Home Health Care

Policy
Harvard Pilgrim reimburses contracted home health care agencies for home health care services, subject to prior authorization.

Policy Definition
Home Health Care is defined as 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 Harvard Pilgrim nurse care manager.

Home health care services include part time/intermittent skilled nursing and home health aide services, defined as fewer than eight hours per day, on a less than daily basis, up to 35 hours a week.

Prerequisite(s)
Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to Referral, Notification and Authorization for more information.

HMO/POS/PPO
An authorization is required for home health care except for early maternity discharge visits. (Refer to Home Health Care Authorization for specific requirements.) A referral/authorization is not required for the administration of seasonal influenza vaccine.

Open Access HMO and POS
For Open Access HMO and Open Access POS products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses
HMO/POS/PPO
Harvard Pilgrim reimburses the following services in the setting when billed by the appropriate contracted Harvard Pilgrim provider (Refer to “Related Policies”), including, but not limited to:
- Intermittent skilled nursing — RN or LPN
- Medical social services
- Nutritional counseling, only when considered a medically necessary part of skilled home care services
- One early maternity discharge visit — skilled nursing care
- Physical, speech and occupational therapies, including services provided by physical therapy assistants and occupational therapy assistants
- Services of a home health aide, only when considered a medically necessary part of skilled home care services

Harvard Pilgrim reimburses the following services in the home setting when billed by the appropriate provider (Refer to “Related Policies”):
- Durable Medical Equipment (DME)
- Home Infusion
- Physician and nurse practitioner services
- The vaccine administration code for state-supplied and non-state-supplied influenza vaccines. The administration of the influenza vaccine should only occur during a scheduled authorized home health visit and should not be performed as a sole service.
- The vaccine for non-state-supplied vaccines and, state-supplied vaccines only when state supplies are exhausted; the vaccine is reimbursed at the Harvard Pilgrim fee schedule allowable. Harvard Pilgrim’s drug fee schedule is periodically updated.
Harvard Pilgrim Does Not Reimburse
HMO/POS/PPO

- Incidental supplies, such as routine dressings, sterile Q-tips, and nonsterile gloves
- Custodial care in the absence of qualified skilled services
- Domestic housekeeping services
- Meal service
- Private duty nursing
- Respite care for family/caretakers
- Telehealth services
- Venipuncture as the sole purpose of the home care visit
- Harvard Pilgrim does not reimburse for vaccines that are available free from the state.

Member Cost-Sharing
Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Provider Billing Guidelines and Documentation
Coding 2

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0551</td>
<td>Skilled Nursing visit charge (per visit up to two hours)</td>
<td>Refer to &quot;Other Billing Information&quot; below Bill without corresponding CPT/HCPCS code</td>
</tr>
<tr>
<td>0552</td>
<td>Skilled Nursing, hourly charge (each additional hour after the first two)</td>
<td>Bill without corresponding CPT/HCPCS code</td>
</tr>
<tr>
<td>0559</td>
<td>Skilled Nursing, other (LPN, per visit)</td>
<td>Bill without corresponding CPT/HCPCS code</td>
</tr>
<tr>
<td>99501</td>
<td>Home visit for postnatal assessment and follow-up care (Early maternity discharge)</td>
<td>Reimbursement is limited to 1 visit per pregnancy for early maternity discharge</td>
</tr>
<tr>
<td>G0156</td>
<td>Services of a home health aide in home health setting each 15 minutes</td>
<td>Must be billed in 15 minute increments</td>
</tr>
<tr>
<td>S9129</td>
<td>Occupational therapy, in the home, per diem</td>
<td>Submit modifier 52 when billing for services rendered by a physical or occupational therapy assistant</td>
</tr>
<tr>
<td>S9131</td>
<td>Physical therapy, in the home, per diem</td>
<td></td>
</tr>
</tbody>
</table>

Modifiers
Submit modifier 52 (reduced services) when billing for physical and occupational therapy services rendered by a physical therapy assistant or an occupational therapy assistant.

State-Supplied Vaccines
Attach SL modifier to the vaccine procedure code to indicate that the vaccine was state supplied (No reimbursement will be made for the vaccine, as the vaccine was supplied free from the state.) Harvard Pilgrim uses post payment data audits to assure compliance with the billing guideline for state supplied vaccines.
- The SL modifier must always be placed in the primary modifier field.
- The appropriate vaccine/immunization administration CPT code must be billed on a separate line.

Non–State-Supplied Vaccines
Bill both the CPT code representing the vaccine/immunization provided and the appropriate administration code that applies to the delivery method. (SL modifier is not appropriate for vaccines that have been purchased by the provider not supplied free from the state.)
Other Information

- Bill appropriate revenue codes, diagnosis codes and procedure codes in accordance with UB-04 or electronic 837I, billing standards and as contractually defined on a UB-04 claim form or electronic 837I.
- Revenue codes are required for UB-04 or 837I, electronic claims. A revenue code must be assigned (Form Locator [FL] 42 or loop 2400, SV2 segment with appropriate revenue code in SV201 of the electronic 837I) for each line item.
- Bill revenue code 0551 with a unit count that represents the number of visits per day. Claims billed with a unit count exceeding one may be subject to standard post-payment claims review and audit.
- Enter the Harvard Pilgrim authorization number in Form Locator 63 of the paper UB-04 or loop 2300, REF segment with G1 qualifier in REF01 and Harvard Pilgrim authorization number in REF02 of the electronic 837I.
- Enter modifiers in Form Locator 44 of the paper UB-04 or loop 2400, SV2 segment, with HC qualifier in SV202-1 and modifier in SV202-2, along with the CPT or HCPCS code.

Related Policies
Payment Policies
- Billing Requirements for Outpatient Revenue Codes
- Durable Medical Equipment (DME) Payment Policy
- Home Infusion
- Hospice Care
- Interim Billing
- Obstetrical/Maternity Care
- Vaccine & Immunization

Clinical and Authorization Policies
- Home Health Care Authorization Policy
- Home Health Care Medical Review Criteria

Billing & Reimbursement
- Claim Submission Guidelines

Referral, Notification & Authorization
- Prior Authorization
PAYMENT POLICIES

01/15/17  annual coding update
09/15/17  annual review; added Home Health Care Prior Authorization Medical Review Criteria to the Related Policies section
01/01/18  updated Open Access Product referral information under Prerequisites
08/01/18  added reimbursement is limited for 99501
09/04/18  annual review; administrative edits
05/01/19  added bill without corresponding CPT/HCPCS code with revenue code 0551, 0552 and 0559
10/01/19  annual review; added CPT code 90689; administrative changes to Other Information
10/01/20  annual review; updated the Provider Billing Guidelines and Documentation table
10/01/21  annual review; administrative edits
09/30/22  annual review: added incidental supplies under Does not reimburse section

1This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

2The table may not include all provider claim codes related to home health care.