

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 <u>\$6.39</u> per fifteen minute unit of HCAS/N delivered during visit
S5125	HCAS/N (overtime)	\$35.11	TU or UA	\$6.60 <u>\$9.81</u>

(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 <u>\$6.39</u> per fifteen minute unit of HCAS/N delivered during the visit
S5125	HCAS/PC	N/A	U8	\$3.24 <u>\$4.70</u> per fifteen minute <u>unit</u> of HCAS/PC delivered during the visit
S5125	HCAS/N (overtime)	\$35.11	TU or UA	\$6.60 <u>\$9.81</u>
S5125	HCAS/PC (overtime)	N/A	either TU or UA, and U8	\$4.56 <u>\$7.05</u>

- (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.

Effective:

Five Year Review (FYR) Dates: 10/16/2023

Certification

Date

Promulgated Under: 119.03

Statutory Authority: 5166.02, 5166.30

Rule Amplifies: 5162.03, 5164.02, 5166.30, 5166.301, 5166.302,
5166.303, 5166.304, 5166.305, 5166.306, 5166.307,
5166.308, 5166.309, 5166.3010

Prior Effective Dates: 07/01/2010, 10/01/2011, 08/01/2015, 01/01/2017,
11/01/2021