

Title	Description
Policy Name:	Home Health Agency Services
Policy Number:	BRM-2024-05
Code/Rule Reference:	OAC 4123-6-38 ; 4123-6-08 ; OAC 4123-6-02.2
Effective Date:	05/01/2024
Origin:	Medical Policy
Supersedes:	All medical policies and procedures, directives, and memos regarding home health agency services.
History:	Revised 05/01/2024; 2/1/21; Reformatted 1/1/19; updated 10/1/17
Review date:	05/01/2029

I. POLICY PURPOSE

The purpose of this policy is to ensure that BWC provides direction for the billing of home health agency services, including home infusion therapy. Providers would continue to refer to all relevant BWC rules and policies, including the *Payment for Home Health Nursing Services and Home Health Aide* rule [OAC 4123-6-38](#), which this policy complements.

II. APPLICABILITY

This policy applies to all actions relevant to the request, approval, and reimbursement of home health agency services within the Ohio Workers' Compensation System.

III. DEFINITIONS

No definitions in this policy.

IV. POLICY

A. **Eligible Providers** - To be enrolled and certified by BWC per [OAC 4123-6-02.2](#), home health agencies must be:

1. Certified to provide Medicare services, and
2. Must be licensed by the Ohio Department of Health.

B. **Services**

1. Skilled Nursing, Hourly Nursing, Home Health Aides, Therapists, and Social Workers
 - a. Billing for home health services must be submitted to the MCO on a CMS-1500 using the appropriate HCPCS Level I (CPT®) codes for physical, occupational or speech therapy and HCPCS Level II or BWC local level codes, listed in the [Professional Provider Fee Schedule](#), for other services including skilled nursing visits, hourly nursing, home health aide, and social worker visits.
2. **Note: Skilled nursing visits include initial assessment and up to two (2) hours/day. Thereafter, services are paid per fifteen (15) minute increments. Time documentation shall be included in all notes.**
3. **Mileage and Travel Time**
 - a. BWC reimburses for mileage and travel in limited circumstances as described below, using BWC local level procedure codes outlined in the Professional Provider Fee Schedule.
 - b. The MCO shall select the BWC certified Home Health Agency that is closest to the injured worker's residence.
 - i. Payment of mileage and/or travel time is limited to home health agency workers who are providing direct care to the injured worker.
 - ii. Mileage shall be reimbursed beginning with the 51st mile for a round trip for an injured worker.
 - iii. Mileage and time are calculated as follows:
 - a) Mileage and/or time calculation begins from home health worker's home base to injured worker home, and ends with return trip from injured worker home to home health worker's home base or next injured worker whichever comes first; or
 - b) Mileage and/or time begins from home health workers previous point of service to injured worker home and ends with return trip from injured worker home to home health worker's home base or next injured worker whichever comes first.
 - c. *Note: Mileage and travel time codes may not be billed in conjunction with the all-inclusive per diem home infusion therapy codes.*
4. **Home Infusion Therapy**
 - a. The MCO shall negotiate a per diem rate for all home infusion, therapy services while still maintaining high quality care for the injured worker. This rate shall include nursing services, medical supplies, medication, and pharmacy services, unless otherwise noted. (See IV.B.3.b.iii. below)
 - b. The all-inclusive per diem rates may be negotiated with the following BWC infusion pharmacy provider:

- i. A Medicare certified home health agency which has its own state pharmacy board licensed fluid therapy pharmacy; or
 - ii. A state pharmacy board licensed fluid therapy pharmacy with nurses either employed by the pharmacy or contracted by the pharmacy through a Medicare certified home health agency.
 - iii. In some instances, it may be necessary for pharmacy services and skilled nursing services to be billed separately if a nursing agency is being used in addition to the infusion pharmacy. The pharmacy per diem charge shall include all services and supplies except for skilled nursing visits. The home health agency shall bill for each skilled nursing visit and must be BWC certified.
- c. The MCO's negotiated per diem rates shall be equal to or lower than the BWC fees for the individual components.
- d. Billing for home infusion therapy must be submitted to the MCO on a CMS-1500.
- e. BWC recognizes BWC local level codes for billing of home infusion therapy as described in the [Professional Provider Fee Schedule](#) rule.