

## 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<sup>1</sup>

#### 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

- 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<sup>2</sup>

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

#### 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

## PUBLICATION HISTORY

01/01/02	original documentation
01/01/03	clarified intermittent skilled nursing
04/30/04	reimbursements clarified; related policies added
10/31/05	annual review; added respite care for family/caretakers is not reimbursed; added information re: NP and MD services
01/31/07	annual review; added billing information re: PTA and OTA services.
10/31/07	annual review; removed home uterine monitoring (no longer used)
01/31/08	annual review; effective 03/01/08, UB-04 billing form required
10/31/08	annual review; added revenue code billing requirements for UB-04, and telehealth not reimbursed
08/15/09	annual review; prior auth for chest PT and clarification for billing revenue code 551 added
06/15/10	removed prior auth for chest PT
08/15/10	annual review; added influenza virus vaccine effective 10/01/10
09/15/11	annual review; update to related policies
01/01/12	removed First Seniority Freedom information from header
09/15/12	annual review; minor updates to coding grid, removed G9141 and G9142
09/15/13	annual review; no changes
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
09/15/14	annual review; no changes
09/15/15	annual review; updated electronic billing guidelines
01/15/16	annual coding update
09/15/16	annual review; updated EDI billing specifications; administrative edits
01/15/17	annual coding update

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PAYMENT POLICIES

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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

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<sup>1</sup>This 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.

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