# Home Health and Private Duty Nursing Services at a Glance

(All consumers must have a valid Medicaid card at time of service)

<table>
<thead>
<tr>
<th>Available Services</th>
<th>Eligibility Requirements</th>
<th>Eligible Providers</th>
<th>Billing Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Plan Home Health Services</strong> (Formerly known as Core) (Adults &amp; Children)</td>
<td><strong>Medical Need</strong></td>
<td><strong>Medicare Certified Home Health Agencies only. No independent providers.</strong></td>
<td>Nurse-G0154</td>
</tr>
<tr>
<td><strong>State Plan Increased Home Health Services-60 Day Post Hospital Stay</strong> (Adults &amp; Children)</td>
<td><strong>Doctor’s Order</strong></td>
<td></td>
<td>Aide-G0156</td>
</tr>
<tr>
<td><strong>State Plan Home Health Services HealthChek</strong> (Children)</td>
<td><strong>Any age</strong></td>
<td></td>
<td>ST-G0153</td>
</tr>
<tr>
<td><strong>State Plan Private Duty Nursing-Post Hospital (Adults &amp; Children)</strong></td>
<td><strong>Face-to-face encounter</strong>*</td>
<td></td>
<td>OT-G0153</td>
</tr>
<tr>
<td><strong>State Plan Private Duty Nursing HealthChek (Children)</strong></td>
<td></td>
<td></td>
<td>PT-G0151</td>
</tr>
<tr>
<td><strong>Continuous Skilled Nursing Acute Care</strong></td>
<td><strong>Age 21 or older</strong></td>
<td><strong>Medicare Certified Home Health Agencies</strong></td>
<td>Nurse-G0154</td>
</tr>
<tr>
<td><strong>Up to 56 hours a week</strong></td>
<td><strong>Medical Need</strong></td>
<td><strong>CHAP/ACHC/Joint Commission Accredited Home Health Agencies Non-Agency RN/LPN</strong></td>
<td>Aide-G0156</td>
</tr>
<tr>
<td><strong>More than 4 but max of 12 hours/visit</strong></td>
<td><strong>LOC Comparable to SLOC-07137 completed Any age</strong></td>
<td></td>
<td>ST-G0156</td>
</tr>
<tr>
<td><strong>Up to 60 consecutive days post hospital discharge</strong></td>
<td><strong>Prior Authorization by ODJFS is required, unless enrolled on ODJFS Waiver</strong></td>
<td></td>
<td>OT-G0153</td>
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<tr>
<td><strong>Not for habilitative care</strong></td>
<td></td>
<td></td>
<td>PT-G0151</td>
</tr>
<tr>
<td><strong>These hours are not for respite or habilitative care, or therapy maintenance care.</strong></td>
<td></td>
<td></td>
<td>HealthChek modifier must be used--U5</td>
</tr>
</tbody>
</table>

**Available Services**
- Home Health Nursing
- Home Health Aide
- Skilled Therapies (OT, ST, PT)
- Part-time Intermittent (4 hours or less per visit)
- No more than 8 hrs/day combined (nursing/aide/therapies)
- No more than 14 hours a week combined (nursing/aide)
- These hours are not for respite or habilitative care, or therapy maintenance care.

**Eligibility Requirements**
- Medical Need
- Doctor’s Order
- Any age
- Face-to-face encounter***

**Eligible Providers**
- Medicare Certified Home Health Agencies only. No independent providers.

**Billing Codes**
- Nurse-G0154
- Aide-G0156
- ST-G0153
- OT-G0152
- PT-G0151

**PDN Code for all Provider Types-----T1000 and U6 modifier must be used**

**Eligibility Requirements**
- Medical Need
- 3 Day Hospital Stay
- Comparable Institutional LOC* 07137 completed Skilled Service Need 1x/wk
- Any age
- Face-to-face encounter***

**Eligible Providers**
- Medicare Certified Home Health Agencies only. No independent providers.

**Billing Codes**
- Nurse-G0154
- Aide-G0156
- ST-G0153
- OT-G0152
- PT-G0151

**HealthChek modifier must be used—U5**

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* Institutional Level of care=ILOC, ICF/MR DD LOC, SLOC
** HealthChek-EPSDT program for children. Applicants are not required to have a HealthChek exam to access these benefits
*** 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.
8/9/2010