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## Home Health, Skilled and Custodial Care Services (for Louisiana Only)

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[Instructions for Use](#)

Content mandated by Louisiana Department of Health

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### Application

This Medical Policy only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with state requirements.

### Coverage Rationale

#### Indications for Coverage

~~The services being requested must also meet all of the following criteria:~~

- ~~• A written treatment plan must be submitted with the request for specific services and supplies. Periodic review of the written treatment plan may be required for continued Skilled Care needs and progress toward goals; and~~
- ~~• Be ordered and directed by a treating practitioner or specialist (M.D., D.O., P.A. or N.P.); and~~
- ~~• The care must be delivered or supervised by a licensed professional in order to obtain a specified medical outcome; and~~
- ~~• Services are:~~
  - ~~○ Not Custodial Care in nature; and~~
  - ~~○ Not provided for the comfort and convenience of the member or the member's family; and~~
  - ~~○ Provided in the home in lieu of Skilled Care in another setting (including but not limited to a nursing facility, acute inpatient rehabilitation or a hospital); and~~
  - ~~○ Clinically appropriate and not more costly than an alternative health service; and~~
  - ~~○ Intermittent and part time (typically provided for less than 4 hours per day)~~

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~~▪ **Note:** Intermittent Care exceptions may be made in certain circumstances when the need for more care is finite and predictable.~~

### **Additional Information**

- ~~— Skilled Care in the member's Place of Residence. Skilled Care includes:~~
  - ~~— Skilled nursing~~
  - ~~— Skilled rehabilitation (physical therapy, occupational therapy and speech therapy)~~
  - ~~— Skilled teaching~~
- ~~— For Skilled Care to be covered in the member's Place of Residence, the care provided must require clinical training in order to be delivered safely and effectively~~
- ~~Eligible physical, occupational and speech therapy:~~
  - ~~○ Received in the home from a Home Health Agency is covered under the Home Health Care benefit.~~
  - ~~○ Received in the home from an independent physical, occupational or speech therapist (a therapist that is not affiliated with a Home Health Agency) is covered under the rehabilitation services — outpatient therapy benefit.~~
- ~~Medical supplies and medications that are used in conjunction with a home health care visit are covered as part of that visit. Examples include, but are not limited to:~~
  - ~~○ Catheters~~
  - ~~○ Irrigation devices~~
  - ~~○ Surgical dressing~~
  - ~~○ Syringes~~

### **Coverage Limitations and Exclusions**

~~Covered pharmaceuticals, drugs, and durable medical equipment (DME) provided in connection with home health services may be subject to separate benefit categories. Home health care benefits do not include:~~

- ~~Custodial Care~~
- ~~Domiciliary care~~
- ~~Private duty nursing~~
- ~~Respite care~~
- ~~Rest cures~~
- ~~Homemaker services such as home meal delivery services (e.g., Meals-on-Wheels) or transportation services (e.g., Dial-a-Ride)~~
- ~~Independent nurse hired directly by the family/member~~
- ~~Personal care attendants (these are not home health aides)~~
- ~~Home health services beyond benefit limits (e.g., number of visits)~~

~~We will determine if benefits are available by reviewing both the skilled nature of the service and the need for physician-directed medical management. A service will not be determined to be "skilled" simply because there is not an available caregiver.~~

### **Medical Necessity Criteria**

**Medical necessity for home health services must be determined by medical documentation that supports the beneficiary's illness, injury and/or functional limitations. All home health services must be medically reasonable and appropriate. To be considered medically reasonable and appropriate, the care must be necessary to prevent further deterioration**

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of a beneficiary's condition regardless of whether the illness/injury is acute, chronic, or terminal.

The services must be reasonably determined to:

- Diagnose, cure, correct, or ameliorate defects, physical and mental illnesses, and diagnosed conditions of the effects of such conditions;
- Prevent the worsening of conditions, or the effects of conditions, that endanger life or cause pain; results in illness or infirmity; or have caused, or threatened to cause a physical or mental dysfunctional impairment, disability or development delay;
- Effectively reduce the level of direct medical supervision required or reduce the level of medical care or services received in an inpatient or residential care setting;
- Restore or improve physical or mental functionality, including developmental functioning, lost or delayed as the result of an illness, injury, or other diagnosed condition or the effects of the illness, injury, or condition; or
- Provide assistance in gaining access to needed medical, social, educational, and other services required to diagnose, treat, to support a diagnosed condition or the effects of the condition, in order that the beneficiary might attain or retain independence, self-care, dignity, self-determination, personal safety and integration into family, community, facility environments and activities.

Home health services are appropriate when a beneficiary's illness, injury, or disability causes significant medical hardship and will interfere with the effectiveness of the treatment if the beneficiary has to go to a physician's office, clinic, or other outpatient setting for the needed service. Any statement on the plan of care (POC) regarding this medical hardship must be supported by the totality of the beneficiary's medical records

The following circumstances are not considerations when determining medical necessity for home health services:

- Inconvenience to the beneficiary or the beneficiary's family;
- Lack of personal transportation; and
- Failure or lack of cooperation by the beneficiary or the beneficiary's legal guardians or caregivers to obtain the required medical services in an outpatient setting.

(Louisiana Department of Health. Home Health Provider Manual. Chapter Twenty-three of the Medicaid Services Manual. Section 23.3)

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## Definitions

Check the definitions within the federal, state, and contractual requirements member benefit plan document that supersede the definitions below. The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Place of Residence for Home Health Services: Home health can occur in any non-institutionalized setting in which normal life activities take place. A Place of Residence for Home Health Services does not include a setting in which payment is or

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could be made under Medicaid for inpatient services that include room and board (e.g., hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities [with limited exceptions]). (CFR § 440.70).

~~**Custodial Care:** Services that are any of the following non-Skilled Care services:~~

- ~~• Non-health-related services such as help with daily living activities. Examples include eating, dressing, bathing, transferring and ambulating.~~
- ~~• Health-related services that can safely and effectively be performed by trained non-medical personnel and are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function, as opposed to improving that function to an extent that might allow for a more independent existence.~~

~~**Home Health Agency:** A program or organization authorized by law to provide health care services in the home.~~

~~**Intermittent Care:** Skilled nursing care that is provided either:~~

- ~~• Fewer than seven days each week~~
- ~~• Fewer than eight hours each day for periods of 21 days or less~~

~~Exceptions may be made in certain circumstances when the need for more care is finite and predictable.~~

~~**Place of Residence:** Wherever the patient member makes his/her home. This may include his/her dwelling, an apartment, a relative's home, or a facility-based long-term care residence, such as a board and care home, an assisted living facility, a nursing home, and a continuing care retirement community (National Institute on Aging, 2017a).home for the aged, or a Custodial Care facility.~~

~~**Respite Care:** short-term relief for primary caregivers that can be provided at the member's place of residence, in a healthcare facility or at an adult day center. The relief period can be arranged for just an afternoon or for several days or weeks (National Institute on Aging, 2017b)~~

~~**Skilled Care:** Skilled nursing, skilled teaching, skilled habilitation and skilled rehabilitation services when all of the following are true:~~

- ~~• Must be delivered or supervised by licensed technical or professional medical personnel in order to obtain the specified medical outcome, and provide for the safety of the patient,~~
- ~~• Ordered by a Physician,~~
- ~~• Not delivered for the purpose of helping with activities of daily living, including dressing, feeding, bathing or transferring from a bed to a chair,~~
- ~~• Requires clinical training in order to be delivered safely and effectively,~~
- ~~• Not Custodial Care, which can safely and effectively be performed by trained non-medical personnel.~~

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The

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inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
<u>92521</u> <sup>[MEA3]</sup>	<u>Evaluation of speech fluency (eg, stuttering, cluttering)</u>
<u>92522</u>	<u>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)</u>
<u>92523</u>	<u>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)</u>
<u>92524</u>	<u>Behavioral and qualitative analysis of voice and resonance</u>
<u>97161</u>	<u>Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.</u>
<u>97162</u>	<u>Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.</u>
<u>97163</u>	<u>Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.</u>

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CPT Code	Description
<u>97165</u>	<u>Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.</u>
<u>97166</u>	<u>Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.</u>
<u>97167</u>	<u>Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family</u>
*99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
*99501	Home visit for postnatal assessment and follow-up care
*99502	Home visit for newborn care and assessment

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CPT Code	Description
*99503	Home visit for respiratory therapy care (e.g., bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)
*99504	Home visit for mechanical ventilation care
*99505	Home visit for stoma care and maintenance including colostomy and cystostomy
*99506	Home visit for intramuscular injections
*99507	Home visit for care and maintenance of catheter(s) (e.g., urinary, drainage, and enteral)
*99511	Home visit for fecal impaction management and enema administration
*99512	Home visit for hemodialysis
*99601	Home infusion/specialty drug administration, per visit (up to 2 hours);
*99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)

CPT® is a registered trademark of the American Medical Association

HCPCS Code	Description
<u>*G0068</u>	Professional services for the administration of <u>anti-infective</u> <del>antiinfective</del> , pain management, chelation, pulmonary hypertension, <del>and/or</del> inotropic, <u>or other intravenous</u> infusion drug <u>or biological (excluding chemotherapy or other highly complex drug or biological)</u> <del>(s)</del> for each infusion drug administration calendar day in the individual's home, each 15 minutes
<u>*G0069</u>	Professional services for the administration of subcutaneous immunotherapy <u>or other subcutaneous infusion drug or biological</u> for each infusion drug administration calendar day in the individual's home, each 15 minutes
<u>*G0070</u>	Professional services for the administration of <u>intravenous</u> chemotherapy <u>or other intravenous highly complex drug or biological infusion</u> for each infusion drug administration calendar day in the individual's home, each 15 minutes
<u>*G0088</u>	<u>Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes</u>
<u>*G0089</u>	<u>Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes</u>
<u>*G0090</u>	<u>Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes</u>
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes



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HCPCS Code	Description
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
*G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
*G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
*G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
*G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
*G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
*G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
*G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential <u>nonskilled</u> <del>non-skilled</del> care achieves its purpose in the home health or hospice setting)
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes
<u>G0320</u>	<u>Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system</u>
<u>G0321</u>	<u>Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system</u>
<u>G0322</u>	<u>The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)</u>
*G0490	Face-to-face home health nursing visit by a <u>rural health clinic</u> <del>Rural Health Clinic</del> (RHC) or <u>federally qualified health center</u> <del>Federally Qualified Health Center</del> (FQHC) in an area with a shortage of home health agencies; (services limited to RN or LPN only)
*G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)



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HCPCS Code	Description
<u>*G0494</u>	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
<u>*G0495</u>	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
<u>*G0496</u>	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
<u>*G2168</u>	<u>Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes</u>
<u>*G2169</u>	<u>Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes</u>
<u>*H1004</u>	Prenatal care, at-risk enhanced service; follow-up home visit
<u>*S5035</u>	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)
<u>*S5036</u>	Home infusion therapy, repair of infusion device (e.g., pump repair)
<u>S5100</u>	<del>Day care services, adult; per 15 minutes</del>
<u>S5101</u>	<del>Day care services, adult; per half day</del>
<u>S5102</u>	<del>Day care services, adult; per diem</del>
<u>S5105</u>	<del>Day care services, center-based; services not included in program fee, per diem</del>
<u>*S5108</u>	Home care training to home care client, per 15 minutes
<u>*S5109</u>	Home care training to home care client, per session
<u>*S5110</u>	Home care training, family; per 15 minutes
<u>*S5111</u>	Home care training, family; per session
<u>*S5115</u>	Home care training, <u>nonfamily</u> <del>non-family</del> ; per 15 minutes
<u>*S5116</u>	Home care training, <u>nonfamily</u> <del>non-family</del> ; per session
<u>S5120</u>	<del>Chore services; per 15 minutes</del>
<u>S5121</u>	<del>Chore services; per diem</del>
<u>S5125</u>	<del>Attendant care services; per 15 minutes</del>
<u>S5126</u>	<del>Attendant care services; per diem</del>
<u>S5130</u>	<del>Homemaker service, NOS; per 15 minutes</del>
<u>S5131</u>	<del>Homemaker service, NOS; per diem</del>
<u>S5135</u>	<del>Companion care, adult (e.g., iadl/adl); per 15 minutes</del>
<u>S5136</u>	<del>Companion care, adult (e.g., iadl/adl); per diem</del>
<u>S5140</u>	<del>Foster care, adult; per diem</del>
<u>S5141</u>	<del>Foster care, adult; per month</del>
<u>S5150</u>	<del>Unskilled respite care, not hospice; per 15 minutes</del>

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HCPSC Code	Description
<del>S5151</del>	<del>Unskilled respite care, not hospice, per diem</del>
<del>S5170</del>	<del>Home delivered meals, including preparation, per meal</del>
<del>S5175</del>	<del>Laundry service, external, professional, per order</del>
*S5180	Home health respiratory therapy, initial evaluation
*S5181	Home health respiratory therapy, NOS, per diem
*S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
*S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S5502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (Use this code for interim maintenance of vascular access not currently in use)
*S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting
*S5518	Home infusion therapy, all supplies necessary for catheter repair
*S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion
*S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion
*S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)
*S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)
*S9061	Home administration of aerosolized drug therapy (e.g., Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9097	Home visit for wound care
*S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem
*S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
S9123	Nursing care, in the home; by registered nurse, per hour ( <del>use Use</del> for general nursing care only, not to be used when CPT codes 99500--99602 can be used)

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HCPSC Code	Description
S9124	Nursing care, in the home; by licensed practical nurse, per hour
<del>S9125</del>	<del>Respite care, in the home, per diem</del>
*S9127	Social work visit, in the home, per diem
*S9128	Speech therapy, in the home, per diem
*S9129	Occupational therapy, in the home, per diem
*S9131	Physical therapy; in the home, per diem
*S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem ( <del>do</del> <del>Do</del> not use this code with any home infusion per diem code)
*S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem ( <del>do</del> <del>Do</del> not use this code with any home infusion per diem code)
*S9211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), <del>per diem</del> ( <del>do</del> <del>Do</del> not use this code with any home infusion per diem code)
*S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem ( <del>do</del> <del>Do</del> not use this code with any home infusion per diem code)
*S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), <del>per diem</del> ( <del>do</del> <del>Do</del> not use this code with any home infusion per diem code)
*S9214	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), <del>per diem</del> ( <del>do</del> <del>Do</del> not use this code with any home infusion per diem code)
*S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem ( <del>do</del> <del>Do</del> not use this code with S9326, S9327, or S9328)
*S9326	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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HCPSC Code	Description
<u>*S9328</u>	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9329</u>	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem ( <del>doDe</del> not use this code with S9330 or S9331)
<u>*S9330</u>	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9331</u>	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9335</u>	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem
<u>*S9336</u>	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9338</u>	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9339</u>	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9340</u>	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
<u>*S9341</u>	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
<u>*S9342</u>	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
<u>*S9343</u>	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
<u>*S9345</u>	Home infusion therapy, <u>antihemophilic</u> <del>anti-hemophilic</del> agent infusion therapy (e.g., factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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HCPCS Code	Description
*S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9351	Home infusion therapy, continuous or intermittent <del>antiemetic</del> <del>anti-emetic</del> infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem
*S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9359	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9363	Home infusion therapy, <del>antispasmodic</del> <del>anti-spasmodic</del> therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem ( <del>do</del> <del>do</del> not use with home infusion codes S9365--S9368 using daily volume scales)

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HCPSC Code	Description
<u>*S9365</u>	Home infusion therapy, total parenteral nutrition (TPN); <u>one</u> ± liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
<u>*S9366</u>	Home infusion therapy, total parenteral nutrition (TPN); more than <u>one</u> ± liter but no more than <u>two</u> ± liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
<u>*S9367</u>	Home infusion therapy, total parenteral nutrition (TPN); more than <u>two</u> ± liters but no more than <u>three</u> ± liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
<u>*S9368</u>	Home infusion therapy, total parenteral nutrition (TPN); more than <u>three</u> ± liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
<u>*S9370</u>	Home therapy, intermittent <u>antiemetic</u> <del>anti-emetic</del> injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9372</u>	Home therapy; <del>intermittent</del> anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem ( <del>do</del> <del>Do</del> not use this code for flushing of infusion devices with Heparin to maintain patency)
<u>*S9373</u>	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem ( <del>do</del> <del>Do</del> not use with hydration therapy codes S9374--S9377 using daily volume scales)
<u>*S9374</u>	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9375</u>	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
<u>*S9376</u>	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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HCPCS Code	Description
*S9377	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem
*S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem
*S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem ( <u>do</u> <del>Do</del> not use this code with home infusion codes for hourly dosing schedules S9497--S9504)
*S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9537	Home therapy; <del>hematopoietic hormone injection therapy (e.g., erythropoietin, Erythropoietin, G-CSF, GM-CSF);</del> administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem



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HCPSC Code	Description
*S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem
*S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9562	Home injectable therapy, palivizumab or other monoclonal antibody for RSV, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
*T1001	Nursing assessment/evaluation
*T1002	RN services, up to 15 minutes
*T1003	LPN/LVN services, up to 15 minutes
*T1004	Services of a qualified nursing aide, up to 15 minutes
*T1021	Home health aide or certified nurse assistant, per visit
*T1022	Contracted home health agency services, all services provided under contract, per day
*T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs
*T1030	Nursing care, in the home, by registered nurse, per diem
*T1031	Nursing care, in the home, by licensed practical nurse, per diem
*T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit

**Codes labeled with an asterisk(\*) are not on the Louisiana Medicaid Fee Schedule and therefore may not be covered by the state of Louisiana Medicaid Program.**

<del>Revenue Code</del>	<del>Description</del>
<b><u>Home Health Care Visits</u></b>	
<del>0550</del>	<del>Skilled nursing -- general</del>
<del>0551</del>	<del>Skilled nursing -- visit charge</del>
<del>0552</del>	<del>Skilled nursing -- hourly charge</del>
<del>0559</del>	<del>Skilled nursing -- other skilled nursing</del>

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<u>Revenue Code</u>	<u>Description</u>
<u>0570</u>	<u>Home Health (HH) Aide-Generalhealth aide — general</u>
<u>0571</u>	<u>Home Health (HH) Aide-Visit Charge</u> <b>Care Visits</b>
<u>0571</u>	<u>Home health aide — visit charge</u>
<u>0572</u>	<u>Home Health (HH) Aide Hourly Chargehealth aide — hourly charge</u>
<u>0579</u>	<u>Home Health (HH) Aide Other Home Health AideHome health aide — other home health aide</u>
<u>0580</u>	<u>Home Health (HH) Other Visits-Generalhealth — other visits — general</u>
<u>0581</u>	<u>Home Health (HH) Other Visits-Visit ChargeHome health — other visits — visit charge</u>
<u>0582</u>	<u>Home Health (HH) Other Visits-Hourly ChargeHome health — other visits — hourly charge</u>
<u>0583</u>	<u>Home Health (HH) Other Visits-AssessmentHome health — other visits — assessment</u>
<u>0589</u>	<u>Home Health (HH) Other Visits-Other Home Health VisitsHome health — other visits — other home health visits</u>
<u>0590</u>	<u>Home Health (HH) Unitshealth — units of Service-Generalservice — general</u>
<u>0600</u>	<u>Home Health (HH) Oxygen-General (home health) — general</u>
<u>0601</u>	<u>Home Health (HH) Oxygen-Stat Equip/Supply/ContentsOxygen (home health) — stat/equip/supply or contents</u>
<u>0602</u>	<u>Home Health (HH) Oxygen Stat Equip/Supply&lt; (home health) — stat/equip/supply/under 1 LPMlpm</u>
<u>0603</u>	<u>Home Health (HH) Oxygen-Stat Equip/Supply&gt; (home health) — stat/equip/supply/over 4 LPMlpm</u>
<u>0604</u>	<u>Home Health (HH) Oxygen-Oxygen Port Add-On (home health) — portable add-on</u>
<u>0609</u>	<u>Home Health (HH) Oxygen-Oxygen Other (home health) — other</u>
<u>0640</u>	<u>Home IV Therapy Services-Generaltherapy services — general</u>
<u>0641</u>	<u>Home IV Therapy Services — Non-Routine Nursing, Central LineHome IV therapy services — non-routine nursing, central line</u>
<u>0642</u>	<u>Home IV Therapy Services —therapy services — IV Site Care, Central Linesite care, central line</u>
<u>0643</u>	<u>Home IV Therapy Services —therapy services — IV Start/Change, Peripheral Linesstart/change, peripheral line</u>
<u>0644</u>	<u>Home IV Therapy Services — Non-Routine Nursing, Peripheral Linetherapy services — non-routine nursing, peripheral line</u>
<u>0645</u>	<u>Home IV Therapy Services — Training Patient/Caregiver, Central LineHome IV therapy services — training patient/caregiver, central line</u>
<u>0646</u>	<u>Home IV Therapy Services — Training, Disabled Patient, Central LineHome IV therapy services — training, disabled patient, central line</u>
<u>0647</u>	<u>Home IV Therapy Services — Training, Patient/Caregiver, Peripheral LineHome IV therapy services — training, patient/caregiver, peripheral line</u>

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Revenue Code	Description
<del>0648</del>	<del>Home IV Therapy Services — Training, Disabled Patient, Peripheral Line</del> <del>Home IV therapy services — training, disabled patient, peripheral line</del>
<del>0649</del>	<del>Home IV Therapy Services — Other therapy services — other IV Therapy Services</del> <del>therapy services</del>
<b><u>Therapy by a Home Health Care Agency/Facility</u></b>	
<del>These apply to the Home Health Care Visit limit when the Bill Type is either:</del>	
<del>032x — Home Health — Home Health Services Under a Plan of Treatment</del>	
<del>034x — Home Health — Home Health Services Not Under a Plan of Treatment</del>	
<del>0420</del>	<del>Physical therapy — general</del>
<del>0421</del>	<del>Physical therapy — visit charge</del>
<del>0422</del>	<del>Physical therapy — hourly charge</del>
<del>0423</del>	<del>Physical therapy — group rate</del>
<del>0424</del>	<del>Physical therapy — evaluation or reevaluation</del>
<del>0429</del>	<del>Physical therapy — other physical therapy</del>
<del>0430</del>	<del>Occupational therapy — general</del>
<del>0431</del>	<del>Occupational therapy — visit charge</del>
<del>0432</del>	<del>Occupational therapy — hourly charge</del>
<del>0433</del>	<del>Occupational therapy — group rate</del>
<del>0434</del>	<del>Occupational therapy — evaluation or reevaluation</del>
<del>0439</del>	<del>Occupational therapy — other occupational therapy</del>
<del>0440</del>	<del>Speech therapy language pathology — general</del>
<b><u>Therapy by a Home Health Care Agency/Facility</u></b>	
<del>These apply to the Home Health Care Visit limit when the Bill Type is either:</del>	
<del>032x — Home Health — Home Health Services Under a Plan of Treatment</del>	
<del>034x — Home Health — Home Health Services Not Under a Plan of Treatment</del>	
<del>0432</del>	<del>Occupational therapy hourly charge</del>
<del>0433</del>	<del>Occupational therapy group rate</del>
<del>0434</del>	<del>Occupational therapy evaluation or reevaluation</del>
<del>0439</del>	<del>Occupational therapy other occupational therapy</del>
<del>0440</del>	<del>Speech therapy language pathology general</del>
<del>0441</del>	<del>Speech therapy language pathology — visit charge</del>
<del>0442</del>	<del>Speech therapy language pathology — hourly charge</del>
<del>0443</del>	<del>Speech therapy language pathology — group rate</del>
<del>0444</del>	<del>Speech therapy language pathology — evaluation or reevaluation</del>
<del>0449</del>	<del>Speech therapy language pathology — other speech language pathology</del>

**U.S. Food and Drug Administration (FDA)**

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This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Home health care, including skilled care are services rendered by licensed health care professionals and, therefore, not subject to regulation by the FDA.

## References

Code of Federal Regulations (CFR). Home health services. 42 CFR 440.70. Available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-440/subpart-A/section-440.70>. Accessed February 23, 2023.

Louisiana Department of Health. Home Health Provider Manual. Chapter Twenty-three of the Medicaid Services Manual. Section 23.3. Available at: <https://www.lamedicaid.com/provweb1/Providermanuals/manuals/HH/HH.pdf>. Accessed June 26, 2023

~~Code of Federal Regulations (CFR). Home health services. 42 CFR 440.70. Available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-440/subpart-A/section-440.70>. Accessed February 23, 2023.~~

~~UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.~~

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## Policy History/Revision Information

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Date

Summary of Changes

DRAFT

TBD

#### Title Change/Template Update

- Reorganized and renamed policy; combined content previously included in the Coverage Determination Guidelines titled:
  - Home Health Care (for Louisiana Only)
  - Skilled Care and Custodial Care Services (for Louisiana Only)
- Changed policy type classification from "Coverage Determination Guideline" to "Medical Policy"

#### Application

- Added language to indicate the coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth [in the policy] in accordance with State requirements

#### Coverage Rationale

- Revised language to indicate:
  - Medical necessity for home health services must be determined by medical documentation that supports the beneficiary's illness, injury and/or functional limitations
  - All home health services must be medically reasonable and appropriate; to be considered medically reasonable and appropriate, the care must be necessary to prevent further deterioration of a beneficiary's condition regardless of whether the illness/injury is acute, chronic, or terminal
  - The services must be reasonably determined to:
    - Diagnose, cure, correct, or ameliorate defects, physical and mental illnesses, and diagnosed conditions of the effects of such conditions
    - Prevent the worsening of conditions, or the effects of conditions, that endanger life or cause pain, results in illness or infirmity, or have caused or threatened to cause a physical or mental dysfunctional impairment, disability, or development delay
    - Effectively reduce the level of direct medical supervision required or reduce the level of medical care or services received in an inpatient or residential care setting
    - Restore or improve physical or mental functionality, including developmental functioning lost or delayed as the result of an illness, injury, or other diagnosed condition or the effects of the illness, injury, or condition
    - Provide assistance in gaining access to needed medical, social, educational, and other services required to diagnose, treat, or to support a diagnosed condition or the effects of the condition, in order that the beneficiary might attain or retain independence, self-care, dignity, self-determination, personal safety, and integration into family, community, facility environments, and activities



- Home health services are appropriate when a beneficiary's illness, injury, or disability causes significant medical hardship and will interfere with the effectiveness of the treatment if the beneficiary has to go to a physician's office, clinic, or other outpatient setting for the needed service
- Any statement on the plan of care (POC) regarding this medical hardship must be supported by the totality of the beneficiary's medical records
- The following circumstances are not considerations when determining medical necessity for home health services:
  - Inconvenience to the beneficiary or the beneficiary's family
  - Lack of personal transportation
  - Failure or lack of cooperation by the beneficiary or the beneficiary's legal guardians or caregivers to obtain the required medical services in an outpatient setting

#### Definitions

- Removed definition of:
  - Custodial Care
  - Home Health Agency
  - Intermittent Care
  - Skilled Care
- Updated definition of "Place of Residence for Home Health Services"

#### Applicable Codes

- Added CPT/HCPCS codes 92521, 92522, 92523, 92524, 97161, 97162, 97163, 97165, 97166, 97167, G0088, G0089, G0090, G0320, G0321, G0322, G2168, and G2169
- Removed CPT/HCPCS codes 99509, S5100, S5101, S5102, S5105, S5120, S5121, S5125, S5126, S5130, S5131, S5135, S5136, S5140, S5141, S5150, S5151, S5170, S5175, S9125, T1005, T1019, and T1020
- Revised description for HCPCS codes G0068, G0069, and G0070
- Added notation to indicate the following CPT/HCPCS codes are not on the State of Louisiana Medicaid Fee Schedule and therefore may not be covered by the State of Louisiana Medicaid Program: 99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99511, 99512, 99601, 99602, G0068, G0069, G0070, G0088, G0089, G0090, G0155, G0157, G0158, G0159, G0160, G0161, G0162, G0490, G0493, G0494, G0495, G0496, G2168, G2169, H1004, S5035, S5036, S5108, S5109, S5110, S5111, S5115, S5116, S5180, S5181, S5497, S5498, S5501, S5502, S5517, S5518, S5520, S5521, S5522, S5523, S9061, S9097, S9098, S9122, S9127, S9128, S9129, S9131, S9208, S9209, S9211, S9212, S9213, S9214, S9325, S9326, S9327, S9328, S9329, S9330, S9331, S9335, S9336, S9338, S9339, S9340, S9341, S9342, S9343, S9345, S9346, S9347, S9348, S9351, S9353, S9355, S9357, S9359, S9361, S9363, S9364, S9365, S9366, S9367, S9368, S9370, S9372, S9373, S9374, S9375, S9376, S9377, S9379, S9474, S9490, S9494, S9497, S9500, S9501, S9502, S9503, S9504, S9537, S9538, S9542, S9559, S9560, S9562, S9590,

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Date	Summary of Changes
	<p><u>T1001, T1002, T1003, T1004, T1021, T1022, T1028, T1030, T1031, and T1502</u></p> <ul style="list-style-type: none"> <li>Removed list of applicable revenue codes: 0420, 0421, 0422, 0423, 0424, 0429, 0430, 0431, 0432, 0433, 0434, 0439, 0440, 0432, 0433, 0434, 0439, 0440, 0441, 0442, 0443, 0444, 0449, 0550, 0551, 0552, 0559, 0570, 0571, 0571, 0572, 0579, 0580, 0581, 0582, 0583, 0589, 0590, 0600, 0601, 0602, 0603, 0604, 0609, 0640, 0641, 0642, 0643, 0644, 0645, 0646, 0647, 0648, and 0649</li> </ul> <p><u>Supporting Information</u></p> <ul style="list-style-type: none"> <li>Added <u>FDA section</u></li> <li>Updated <u>References section to reflect the most current information</u></li> <li>Archived previous policy version <u>CS137LA.N</u></li> </ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

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