

29 Home Health Agency

A Home Health Agency (HHA) provides skilled health care services in the recipient’s home on an intermittent and periodic basis as medically necessary.

An HHA (provider type 29) may also provide Private Duty Nursing (PDN) services to eligible recipients. PDN services offer more individual and continuous care than is available from a visiting nurse providing intermittent and periodic care.

Covered Services

The HHA services and disposable medical supplies that are listed in Tables 29A and 29B are covered benefits.

HHA Services

Use the codes and modifiers in Table 29A when billing for HHA services.

Table 29A: HHA Services

Service Description	Rev. Code	HCPCS Code	Mod-ifier	Unit Frequency
RN Hourly	0552	S9123	–	1 hour
RN Hourly, Holiday	0552	S9123	TV	1 hour
LPN Hourly	0552	S9124	–	1 hour
LPN Hourly, Holiday	0552	S9124	TV	1 hour
Dietician	0581	S9470	–	Per visit
Physical Therapy	0421	G0151	–	15 minutes (bill 4 units per visit)
Occupational Therapy	0431	G0152	–	15 minutes (bill 4 units per visit)
Speech Therapy	0441	G0153	–	15 minutes (bill 4 units per visit)
Disposable Supplies – 1 Initial 10-Day Supply	0270	Use HCPCS code from Table 29B	–	Initial 10-day supply
RN Visit Brief	0551	T1002	–	15 minutes (bill 2 units per visit)
RN Visit Brief, Holiday	0551	T1002	TV	15 minutes (bill 2 units per visit)
RN Visit Extended	0551	G0154	–	15 minutes (bill 6 units per visit)

Service Description	Rev. Code	HCPCS Code	Mod-ifier	Unit Frequency
RN Visit Extended, Holiday	0551	G0154	TV	15 minutes (bill 6 units per visit)
LPN Visit Brief	0551	T1001	–	15 minutes (bill 2 units per visit)
LPN Visit Brief, Holiday	0551	T1001	TV	15 minutes (bill 2 units per visit)
LPN Visit Extended	0550	T1003	–	15 minutes (bill 6 units per visit)
LPN Visit Extended, Holiday	0550	T1003	TV	15 minutes (bill 6 units per visit)
Aide First Hour	0572	S9122	–	1 hour
Aide First Hour, Holiday	0572	S9122	TV	1 hour
Aide Additional ½ Hour	0571	G0156	–	15 minutes (bill 2 units per visit)
Aide Additional ½ Hour, Holiday	0571	G0156	TV	15 minutes (bill 2 units per visit)
Respiratory Therapy	0410	S5180	–	Per visit
24 Hour Care, Max 5D/CY	0559	T1022	–	Per day
Family Planning Education	0581	H1011	FP	Per visit
Mileage	0542	A0160	–	Per mile

Disposable Medical Supplies

You may bill for an initial 10-day supply of medically necessary items listed in Table 29B. If needed for longer than 10 days, items must be billed by a Durable Medical Equipment (“DME”) provider (provider type 33).

To bill for items in Table 29B, enter revenue code 0270 in Field 42 and the appropriate HCPCS code in Field 44.

Table 29B: Disposable Medical Supplies

Code	Description
Incontinence Appliances and Care Supplies	
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation

Code	Description
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
A4320	Irrigation tray with bulb or piston syringe, any purpose
A4322	Irrigation syringe, bulb or piston, each
A4327	Female external urinary collection device; metal cup, each
A4328	Female external urinary collection device; pouch, each
A4330	Perianal fecal collection pouch with adhesive, each
A4332	Lubricant, individual sterile packet, for insertion of urinary catheter, each
A4333	Urinary catheter anchoring device, adhesive skin attachment, each
A4334	Urinary catheter anchoring device, leg strap, each
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4340	Indwelling catheter; specialty type, (e.g., coudé, mushroom, wing, etc.), each
A4344	Indwelling catheter, Foley type, two-way, all silicone, each
A4346	Indwelling catheter; Foley type, three-way for continuous irrigation, each
A4354	Insertion tray with drainage bag but without catheter
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each
Ostomy Supplies	
A4361	Ostomy faceplate, each
A4362	Skin barrier; solid, four by four or equivalent; each
Additional Miscellaneous Supplies	
A4450	Tape, non-waterproof, per 18 square inches
A4452	Tape, waterproof, per 18 square inches
A4455	Adhesive remover or solvent (for tape, cement or other adhesive, per ounce
A4462	Abdominal dressing holder, each
A4481	Tracheostoma filter, any type, any size, each
A4556	Electrodes, (e.g., Apnea monitor), per pair
Supplies for Oxygen and Related Respiratory Equipment	
A4619	Face tent
A4623	Tracheotomy inner cannula
A4624	Tracheal suction catheter, any type other than closed system, each

Code	Description
	NOTE: This code must be used with the “NU” modifier
A4625	Tracheostomy care kit for new tracheostomy
A4626	Tracheostomy cleaning brush, each
A4628	Oropharyngeal suction catheter, each NOTE: This code must be used with the “NU” modifier
A4629	Tracheostomy care kit for established tracheostomy
Dressings	
A6010	Collagen based wound filler, dry form, per gram of collagen
A6011	Collagen based wound filler, gel/paste, per gram of collagen
A6021	Collagen dressing, pad size 16 square inches or less, each
A6022	Collagen dressing, pad size more than 16 square inches, but less than or equal to 48 square inches, each
A6023	Collagen dressing, pad size more than square inches, each
A6024	Collagen dressing wound filler, per 6 inches
A6154	Wound pouch, each
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 square inches or less, each dressing
A6197	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 square inches but less than or equal to 48 square inches, each dressing
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 inches
A6200	Composite dressing, pad size 16 square inches or less, without adhesive border, each dressing
A6201	Composite dressing, pad size more than 16 square inches but less than or equal to 48 square inches, without adhesive border, each dressing
A6202	Composite dressing, pad size more than 48 square inches, without adhesive border, each dressing
A6203	Composite dressing, pad size 16 square inches but less than or equal to 48 square inches, with any size adhesive border, each dressing
A6204	Composite dressing, pad size more than 16 square inches but less than or equal to 49 square inches, with any size adhesive border, each dressing
A6207	Contact layer, more than 16 square inches but less than or equal to 48 square inches, each dressing
A6209	Foam dressing, wound cover, pad size 16 square inches or less, without adhesive border, each dressing
A6210	Foam dressing, wound cover, pad size more than 16 square inches but less than or equal to 48 square inches without adhesive border, each dressing
A6211	Foam dressing, wound cover, pad size more than 48 square inches, without adhesive border, each dressing

Code	Description
A6212	Foam dressing, wound cover, pad size 16 square inches or less, with any size adhesive border, each
A6214	Foam dressing, wound cover, pad size more than 48 square inches, with any size adhesive border, each dressing
A6216	Gauze, non-impregnated, non-sterile, pad size 16 square inches or less, without adhesive border, each dressing
A6219	Gauze, non-impregnated, pad size more than 16 square inches but less than or equal to 48 square inches, with any size adhesive border, each dressing
A6220	Gauze, non-impregnated, pad size more than 16 square inches but less than or equal to 48 square inches with any size adhesive border, each dressing
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 square inches or less, without adhesive border, each dressing
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 square inches but less than or equal to 48 square inches, without adhesive border, each dressing
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 square inches, without adhesive border, each dressing
A6229	Gauze, impregnated, water or normal saline, pad size more than 16 square inches but less than or equal to 48 square inches without adhesive border, each dressing
A6231	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 square inches or less, each dressing
A6232	Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 square inches, but less than or equal to 48 square inches, each dressing
A6233	Gauze, impregnated, hydrogel for direct wound contact, pad size more than 48 square inches, each dressing
A6234	Hydrocolloid dressing, wound cover, pad size 16 square inches or less, without adhesive border, each dressing
A6235	Hydrocolloid dressing, wound cover, pad size more than 16 square inches but less than or equal to 48 square inches without adhesive border, each dressing
A6236	Hydrocolloid dressing, wound cover, pad size more than 49 square inches, without adhesive border, each dressing
A6237	Hydrocolloid dressing, wound cover, pad size 16 square inches or less, with any size adhesive border, each dressing
A6238	Hydrocolloid dressing, wound cover, pad size more than 16 square inches but less than or equal to 48 square inches with any size adhesive border, each dressing

Code	Description
A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce
A6241	Hydrocolloid dressing, wound filler, dry form, per gram
A6242	Hydrogel dressing, wound cover, pad size 16 square inches or less, without adhesive border, each dressing
A6243	Hydrogel dressing, wound cover, pad size more than 16 square inches but less than or equal to 48 square inches, without adhesive border, each dressing
A6244	Hydrogel dressing, wound cover, pad size more than 48 square inches without adhesive border, each dressing
A6245	Hydrogel dressing, wound cover, pad size 16 square inches or less, with any size adhesive border, each dressing
A6246	Hydrogel dressing, wound cover, pad size more the 16 square inches but less than or equal to 48 square inches, with any size adhesive border, each dressing
A6247	Hydrogel dressing, wound cover, pad size more than 48 square inches, with any size adhesive border, each dressing
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce
A6251	Specialty absorptive dressing, wound cover, pad size 16 square inches or less, without adhesive border, each dressing
A6252	Specialty absorptive dressing, wound cover, pad size more than 15 square inches but less than or equal to 48 square inches, without adhesive border, each dressing
A6253	Specialty absorptive dressing, wound cover, pad size more than 48 square inches, without adhesive border, each dressing
A6254	Specialty absorptive dressing, wound cover, pad size 16 square inches or less, with any size adhesive border, each dressing
A6255	Specialty absorptive dressing, wound cover, pad size more than 16 square inches but less than or equal to 48 square inches
A6257	Transparent film, 16 square inches or less, each dressing
A6258	Transparent film, more than 16 square inches but less than or equal to 48 square inches each dressing
A6259	Transparent film, more than 48 square inches each dressing
A6266	Gauze, non-impregnated, other than water, normal saline, or zinc past, any width, per linear yard
A6402	Gauze, non-impregnated, sterile, pad size 16 square or less, without adhesive border, each dressing
A6403	Gauze, non-impregnated, sterile, pad size more than 16 square but less than or equal to 48 square , without adhesive border, each dressing
A6410	Eye pad, non-sterile, each

Non-Covered Services

Medicaid does not provide coverage for the following HHA services:

- Sitter services
- Respite services
- Duplicative services
- Homemaker services
- Personal comfort items
- Medical social services
- Companion care services
- Routine personal hygiene supplies
- Travel time to and from recipient's residence
- Routine newborn nursing and post-partum follow-ups
- Routine services such as physical check ups or assessment
- Skilled nursing visits to children for the administration of Synagis outside the guidelines of Nevada Medicaid policy.

Prior Authorization

To request prior authorization for HHA services, you may complete and submit form FH-27 or call us at (800) 525-2395.

If you have any questions regarding prior authorization, call us at (800) 525-2395.

Services that Require Prior Authorization

All HHA services except the following require prior authorization from First Health Services:

- Initial assessments
- Family planning education

If the recipient has Medicare and Medicaid coverage, any non-covered Medicare service must be prior authorized.

The Home Health Prior Authorization Form (FH-27)

The Home Health Prior Authorization Form (FH-27) is available online at <http://nevada.fhsc.com> (select “Forms” from the “Providers” drop-down menu). When completing form FH-27:

- If mileage is needed, request the number of miles one way from the HHA office to the recipient’s residence.
- If disposable medical supplies are needed, list separately each supply that is needed.

Authorization Periods and Extensions

Services are authorized in three distinct periods as described below:

1. After it is determined, through an assessment, that the recipient requires HHA services, an initial prior authorization request may be approved for up to two weeks. This request must be submitted at least two days prior to the start of care.
2. If the recipient requires an extension of the services initially authorized, you may request a second authorization to continue services. This period, combined with the initial authorization period may be up to 60 days. The request to extend services must be submitted to First Health Services a minimum of 10 business days but no more than 30 business days prior to the expiration of the current authorization.
3. If the recipient requires services past the first 60 days, you may request another extension of services. After the initial 60-day period, authorizations may be approved for up to one year. The request to extend services must be submitted to First Health Services a minimum of 10 business days but no more than 30 business days prior to the expiration of the current authorization.

One Time Requests

A one time request (or “PRN”) may be submitted to authorize additional services during an existing authorization period. One-time requests must include justification for necessary services (e.g., an emergency visit). Requests for one-time services must be submitted within 30 days of the service being provided.

Retrospective Authorization

Medicaid may approve a retrospective authorization when:

- A recipient’s Medicaid eligibility is established retroactively. You must request retrospective authorization within 30 days from the date on which the recipient was determined eligible for Medicaid benefits.
- Services were provided in an emergent situation. An emergent situation exists when skilled nursing services are required immediately such as in the case of wound care, IV medication, etc. You must request retrospective authorization within two working days after care is initiated.

Special Billing Instructions

Follow the instructions below to complete the UB-92 claim form.

Type of Bill Code (Field 4)

In Field 4, enter the 3-digit Type of Bill code according to the following instructions:

1. The first digit must be a “3.” This specifies that the service was a “Home Health” service.
2. The second digit must be one of the following:
 - “2” for HHA visits under a Medicare Part B plan of treatment;
 - “3” for HHA visits and Durable Medical Equipment (DME) under a Medicare Part A plan of treatment;
 - “4” for (a) HHA medical and other health services not under a plan of treatment, (b) Skilled Nursing Facility (SNF) diagnostic clinical laboratory services to “non-patients” and/or (c) referred diagnostic services.
3. Refer to Appendix A of this manual to enter the third digit in the Type of Bill code.

Urban vs. Rural Services (Field 39)

Payment for HHA services is based partly on the location of the recipient’s residence at the time the service is rendered. For HHA billing purposes, Nevada is divided into “urban” and “rural” regions as described below.

Urban vs. Rural Regions

In Southern Nevada, the “urban regions” include Boulder City and the portion of Clark County within Las Vegas Valley including the cities of Las Vegas, North Las Vegas, Henderson and the urbanized townships.

In Northern Nevada, the “urban regions” include the cities of Reno, Sparks and Carson City and unincorporated areas of Washoe County that are within 30 miles of Reno.

All areas outside of Nevada and any area within Nevada not listed above is classified as a “rural region.”

Billing Instructions for Urban and Rural Regions

Complete Field 39 according to the following instructions:

1. Enter “61” in the Code area of this field.
2. Enter "4" in the Amount area if the location of the HHA is rural or if the claim is being submitted by an out-of-state provider. Enter "5" in the Amount area if the location of the HHA is urban.

Completing Fields 4 and 39

Figure 29-1 illustrates proper completion of Fields 4 and 39 when services are provided to a recipient whose residence is in an urban region.

The 3-digit Type of Bill code in Field 4 will vary as previously described (do not enter an “X” in Field 4).

Figure 29-1

APPROVED OMB NO. 0938-0279

1	2										3 PATIENT CONTROL NO.		4 TYPE OF BILL 3XX																		
	5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		THROUGH		7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11																				
12 PATIENT NAME												13 PATIENT ADDRESS																			
14 BIRTHDATE				15 SEX	16 M S	17 DATE		ADMISSION 18 HR		19 TYPE		20 SPC		21 D HR	22 STAT	23 MEDICAL RECORD NO.				24	25	26	27	28	29	30	31				
32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE CODE	DATE	36 CODE	OCCURRENCE SPAN FROM		THROUGH		37	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C			
a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d
38	a	b	c	d	a	b	c	d	39 CODE	61	VALUE CODES AMOUNT	5	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT	42 CODE	VALUE CODES AMOUNT	43 CODE	VALUE CODES AMOUNT	44 CODE	VALUE CODES AMOUNT	45 CODE	VALUE CODES AMOUNT	46 CODE	VALUE CODES AMOUNT	47 CODE	VALUE CODES AMOUNT	48 CODE	VALUE CODES AMOUNT	

Figure 29-2 illustrates proper completion of Fields 4 and 39 when services are provided to a recipient whose residence is in a rural region.

The 3-digit Type of Bill code in Field 4 will vary as previously described (do not enter an “X” in Field 4).

Figure 29-2

APPROVED OMB NO. 0938-0279

1	2										3 PATIENT CONTROL NO.		4 TYPE OF BILL 3XX																		
	5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		THROUGH		7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11																				
12 PATIENT NAME												13 PATIENT ADDRESS																			
14 BIRTHDATE				15 SEX	16 M S	17 DATE		ADMISSION 18 HR		19 TYPE		20 SPC		21 D HR	22 STAT	23 MEDICAL RECORD NO.				24	25	26	27	28	29	30	31				
32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE CODE	DATE	36 CODE	OCCURRENCE SPAN FROM		THROUGH		37	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d
38	a	b	c	d	a	b	c	d	39 CODE	61	VALUE CODES AMOUNT	4	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT	42 CODE	VALUE CODES AMOUNT	43 CODE	VALUE CODES AMOUNT	44 CODE	VALUE CODES AMOUNT	45 CODE	VALUE CODES AMOUNT	46 CODE	VALUE CODES AMOUNT	47 CODE	VALUE CODES AMOUNT	48 CODE	VALUE CODES AMOUNT	

See “Instructions for Completing the UB-92 Claim Form” earlier in this chapter for complete claim form instructions.

Notes

HHA services are covered by Managed Care Organizations (“MCOs”). If a recipient is enrolled in an MCO, you must bill the MCO directly. If the recipient is enrolled in the Fee For Service benefit plan, submit your claim to First Health Services.

See the Nevada Medicaid Services Manual, Chapters 900 and 1400 for complete policy on HHA services.

State-Recognized Holidays

On State-recognized holidays, Medicaid pays providers time and one-half for services to recipients who require HHA service seven days per week. The provider must specify the date(s) of the State-recognized holiday(s) when requesting prior authorization.

The State-recognized holidays are: New Year’s Day, Martin Luther King Day, President’s Day, Memorial Day, Independence Day, Labor Day, Nevada Admission Day (last Friday in October), Veteran’s Day, Thanksgiving Day, Family Day (the day after Thanksgiving), and Christmas Day.



Use a separate claim line to bill for services provided on a State-recognized holiday and include modifier TV in Field 44.