
CHAPTER 23: HOME HEALTH

SECTION 23.6: CLAIMS RELATED INFORMATION**PAGE(S) 5**

CLAIMS RELATED INFORMATION

Reimbursement requires compliance with all Medicaid guidelines.

Claim Related Responsibilities

All providers are responsible for including the correct billing codes on a claim. If a licensed practical nurse (LPN) provides services, the provider must submit the appropriate LPN code for payment. Likewise, if a registered nurse (RN) delivers the service, the claim must identify the code associated with the appropriate service. Home health providers should perform a self-audit to identify claims paid incorrectly and report any overpayments to the fiscal intermediary (FI). All providers are responsible for assuring that their professional employees (i.e. RNs, LPNs, aides, etc.) are practicing within the limitations established by their licensing boards.

The home health agency (HHA) must provide the supporting documentation used to document medical necessity criteria (i.e. medical doctor's prescription, etc.) which must be met in order to receive home health services upon request.

Claim Type

HHAs can submit claims either by paper or electronically. Home health providers who choose to submit their claims on paper forms must use the Centers for Medicare and Medicaid Services (CMS) standard **UB-04** claim form.

The HHA must bill using its own Medicaid provider number and National Provider Identifier (NPI).

Diagnosis Codes to Support Medical Necessity

Providers must bill using the appropriate International Classification of Diseases, Tenth Edition, Clinical Modification, Tenth Revision (ICD-10-CM) diagnosis code(s), or its successor, that best describes the beneficiary's illness, injury or medical condition.

Billing Codes

The procedure codes and revenue codes to be used for billing covered home health services can be found in the Louisiana Medicaid Home Health Revenue and Procedure Codes document under the "Fee Schedules" link at www.lamedicaid.com.

CHAPTER 23: HOME HEALTH

SECTION 23.6: CLAIMS RELATED INFORMATION**PAGE(S) 5**

Billing Instructions for Home Health Services

The UB-04 claim form (hard copy) or 837I electronic transaction is required when filing for Medicaid reimbursement of services. All information, handwritten or computer generated, must be legible and completely contained in the designated area of the claim form.

As a reminder, the beneficiary's **attending physician's** name and provider number is always required when submitting for reimbursement of services. Please see chart below for correct placement of this information on the UB-04 Claim Form and 837I electronic format.

UB-04 Claim Form	837I Electronic Format
Form Locator 76 – Attending Physician (Required) Enter the name or 7-digit Medicaid provider number of the physician ordering the plan of care.	Loop 2310A, REF02 segment OR Loop 2420A, REF02 segment Enter the name or 7-digit Medicaid provider number of the physician ordering the plan of care.

Billing Instructions for Multiple Same Day Visits

Prior authorization (PA) **must** be obtained from the Prior Authorization Unit (PAU) before any multiple same day visits are provided for beneficiaries under the age of 21 who are not receiving extended home health (EHH). When billing for the multiple daily visits, the claim form should have each visit listed on a separate line with the correct procedure code and modifier codes to reflect the multiple day visits (see Louisiana Medicaid Home Health Revenue and Procedure Codes document under "Fee Schedules" link at www.lamedicaid.com).

Example:

Jane Doe needs a nurse to visit her three times a day, one RN and two LPNs. He/she will need these services on December 15, 2099.

A PA-07 request is completed by the provider requesting approval for the two additional visits a day and submitted to the PAU. Documentation, including the physician's orders and the plan of

CHAPTER 23: HOME HEALTH

SECTION 23.6: CLAIMS RELATED INFORMATION**PAGE(S) 5**

care (POC) signed by the physician, is submitted to substantiate the medical necessity of the additional visits.

When the PA is approved, a PA number is assigned and included in the notice authorizing the additional daily visits.

The 9-digit PA number assigned by the PAU must be included in Form Locator 63 A of the UB-04 claim form or in the Prior Authorization Loop for Electronic Data Interchange (EDI) transmissions (see EDI Companion Guide for details).

A standard unit of service is 15 minutes. **Each unit** must be billed **individually** on a separate line of the claim form. Please be sure to use the correct procedure code and modifier (if applicable) for each line item. (See sample below).

Please refer to the Louisiana Medicaid Home Health Revenue and Procedure Codes document and fee schedule at www.lamedicaid.com for the current modifiers, HCPCS and revenue codes.

Description	HCPCS	Modifier Code(s)	Service Date	Units	Total Charges
Skilled Nursing Visit	G0299	TD	12/15/2099	1	\$15.70
Skilled Nursing Visit	G0300	U2	12/15/2099	1	\$12.56
Skilled Nursing Visit	G0300	U3	12/15/2099	1	\$12.56

Only one PA number may be entered per UB-04 claim form. Use of an incorrect PA number will cause the claim to deny.

Billing Instructions for Rehabilitation Services

The Medicaid Program provides coverage for physical therapy, speech therapy and occupational therapy through the Home Health Program. These services require prior authorization.

The service codes used for billing as well as the corresponding procedure codes are listed in the Louisiana Medicaid Home Health Revenue and Procedure Codes document under “Fee Schedules” at www.lamedicaid.com. Reimbursement will be made at a flat fee for service.

Cardiac and Pulmonary/Respiratory therapy are not covered under the Medicaid Program. These services should not be prior authorized or billed using covered rehabilitation codes.

CHAPTER 23: HOME HEALTH

SECTION 23.6: CLAIMS RELATED INFORMATION**PAGE(S) 5**

NOTE: HHAs are not to bill Medicaid for rehabilitation services rendered in nursing homes. Per 42 CFR 440.70(c), “A beneficiary’s place of residence, for home health services, does not include a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities...”

Wheelchair Seating Evaluation

When billing for a wheelchair seating evaluation, a paper claim **must** be submitted with a copy of the physician’s prescription attached to the claim, (8 ½ X 11 sheet), and the original prescription **must** be kept in the beneficiary’s file.

Rehabilitation Services Rendered To Dual Eligible Beneficiaries

If a particular beneficiary is eligible for both Medicaid and Medicare services, the rehabilitation provider rendering services to the beneficiary must be willing to accept the Medicare assignment in order for Medicaid to make crossover payment on the claim.

Rehabilitation providers must bill for Medicare/Medicaid crossovers on the UB-04 claim form and file the claim with Medicare first, ensuring that the beneficiary’s Medicaid identification number has been entered on the claim form. Once Medicare has processed the Medicare portion of the claim, the claim payment information must be sent to the PAU for processing.

Providers should receive Medicaid payment within six weeks after receiving payment from Medicare. If payment is not received from Medicaid, providers should submit the UB-04 claim form, along with the Medicare Explanation of Benefits (EOB), to the FI for processing.

Billing for Supplies through the Durable Medical Equipment Program

Foley and indwelling catheters may not be billed through the Durable Medical Equipment (DME) Program.

Reimbursement for supplies that are considered “routine supplies” are included as part of the home health visit rate and may not be billed to Medicaid nor to the recipient. The appropriate procedure code should be used for each supply requested.

CHAPTER 23: HOME HEALTH

SECTION 23.6: CLAIMS RELATED INFORMATION

PAGE(S) 5

Supplies included in the reimbursement for a Home Health Visit

Routine supplies, as determined by Medicaid, that are not reimbursed through the DME program are considered included in the home health visit rate and will not be separately reimbursed.