5160-46-06.1 **Ohio home care waiver program: home care attendant services reimbursement rates and billing procedures.**

(A) Definitions of terms used for billing and calculating home care attendant services (HCAS) rates.

(1) "Base rate," as set forth in column 3 of tables A and B of this rule, means the amount reimbursed by Ohio medicaid for the first thirty-five to sixty minutes of assistance with self-administration of medications and the performance of nursing tasks provided during a single visit.

(2) "Continuous nursing" means nursing services (waiver nursing and/or private duty nursing) that are more than four hours in length and during which personal care aide service tasks as described in paragraph (A)(1) of rule 5160-46-04 of the Administrative Code may be provided incidental to nursing services.

(3) "Group rate" means the amount that HCAS providers ~~shall~~ will be reimbursed when the service is provided in a group setting.

(4) "Group setting" means a situation in which an HCAS provider furnishes HCAS in accordance with rule 5160-44-27 of the Administrative Code, and as authorized by the Ohio department of medicaid (ODM), to two or three individuals who reside at the same address.

(5) "HCAS visit" is a visit during which HCAS is provided in accordance with rule 5160-44-27 of the Administrative Code. An HCAS visit ~~shall~~ will not exceed twelve hours or forty-eight units in duration.

(6) "Intermittent nursing" means nursing services (waiver nursing and/or home health nursing) that are four hours or less in length.

(7) "Medicaid maximum rate" means the maximum amount that ~~shall~~ will be paid by the Ohio medicaid program for the service rendered. The base rate in column 3 and the unit rate in column 4 of table A of this rule, and the base rate in column 3 and the unit rates in column 5 of table B of this rule represent the medicaid maximum rates for HCAS.

(8) "Modifier", as set forth in column 4 of table A of this rule and column 4 of table B of this rule, means the additional two-alpha-numeric-digit billing code as set forth in paragraph (G) of this rule that HCAS providers ~~shall~~ will use to provide additional information regarding service delivery.

(9) "Unit rate," as set forth in column 5 of table A of this rule and column 5 of table B of this rule, means the amount reimbursed by Ohio medicaid for each fifteen minutes of HCAS delivered when the visit is:

(a) Greater than sixty minutes in length.

(b) Less than or equal to thirty-four minutes in length. Ohio medicaid will reimburse a maximum of only one unit if HCAS is equal to or less than fifteen minutes in length, and a maximum of two units if the service is sixteen through thirty-four minutes in length.

(B) Providers ~~shall~~ will bill for reimbursement using table A when HCAS is provided in lieu of continuous nursing as described in paragraph (A)(2) of this rule. Personal care aide tasks are included in the unit rate.

Table A

Column 1	Column 2	Column 3	Column 4	Column 5
Billing code	Home care attendant service description	Base rate	Modifier	Unit rate
S5125	Assistance with self-administration of medications and/or the performance of nursing tasks (HCAS/N)	$27.53	N/A	~~$4.70~~$6.39 per fifteen minute unit of HCAS/N delivered during visit
S5125	HCAS/N (overtime)	$35.11	TU or UA	~~$6.60~~$9.81

(C) Providers ~~shall~~ will bill for reimbursement using table B when HCAS is provided in lieu of intermittent nursing as described in paragraph (A)(6) of this rule. The first four units of HCAS ~~shall~~ will be billed for at the base rate. Beginning with the fifth unit of HCAS, assistance with self-administration of medications and the performance of nursing tasks (HCAS/N) ~~shall~~ will be billed at the HCAS/N unit rate; and personal care aide service tasks (HCAS/PC) ~~shall~~ will be billed at the HCAS/PC unit rate using

the U8 modifier. There is no base rate for HCAS/PC. The HCAS/PC service can only be rendered in conjunction with an HCAS/N service.

Table B

Column 1	Column 2	Column 3	Column 4	Column 5
Billing code	Home care attendant service description	Base rate	Modifier	Unit rate
S5125	HCAS/N	$27.53	N/A	~~$4.70~~$6.39 per fifteen minute unit of HCAS/N delivered during the visit
S5125	HCAS/PC	N/A	U8	~~$3.24~~$4.70 per fifteen minute unit of HCAS/PC delivered during the visit
S5125	HCAS/N (overtime)	$35.11	TU or UA	~~$6.60~~$9.81
S5125	HCAS/PC (overtime)	N/A	either TU or UA, and U8	~~$4.56~~$7.05

(D) The amount of reimbursement for a service ~~shall~~ will be the lesser of the provider's billed charge or the medicaid maximum rate.

(E) When HCAS/N and HCAS/PC are provided during an uninterrupted period of time, the visit ~~shall~~ will be considered a single HCAS visit. An HCAS provider is entitled to only one base rate during an HCAS visit.

(F) HCAS providers ~~shall~~ will be limited to a maximum of twelve hours or forty-eight units of HCAS during a twenty-four-hour period, regardless of the number of individuals enrolled on an ODM-administered waiver who are served.

(G) Required modifiers.

(1) The "HQ" modifier ~~must~~ will be used when a provider submits a claim if HCAS was delivered in a group setting. Reimbursement at a group rate ~~shall~~ will be the lesser of the provider's billed charge or seventy-five per cent of the medicaid maximum rate.

(2) The "TU" modifier ~~must~~ will be used when a provider submits a claim for billing code S5125 and the entire visit is being billed as overtime.

(3) The "UA" modifier ~~must~~ will be used when a provider submits a claim for billing code S5125 and only a portion of the visit is being billed as overtime.

(4) The "U2" modifier ~~must~~ will be used when a provider submits a claim for a second HCAS visit to an individual enrolled on the Ohio home care waiver for the same date of service.

(5) The "U3" modifier ~~must~~ will be used when the same provider submits a claim for three or more HCAS visits to an individual enrolled on the Ohio home care waiver for the same date of service.

(6) The "U8" modifier ~~must~~ will be used when a provider submits a claim for an HCAS visit that is in lieu of intermittent nursing as described in paragraph (A) (6) of this rule, and for units of service that are HCAS/PC.

(H) Claims ~~shall~~ will be submitted to, and reimbursement ~~shall~~ will be provided by, the ODM in accordance with Chapter 5160-1 of the Administrative Code.

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Certification

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