

# Beginning Billing Workshop Home Health

Colorado Medical Assistance Programs  
including Health First Colorado  
(Colorado's Medicaid Program) and CHP+

2018



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# Acute vs. Long Term

- Acute Home Health does not require prior authorization.
- Long Term Home health does require prior authorization.



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# Home Health Revenue Codes

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 <u>both</u> FL 47 and 48 of the claim form)
RN/LPN Standard Visit	0550	0551	One visit (not to exceed 2 ½ hours)
Uncomplicated Nursing (Visit 1)	n/a	0590	One Visit
Uncomplicated Nursing Visit (Visit 2+)	n/a	0599	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
PT	0420	0421 (pediatric LTHH only)	One Visit (not to exceed 2 ½ hours)
OT	0430	0431 (pediatric LTHH only)	One visit (not to exceed 2 ½ hours)
S/LT	0440	0441 (pediatric LTHH only)	One visit (not to exceed 2 ½ hours)
Home health Telehealth Set-up 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/month)



- Long Term Home Health for Children
  - Requires Authorization
  - Is authorized through eQHealth
  - [www.coloradopar.com](http://www.coloradopar.com)
  - 1-888-801-9355
- Long Term Home Health for Adults
  - Requires Authorization
  - Must complete Long Term Home Health PAR form located on [www.colorado.gov/hcpf/provider-forms](http://www.colorado.gov/hcpf/provider-forms)
  - Via Case Management Agency



# Long Term Home Health PAR Community Center Board Adult w/ DIDD

Supported Living Services  
(SLS)

Developmentally Disabled  
(DD)

Children's Extensive Support  
(CES)

Day Habilitation Services  
and Support (DHSS)



# 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)



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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



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# 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



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# Long Term Home Health

- Submit claims for LTHH & Acute 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 PAR start-of-care dates



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# Common Home Health Denial Reasons

Prior Authorization / Service date conflict

EPSDT PDN Condition Code is missing or invalid

LTHH and Acute 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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# Benefit and Billing Information

For more detailed benefit and billing information, refer to:

<https://www.Colorado.gov/hcpf/Billing-Manuals>

Billing Manuals → UB-04 → Home Health



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# Provider Services Call Center

**1-844-235-2387**

## [Download the Call Center Queue Guide](#)

**7 a.m. - 5 p.m. MST Monday, Tuesday, & Thursday**

**10 a.m. - 5 p.m. MST Wednesday & Friday**

The Provider Services Call Center will be utilizing the time  
between 7 a.m. and 10 a.m.

on Wednesdays and Fridays to return calls to providers.



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**Thank you! Please feel free to  
ask us any questions you may  
have.**



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