### Home Health Services

- Home Health Nursing
- Home Health Aide
- Skilled Therapies – Occupational (OT), Speech (ST), Physical (PT)
- Part time/Intermittent
- 4 hours or less per visit
- No more than 8 hrs/day combined nursing/aided/therapies
- No more than 14 hours a week combined (nursing/aided/therapies)

### Increased Home Health Services

- 60 Day Post Hospital Stay
- "HealthChek"
- Home Health Nursing
- Home Health Aide
- Skilled Therapies – Occupational (OT), Speech (ST), Physical (PT)
- Part time/Intermittent
- 4 hours or less per visit
- No more than 8 hrs/day combined nursing/aided/therapies
- Up to 28 hours/week combined (nursing/aided)
- Up to 60 consecutive days post hospital discharge
- HH aide/nursing not for habilitative or respite care
- HH Skilled therapies not for RN consultation services
- HH aide/nursing not for habilitative or respite care
- HH Nursing not for RN consultation services

### Private Duty Nursing (PDN)

- Home Health Nursing
- Home Health Aide
- Skilled Therapies – Occupational (OT), Speech (ST), Physical (PT)
- Part time/Intermittent
- Individual must require HH services, as ordered by a treating physician
- Additional services/hours must be needed and ordered by a treating physician
- Individual must require more than 28 hours a week/combined and/or longer than 60 days
- No more than 8 hours a day of any home health service (nursing/aided/therapy), and/or
- No more than 14 hours a week of aide, and/or nursing unless Prior Authorized by ODM or its designee
- HH aide/nursing not for habilitative or respite care
- HH Skilled therapies not for RN consultation services
- HH nursing not for RN consultation services

### RN Assessment RN Consultation

- Continuous Skilled Nursing
- Continuous Skilled Nursing/Acute Care
- More than 4 but max of 12 hours/visit/nurse per day/24 hour period
- PDN not provided for habilitative care
- PDN not provided for RN assessment services
- PDN not provided for RN consultation services

- Up to 56 hours a week
- More than 4 but max of 12 hours/visit/nurse per day/24 hour period
- Up to 60 consecutive days post hospital discharge
- PDN not provided for habilitative care
- PDN not provided for RN assessment services
- PDN not provided for RN consultation services

- Available beginning 7/1/15
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### Eligibility Requirements

- Any age
- Medical Need
- Doctor's Order
- Face-to-face encounter by a physician, documented during 90 days before or within 30 days after the start of care
- Must be provided in residence according to the individual's plan of care

- Child/Individuals under age 21
- Medical Need
- Comparable ILOC (ICF/RD LOC, SLOC) as evidenced by enrollment on DODD, ODA or ODM Waivers or evaluation by CareStar AND
- Skilled Service Needs @ 1x/wk.
- Face-to-face encounter by a physician, documented during 60 days before or within 30 days after the start of care

- Any age
- Medical Need
- Comparable ILOC
- Prior Authorization by ODM or its designee
- Skilled Service Need @ 1x/wk.
- Face-to-face encounter by a physician, documented during 90 days before or within 30 days after the start of care

- Any age
- Medical Need
- 3 consecutive overnight Hospital Stay
- Comparable ILOC* to SLOC ODM form 07137 completed
- Skilled Service Needs @ 1x/wk.
- Face-to-face encounter by a physician, documented during 90 days before or within 30 days after the start of care

- Any age
- Medical Need
- 3 consecutive overnight Hospital Stay
- Comparable ILOC* to SLOC ODM form 07137 completed
- Hospital discharge date required

- Any age
- Follows doctor's order
- Performed by an RN
- Completed in home/residence
- Pertains to the plan of care
- Prior-approved by ODM for individual on ODM-administered waiver required
- Must be specified on the service plan

- Any age
- Medical Need
- Does not replace routine direction/ supervision by an RN to an LPN where no significant change exist or that does not necessitate a change in the LPN's intervention or the individual's plan of care.

### Eligible Providers

- Medicare Certified Home Health Agencies (MCHHA) only
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- Agency (MCHHA)
- Other accredited agencies (e.g., CHAP/ACHC Joint Commission Accredited Home Health Agencies;
- Other non-agency/ independent providers (i.e., RN/LPN)

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<tr>
<th>BILLING CODES</th>
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<tr>
<td>G0151 = PT</td>
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<tr>
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<tr>
<td>G0153 = ST</td>
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**Nursing (as of 01/01/17)**

- G0151 = PT
- G0152 = OT
- G0153 = ST
- G0156 = HH Aide
- G0299 = HH Nursing RN
- G0300 = HH Nursing LPN

**Modifier Codes**

- T1000 (Modifier TD) = RNA RN
- T1000 (Modifier TE) = RNA LPN
- T1001 (Modifier) = RNA RN
- T1001-U9 (Modifier) = RNA LPN