REVISION DATES: 10/1/2018; 10/1/2017

Effective date of service 10/1/17, in accordance with CFR § 440.70, the initiation of Home Health Services will be subject to face-to-face encounter requirements for the FFS population.

COVERED SERVICES

AHCCCS covers medically necessary home health services provided in the member's place of residence in lieu of hospitalization. AHCCCS also covers home health services for elderly and physically disabled and developmentally disabled ALTCS members under Home and Community Based Services.

Covered services include:

- Home health nursing visits;
- Home health aide services;
- Medical equipment, appliances and supplies; and/or
- Therapy services within certain limits.

Home health nursing and home health aide services must be provided on an intermittent basis and ordered by a physician.

Outpatient speech therapy services are covered for EPSDT and ALTCS members only.

Home health care services are not covered for members eligible for the Emergency Services Program.

Face-To-Face Encounter Requirements

Effective date of service 10/1/17, in accordance with CFR § 440.70, the initiation of Home Health Services will be subject to face-to-face encounter requirements for the FFS population. The face-to-face encounter must meet the following criteria:

1. It must relate to the primary reason the member requires home health services.

2. It must occur no more than 90 days prior to or 30 days following the start of services.

3. It must be performed by one of the following:
    a. The ordering physician,
    b. A nurse practitioner, clinical nurse specialist, or certified nurse midwife working in collaboration with the physician in accordance with state law,

c. A physician assistant under the supervision of the ordering physician, or
d. For member's admitted to home health immediately after an acute or post acute stay, the attending acute or post acute physician.

4. A non-physician practitioner who performs the face-to-face encounter must communicate the findings of the face-to-face encounter to the ordering physician.

5. The clinical findings must be incorporated into a written or electronic document in the member's record. Regardless of which practitioner performs the face-to-face encounter, the physician responsible for ordering the home health service must document the practitioner who conducted the encounter, the date of the encounter, and that the face-to-face encounter occurred within the required timeframes within the medical record.

6. The ordering physician must also document on the prescription order the face-to-face encounter details, including date of encounter, the diagnosis, and the practitioner who conducted the encounter.

The face-to-face encounter may occur through telehealth.

Face-to-face encounter requirements apply to the initiation of services only.

Face-to-face encounter requirements do apply to rehabilitative therapies in the home.

Note: For the purposes of the face-to-face requirement the ordering physician can be a podiatrist, for services within their scope of practice.

Face-to-face encounter requirements **do** apply to medical equipment, appliances and supplies if provided under the home health benefit. Please see Fee-For-Service Provider Billing Manual Chapter 13 or AMPM Policy 310-P Medical Equipment, Medical Appliances and Medical Supplies for further information regarding the face-to-face requirement.

BILLING FOR SERVICES

Prior authorization from the AHCCCS Administration is required for home health services rendered by tribal providers to acute fee-for-service IHS members. However, no authorization is required for home health services rendered by Indian Health Service (IHS).

Home health services must be billed on a CMS 1500 claim form.

- For dates of service on or after January 1st, 2016, G0154 has been replaced with the following:

  G0299 (Direct skilled nursing services of a registered nurse – RN – in the home health or hospice setting)

G0300 (Direct skilled nursing of a licensed practical nurse – LPN – in the home health or hospice setting

Under the Health Insurance Portability and Accountability Act (HIPAA), all local codes have been replaced by standard HCPCS codes and modifiers. AHCCCS local codes included the "W" and "Z" codes formerly used to bill nursing services and respiratory therapy services.

For dates of service on and after January 1, 2004, providers must use the new codes. Claims billed with the old AHCCCS-specific codes will be denied.

This change in coding requirements applies to providers who submit claims electronically and on paper.

Home health nursing services

- Home health nursing services must be billed with the following codes:
  S9123 Nursing care, in the home; by registered nurse, per hour
  - ✓ This code replaces:

    Z3030 RN & LPN (Cert HHA) Intermittent Visit

    Z3031 RN (Non-Cert HHA) Intermittent Visit

    Z3033 RN (HH Nurse/Independent) Intermittent Visit

  S9124 Nursing care, in the home; by licensed practical nurse, per hour
  - ✓ This code replaces:

    Z3030 RN & LPN (Cert HHA) Intermittent Visit

    Z3035 LPN (HH nurse/independent) intermittent visit; per hour

Private duty nursing services (RN or LPN)

Private duty nursing services (RN or LPN) for ventilator dependent individuals at home who require more care than is defined as part-time or intermittent must be billed as follows:

- Registered nurse (RN) services must be billed with the following code and modifier:

  S9123 billed with TG modifier – Nursing care, in the home; by registered nurse, per hour (complex/high level of care).

  - ✓ This code with modifier replaces:

    Z3032 RN (Non-Cert HHA) Continuous Visit

    Z3034 RN (HH Nurse/Independent) Continuous Visit

Z3039 RN & LPN (Cert HHA) Continuous Care

- Licensed Practical Nurse (LPN) services must be billed with the following code and modifier:

  S9124 billed with TG modifier – Nursing care, in the home; by licensed practical nurse, per hour (complex/high level of care).

  ✓ This code with modifier replaces:

  Z3036 LPN (HH Nurse/Independent) Continuous Visit

  Z3038 LPN (Non-Cert HHA) Continuous Care

  Z3039 RN & LPN (Cert HHA) Continuous Care

Respiratory therapy services

- Respiratory therapists must bill with the following code:

  S5180 Home health respiratory therapy, initial evaluation

  ✓ This code replaces:

  W2404 Respiratory therapy performed by non-Medicare certified home health agency, limited to one (1) visit per day

  W2405 Respiratory therapy performed by Medicare certified home health agency, limited to one (1) visit per day

  W2406 Visit by respiratory therapist, limited to one visit per day

Respiratory therapists may not use the 94000 codes. Physicians and hospitals will continue to use the 94000 codes.

References

For additional information on Home Health Services please refer to AMPM 310-I, Home Health Services.

For additional information on the Prior Authorization process, please refer to Chapter 8, Prior Authorization, of the Fee-For-Service Provider Billing Manual and to AMPM 820, Prior Authorizations. Also refer to the Prior Authorization webpage for the most up-to-date, current information regarding the PA process, which can be found at:

https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/index.html

Revisions/Update History

Date	Description of Change(s)	Page(s)
10/1/2018	Revision Date section added Clarification added to General Information section (changed from “medically necessary supplies” to “Medical equipment, appliances and supplies; and/or”) The following addition was made to the Face-To-Face Encounter Requirements section: “Note: For the purposes of the face-to-face requirement the ordering physician can be a podiatrist, for services within their scope of practice. “ “Member” changed to “Member” References section added.	1 1 2 All 5
10/1/2017	Face-To-Face Requirements Formatting	1-2 All