

**Affected Programs:** BadgerCare Plus Core Plan

**To:** Home Health Agencies, Hospital Providers, Personal Care Agencies, HMOs and Other Managed Care Programs

## BadgerCare Plus Core Plan to Cover Home Health Services Following an Inpatient Hospital Stay

Effective for dates of service on and after January 1, 2010, the BadgerCare Plus Core Plan for Adults with No Dependent Children will cover home health services for a 30-day contiguous period following a member's inpatient hospital stay.

### Post-Hospitalization Home Health Services Covered Under the Core Plan

Effective for dates of service on and after January 1, 2010, the BadgerCare Plus Core Plan for Adults with No Dependent Children will cover medically necessary home health services (skilled nursing, home health aide, and therapy) for a 30-day contiguous period following a member's inpatient hospital stay.

In order for home health services to be covered under the Core Plan, the hospital discharge plan must specify the need for home health services, the name of the home health agency accepting the patient into care, and stipulate that discharge of the member is contingent on a home health agency accepting the member for care at the time of discharge from the hospital. For the services to be covered, the home health agency identified in the hospital discharge plan must accept the member into care immediately after the member's discharge from the hospital.

The Core Plan provides access to certain health care services including primary care, preventive care, and generic drugs to

adults who were previously not eligible to enroll in state and federal health care programs, such as BadgerCare Plus.

Refer to the Online Handbook on the ForwardHealth Portal for general information on covered and noncovered services, reimbursement, copayment, and enrollment.

### Procedure Codes and Diagnosis Codes

Covered post-hospitalization home health services correspond to the Healthcare Common Procedure Coding System (HCPCS) procedure codes in the Attachment of this *ForwardHealth Update*.

### Home Health Service Limitations for the Core Plan

Home health services for the Core Plan are covered up to the following limits:

- The Core Plan covers home health visits for up to a contiguous 30-day post-hospitalization period.
- The total number of covered home health visits during the 30-day contiguous period is *limited to 100 visits*.
- There are no daily limits on the various types of home health visits (skilled nursing, home health aide, and therapy visits).
- The 30-day contiguous coverage period begins on the date of discharge following an inpatient hospital stay.

- The 30-day contiguous coverage period will be reset each time the patient is discharged from an inpatient hospital stay.
- If the member is readmitted as a hospital inpatient during the 30-day coverage period, allowable home health visits provided on the date of readmission are covered.

Home health visits that exceed the Core Plan service limitations are considered noncovered.

### ***Billing Members for Noncovered Services***

Services rendered during a noncovered home health visit will not be reimbursed by ForwardHealth. Providers are encouraged to inform the member when he or she has reached a service limitation. If a member requests a service that exceeds the limitation, the member is responsible for payment. Providers are required to make payment arrangements with the member in advance. Providers may bill members up to their usual and customary charges for noncovered services.

### **Documentation Requirements**

Documentation for all home health services must be maintained as specified by Wisconsin Administrative Code and the Home Health Services area of the Online Handbook. Documentation for home health services provided under the Core Plan must also include a copy of the member's hospital discharge plan with the member's medical record.

In order for home health services to be covered under the Core Plan, the hospital discharge plan must clearly state that the member's discharge from the hospital is contingent on the member obtaining medically necessary prescribed home health services. The discharge plan must also specify which home health services are required to be provided to the member.

As required with other home health services, providers are required to develop a detailed and accurate description of the member's medical condition and needs in a plan of care

(POC) with sufficient detail supporting the medical necessity of care.

Providers should refer to Wisconsin Administrative Code and the Home Health Services area of the Online Handbook on the ForwardHealth Portal for all home health documentation requirements.

### **Prior Authorization**

Prior authorization is not required for post-hospitalization home health services covered under the Core Plan. Prior authorization requests submitted for Core Plan members will be returned to providers without adjudication.

### **Reimbursement**

Providers will be reimbursed for services provided to members enrolled in the Core Plan at the lesser of the provider's usual and customary charge or the Wisconsin Medicaid maximum allowable fee.

### **Copayments**

Home health services for Core Plan members do not have copayment.

### **Enrollment Verification**

It is imperative that providers verify a member's enrollment to determine if they are covered. Providers are reminded to *always* verify a member's enrollment *before* providing services, both to determine that the individual is enrolled for the current date and to discover any limitations to the member's coverage. Providers have several options to obtain enrollment information through Wisconsin's Enrollment Verification System and should refer to the Online Handbook for more information.

### **Information Regarding Managed Care Organizations**

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to

provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

P-1250

# ATTACHMENT

## Procedure Codes for Core Plan Post-Hospitalization Home Health Services

Procedure Code	Procedure Code Description	National Modifier	State-Defined Start-of-Shift Modifier
(Limited to Medicaid-Covered Services)			
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual [per visit]	None	UJ — Night (12 a.m. to 5:59 a.m.) UF — Morning (6 a.m. to 11:59 a.m.) UG — Afternoon (12 p.m. to 5:59 p.m.) UH — Evening (6 p.m. to 11:59 p.m.)
97139	Unlisted therapeutic procedure (specify) [per visit]	None	UJ — Night (12 a.m. to 5:59 a.m.) UF — Morning (6 a.m. to 11:59 a.m.) UG — Afternoon (12 p.m. to 5:59 p.m.) UH — Evening (6 p.m. to 11:59 p.m.)
97799	Unlisted physical medicine/rehabilitation service or procedure [per visit]	None	UJ — Night (12 a.m. to 5:59 a.m.) UF — Morning (6 a.m. to 11:59 a.m.) UG — Afternoon (12 p.m. to 5:59 p.m.) UH — Evening (6 p.m. to 11:59 p.m.)
99600	Unlisted home visit service or procedure [per visit]	None	UJ — Night (12 a.m. to 5:59 a.m.) UF — Morning (6 a.m. to 11:59 a.m.) UG — Afternoon (12 p.m. to 5:59 p.m.) UH — Evening (6 p.m. to 11:59 p.m.)
99600	Unlisted home visit service or procedure [per visit]	TS — Follow-up service	UJ — Night (12 a.m. to 5:59 a.m.) UF — Morning (6 a.m. to 11:59 a.m.) UG — Afternoon (12 p.m. to 5:59 p.m.) UH — Evening (6 p.m. to 11:59 p.m.)
T1021	Home health aide or certified nurse assistant, per visit	None	UJ — Night (12 a.m. to 5:59 a.m.) UF — Morning (6 a.m. to 11:59 a.m.) UG — Afternoon (12 p.m. to 5:59 p.m.) UH — Evening (6 p.m. to 11:59 p.m.)
T1021	Home health aide or certified nurse assistant, per visit	TS — Follow-up service	UJ — Night (12 a.m. to 5:59 a.m.) UF — Morning (6 a.m. to 11:59 a.m.) UG — Afternoon (12 p.m. to 5:59 p.m.) UH — Evening (6 p.m. to 11:59 p.m.)

Procedure Code	Procedure Code Description	National Modifier	State-Defined Start-of-Shift Modifier
<b>(Limited to Medicaid-Covered Services)</b>			
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	None	UJ — Night (12 a.m. to 5:59 a.m.) UF — Morning (6 a.m. to 11:59 a.m.) UG — Afternoon (12 p.m. to 5:59 p.m.) UH — Evening (6 p.m. to 11:59 p.m.)