



## Medicaid State Plan Home Health Services At-A-Glance

	<b>Available Services</b>	<b>Eligible Providers</b>	<b>Codes</b>
<p><b>State Plan Home Health Services</b></p> <p><i>Eligibility Requirements</i></p> <p>No Age Restriction</p> <p>Medical Need</p> <p>Physician's Order</p> <p>Face-to-Face Encounter Required</p> <p>Services provided in any setting in which normal life activities take place: NO hospital/ICF/NF or setting where Medicaid payment made for service</p>	<p>Home Health Nursing Home Health Aide Skilled therapies (OT, ST, PT) Part-time intermittent equals 4 hrs 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 unless prior authorization</p> <p>These services cannot be used for respite, habilitative care, or therapy maintenance care</p>	<p>Medicare-certified home health agencies only</p> <p>Provider Type 60</p>	<p>RN – G0299 LPN – G0300 Aide – G0156 ST – G0153 OT – G0152 PT – G0151</p>

	<b>Available Services</b>	<b>Eligible Providers</b>	<b>Codes</b>
<p><b>State Plan</b> <b>Home Health</b> <b>Post-Hospital</b></p> <p><i>Eligibility Requirements</i></p> <p>No Age Restriction</p> <p>Medical Need &gt;/= 3-day hospital admission and stay</p> <p>Ohio Department of Medicaid form 07137 completed and received by the home care agency</p> <p>Skilled nursing or therapy service at least once per week</p> <p>Same service setting as state plan home health</p>	<p>Home Health Nursing Home Health Aide Skilled Therapies (OT, ST, PT)</p> <p>Part-time intermittent equals 4 hrs or less/visit</p> <p>No more than 8 hrs/day combined of nursing, aide and/or therapies</p> <p>Allowed up to 28 hrs/week for 60 days from the date of hospital discharge. If discharged directly to skilled/rehab unit, those days must be included in the 60-day restriction</p> <p>Not for maintenance, respite or habilitative care</p>	<p>Medicare-certified home health agencies only</p> <p>Provider Type 60</p>	<p>RN – G0299 LPN – G0300 Aide – G0156 ST – G0153 OT – G0152 PT – G0151</p> <p><b>Hospital discharge date is required for providers to bill for post-hospital services</b></p>

	<b>Available Services</b>	<b>Eligible Providers</b>	<b>Codes</b>
<p><b>State Plan Home Health Services – EPSDT service</b></p> <p><i>Eligibility Requirements</i></p> <p>Must be younger than 21</p> <p>Medical Need</p> <p>Face-to-Face Encounter Required</p> <p>Skilled service at least once per week</p> <p>Same service setting as state plan home health</p>	<p>Home Health Nursing Home Health Aide Skilled Therapies (OT, ST, PT) Part-time intermittent equals 4 hrs or less/visit</p> <p>BUT</p> <p>Increased service available if requires more than 28 hrs per week/combined and/or longer than 60 days</p> <p>No restrictions of the number of hours/week of services allowed</p> <p>Not for respite or habilitative care</p>	<p>Medicare-certified home health agencies only</p> <p>Provider Type 60</p>	<p>RN – G0299 LPN – G0300 Aide – G0156 ST – G0153 OT – G0152 PT – G0151</p> <p>and</p> <p>U5 – EPSDT modifier must be used</p>



## Medicaid State Plan Private Duty Nursing Services At-A-Glance

	<b>Available Services</b>	<b>Eligible Providers</b>	<b>Codes</b>
<p><b>State Plan Private Duty Nursing</b></p> <p><i>Eligibility Requirements</i></p> <p>No Age Restriction</p> <p>Medical Need</p> <p>Physician's Orders</p> <p>Face-to-Face Encounter Required</p>	<p>Continuous Skilled Nursing greater than 4-hr service episode for the individual</p> <p>Individual SN authorization not to exceed 12 hrs/visit</p> <p>There may be multiple visits or shifts within a single service episode.</p> <p>Cannot be used for habilitative care</p> <p><b><i>Example: 16 continuous hrs equals one episode with two provider shifts</i></b></p>	<p>Medicare-certified agency</p> <p>Provider Type 60</p> <p>Other accredited home health agency</p> <p>Provider Type 16</p> <p>Non-agency (independent) RN/LPN</p> <p>Provider Type 38</p>	<p>T1000 for ALL Provider Types</p> <p>T1000 TE – LPN visit</p> <p>T1000 TD – RN visit</p>

	<b>Available Services</b>	<b>Eligible Providers</b>	<b>Codes</b>
<p><b>State Plan Private Duty Nursing Post-Hospital (Adults and Children)</b></p> <p><i>Eligibility Requirements</i></p> <p>No Age Restriction</p> <p>Medical Need greater than or equal to 3-day hospital admission and stay</p> <p>Physician's Orders</p> <p>Face-to-Face Encounter Required</p> <p>Form 07137 Completed and Received by Nursing Provider</p> <p>Hospital Discharge Date Required</p>	<p>Continuous Skilled Nursing greater than 4-hr service episode for the individual</p> <p>Individual SN authorization not to exceed 12 hrs/visit</p> <p>Up to 56 hrs/week to be provided for: Up to 60 consecutive days post-hospital discharge – any skilled care/rehab stay immediately following hospital discharge must be included in the 60-day restriction</p> <p>There may be multiple visits/shifts within a single service episode. <b>Example: 16 continuous hrs equals one episode with two provider shifts</b></p> <p>Must be used for acute care not for maintenance or habilitative care</p>	<p>Medicare-certified agency</p> <p>Provider Type 60</p> <p>Other accredited home health agency</p> <p>Provider Type 16</p> <p>Non-agency (independent) RN/LPN</p> <p>Provider Type 16</p>	<p>T1000 for ALL Provider Types</p> <p>T1000 TE – LPN visit</p> <p>T1000 TD – RN visit</p> <p>TE/TD Modifier required for RN/LPN visit</p> <p>Hospital discharge date is required for providers to bill for post-hospital services</p>



## Medicaid Registered Nursing Services At-A-Glance

	<b>Available Services</b>	<b>Eligible Providers</b>	<b>Codes</b>
<p><b>Registered Nursing Assessment</b></p> <p><i>Eligibility Requirements</i></p> <p>No Age Restriction</p>	<p>Medicaid service performed as follow-up to orders written by the treating physician, involving a face-to-face interview and observation assessment completed by an RN prior to the start or change of services and/or change in person's condition</p>	<p>Performed by an RN</p> <p>Completed in home/residence</p> <p>Pertains to the assessment visit to initiate or update the plan of care</p> <p>Prior-approval by county board (and DODD if PDN/waiver nursing services in place) for person on DODD-administered waiver required</p> <p>Must be specified on individual service plan (ISP)</p>	<p>T1001</p>

	<b>Available Services</b>	<b>Eligible Providers</b>	<b>Codes</b>
<p><b>Registered Nursing Consultation</b></p> <p><i>Eligibility Requirements</i></p> <p>No Age Restriction</p>	<p>Face-to-face or telephone contact between a directing RN and LPN when a person experiences a significant change that necessitates a change in the existing interventions the LPN must perform during a nursing service visit, and that will result in a change in the person's plan of care</p>	<p>Does not replace routine direction/supervision by an RN to an LPN where no significant change exists or does not necessitate a change in the LPN's intervention or the person's plan of care</p> <p>Can be provided by Medicare-certified agency, other accredited agency, DODD-certified agency providing waiver nursing, and non-agency RNs</p>	<p>T1001 with the U9 modifier</p>