

Home Health and Private Duty Nursing Services at a Glance

	State Plan Home Health Services	State Plan Increased Home Health Services-60 Day Post Hospital Stay	State Plan Home Health Services - HealthChek (Must be UNDER the age of 21)	State Plan Private Duty Nursing-Post Hospital (Adults & Children)	State Plan Private Duty Nursing
Available Services	<p>Home Health Nursing Home Health Aide Skilled Therapies (OT,ST,PT) Part-time Intermittent = 4 hours OR less/visit</p> <p>No more than 8 hrs./day combined of nursing, aide and/or therapies</p> <p>No more than 14 hrs./week combined of nursing and/or aide hours</p> <p>These services can NOT be used for respite, habilitative care, or therapy maintenance care.</p>	<p>Home Health Nursing Home Health Aide Skilled Therapies (OT,ST,PT) *Part-time Intermittent = 4 hours OR less/visit</p> <p>No more than 8 hrs./day combined of nursing, aide and/or therapies</p> <p>Up to 28 hours/week combined (nursing/aide) to be provided for: Up to 60 consecutive days post hospital discharge – any skilled care/rehab stay immediately following hospital d/c must be included in the 60 day restriction</p> <p>Not for respite or habilitative care</p>	<p>Home Health Nursing Home Health Aide Skilled Therapies (OT,ST,PT) Part-time Intermittent = 4 hours OR less/visit BUT</p> <p>Increased service available if requires more than 28 hours a week/combined and/or longer than 60 days Or more than 8 hours/day of any home health service (nursing/aide/therapy), or more than 14 hours/ week of aide and nursing</p> <p>Not for respite or habilitative care</p>	<p>Continuous Skilled Nursing > 4 hour service episode for the individual. Individual SN authorization not to exceed 12 hours/visit</p> <p>Up to 56 hours a week to be provided for: Up to 60 consecutive days post hospital discharge – any skilled care/rehab stay immediately following hospital d/c must be included in the 60 day restriction</p> <p>**There may be multiple visits or shifts within a single service episode Example: 16 continuous hours = 1 episode with 2 provider shifts;</p> <p>Must be used for Acute Care not for Maintenance or Habilitative Care</p>	<p>Continuous Skilled Nursing > 4 hour service episode for the individual. Individual SN authorization not to exceed 12 hours/visit.</p> <p>*There may be multiple visits or shifts within a single service episode. Example: 16 continuous hours = 1 episode with 2 provider shifts;</p> <p>Can be used for Respite Care but Can Not be used for habilitative care</p>
Eligibility Requirement	<p>Medical Need Physician's Order No age restrictions Provided in consumer's place of residence, licensed day care or Early Intervention Program</p> <p>Face to Face encounter***</p>	<p>Medical Need >= 3 Overnight Hospital Stay (no Observation / ER stays included) Form 07137 completed & received by the Home Care Agency (CBDD do not need copy) Must have at least 1 Skilled Service provided 1x/week Provided in consumer's place of residence, licensed day care or Early Intervention Program</p> <p>Face to Face encounter***</p>	<p>Under Age 21 Medical Need Must have at least 1 Skilled Service provided 1x/week Provided in consumer's place of residence, licensed day care or Early Intervention Program</p> <p>Face to face encounter***</p>	<p>Medical Need >=3 Overnight Hospital Stay as a Hospital Admission (no Observation / ER stays included) Form 07137 completed & received by the nursing provider (CBDD do not need copy)</p> <p>No age restrictions</p> <p>Face to Face encounter***</p>	<p>Medical Need Physician's Order No age restrictions</p> <p>Face to Face encounter***</p>
Eligible Providers	Medicare Certified Home Health Agencies ONLY.	Medicare Certified Home Health Agencies ONLY.	Medicare Certified Home Health Agencies ONLY.	Medicare Certified Agencies CHAP/JACHO/Other Accredited Home Health Agencies Non-Agency RN/LPN	Medicare Certified Agencies CHAP/JACHO/Other Accredited Home Health Agencies Non-Agency RN/LPN
Codes	Nurse-G0154 Aide-G0156 ST-G0153 OT-G0152 PT-G0151	Nurse-G0154 Aide-G0156 ST-G0153 OT-G1052 PT-G0151 Hospital Discharge Date is required for providers	Nurse-G0154 Aide-G0156 ST-G0153 OT-G1052 PT-G0151 HealthChek modifier must be used--U5	PDN Code for ALL Provider Types---T1000 Hospital Discharge Date is required for providers	PDN Code for ALL Provider Types---T1000

***Effective 12/1/2010 face-to-face encounter per provisions of health care reform act must be documented during 6 months preceding certification of medical necessity.

NOTE: There must be **2 hours or more between shifts.** If not, the time of service is considered to be 1 service episode. **The entire service episode must be billed to the same funding source**