

## Home Health Services

Policy Number: UX24P0003A1

Effective Date: January 1, 2024

Last Update: May 2, 2024

### PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGES
May 2, 2024	Establishing annual review cadence. No relevant content updates currently.
February 19, 2024	The Home Health Services Payment Policy is published by UCare.

### APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	Product Type	APPLIES TO
UCare Connect + Medicare	Dually Integrated	✓
UCare Minnesota Senior Health Options (MSHO)	Dually Integrated	✓
UCare Individual & Family Plans	IFP	✓
UCare Individual & Family Plans M Health Fairview	IFP	✓
UCare EssentiaCare	Medicare	✓
UCare Medicare – ISNP	Medicare	✓
UCare Medicare – PPO	Medicare	✓
UCare Medicare M Health Fairview & North Memorial	Medicare	✓
UCare Medicare Plans	Medicare	✓

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**PAYMENT POLICY INSTRUCTIONS**

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare’s products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

**PAYMENT POLICY OVERVIEW**

This policy outlines the payment and billing requirements for Home Health services.

**POLICY DEFINITIONS**

TERM	NARRATIVE DESCRIPTION
Admission/Start of Care Date	Date of admission that was submitted on the NOA for all periods until the patient is discharged.
From Date	First day of service under the 30-day period of care.
Notice of Admission (NOA)	Establishes the patient. The initial 30-day period of care is created based on the NOA. All subsequent periods of care in the admission will be created by the subsequent claims.
Thru Date	Either the date of discharge, transfer, or 29 days after the “From Date.”
Type of Bill	This 4-digit alphanumeric code gives two pieces of information. The first three digits indicate the base type of bill. The fourth digit indicates the sequence of this bill in this period of care.

**ENROLLEE ELIGIBILITY CRITERIA**

**THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT.**

The member must be actively enrolled in a UCare Medicare, Dually Integrated, or Individual and Family Plan (IFP) product.

**Medicare:**

UCare follows Medicare criteria for coverage of home care services. Services must be delivered by a Medicare-certified home health agency. Members must meet Medicare criteria.

**Dually Integrated:**

UCare’s MSHO and UCare Connect + Medicare combine Medicare and Medicaid benefits; therefore, UCare follows both Medicare and Medicaid criteria for coverage.

Dually Integrated members who do not meet Medicare coverage requirements must meet Minnesota Medicaid coverage criteria.

**Individual & Family Plans**

IFP members are eligible for Home Health Services when services are:

- Medically necessary
- Provided as rehabilitative care, terminal care, or maternity care.
- Ordered by a physician and included in the written home health care plan.

**ELIGIBLE PROVIDERS OR FACILITIES**

**OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT.**

Provider must be a Medicare certified Home Health Agency.

**EXCLUDED PROVIDER TYPES**

**OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.**

Not applicable.

**MODIFIERS, CPT, HCPCS, AND REVENUE CODES**

**General Information**

The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

Please see reference table within “Billing Requirements” for more information.

## PAYMENT INFORMATION

### Payment Information

UCare will reimburse providers according to the terms of their provider agreement.

## BILLING REQUIREMENTS AND DIRECTIONS

Outlined below is general information regarding billing of Home Health services:

- Must be billed on a UB-04 form or 8371 claim.
- **Medicare** plan providers should bill specific G-codes along with revenue codes.
- **Dually Integrated** plan providers:
  - If members of UCare’s MSHO and UCare Connect + Medicare do not meet Medicare criteria, they must meet Medicaid criteria.
  - Medicaid providers should bill specific S & T-codes along with revenue codes for Medicaid reimbursement.
    - These providers may refer to the Home Care section of the MHCP Provider Manual for additional billing instructions.
- **Individual & Family** plan providers should bill specific G-codes along with revenue codes.

Below is a more comprehensive grid of Medicare billing requirements.

Please refer to the [CMS Claims Processing Manual](#) for additional detail on required elements.

UCare	Medicare	Dually Integrated (MSHO & Connect+Medicare)	Individual & Family Plans
<b>Type of Bill</b>	<b>Services under a plan of care:</b> 032A - Notice of Admission 0329 - Home Health Claim 0327 - Replacement Claim  <b>Services not under a plan of care:</b> 034x	<b>Services under a plan of care:</b> 032A - Notice of Admission 0329 - Home Health Claim 0327 - Replacement Claim  <b>Services not under a plan of care:</b> 034x	<b>Services under a plan of care:</b> 032A - Notice of Admission 0329 - Home Health Claim 0327 - Replacement Claim  <b>Services not under a plan of care:</b> 034x
<b>Bill 30 Day Periods of Care</b>	Yes	Yes	Yes
<b>Admit Date</b>	Date of admission that was submitted on the NOA for all periods until the patient is discharged.	Date of admission that was submitted on the NOA for all periods until the patient is discharged.	Date of admission that was submitted on the NOA for all periods until the patient is discharged.
<b>From Date &amp; Thru Date</b>	First day of service under the 30-day period of care.  Either the date of discharge, transfer, or 29 days after the "From Date."	First day of service under the 30-day period of care.  Either the date of discharge, transfer, or 29 days after the "From Date."	First day of service under the 30-day period of care.  Either the date of discharge, transfer, or 29 days after the "From Date."
<b>Notice of Admission (NOA)</b>	Yes	Yes	Yes
<b>Applicable Occurrence Codes</b>	Yes	Yes	Yes
<b>Applicable Condition Codes</b>	Yes	Yes	Yes
<b>Applicable Value Codes</b>	Yes	Yes	Yes
<b>PDGM Revenue 0023 &amp; HIPPS Code</b>	Yes	Yes	Yes
<b>Home Health Discipline Revenue Codes</b>	Yes	Yes	Yes
<b>Home Health Discipline CPT and HCPC Codes</b>	Yes	Yes	Yes
<b>Applicable Modifiers</b>	Yes	Yes	Yes
<b>Location/Site of Service Billing</b>	<u>Q5001</u> : provided in patient's home/residence <u>Q5002</u> : provided in assisted living facility <u>Q5009</u> : provided in place not otherwise specified	<u>Q5001</u> : provided in patient's home/residence <u>Q5002</u> : provided in assisted living facility <u>Q5009</u> : provided in place not otherwise specified	<u>Q5001</u> : provided in patient's home/residence <u>Q5002</u> : provided in assisted living facility <u>Q5009</u> : provided in place not otherwise specified

**PRIOR AUTHORIZATION, NOTIFICATION, AND THRESHOLD INFORMATION**

**Prior Authorization, Notification, and Threshold Requirements**

UCare does update authorization, notification, and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

**RELATED PAYMENT POLICY INFORMATION  
OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR  
MAY HAVE AN IMPACT ON THIS POLICY.**

POLICY NUMBER	POLICY TITLE

**SOURCE DOCUMENTS AND REGULATORY REFERENCES  
LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY  
REFERENCES USED TO CREATE THIS POLICY.**

Medicare Claims Processing Manual 100-04, [Chapter 10- Home Health Agency Billing](#)

Medicare Benefit Policy Manual 100-02, [Chapter 7- Home Health Services](#)

[Documentation - NGSMEICARE](#)

[MHCP Provider Manual- Home Care Services](#)

[11-22 UCare Provider Bulletin: Reminder for Billing Home Health Care Services](#)

[11-19 UCare Provider Bulletin: Billing Requirements for Home Health Care and ESRD Providers](#)

[UCare Provider Manual: Home Care Services](#)



**DISCLAIMER**

“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit Plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. When submitting claims, all providers must first identify member eligibility, federal and state legislation, or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®\*), InterQual guidelines, Centers for Medicare, and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”