Billing Guidelines for Home Health Services

Home health services are medical services provided in the member’s home by Medicare-certified home health agencies. Members who require only Home health aide services are entitled to these services without needing skilled services. Members do not need to be homebound to be eligible for services; however, they are covered only when provided in the member’s home.

To help ensure you receive timely and accurate payment for these claims, please follow these billing guidelines for UnitedHealthcare Community Plan members.*

Prior Authorizations
Most home health services don’t require prior authorization. However, the following services do require prior authorization:

- Private Duty Nursing: Revenue code 0559 with HCPCS code T1000
- Personal Care Services: Revenue code 0572 with HCPCS code S9122

You can find UnitedHealthcare Community Plan of Iowa’s prior authorization list at UHCprovider.com/IAprovider > Prior Authorization and Notification > UnitedHealthcare Community Plan Prior Authorization Iowa.

Claim Submission
You may submit claims electronically or by mail.

- **Electronic Data Interchange (EDI):** We encourage you to submit claims electronically using EDI. You may work with any clearinghouse with a connection to UnitedHealthcare to exchange EDI transactions. Please use Payer ID 87726.
  
  - To learn more, go to UHCprovider.com > Resource Library > Training > Electronic Data Interchange > [Introduction to Electronic Data Interchange (EDI) Training](#).

- **Mail:** Please submit paper claims to:
  
  UnitedHealthcare Community Plan
  Attn: Claims
  P.O. Box 5220
  Kingston, NY 12402-5220

Billing Reminders
Please bill your services for each visit by date of service. We do not accept date spans. For example, if you perform two separate, distinct visits on the same date of service for the same member, you should bill services as two separate line items on the claim.

*These guidelines are not applicable for services provided under the Home- and Community-Based Services waiver.

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Service Categories and Revenue Codes
Please include both revenue codes and diagnosis codes when submitting a claim. Claims submitted without a revenue code will be rejected.

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Revenue Codes</th>
<th>Billing Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Services/Skilled Nursing</td>
<td>0551</td>
<td>Per visit</td>
</tr>
<tr>
<td>Home Health Aide</td>
<td>0571</td>
<td>Per visit</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>0431</td>
<td>Per visit</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>0421</td>
<td>Per visit</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>0441</td>
<td>Per visit</td>
</tr>
<tr>
<td>Medical Social Services</td>
<td>0561</td>
<td>Per visit</td>
</tr>
<tr>
<td>Private Duty Nursing (prior authorization required)</td>
<td>0559 + HCPCS code T1000</td>
<td>Per unit (one unit = 15 minute increment)</td>
</tr>
<tr>
<td>Personal Care Services (prior authorization required)</td>
<td>0572 + HCPCS code S9122</td>
<td>Per unit (one unit = one hour)</td>
</tr>
</tbody>
</table>

Submitting Medicare Non-Covered Home Health Services Claims
When you submit Medicare non-covered home health services claims to UnitedHealthcare Community Plan, you don’t need to include an explanation of Medicare benefits or other documentation from Medicare. Please include instead the following information:

- For electronic submissions, put “Not Homebound” in the 2300 loop – billing or claim note.
- For paper submissions, put “Not Homebound” in box 80 – remarks.

Third Party Liability (TPL)
When a member has primary insurance, you must file TPL information if the service billed isn’t listed on the Medicare non-covered list or isn’t defined as “Pay and Chase” per the state’s TPL policy. Private duty nursing and personal care services don’t require submission to the member’s primary insurance. All other home health services require submission to the member’s primary insurance when the primary insurance is through a commercial carrier.

We encourage you to bill TPL claims electronically through EDI and clearinghouse connections. Please include other payer information in the following fields:

- 50a-c Payer Identification – Primary: Enter primary payer name and information.
- 54 – Prior Payments: Enter amount paid by primary payer.
- 55 – Estimated Amount Due: Enter the estimated primary payer co-pay, deductible and co-insurance amount.

We’re Here to Help
If you have questions, please call Provider Services at 888-650-3462 or contact your Provider Advocate. Thank you.