

Home Health and Private Duty Nursing Services at a Glance

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

	State Plan Home Health Services (Formerly known as Core) (Adults & Children)	State Plan Increased Home Health Services-60 Day Post Hospital Stay (Adults & Children)	State Plan Home Health Services HealthChek (Children)	State Plan Private Duty Nursing-Post Hospital (Adults & Children)	State Plan Private Duty Nursing (Adults)	State Plan Private Duty Nursing HealthChek (Children)
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.	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) Up to 28 hours/week combined (nursing/aide) Up to 60 consecutive days post hospital discharge Not for respite or habilitative care	Home Health Nursing Home Health Aide Skilled Therapies (OT,ST,PT) Increased service available if requires more than 28 hours a week/combined and/or longer than 60 days or more than 8 hours a day of any home health service(nursing/aide/therapy), or more than 14 hours a week of aide, and/or nursing Part-time Intermittent Not for respite or habilitative care	Continuous Skilled Nursing Acute Care Up to 56 hours a week More than 4 but max of 12 hours/visit Up to 60 consecutive days post hospital discharge Not for habilitative or maintenance care	Continuous Skilled Nursing More than 4 but max of 12 hours per visit Not for habilitative care	Continuous Skilled Nursing More than 4 but max of 12 hours/visit Not for habilitative care
Eligibility Requirements	Medical Need Doctor's Order Any age Face-to-face encounter***	Medical Need 3 Day Hospital Stay Comparable Institutional LOC* 07137 completed Skilled Service Need 1x/wk Any age Face-to-face encounter***	HealthChek** Under Age 21 Medical Need Comparable Institutional LOC* as evidenced by enrollment on DODD Waivers (Level 1 or I/O) PASSPORT or OHC Waivers or evaluation by CareStar Skilled Service Need 1X/wk Face-to-face encounter***	3 Day Hospital Stay Medical Need LOC Comparable to SLOC-07137 completed Any age	Age 21 or older Medical Need Comparable Institutional LOC* Prior Authorization by ODJFS is required, unless enrolled on ODJFS Waiver	HealthChek** Under Age 21 Medical Need Comparable Institutional LOC* Prior Authorization by ODJFS is required, unless enrolled on ODJFS Waiver
Eligible Providers	Medicare Certified Home Health Agencies only. No independent providers.	Medicare Certified Home Health Agencies only. No independent providers.	Medicare Certified Home Health Agencies	Medicare Certified Home Health Agencies CHAP/ACHC/Joint Commission Accredited Home Health Agencies Non-Agency RN/LPN	Medicare Certified Home Health Agencies CHAP/ACHC/Joint Commission Accredited Home Health Agencies Non-Agency RN/LPN	Medicare Certified Home Health Agencies CHAP/ACHC/Joint Commission Accredited Home Health Agencies Non-Agency RN/LPN
Billing Codes	Nurse-G0154 Aide-G0156 ST-G0153 OT-G0152 PT-G0151	Nurse-G0154 Aide-G0156 ST-G0153 OT-G0152 PT-G0151	Nurse-G0154 Aide-G0156 ST-G0153 OT-G0152 PT-G0151 HealthChek modifier must be used--U5	PDN Code for all Provider Types----T1000 And hospital discharge date. DO NOT USE MODIFIERS	PDN Code for all Provider Types----T1000 and U6 modifier must be used	PDN Code for all Provider Types----T1000 and HealthChek modifier must be used—U5

* 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