If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to covered services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible members and/or plans, the provider contract will govern. Plan documents include, but are not limited to, certificates of health care benefits, benefit booklets, summary plan descriptions, and other coverage documents. Blue Cross and Blue Shield of Oklahoma may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to, Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Home Health Care Policy

Policy Number: CPCP005

Version 1.0

Enterprise Clinical Payment and Coding Policy Committee approval date: March 11, 2025

Plan effective date: March 21, 2025

Description

The purpose of this policy is to provide information for various types of home health care and appropriate code sets for claim submissions. Home health care services consist of skilled and unskilled (custodial) services. These services can be long-term or short-term depending on the member's needs. **The home health care services discussed in this policy may not be limited to covered services**.

References to services herein are not a guarantee or representation of coverage or payment. Providers are urged to refer to applicable state and federal statutes, regulations, laws and mandates for eligible coverage and to the member's benefits for home health care services.

Health care providers are expected to exercise independent judgment in providing care to members. This policy is not intended to impact care decisions or medical practice.

Definitions

Custodial or unskilled care: Personal care that does not require the technical skills, professional training, and clinical assessment ability of medical and/or nursing personnel to be safely and effectively performed, and which is to support the patient's care and activities of daily living. Services are generally non-medical. Additional guidance can be found in **ADM1001.014 Custodial Care** on the plan's website.

Home health care: Healthcare services provided to a patient who is at home due to a sickness or injury requiring services from a skilled and licensed professional on an intermittent or part-time basis.

Intermittent home care: Part-time skilled nursing care provided in the home or inpatient facility setting for fewer than seven days a week or less than eight hours a day for periods of 21 days or less. A member must have a medically predictable recurring need for skilled nursing services.

Private duty nursing: Nursing services for a member who requires more individual and continuous care. Services are provided by a registered nurse or licensed practical nurse; under the direction of the member's physician.

Respite care: Short-term, temporary relief to a primary or usual caregiver. The caregiver is generally a family member.

Skilled care: Medical care provided in the home or inpatient facility setting and may only be provided by or under the supervision of a skilled or licensed medical professional. Services require the technical skills and professional training of a licensed professional nurse or rehabilitation therapist.

Reimbursement information

Providers should bill the most appropriate code that accurately reflects the total time of the services rendered. Documentation must be able to support the time billed. The plan reserves the right to request supporting documentation. Failure to adhere to coding and billing policies may impact claims processing and reimbursement. Claim reimbursement is subject to plan benefits. Claims may not be reimbursed if they exceed member benefit limits for days or hours of coverage.

Home health care is only reimbursable when the service being performed in the home is eligible for benefits.

Professional billing

Claim submissions should reflect the appropriate HCPCS or CPT code that accurately reflects the services provided to the member.

Facility billing

Claim submissions should contain the appropriate revenue code and CPT/HCPCS code combinations. Appropriate revenue codes for Home Health Care services should be submitted on UB-04 form with Type of Bill 032x (home health services under a plan of treatment) or 034x (home health services not under a plan of treatment).

Home health revenue codes

Revenue codes associated with home health care may include, but are not limited to, the following:

Revenue Code	Description
0421	Physical Therapy; Visit charge
0422	Physical Therapy; Hourly charge
0431	Occupational Therapy; Visit charge
0432	Occupational Therapy; Hourly charge
0441	Speech Therapy; Visit charge
0442	Speech Therapy; Hourly charge
0551	Skilled Nursing; Visit charge
0552	Skilled Nursing; Hourly charge
0561	Home Health Medical Social Services; Visit charge
0562	Home Health Medical Social Services; Hourly charge
0571	Home Health Aide; Visit charge
0572	Home Health Aide; Hourly charge
0623 and 0270-0273	Medical Surgical Supplies
0636	Pharmacy; Drugs requiring detailed coding
0771	Preventive Services; Vaccine administration

Reporting modifiers

If there is more than one visit per day, an appropriate modifier may be appended to the appropriate HCPCS code on a separate line with the appropriate unit of service on each line. Additional modifiers may be reported when applicable.

Home health HCPCS codes

HCPCS G codes identify intermittent home health services. These codes are specifically for PT/OT/ST, skilled nursing, and home health aide services when they are provided by a qualified home health provider.

Reporting a HCPCS G code when a S code is more appropriate, or combination of codes, could be considered upcoding.

HCPCS coding examples:

- **S9123**/per hour; **G0299**/per 15 minutes
- **S9129**/per diem; **G0160**/per 15 minutes
- **S9131**/per diem; **G0159**/per 15 minutes

Services associated with home health care may include, but are not limited to, the following. Inclusion of a code below does not guarantee reimbursement, nor does it imply that a code is a covered or non-covered service.

HCPCS Code	Description
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
G0159	Services performed by a qualified physical therapist, in the home setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes

HCPCS Code	Description
G0160	Services performed by a qualified occupational therapist, in the home setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
G0161	Services performed by a qualified speech-language pathologist, in the home setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
G0162	Skilled services by a registered nurse for management and 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 achieves its purpose in the home health or hospice setting)
G0299	Direct skilled nursing services of a RN in the home health or hospice setting, each 15 minutes
G0300	Direct skilled nursing services of a licensed practical nurse in the home health or hospice setting, each 15 minutes
G0493	Skilled services of a RN for the observation and assessment of the patient's condition, each 15 minutes (the 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)
G0494	Skilled services of a LPN for the observation and assessment of the patient's condition, each 15 minutes (the 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 of hospice setting)
G0495	Skilled services of a RN, in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
G0496	Skilled services of a LPN, in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
G2168	Services performed by a physical therapist assistant in the home setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes
G2169	Services performed by an occupational therapist assistant in the home setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour

HCPCS Code	Description
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, **not to be reported when CPT codes 99500-99602 can be used**)
S9124	Nursing care, in the home; by licensed practical nurse, per hour
S9125	Respite care, in the home, per diem
S9126	Hospice care, in the home, per diem
S9127	Social work visit, in the home, per diem
S9128	Speech therapy, in the home, per diem
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy, in the home, per diem

Home health coding example:

- If a member receives nursing care for one-hour on Monday, Wednesday and Friday (total of three hours in one week/seven-day period), this is considered intermittent care and should be billed for three units of HCPCS codes **S9123** or **S9124**.

Private duty nursing

The plan may request additional documentation from the PDN provider to support the services billed. The plan may request additional documentation during the initial request, a recertification request, or a revision to services request. Additional documentation includes, but is not limited to, nurse progress notes, medication administration records, seizure logs, and ventilator logs.

PDN coding example:

- If a member requires continuous nursing care for 12 hours a day for five days a week (totaling sixty hours for five days), this is considered PDN and should be billed with 240 units of HCPCS code **T1000**.

Reporting time

When code description states each 15 minutes

One unit equals 15 minutes. Each visit is reported based on the length of time of the service.

Unit	Time
1	8-22 minutes
2	23-37 minutes
3	38-52 minutes

4	53-67 minutes
5	68-82 minutes
6	83-97 minutes
7	98-112 minutes
8	113-127 minutes

When code description states per hour

Unit	Time
0	Less than 31 minutes
1	31-90 minutes
2	91-150 minutes

When code description states per diem

Per diem represents each day that a given member is provided services for a prescribed therapy, beginning with the day the therapy is initiated and ending with the day the therapy is discontinued. The expected course and duration of the treatment shall be determined by the plan of care as prescribed by the ordering physician and documented appropriately.

Additional resources

Clinical Payment and Coding Policy

CPCP019 Infusion Services

Medical Policy

ADM1001.014 Custodial Care

References

HCPCS

42 CFR 440.80 Private duty nursing services Accessed 10/02/2024

Policy update history

Approval Date	Description
10/08/2021	New policy
12/09/2022	Annual review
10/30/2023	Annual review

03/11/2025	Annual review; Correction to *Policy Update History*; Policy title change; Definition updates; Professional and facility sections added; Revenue codes added; HCPCS coding updated- Including S and G code examples and new HCPCS codes added: G0151- G0153, G0155-G0162, G0299, G0300, G0493-G0496, G2168, G2169, S9125-S9129, S9131; Removed T1002, T1003, and T1031; Revised *PDN* section; Added reporting time examples; Removed *Custodial Care* section; Moved *Additional Information Reminders*; Updated *Additional Resources* and *References*.