

Home Health Skilled Nursing Services

***FORMERLY HOUSED IN AMPM POLICY 1240-G ATTACHMENT B**

PROVIDER TYPE	HOME HEALTH SKILLED NURSING SERVICES (INTERMITTENT) (BILLED IN 15 MINUTE UNITS FOR VISITS OF TWO HOURS OR LESS IN DURATION, UP TO A TOTAL OF FOUR HOURS PER		PRIVATE DUTY/ NURSE (CONTINUOUS) (BILLED IN HOURLY UNITS FOR VISITS OF MORE THAN TWO HOURS IN DURATION OR SERVICES EXCEEDING FOUR HOURS IN A SINGLE DAY)	
	RN HCPCS CODE	LPN HCPCS CODE	RN HCPCS CODE	LPN HCPCS CODE
MEDICARE CERTIFIED HOME HEALTH AGENCY	G0299	G0300	S9123	S9124
STATE CERTIFIED HOME HEALTH AGENCY	G0299	Not Covered	S9123	S9124
INDEPENDENT REGISTERED NURSE	G0299	Not Covered	S9123	Not Covered

HOME HEALTH SKILLED NURSING SERVICES [INTERMITTENT]

- If services are provided through a Medicare certified Home Health Agency(HHA), a RN or LPN may provide the service.
- If a Medicare certified HHA is not available, the service can only be provided by a RN.
- A LPN may not provide the HHN service through a non-certified HHA or as an independent nurse.

PRIVATE DUTY NURSE [CONTINUOUS]

- These services may be provided by a RN through either a Medicare Certified HHA, a State Certified HHA or by an independent RN.

REVISION HISTORY

Date	Description of changes	Page(s)
7/26/2019	EXHIBIT CREATION – THIS EXHIBIT WAS MOVED FROM AMPM 1240-G, WHERE IT EXISTED AS 1240-G ATTACHMENT B. IT HAS BEEN MOVED TO THE BILLING MANUAL.	1