


PROVIDER BULLETIN

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|  AETNA BETTER HEALTH® OF FLORIDA 261 N. University Drive Plantation, FL 33324 www.AetnaBetterHealth.com/Florida | Date: | February 03, 2019 |
| | Purpose: | Provider Bulletin: Home Health Services Coding and Billing Guidelines Reminders |
| | Subject: | Home Health and Personal Care Services -Billing Guidelines |
| | Products: | LTC/Medicaid |
| | From: | <u>Provider Relations</u> |

Dear Providers,

The purpose of this provider bulletin is to remind you of the proper billing for Home Health and Personal Care Services. When billing codes: S5130, S5135, S5170, S9122, or T1019, **each date of service must be billed on a separate line. These codes cannot be billed with a date span.**

In order to assist you we have created the below chart which includes specific codes description and billing frequency in order to prevent future claim delays, denials and recoupments.

We thank you for your continued service and dedication to our members. Should you have questions or require additional information, please contact Provider Relations at 844-528-5815, email FLMedicaidProviderRelations@aetna.com, or fax 844-235-1340.

Provider Relations Department

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HOME HEALTH & PERSONAL CARE SERVICES

BILLING CODES, FREQUENCY, AND COVERAGE

| CODE | TYPE OF SERVICE | FREQUENCY | COVERAGE |
|---------------|--------------------------------------------------------------------------|----------------|----------------------------------------------------|
| S5130 | HOMEMAKER SERVICE | PER 15 MINUTES | This procedure code does not allow for span dating |
| S5135 | ADULT COMPANIONCARE | PER 15 MINUTES | This procedure code does not allow for span dating |
| S5170 | HOME DELIVERED MEALS | PER MEAL | This procedure code does not allow for span dating |
| S9122 | HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT PROVIDING CARE IN THE HOME | PER HOUR | This procedure code does not allow for span dating |
| *T1019 | PERSONAL CARE SERVICES | PER 15 MINUTES | This procedure code does not allow for span dating |

*T1019 is not for an inpatient or resident of a Hospital, Nursing Facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by Home Health Aide or Certified Nurse Assistant).

As a reminder, Type of Service & Frequency determines the unit count to be billed:

Per Hour – 1 hour = 1 Unit
Per 15 Minutes – 1 hour = 4 Units

Billing for Multiple Visits on the Same Day

When the same service is provided more than once on the same date of service, the service should only be reported one time on a single line on the claim form with multiple counts

- If not billed in this manner (billed on multiple lines), both the claims system and AHCA encounter system sees this as a duplicate service and denies/rejects the second line of the claim
- Example:

| Line | From Date | Thru Date | POS | TOS | Proc Code | Tooth Number | Charges | Units | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Mod 5 | DisAllowed Amt | Diag Pointers |
|------|------------|------------|-----|-----|-----------|--------------|---------|--------|-------|-------|-------|-------|-------|----------------|---------------|
| 1 | 11-01-2019 | 11-01-2019 | 12 | | \$9122 | | 45.00 | 3.0000 | | | | | | 0.00 | |
| 2 | 11-02-2019 | 11-02-2019 | 12 | | \$9122 | | 45.00 | 3.0000 | | | | | | 0.00 | |
| 3 | 11-03-2019 | 11-03-2019 | 12 | | \$9122 | | 45.00 | 3.0000 | | | | | | 0.00 | |