



Home and Residential Health Care Billing Authorization Codes

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Lesson Objectives

- Discuss reasons for eliminating Per Diem Codes.
- Provide an overview of changes to authorization approvals occurring on December 17, 2022.
- Answer questions.





Accepted Conditions

- **Medical Care.** An employee who meets the statutory conditions of coverage is entitled to medical care consisting of services, appliances, and supplies prescribed or recommended by a qualified physician considered likely to cure, give relief, or reduce the degree or the period of that condition, and which DEEOIC considers likely to cure, give relief, or reduce the degree or the period of that illness.





Elimination of Per Diem Codes

- DEEOIC has solicited feedback from many providers through outreach events and other venues.
 - Most suggested change was to eliminate the Per Diem codes for home health care authorizations.
 - 8 hour 'per diem' code is confusing.
 - Per Diem code has been the source of most billing errors noted by our Program Integrity staff.
 - Not supported by off-the-shelf billing software.





New Authorization Structure

- On and after December 17, 2022, Medical Benefits Examiners will begin approving requests for authorization for home health care using hourly codes and 15-minute codes.
- Each service type will have a unique hourly code and 15-minute code.
- MBEs will authorize the number of hours per day that are medically necessary for an accepted condition as supported by the letter of medical necessity and medical evidence on file.
- For each day services are authorized, MBEs will also authorize codes to allow billing for up to three (3) 15-minute units.
 - 15-minute units will allow for accurate billing when services are provided in less than hour increments (15, 30, 45 min).





Example

- Letter of Medical Necessity and medical evidence on record support the claimants need for a home health aide for an accepted condition 4 hours per day for 3 days per week.
- MBE will authorize:
 - 4 units of S9122 per day (Hourly code for Home Health Aide), 3 days per week
 - 3 units of T1019 per day (15-Min code for Home Health Aide), 3 days per week
- Note that DEEOIC will no longer authorize separate codes for Certified Nursing Assistants, Home Health Aides and Personal Care Attendants. All three service types will be authorized using codes S9122 (hourly) and T1019 (15 min) setting the maximum rate DEEOIC will reimburse for this service. Providers can use these codes to bill the rate appropriate for the type of non-nursing service they are providing.





Providers will continue to bill based on the authorization

- MBEs will issue approval authorizations until December 16, 2022 using per diem codes
 - Providers will bill as approved using per diem codes
 - Providers will continue billing using per diem codes, as authorized, after December 17, 2022, until the approval expires, and a new request is approved for a new authorization period.
 - Beginning December 17, 2022, MBEs will issue approval authorizations using hourly and 15-minute codes.
 - MBEs will approve with hourly and 15-minute codes even if the LMN and request was submitted with per diem units
- Providers will not need to submit amended authorization requests or retroactive authorization requests.





Residential Health Care

- Beginning December 17, 2022, MBEs will issue approval authorizations for assisted living facilities using monthly and daily increments and codes.
- No need for providers to submit amendments or changes for periods that already have an approved authorization.





Questions



Questions can also be submitted to DEEOIC-Outreach@dol.gov

Thank you very much for attending the DEEOIC Webinar