

To: ALL CLEARANCE REVIEWERS

From: Julie Evers, Bureau of Long-Term Services and Supports, HCBS Policy Section

Date: August 6, 2021

Subject: Proposed Rate Increases for Home Health Services and Private Duty Nursing Services

The Ohio Department of Medicaid (ODM) provides home health nursing, aide and therapy services and private duty nursing services through both fee-for-service and managed care delivery systems. A 6.1% increase in rates for these services is proposed for dates of service on and after November 1, 2021.

Attached for your review and comment are proposed Ohio Administrative Code (OAC) rule changes governing the reimbursement policy for home health services and private duty nursing

OAC 5160-12-05, entitled “Reimbursement: home health services,” is the rule that sets forth the rates for home health services. This rule will be proposed for amendment to increase the reimbursement for home health nursing, home health aide and home health therapies as set forth in Appendix 1.

OAC 5160-12-06 entitled “Reimbursement: private duty nursing services,” is the rule that sets forth the rates for private duty nursing services. This rule will be proposed for amendment to increase the rates for private duty nursing services as set forth in Appendix 1.

Thank you in advance for your review of these rules.

Attachments

*****DRAFT - NOT FOR FILING*****

5160-12-05 Reimbursement: home health services.

- (A) Definitions of terms used for billing home health services rates set forth in appendix A to this rule are:
- (1) "Base rate", as used in this rule and appendix A to this rule, means the amount reimbursed by Ohio medicaid:
 - (a) For the initial thirty-five to sixty minutes of home health aide service delivered;
 - (b) For the initial thirty-five to sixty minutes of home health nursing service delivered; or
 - (c) Up to the first four units of initial home health skilled therapy service delivered.
 - (2) "Unit rate", as used in this rule and appendix A to this rule, means the amount reimbursed by Ohio medicaid for each fifteen minutes of service delivered when the initial visit is:
 - (a) Greater than sixty minutes in length for any home health service delivered; or
 - (b) Less than or equal to thirty-four minutes in length for home health aide and/or home health nursing service delivered.
- (B) Home health services are delivered and billed in accordance with this chapter by medicare certified home health agencies (MCHHA).
- (C) The amount of reimbursement for a home health visit shall be the lesser of the provider's billed charge or the medicaid maximum rate. The medicaid maximum rate is determined by using a combination of the base rate and/or unit rate found in appendix A as applicable to this rule using the number of units of service that were provided during a visit in accordance with this chapter as follows:
- (1) Each visit must be less than or equal to four hours.
 - (2) For a home health aide and/or a home health nursing visit that is less than thirty-five minutes in total, Ohio medicaid will reimburse a maximum of only one unit if the service 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.
 - (3) For a home health aide and/or a home health nursing visit thirty-five minutes to one hour in length in total, the medicaid maximum is the amount of the base rate.
 - (4) For a home health aide, home health nursing, or home health skilled therapy visit in length beyond the initial hour of service, the base rate plus the rate amount for each unit over the initial one hour may be claimed, not to exceed four hours.
- (D) The amount of reimbursement for a visit shall be the lesser of the provider's billed charge or seventy-five per cent of the total medicaid maximum as specified in paragraph (C) of this rule when billing with the modifier HQ "group setting" for group visits conducted in accordance with rule 5160-12-04 of the Administrative Code.
- (E) The modifiers set forth in appendix B to this rule must be used to provide additional information in accordance with this chapter. A visit made for the purpose of home infusion therapy in accordance with 5160-12-01 of the Administrative Code must be billed using the U1 modifier.

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- (F) The "place of service" code "02" will be used to indicate a visit was completed using telehealth.
- (G) A visit conducted by a registered nurse (RN) for the provision of home health nursing services must be billed to Ohio medicaid using the billing code G0299 as found in appendix A to this rule. A visit conducted by a licensed practical nurse (LPN) for the provision of home health nursing services must be billed to Ohio medicaid using the billing code G0300 as found in appendix A to this rule.
- (H) An MCHHA will not be reimbursed for home health services provided to an individual that duplicates same or similar services already paid by medicaid or another funding source. For example, if the facility/home where a residential state supplement recipient or individual receiving medicaid resides, such as an adult foster home, adult family home, adult group home, residential care facility, or other facility is paid to provide personal care or nursing services, home health services are not reimbursable by medicaid.
- (I) An MCHHA may be reimbursed for home health services provided to an individual residing in a facility/home if the provider has written documentation from the facility/home stating that it is not responsible for providing the same or similar home health services to the individual.
- (J) Home health services provided to an individual enrolled on an assisted living home and community based services waiver in accordance with rule ~~5160-1-06~~ [5160-1-06.5](#) and Chapter 173-39 of the Administrative Code do not constitute a duplication of services.

RESCINDED
Appendix
Appendix A-05

ODM codes and billing rates for home health service(s) provided on and after January 1, 2017.

Code	Description	Base Rate	Unit Rate *
G0151	Physical Therapy	\$69.94	\$4.50
G0152	Occupational Therapy	\$69.94	\$4.50
G0153	Speech-Language Pathology	\$69.94	\$4.50
G0156	Home Health Aide	\$23.57	\$3.92
G0299	Home Health Nursing-Registered Nurse (RN)	\$47.40	\$8.72
G0300	Home Health Nursing-Licensed Practical Nurse (LPN)	\$40.65	\$7.37

ODM codes and billing rates for home health service(s) provided on and after October 1, 2016 to December 31, 2016

Code	Description	Base Rate	Unit Rate *
G0151	Physical Therapy	\$69.94	\$4.50
G0152	Occupational Therapy	\$69.94	\$4.50
G0153	Speech-Language Pathology	\$69.94	\$4.50
G0156	Home Health Aide	\$23.57	\$3.92
G0299	Home Health Nursing-Registered Nurse (RN)	\$45.40	\$8.32
G0300	Home Health Nursing-Licensed Practical Nurse (LPN)	\$37.90	\$6.82

ODM codes and billing rates for home health service(s) provided from January 1, 2016 to September 30, 2016

Code	Description	Base Rate	Unit Rate *
G0151	Physical Therapy	\$69.94	\$4.50
G0152	Occupational Therapy	\$69.94	\$4.50
G0153	Speech-Language Pathology	\$69.94	\$4.50
G0154-TD	Home Health Nursing-Registered Nurse (RN)	\$45.40	\$8.32
G0154-TE	Home Health Nursing-Licensed Practical Nurse (LPN)	\$37.90	\$6.82
G0156	Home Health Aide	\$23.57	\$3.92

ODM codes and billing rates for home health service(s) provided from July 1, 2015 to December 31, 2015

Code	Description	Base Rate	Unit Rate *
G0151	Physical Therapy	\$69.94	\$4.50
G0152	Occupational Therapy	\$69.94	\$4.50
G0153	Speech-Language Pathology	\$69.94	\$4.50
G0154-TD	Home Health Nursing-Registered Nurse (RN)	\$45.40	\$8.32
G0154-TE	Home Health Nursing-Licensed Practical Nurse (LPN)	\$37.90	\$6.82
G0156	Home Health Aide	\$22.45	\$3.73

* 1 unit = 15 minutes

ENACTED
Appendix
5160-12-05

Appendix A

ODM codes and billing rates for home health service(s) provided on and after November 1, 2021.

Code	Description	Base Rate	Unit Rate *
G0151	Physical Therapy	\$74.21	\$4.77
G0152	Occupational Therapy	\$74.21	\$4.77
G0153	Speech-Language Pathology	\$74.21	\$4.77
G0156	Home Health Aide	\$25.01	\$4.16
G0299	Home Health Nursing-Registered Nurse (RN)	\$50.29	\$9.25
G0300	Home Health Nursing-Licensed Practical Nurse (LPN)	\$43.13	\$7.82

ODM codes and billing rates for home health service(s) provided on and after January 1, 2017 through October 31, 2021.

Code	Description	Base Rate	Unit Rate *
G0151	Physical Therapy	\$69.94	\$4.50
G0152	Occupational Therapy	\$69.94	\$4.50
G0153	Speech-Language Pathology	\$69.94	\$4.50
G0156	Home Health Aide	\$23.57	\$3.92
G0299	Home Health Nursing-Registered Nurse (RN)	\$47.40	\$8.72
G0300	Home Health Nursing-Licensed Practical Nurse (LPN)	\$40.65	\$7.37

* 1 unit = 15 minutes

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5160-12-06 Reimbursement: private duty nursing services.

- (A) Definitions of terms used for billing private duty nursing services (PDN) rates set forth in appendix A to this rule are:
- (1) "Base rate," as used in this rule and appendix A to this rule, means the amount reimbursed by Ohio medicaid for the initial thirty-five to sixty minutes of service delivered.
 - (2) "Unit rate," as used in this rule and appendix A to this rule, means the amount reimbursed by Ohio medicaid for each fifteen minute units of service delivered when the initial visit is:
 - (a) Greater than sixty minutes in length; or
 - (b) Less than or equal to thirty-four minutes in length.
- (B) PDN services are delivered and billed as PDN visits in accordance with rules 5160-12-02, 5160-12-2.3 and 5160-12-04 of the Administrative Code. The services must be provided by medicare certified home health agencies, "otherwise accredited agencies," or "non-agency nurses." PDN service rates are identified in appendix A to this rule.
- (C) The amount of reimbursement for a PDN visit shall be the lesser of the provider's billed charge or the medicaid maximum rate. The medicaid maximum rate is determined by using a combination of the base rate and unit rate found in appendix A to this rule using the number of units of service that were provided during a visit in accordance with this chapter.
- (D) The amount of reimbursement for a PDN visit shall be the lesser of the provider's billed charge or seventy-five per cent of the total medicaid maximum as specified in paragraph (C) of this rule when billing with the modifier HQ "group setting" for group visits conducted in accordance with rule 5160-12-04 of the Administrative Code.
- (E) The modifiers set forth in appendix B to this rule must be used to provide additional information in accordance with this chapter. A visit made for the purpose of home infusion therapy in accordance with 5160-12-02 of the Administrative Code must be billed using the U1 modifier.
- (F) A visit conducted by a registered nurse (RN) for the provision of PDN services must be billed to Ohio medicaid using the TD modifier. A visit conducted by a licensed practical nurse (LPN) for the provision of PDN services must be billed to Ohio medicaid using the TE modifier.
- (G) Providers of PDN will not be reimbursed for PDN services provided to an individual that duplicate services already paid by medicaid or another funding source. For example, if the facility/home where a residential state supplemental recipient or individual receiving medicaid resides, such as an adult foster home, adult family home, adult group home, residential care facility, or other facility is paid to provide nursing services, PDN services are not reimbursable by medicaid.
- (H) Providers of PDN may be reimbursed for PDN services provided to an individual who resides in a facility/home if the provider has written documentation from a facility/home stating that the facility/home is not responsible for providing the same or similar PDN services to the individual.
- (I) PDN services provided to the individual enrolled in the assisted living home and community based services waiver in accordance with rule 5160-1-60 and Chapter 173-39 of the Administrative Code do not constitute a duplication of services.

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Appendix A

5160-12-06

ODM codes and billing rates for private duty nursing service(s) provided on and after January 1, 2017.

Code	Description	Base Rate	Unit Rate
T1000	Private Duty Nursing, Agency Registered Nurse (RN) Provider	\$47.40	\$8.72
T1000	Private Duty Nursing, Non-Agency Registered Nurse (RN) Provider	\$38.95	\$7.03
T1000	Private Duty Nursing, each 15 minutes Agency Licensed Practical Nurse (LPN) Provider	\$40.65	\$7.37
T1000	Private Duty Nursing, Non-Agency Licensed Practical Nurse (LPN) Provider	\$33.20	\$5.88
T1000	Private Duty Nursing, Non-Agency Registered Nurse (RN) Provider \hat{I} Overtime	\$50.82	\$10.01
T1000	Private Duty Nursing, Non-Agency Licensed Practical Nurse (LPN) Provider \hat{I} Overtime	\$43.00	\$8.33

ODM codes and billing rates for private duty nursing service(s) provided on and after July 1, 2015 to December 31, 2016.

Code	Description	Base Rate	Unit Rate
T1000-TD	Private Duty Nursing, each 15 minutes Agency Registered Nurse (RN) Provider	\$45.40	\$8.32
T1000-TD	Private Duty Nursing, each 15 minutes Non-Agency Registered Nurse (RN) Provider	\$38.60	\$6.96
T1000-TE	Private Duty Nursing, each 15 minutes Agency Licensed Practical Nurse (LPN) Provider	\$37.90	\$6.82
T1000-TE	Private Duty Nursing, each 15 minutes Non-Agency Licensed Practical Nurse (LPN) Provider	\$31.65	\$5.57

1 unit = 15 minutes

ODM codes and billing rates for home health service(s) provided on and after October 1, 2011 to June 30, 2015.

Code	Description	Base Rate	Unit Rate
T1000	Private Duty Nursing, each 15 minutes Agency Nurse Provider	\$52.20	\$5.69

T1000	Private Duty Nursing, each 15 minutes Non-Agency Nurse Provider	\$41.76	\$5.69
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5160-12-06
Appendix A

ODM codes and billing rates for private duty nursing service(s) provided on and after January 1, 2021.

Code	Description	Base Rate	Unit Rate
T1000	Private Duty Nursing, Agency Registered Nurse (RN) Provider	\$50.29	\$9.25
T1000	Private Duty Nursing, Non-Agency Registered Nurse (RN) Provider	\$41.33	\$7.46
T1000	Private Duty Nursing, each 15 minutes Agency Licensed Practical Nurse (LPN) Provider	\$43.13	\$7.82
T1000	Private Duty Nursing, Non-Agency Licensed Practical Nurse (LPN) Provider	\$35.23	\$6.24
T1000	Private Duty Nursing, Non-Agency Registered Nurse (RN) Provider - Overtime	\$53.92	\$10.62
T1000	Private Duty Nursing, Non-Agency Licensed Practical Nurse (LPN) Provider - Overtime	\$45.62	\$8.84

ODM codes and billing rates for private duty nursing service(s) provided on and after January 1, 2017 through October 31, 2021.

Code	Description	Base Rate	Unit Rate
T1000	Private Duty Nursing, Agency Registered Nurse (RN) Provider	\$47.40	\$8.72
T1000	Private Duty Nursing, Non-Agency Registered Nurse (RN) Provider	\$38.95	\$7.03
T1000	Private Duty Nursing, each 15 minutes Agency Licensed Practical Nurse (LPN) Provider	\$40.65	\$7.37
T1000	Private Duty Nursing, Non-Agency Licensed Practical Nurse (LPN) Provider	\$33.20	\$5.88
T1000	Private Duty Nursing, Non-Agency Registered Nurse (RN) Provider - Overtime	\$50.82	\$10.01
T1000	Private Duty Nursing, Non-Agency Licensed Practical Nurse (LPN) Provider - Overtime	\$43.00	\$8.33

1 unit = 15 minutes

EXISTING

Appendix B

5160-12-06

Appendix B
Private Duty Nursing Service Modifier Descriptions
Effective January 1, 2017

Billing Modifier	Description	Requirement
U1	Infusion Therapy	Must be used with code T1000-TD for the purpose of identifying home infusion therapy provided by an Registered Nurse (RN) in accordance with rule 5160-12-02 of the Administrative Code.
U2	Second Visit	Must be used to identify the second visit for the same type of service made by a provider on a date of service per individual in accordance with rule 5160-12-04 of the Administrative Code.
U3	Third Visit	Must be used to identify the third or more visit for the same type of service made by a provider on a date of service per individual in accordance with rule 5160-12-04 of the Administrative Code.
U4	12 hours to 16 hours per visit	Must be used when a visit is more than twelve hours but does not exceed sixteen hours in accordance with rule 5160-12-02 of the Administrative Code.
U5	Healthchek	Must be used to identify the individual who meets the criteria in paragraph (I) of 5160-12-02.
HQ	Group Visit	Must be used to identify individual receiving services in accordance with rule 5160-12-04 of the Administrative.
TD	RN Visit	Must be used to identify a visit conducted by a registered nurse (RN) for the provision of a private duty nursing service billed to Ohio Medicaid.
TE	LPN Visit	Must be used to identify a visit conducted by a licensed practical nurse (LPN) for the provision of a private duty nursing service billed to Ohio Medicaid.

TU	Non-agency RN or LPN Visit	Must be used to indicate that the entire PDN visit conducted by the non-agency RN or LPN is being billed as overtime.
UA	Non-agency RN or LPN Visit	Must be used to indicate that a portion of the PDN visit conducted by the non-agency RN or LPN is being billed as overtime.