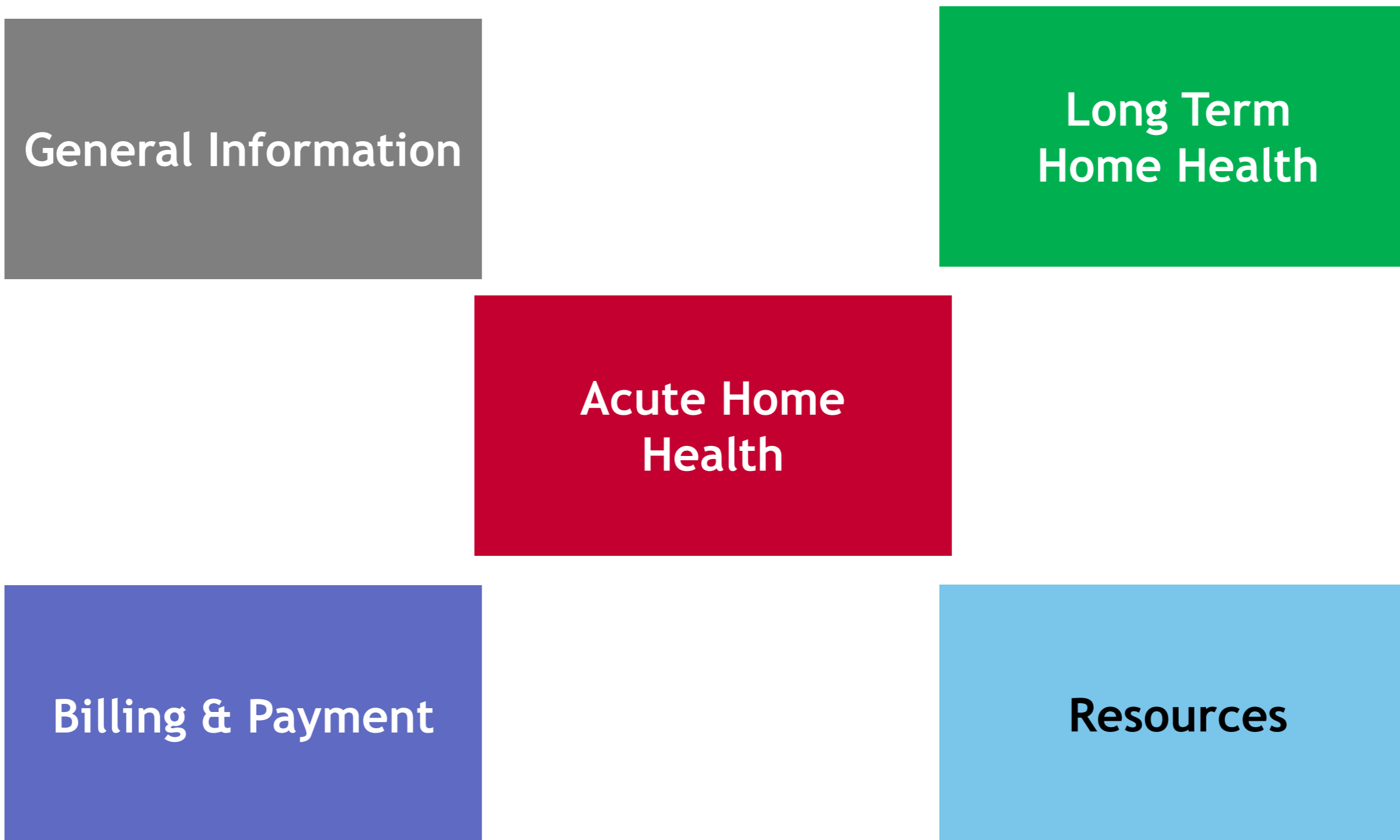# Home Health Specialty Training

Health First Colorado
(Colorado's Medicaid Program)

Training Overview

General Information

Long Term
Home Health

Acute Home
Health

Billing & Payment

Resources

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Acute versus Long Term

- Acute Home Health does not require prior authorization.

- Long Term Home health does require prior authorization.

APR-DRG

Service Type	Revenue Code		Unit Value
	Acute Home Health	Long Term Home Health	
Supplies (General)	0270		Non-covered benefit (Non-covered charges must be shown in **both FL 47 & 48 of the claim form**)
RN/LPN Standard Visit	0550	0551	One Visit (not to exceed 2-1/2 hours)
Uncomplicated Nursing (Visit 1)	NA	0590	One Visit
Uncomplicated Nursing (Visit 2+)	NA	0599	One Visit
HHA Basic	0570	0571	One Hour
HHA Extended	0572	0579	For visits lasting more than 1 hour, extended units of 15-30 minutes
PT	0420	0421 (pediatric LTHH only)	One Visit (not to exceed 2-1/2 hours)
OT	0430	0431 (pediatric LTHH only)	One Visit (not to exceed 2-1/2 hours)
S/LT	0440	0441 (pediatric LTHH only)	One Visit (not to exceed 2-1/2 hours)
Home Health Telehealth Setup Fee	0583 TG 98969 (proc)	0780 TG 98969 (proc)	Installation and member education of telehealth equipment (1 time only)
Home Health Telehealth Daily Monitoring	0583 98969 (proc)	0780 98969 (proc)	One unit per day that telehealth monitoring is obtained (limit 31 units per month)

Long Term Home Health

- Long Term Home Health for Children

  ➤ Requires Authorization

  ➤ Is authorized through Kepro

  ➤ https://hcpf.colorado.gov/par

  ➤ 1-888-801-9355

- Long Term Home Health for Adults

  ➤ Requires Authorization

  ➤ Must complete Long Term Home Health PAR form located on https://hcpf.colorado.gov/provider-forms

  ➤ Via Case Management Agency

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Long Term Home Health PAR Community Center Board Adult with DIDD

- Supported Living Services (SLS)

- Developmentally Disabled (DD)

- Children's Extensive Support (CES)

- Day Habilitation Services and Support (DHSS)

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Long Term Home Health PAR
Single Entry Point Adult & Children LTSS Waivers

- Elderly Blind and Disabled (EBD)

- Community Mental Health Services (CMHS)

- Brain Injury (BI)

- Spinal Cord Injury (SCI)

- Children's Home Community Based Services (CHCBS)

- Children with Autism (CWA)

- Children with Life Limiting Illness (CLLI)

Long Term Home Health

- Submit claims for Long Term Home Health (LTHH) & Acute Home Health (HH) revenue codes on separate claims

  - ➤ If LTHH and Acute HH services are submitted on same claim (or same dates of service) claim will deny
  - ➤ Processing system counts denied services as part of an acute 10-day break period

- Dates on CMS 485 must include Prior Authorization Request (PAR) start-of-care dates

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Acute Home Health

- When member transfers from one home health provider to another, new provider must contact previous provider to learn:
  - ➤ If acute services were billed
  - ➤ First & last date of service of most current acute episode
    - This information allows provider to perform and bill acute services according to 60-day rule

Acute Home Health

Acute Episode:

- Does not mean 60 days of services
  - Starts on first date of service billed & continues for:
    - Up to 60 calendar days, or
    - Until condition stabilizes or resolves, or
    - Whichever comes first

When a member is expected to need more than 60 calendar days of care

Hospitalizations or discharges do not restart episode

- Acute episode may start on Julian date 001 & may last through Julian date 060
  - Next episode cannot start until Julian date 071 (10 calendar days)
  - Must be new or change in condition

Provider must evaluate member and complete Long-Term Home Health (LTHH) PAR prior to end of the 60-day period

Common Home Health Denial Reasons

- Prior Authorization/Service date conflict
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) PDN Condition Code is missing or invalid
- Long Term Home Health (LTHH) and Acute Home Health (HH) revenue codes on same claims
- LTHH/Acute HH is over daily limit
- LTHH and Acute HH revenue codes on same claims
- Acute and Long Term Care billed for same date of service
- If member in Managed Care Organization (MCO), bill Acute HH to the MCO
- Total Charge conflict

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Provider Contacts Web Page
https://hcpf.colorado.gov/provider-help
- Provider Services Call Center

Training Web Page

https://hcpf.colorado.gov/provider-training

Billing Manuals Web Page

https://hcpf.colorado.gov/billing-manuals
- Appendix R (for a detailed list of Explanation of Benefits (EOB) codes)
- General Provider Billing Manual

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Resources

Quick Guides web page

https://hcpf.colorado.gov/interchange-resources

Telemedicine during COVID-19 web page

https://hcpf.colorado.gov/provider-telemedicine

Thank you!

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