

Medicare Certified Home Health Agencies can provide State Plan Home Health Services, State Plan Private nursing, waiver nursing services, personal care services and therapy services. Service definitions are included in Ohio Administrative Code (OAC) 5101:3-46-04, 5101:3-47-04, 5101:3-50-04, 5101:3-12-02 and 5101:3-12-03.1.

- **Medicare Certified Home Health Agencies MUST:**
 - Be listed as the provider on the waiver consumer’s approved All Services Plan;
 - Ensure that all RNs and LPNs have a valid license to practice in Ohio and be in good standing with the Ohio Board of Nursing.
 - Ensure that all nursing services is performed pursuant to written physician’s orders that are signed and dated;
 - Ensure that nursing services is provided to one person or up to three in a group setting, during a face-to-face visit;
 - Ensure personal care aides have a certification of completion of a nursing aide competency evaluation program or Medicare competency evaluation program.
 - Ensure personal care aides obtain and maintain first aid certification;
 - Ensure personal care aides complete eight (8) hours of service-related education each year;
 - Have RN or LPN, under the direction of a RN, provide supervision of personal care aide;
 - Comply with ODJFS monitoring requirements;
 - Maintain a clinical record at for each consumer at their place of business. The information that the record must included is in OAC 5101:3-46:04, 5101:3-47-04, and 5101:3-50-04;
 - Have and maintain copies of consumer’s current All Services Plan and keep copies of old ones;
 - Have Plan of Care recertified by treating physician every 60 days;
 - Bill as a group visit using the HQ modifier when any part of the visit includes more than one consumer;
 - Provide a discharge summary which is signed and dated when no longer providing services to consumer.
- **Medicare Certified Home Health Agencies MUST NOT:**
 - Bill for services in excess of the number of hours approved on the consumer’s All Services Plan;
 - Allow nurses to perform services that are out of the scope of licensure;
 - Allow personal care aides to administer prescribed or over-the-counter medication to the consumer;
 - Bill for services performed for the sole purpose of meeting the supervisory requirements as outlined in 5101:3-46-04, 5101:3-47-04, and 5101:3-50-04.

Billing Codes

| New Code | Rate | Nursing Description | Informational Modifiers* | Pricing Modifiers |
|-----------------|--------------|----------------------------|---------------------------------|--------------------------|
| G0154 | \$56.65/5.87 | Home Health Nursing | U1 U2 U3 U5 | HQ (group visit) |
| G0156 | \$24.72/3.09 | Home Health Aide | U2 U3 U5 | HQ (group visit) |
| T1002 | \$56.65/5.87 | RN Services - Waiver | U1 U2 U3 U4 | HQ (group visit) |
| T1003 | \$56.65/5.87 | LPN Services - Waiver | U2 U3 U4 | HQ (group visit) |
| T1000 | \$56.65/5.87 | Private Duty Nursing | U1 U2 U3 U4 U5 | HQ (group visit) |
| T1019 | \$24.72/3.09 | Personal Care Services | U2 U3 U4 | HQ (group visit) |
| G0151 | \$72.10/4.64 | Physical Therapy | U2 U3 U5 | HQ (group visit) |
| G0152 | | Occupational Therapy | U2 U3 U5 | HQ (group visit) |
| G0153 | | Speech Therapy | U2 U3 U5 | HQ (group visit) |

*U1: infusion therapy; U2: second visit to consumer on same date of service; U3: third or more visit to consumer on same date of service; U4: billing more than 12 hours, not to exceed 16 hours; U5: EPSDT/Healthchek treatment. Claims will be denied if these modifiers are not used when billing.

This Fact Sheet only provides highlights. The complete rule should be read for details.

OAC Rule Cites: 5101:3-46-04, 5101:3-47-04, 5101:3-50-04, 5101:3-45-01, 5101:3-46-06, 5101:3-47-06, 5101:3-50-06, 51010:3-12-01, 5101:3-12-04 and 5101:3-12-05

Websites: <http://jfs.ohio.gov/ohp> or www.carestar.com