

## HOME HEALTH

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Review dates: None yet recorded

**APPLIES TO**

- Commercial
- Medicare follows CMS unless otherwise specified
- Medicaid follows MDHHS unless otherwise specified

**DEFINITION**

All home health visits by a home health care agency for members require prior authorization. Get important information about requesting authorization for home health [in our Provider Manual](#). To see specific details on the home health authorization process:

1. [Log into your prism account](#) (or [create one](#)).
2. Under the Authorizations menu, click **Request an Authorization**.
3. Click **Go to our authorization request help page**.
4. Click **Access GuidingCare resources**, then click **Home health outpatient** to download the guide.

Home visits by a Primary Care Physician don't require prior authorization, and any home physician visits don't require prior authorization for Medicare members.

**MEDICAL POLICY**

[Home Care](#) (#91023)

**FOR MEDICARE**

For indications that don't meet criteria of NCD, local LCD or specific medical policy, a Pre-Service Organization Determination (PSOD) will need to be completed. Get additional details on PSOD [in our Provider Manual](#).

**POLICY SPECIFIC INFORMATION****Home health agencies**

Revenue codes should be reported with the appropriate CPT or HCPCS codes for information and when required. Home Health Agencies must bill using UB-04 claim form.

- **0270** – DME/Supplies – not payable to HH agency, use DME provider
- **0421-0429** – Physical Therapy
- **0431-0439** – Occupational Therapy
- **0441-0449** – Speech Therapy Language Pathology
- **0552** – Skilled Nursing-Hourly Charge
- **0551-0559** – Skilled Nursing
- **0560-0569** – Medical Social Services
- **0570-0571** – Home Health (HH) Aide
- **0589** – Other Home Health Visit

## Physician services

All physicians should be reported on the HCFA 1500 claim form with appropriate CPT/HCPCS

- **99341** – Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
- **99342** – Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
- **99344** – Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
- **99345** – Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.
- **99347** – Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
- **99348** – Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
- **99349** – Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
- **99350** – Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

## Place of service

- 12 – Home

Coverage will be considered for services furnished in the appropriate setting to the patient's medical needs and condition. Authorization may be required. [Get additional information.](#)

## Documentation requirements

Complete and thorough documentation to substantiate the procedure performed is the responsibility of the provider. In addition, the provider should consult any specific documentation requirements that are necessary of any applicable defined guidelines.

## Modifiers

Priority Health follows standard billing and coding guidelines which include CMS NCCI. Modifiers should be applied when applicable based on this guidance and only when supported by documentation.

Incorrect application of modifiers will result in denials. Get mor information on modifier use [in our Provider Manual.](#)

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## CHANGE / REVIEW HISTORY

Date	Revisions made