



HOME HEALTH / PRIVATE DUTY NURSING

This document is subject to change. Please check our web site for updates.

This provider manual outlines policy and claims submission guidelines for claims submitted to the North Dakota Health Enterprise MMIS.

This document covers services provided by home health agencies that are certified to participate in the Medicare program, licensed and enrolled with North Dakota (ND) Medicaid.

HOME HEALTH SERVICES

Home health services are skilled nursing services, as defined in the Nurse Practice Act, that are provided on a part-time or intermittent basis. All services are provided based on a licensed physician's orders and a written plan of care. Other services include home health aide services, physical therapy, occupational therapy, speech pathology, audiology services, medical supplies, equipment and appliances suitable for use in the home and telemonitoring.

PRIVATE DUTY NURSING SERVICES

Private duty nursing services means nursing services for members who require more individual and continuous care than is available from a visiting nurse. The services must be provided by a registered nurse or a licensed practical nurse in a member's home under the direction of his or her physician.

For skilled nursing needs that exceed four hours per day, ND Medicaid will review for medical necessity and determine an hourly fee with the home health agency or private duty nurse.

HOME HEALTH ELIGIBILITY REQUIREMENTS

To qualify for coverage of any home health services, the member must meet the criteria listed in this section.

- The member must need skilled nursing care on a part-time or intermittent basis, (at least one skilled nursing service every 60 days), or physical therapy or speech therapy or occupational therapy to qualify for home health services.
- The physician must certify that the member requires skilled nursing care in the home. Services must be medically necessary and the member service is considered the most appropriate setting consistent with meeting the member's medical needs.
- Services must be provided at the member's place of residence. A residence may be the member's own dwelling, an apartment, a relative's home, or temporary housing such as a motel/hotel room.

COVERED SERVICES

The home health agency must provide the following services:

- Skilled nursing by a registered nurse or licensed practical nurse under the supervision of a registered nurse.
- Home health aide under the direction of a registered nurse.
- Physical, occupational, and speech therapy services provided by licensed therapists.

NON-COVERED SERVICES

Individual procedures:

- Eye drops or ointment instillations;
- Routine glucose monitoring and insulin administration;
- Routine foot care;
- Stasis ulcer maintenance care;
- Pediatric maintenance care;
- Routine medication setup;
- Other services that become self-care activities after the member or family Members or others have been taught how to do the procedure(s) in a reasonable amount of time.

Personal care services not directly related to the condition requiring skilled nursing care:

- Light housekeeping
- Transportation

- Meal preparation
- Laundry
- Shopping
- Child care
- Respite care

Social services provided by social workers.

Respiratory therapy services (as a separate category of services). A registered nurse may provide respiratory therapy as a nursing service.

Observation and assessment by a skilled nurse is not reasonable and necessary to the treatment of the illness or injury when indications are that it is a long standing pattern of the member's condition and no clinical progress is demonstrated.

REQUESTING HOME HEALTH SERVICES

Home Health Agency visits are limited to an initial 50 visits per member, per calendar year, for all covered home health services. These visits are not subject to prior approval. These visits do not apply to extended hour visits as these requests must be prior authorized by ND Medicaid.

Prior authorization for services will be required where it is medically necessary for the member to exceed the Home Health visit limitation. ND Medicaid uses utilization review parameters for evaluating and determining medical necessity for the type of service(s) requested and the number of visits required to appropriately treat the member's condition.

Each Service Authorization is valid for 60 days. Requests for additional visits beyond the initial 50 visits must be submitted prior to the last visit of the 50-day limitation. Home Health providers are required to track and request additional home health visits prior to the utilization of the 50-visit limit.

If the same level of care or a more intense level of care (i.e. more skilled nurse visits, addition of another service) is necessary beyond the initial 50 visits, the agency must submit a service authorization. Subsequent requests after the first 60-day period must also have prior authorization.

Requests for additional visits must be submitted by the Home Health Agency. The additional visits must substantiate medical necessity and be received by the Department prior to the service being provided, or before the next 60 day period request. If the service authorization is not received by ND Medicaid prior to the 60 day time period the

visits will be denied. All requests for authorization of additional visits must be submitted with the following information:

- The Service Authorization (SFN 15);
- A legible copy of the current Home Health Certification and Plan of Treatment Form (CMS 485) or certified plan of treatment with the most recent 60-day summary or a copy of the original physician’s order;
- Any pertinent documentation to substantiate the need for additional visits.

The home health agency must keep on file copies of all documents submitted to ND Medicaid. Approved service authorizations are dependent on the member’s eligibility during the approved service authorization period. If a member requires additional services in an approved period, the home health agency is responsible for requesting a service authorization for the expanded services.

Facsimile copies will be accepted and response given in the same manner. Return fax numbers must accompany the request.

BILLING GUIDELINES

Home health agencies must bill for services using the North Dakota Web Portal using the electronic claims submission web pages or Electronic Data Exchange transaction. The claim must include a valid National Provider Identification number (NPI) and taxonomy code.

Claims must be submitted to ND Medicaid using a *Bill Type* **321-344**.

Home health claims must be submitted to ND Medicaid using the following *Revenue Codes* when billing for:

Revenue Code 421	Physical Therapy Visit
Revenue Code 431	Occupational Therapy Visit
Revenue Code 441	Speech Therapy Visit
Revenue Code 551	Skilled Nursing Visit
Revenue Code 571	Home Health Aide Visit

Reimbursement to Home Health Agencies for covered services furnished to Medicaid patients is made per encounter. The term “encounter” is defined as a face-to-face visit between the patient and one or more home health professionals during which services are rendered. An encounter for each type services is defined as:

- Skilled Nursing Visit – An encounter is a continuous period of time not to exceed a two-hour period in which the nurse remains at the residence of a member for the purpose of providing ongoing skilled nursing services.

- Home Health Aide Visit – An encounter is a continuous period of time not to exceed a two-hour period in which the aide remains at the residence of the member for the purpose of providing necessary ongoing home health aide services.
- Therapy Services – All therapy services will be reimbursed per encounter.

Encounters with more than one home health professional and multiple encounters with the same home health professionals on the same day and at a single location constitute a single visit for each discipline.