse (LPN or RN) in the delivery of observation & assessment of the patient's condition, each 15 minutes (when the likelihood of 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)	1 unit = 15 minutes	0551
G0164	Skilled services of a licensed nurse, in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	1 unit = 15 minutes	0551

When there is more than one visit per day, bill the appropriate HCPCS on a separate line with Modifier 59 (Distinct procedural service). The modifier is added directly after the HCPCS code in Form Locator 44. The example below shows how to bill for two visits on the same date of service.

FL 42 Rev CD	FL 43 Description	FL 44 HCPCS/Rates	FL 45 Serv Date	FL 46 Serv Units	FL 47 Total Charges
0551	Skilled nursing	G0154	10142011	3	150.00
0551	Skilled nursing	G015459	10142011	4	200.00

Long Hour Nursing

Preauthorization is required for long hour nursing care. Long hour nursing care, also referred to as extended hour care, is billed differently than intermittent home health visits. The two HCPCS codes below are specific to long hour nursing services in the home setting and identify services of either a registered nurse (RN) or a licensed practical nurse (LPN).

HCPCS	Definition	Units	Revenue Code
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT® codes 99500-99602 can be used)	1 unit = 1 hour	0552
S9124	Nursing care, in the home; by licensed practical nurse, per hour	1 unit = 1 hour	0552