SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Member Provider Policy & Procedure Manual

5.12 HOME HEALTH AGENCY

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Member Provider Policy & Procedure Manual*. If Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Member Provider Policy & Procedure Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Member Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Member Provider Policy & Procedure Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

HOME HEALTH AGENCY

Louisiana Blue recognizes the need to maintain consistency of billing requirements for both Louisiana Blue and Medicare wherever possible. Therefore, we require home health agencies to file claims using the UB-04 claim form (see instructions in the Claims Submission section of this manual) in accordance with Medicare guidelines with the following exceptions:

1. The revenue codes accepted by Louisiana Blue and which may be entered in Block 42 of the UB-04 claim form are limited, and revenue code descriptions for Block 43 have been modified. These modifications are necessary due to member contract/certificate variations.

   Revenue codes 551 and 559 and their respective descriptions have been changed to identify services provided by a registered nurse (RN) or a licensed practical nurse (LPN). This change is necessary because reimbursement rates are different for RNs and LPNs.

   The revenue codes with descriptions accepted by Louisiana Blue from participating home health agencies are listed in this manual. The appropriate HCPCS or CPT code must be included in Block 44 of the UB-04 claim form when billing revenue codes with double asterisks (**), shown under the column heading "Code Req'd." This is necessary for proper pricing and payment of the service.

2. Accumulative billing of services will be accepted by utilizing a "From" and "Through" date with the total units of service for a specific revenue code or HCPCS code. However, some member contracts/certificates and/or groups require that the individual date of service be shown for each day on which services were provided. When this situation applies, you will be notified when you authorize services and also via the written confirmation of the authorization.

Authorization is required for ALL home health care. Louisiana Blue requires 48 hours advance notice of all home health care to be provided. The authorization will include the service and/or code to be provided and in some cases, the quantity/units of services authorized. The services that we will generally approve are included in this manual and include the range of HCPCS/CPT codes that should be billed with the revenue code.

Home health providers are required to request all authorizations for home health services through the Louisiana Blue Authorizations tool on iLinkBlue. For more on home health authorizations, refer to the Medical Management section of this manual.

Home Health Agency Revenue Codes Accepted by Louisiana Blue

Visit charge is defined as a consecutive period of time up to two hours during which home health care is rendered. Hourly charges exceeding two hours require additional authorization from Louisiana Blue.

Hourly charges for home health aides and private duty nursing (in shifts of at least eight continuous hours) must be billed using the revenue codes appropriate to the level of professional training.

Revenue Code	Description	HCPCS/ CPT Range	Code Req'd	Program Rate
421	Physical Therapy - Visit Charge			Allowable Charge
424	Physical Therapy - Evaluation or Re-evaluation			Allowable Charge
431	Occupational Therapy - Visit Charge			Allowable Charge
434	Occupational Therapy - Evaluation or Re-evaluation			Allowable Charge
441	Speech-Language Pathology - Visit Charge			Allowable Charge
444	Speech-Language Pathology - Evaluation or Re-evaluation			Allowable Charge
550*	Skilled Nursing-Hourly Charge (Licensed Practical Nurse)			Allowable Charge
551*	Skilled Nursing-Visit Charge (Registered Nurse)			Allowable Charge
552*	Skilled Nursing-Hourly Charge (Registered Nurse)			Allowable Charge
559*	Skilled Nursing-Visit Charge (Licensed Practical Nurse)			Allowable Charge
561	Medical Social Services - Visit Charge			Allowable Charge
571*	Home Health Aide - Visit Charge			Allowable Charge

Note: Allowable charges for revenue codes that are not specifically listed above may be established periodically.

**More on skilled nursing revenue codes below*

More on Revenue Codes for Skilled Nursing

Revenue Code	Description
550	Skilled Nursing – Hourly Charge – Licensed Practical Nurse (Private Duty Nursing)
552	Skilled Nursing – Hourly Charge – Registered Nurse (Private Duty Nursing)
572	Home Health Aide – Hourly Charge
The allowable charge for revenue codes 550, 552 and 572 for private duty nursing or home health aide services will be considered for approval during the private duty nursing or home health aide services authorization process. The presence of a revenue code or allowable charge on this listing is not to be interpreted as meaning that the patient has coverage or benefits for that service.	

The allowable charge for revenue codes 551 and 559 for skilled nursing includes, but is not limited to:

1. Pre- and post-hospital assessment
2. IV infusion
3. Administration of medication: PO, IM, SQ
4. Training and educating patient, family and caregiver
5. Wound care management
6. Patient monitoring
7. Laboratory blood drawing
8. Physician case conference
9. Discharge assessment
10. All medical equipment and supplies associated with one through nine above whether reusable or non-reusable, including, but not limited to:

• Alcohol prep sponge	• Non-sterile gauze	• Tape
• Band-Aids	• Non-sterile specimen	• Thermometer cover
• Gloves	• Over the counter – for skin tears	• Vacutainers with needles
• Incontinent cleaners	• Personal care items	
• Lotion	• Sharps disposable containers	

The allowable charge for revenue codes 551 and 559 for skilled nursing includes, but is not limited to, the following CPT/HCPCS codes:

99070	A4330	A4490	A4640	A5071-A5073
A4206-A4210	A4335	A4495	A4649	A5081
A4212	A4364	A4500	A4663	A5082
A4215	A4398	A4510	A4670	A5093
A4233-A4236	A4402	A4550	A4770	A5120
A4244-A4246	A4421	A4554	A4913	A6216-A6221
A4250	A4450	A4627	A4927	A6260
A4259	A4452	A4630	A5051-A5055	E2360
A4328	A4455-A4456	A4635-A4637	A5061-A5063	