

## Home Health Services Policy, Professional

### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

*This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.*

**Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.**

*Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.*

*UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.*

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### Application

**This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.**

This reimbursement policy applies to services reported using the either the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or the electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

### Policy

#### Overview

This policy addresses reimbursement for home health services, Place of Service (POS) 12, during an inpatient stay for the same patient and same date of service.

Home health services may include part-time or intermittent skilled nursing services, physical therapy, occupational therapy, speech-language pathology services, part-time or intermittent home health aide services, medical social services, Durable Medical Equipment (DME), and/or medical supplies.

#### Reimbursement Guidelines

In alignment with the Centers for Medicare and Medicaid Services (CMS), if both home health services (POS 12) and inpatient care are billed for the same dates of service, UnitedHealthcare will reimburse the inpatient care. During this period, the home health services will not be eligible for reimbursement.

The dates of admission and discharge for inpatient care are exceptions. If home health services are provided on these dates, those days may still be eligible for reimbursement.

Home health services are to be submitted in POS 12 which indicates the patient received these services in a private residence and not a hospital or other facility.

### State Exceptions

States Exempt from Policy	Arizona, Indiana, Kansas, Kentucky, Mississippi, Nebraska, New Jersey, Ohio, Tennessee, Texas
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### Definitions

<b>Durable Medical Equipment (DME)</b>	Medical equipment which: *Can withstand repeated use *Is not disposable *Is used to serve a medical purpose *Is generally not useful to a person in the absence of sickness or injury *Is appropriate for use in the home
<b>Place of Service</b>	A two-digit code used on health care professional claims to indicate the setting in which a service was provided.

### Questions and Answers

1	<p><b>Q:</b> Do health care professionals need to be contracted with UnitedHealthcare to be considered for reimbursement under this policy?</p> <p><b>A:</b> For benefit plans that include out-of-network coverage, this policy applies to claims submitted by both participating and non-participating care providers.</p>
2	<p><b>Q:</b> Does Durable Medical Equipment (DME) with POS 12 apply to this policy?</p> <p><b>A:</b> Yes, this policy is applicable to billing that falls within the dates of an inpatient claim (not including the dates of admission and discharge).</p>
3	<p><b>Q:</b> What happens if the patient is discharged and receives home health services on the same day as the discharge with POS 12?</p> <p><b>A:</b> Home health services provided on the dates of admission and discharge are exceptions and may still be eligible for reimbursement.</p>
4	<p><b>Q:</b> What happens if the patient is in a facility and a home health assessment is needed?</p> <p><b>A:</b> The policy will not deny services for a home health assessment for admit and discharge dates of an inpatient stay</p>

### Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

History	
<b>7/01/2024</b>	Policy Implemented by UnitedHealthcare Community Plan
<b>3/12/2024</b>	Reimbursement Policy Oversight Committee