

# **Colorado Medicaid Benefit Considerations**

Fact Sheet February 2020

### **Home Health**

Home Health Revenue Codes and Unit Values

Service Type	Acute Home Health Revenue Code	Long Term Home Health (LTHH) Revenue Code	Unit Value	
RN/LPN Standard Visit	0550	0551	One Visit (up to 2 <sup>1</sup> / <sub>2</sub> hours)	
Uncomplicated Nursing	n/a	0590	One Visit	
HHA Basic	0570	0571	One Hour	
HHA Extended	0572	0579	For visits lasting more than one-hour, extended units of 15-30 minutes	
Physical Therapy	0420	0421 (pediatric LTHH only)	One Visit (up to 2 <sup>1</sup> / <sub>2</sub> hours)	
Occupational Therapy	0430	0431 (pediatric LTHH only)	One Visit (up to 2 <sup>1</sup> / <sub>2</sub> hours)	
Speech/Language Therapy	0440	0441 (pediatric LTHH only)	One Visit (up to 2 <sup>1</sup> / <sub>2</sub> hours)	

#### Long Term Home Health (LTHH) Benefit Eligibility Standards

Health First Colorado members are eligible when they:

- Are unable to perform the health care tasks for him or herself and there is no family member/caregiver who is willing and able to perform the skilled tasks;
- Require services that cannot appropriately or effectively be received in an outpatient treatment office or clinic, or for which the member's residence is the most effective setting to accomplish the care required by the member's medical condition; and
- Need services that meet the medical necessity criteria and are provided in a manner consistent with professional practice.



Services requiring medical necessity:

- LTHH Physical Therapy for pediatric members.
- LTHH Occupational Therapy for pediatric members.
- LTHH Speech Therapy for pediatric members.

Services requiring demonstrated need:

- Acute Home Health Occupation Therapy services for members with a demonstrated need for speech therapy interventions.
- Acute Home Health Speech/Language Therapy services for members with a demonstrated need for speech therapy interventions.

## **Private Duty Nursing (PDN)**

#### **PDN Revenue Codes and Unit Descriptions**

Service Type	<b>Revenue Code</b>	Unit Value		
RN	0552	One Hour		
LPN	0559	One Hour		
RN – group rate	0580	One Hour		
LPN – group rate	0581	One Hour		
Blended group rate	0582	One Hour		



## **Speech Therapy**

#### **Top 10 Procedure Codes – Updated**

Procedure Code	Mod	Description		Paid Dollars
92507		SPEECH/HEARING THERAPY 2		\$14,752,804
92609		USE OF SPEECH DEVICE SERVICE	28,345	\$2,163,110
92523		SPEECH SOUND LANGUAGE COMPREHEN	8,958	\$1,387,472
92526		ORAL FUNCTION THERAPY	23,504	\$593,235
92606		NON-SPEECH DEVICE SERVICE	9,099	\$358,913
92508		SPEECH/HEARING THERAPY	21,829	\$221,833
92524		BEHAVIORAL QUALIT ANALYS VOICE	2,482	\$189,148
92507	GT	SPEECH/HEARING THERAPY	1,118	\$74,266
92607		EX FOR SPEECH DEVICE RX 1HR	334	\$31,958
92610		EVALUATE SWALLOWING FUNCTION	1,084	\$31,834



## **Prosthetics, Orthotics, and Supplies**

#### **Top 10 Procedure Codes – Updated**

Procedure Code	Description	Distinct Utilizers	Paid Dollars
L3000	FT INSERT UCB BERKELEY SHELL		\$3,424,582
A4253	BLOOD GLUCOSE/REAGENT STRIPS	167,029	\$3,127,110
A4353	INTERMITTENT URINARY CATHETER	413,600	\$2,758,459
L4361	PNEUMA/VAC WALK BOOT PRE OTS	3,588	\$751,681
L1907	AFO SUPRAMALLEOLAR CUSTOM	1,570	\$735,265
A7030	CPAP FULL FACE MASK	4.667	\$692,239
L4351	CRANIAL REMOLDING ORTHOSIS	237	\$628,247
L1907	FOAM DRG>48 SQ IN W/O BRDR	16,955	\$558,522
L1833	KO ADJ JNT POS R SUP PRE OTS	1,340	\$537,499
L5856	ELEC KNEE-SHIN SWING/STANCE	25	\$531,233

