



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
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DEPARTMENT OF HUMAN SERVICES  
 EUGENE I. GESSOW, DIRECTOR

## INFORMATIONAL LETTER 792

**DATE:** March 26, 2009

**TO:** Iowa Medicaid Home Health Agency Providers

**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise

**RE:** Distinguishing Between Programs Provided by Home Health Agencies and; Billing Clarifications for Those Programs

It has come to the attention of the Iowa Medicaid Enterprise (IME) that a significant number of Home Health agency claims submitted for reimbursement have correctly denied for payment. These claims did not match the correct units and billing codes with the provided service.

In order to ensure that your Home Health agency programs are correctly reimbursed in a timely manner, please note the following billing information in the tables below for the services identified under the Home Health State Plan program, Private Duty Nursing and Personal Cares services (EPSDT Care for Kids program), the Home and Community Based Services program; and for the Home Health Agency Care for Maternity Patients and Children service.

### HOME HEALTH STATE PLAN PROGRAM

- The maximum units allowed of Skilled Nursing and Home Health Aide services covered under the Home Health (HH) State Plan program must be evaluated first as necessary to meet each Medicaid member's needs before any other home health agency programs are accessed.*
- Skilled Nursing and Home Health Aide services covered under the Home Health State Plan **do not require** prior authorization.*

SERVICE	UNIT	BILLING CODE	CLAIM FORM	MAXIMUM UNITS
Skilled Nursing	Visit	• Rev. Code 551	UB-04	5 visits per week
Skilled Nursing (For wound care or insulin injections ONLY)	Visit	• Rev. Code 551	UB-04	Daily or multiple daily visits according to the approved plan of care
Home Health Aide	Visit	• Rev. Code 571	UB-04	The number of visits multiplied by the hours per visit cannot exceed 28 hours per week.

**PRIVATE DUTY NURSING AND PERSONAL CARES SERVICES  
(EPSDT Care For Kids program)**

- *The Private Duty Nursing and Personal Care services covered under the EPSDT Care For Kids program cover:*
  - *Children under the age of 21; **and***
  - *Whose medical needs **exceed the maximum units** covered through the Skilled Nursing and Home Health Aide services through the HH State Plan program (listed in the table above).*
- *Private Duty Nursing and Personal Care **are not** HCBS Waiver services. The maximum units of Private Duty Nursing and Personal Care services must be used prior to accessing any HCBS Waiver skilled nursing or home health aide services.*
- *Private Duty Nursing and Personal Cares **require** prior authorization. Prior authorization telephone numbers are 1-888-424-2070 or 515-725-1009 for local calls.*

SERVICE	BILLING UNIT	BILLING CODES	CLAIM FORM	MAXIMUM UNITS
Private Duty Nursing (LPN)	Hour	<ul style="list-style-type: none"> <li>• S9124</li> <li>• Rev. Code 552</li> <li>• If High Tech, add TG modifier</li> </ul>	UB-04	The combined total of Private Duty Nursing ((LPN) and Personal Care cannot exceed 16 hours per day.
Private Duty Nursing (RN)	Hour	<ul style="list-style-type: none"> <li>• S9123</li> <li>• Rev. Code 552</li> </ul>	UB-04	<p>This code can also be used for required supervisory visits.</p> <p>The combined total of Private Duty Nursing (RN) and Personal Care cannot exceed 16 hours per day.</p>
Personal Care	Hour	<ul style="list-style-type: none"> <li>• S9122</li> <li>• Rev. Code 572</li> </ul>	UB-04	The combined total of Private Duty Nursing and Personal Care cannot exceed 16 hours per day.

**HOME & COMMUNITY BASED SERVICES (HCBS) WAIVER PROGRAM**

- *Skilled Nursing and Home Health Aide services covered under the HCBS program are covered through the AIDS/HIV, Elderly, Ill & Handicapped; and the MR Waivers only.*
- *Skilled Nursing and Home Health Aide services covered through the HCBS program in the AIDS/HIV, Elderly, Ill & Handicapped, and the MR Waivers **do not require** prior authorization; **however**, the services must be included in an approved targeted case manager or service worker service plan **prior to** service provision.*
- *The maximums of Skilled Nursing and Home Health Aide services included in the Home Health State Plan program; **or** Private Duty Nursing and Personal Care must be utilized before accessing Skilled Nursing and Home Health Aide included in the HCBS Waiver programs.*

SERVICE	BILLING UNIT	BILLING CODE	CLAIM FORM	MAXIMUM UNITS
Nursing (RN) (AIDS, EW & IH)	Visit	T1030	Form 470-2486 Claim Targeted Medical Care	As medically necessary and within the monthly cap for each of the 3 waivers.
Nursing (LPN) (AIDS, EW & IH)	Visit	T1031	Form 470-2486 Claim Targeted Medical Care	As medically necessary and within the monthly cap for each of the 3 waivers.
Home Health Aid (AIDS, EW & IH)	Visit	T1021	Form 470-2486 Claim Targeted Medical Care	As medically necessary and within the monthly cap for each of the 3 waivers.
Nursing (RN) (MR)	Hourly	S9123	Form 470-2486 Claim Targeted Medical Care	10 visits per week
Nursing (LPN) (MR)	Hourly	S9124	Form 470-2486 Claim Targeted Medical Care	10 visits per week
Home Health Aid (MR)	Hourly	S9122	Form 470-2486 Claim Targeted Medical Care	14 hours per week

### HOME HEALTH AGENCY CARE FOR MATERNITY PATIENTS AND CHILDREN

- *This Skilled Nursing service addresses the medical needs of high-risk maternity patients and/or children (up to the age of 21); and who are unable to receive care outside of their homes because of multiple high-risk factors.*
- *This Skilled Nursing service **does not require** prior authorization.*

SERVICE	UNIT	BILLING CODE	CLAIM FORM	MAXIMUM UNITS
Skilled Nursing	Visit	• Rev. Code 551	UBO4	According to the frequency of visits approved in the plan of care

If you have any questions, please contact IME Provider Services at one of the following:

- 1-800-338-7909
- 515-725-1004 (local call or in Des Moines)
- Email: [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us)