

2011 HH Provider Updates and Policy Clarifications

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Incontinent Supplies (May 2011)

DMS has noted numerous home health claims for incontinent supplies in which the units billed represents a case or box instead of an individual brief, underpad, chux, etc. **Paper incontinence supplies are to be billed in the following manner:**

- One unit represents 1(one) brief, pull-on, underpad, liner, etc..
- For example, to correctly charge 1 (one) case of diapers which contain a 320 count, you would bill '320' units.
- For all supplies, Home Health providers are to utilize the HCPCS code quantity size as indicated on the Home Health Care Supply Schedule which reflects the current HCPCS Level II Manual.

This is not a change in process but a clarification of current billing guidelines. There is no change with current PA requirements, limitations of service or regulations.

Clarification of Coverage: Retro-active Prior Authorization with Medicare Title18 denial, for the dual eligible recipients. (April 25, 2011)

When Medicare eligibility and coverage is uncertain such as:

- Coverage for veni-puncture for monitoring fasting blood sugar (FBS), unstable medication levels with/without medication dosage adjustments requiring observation, assessment and teaching ,
- Skilled nurse visits for assessing, monitoring , observation and teaching ,
- Homebound status,

Home health agencies are directed to contact their Medicare intermediary to discuss. Because Medicaid is payer of last resort, Medicare should be billed for services. If Medicare denies payment, you need to obtain a denial for reimbursement with an explanation from Medicare before requesting prior authorization from the Medicaid Home Health program.

To request retro-active prior authorization,

Home health providers are advised that when a Title 18 Denial is received from Medicare, the home health agency is to notify SHPS with the following information:

- The date of the Medicare Title 18 denial and the reason for the denial, OR
- Send a copy of the Title 18 denial from Medicare to SHIPS.

The start date for the Medicaid HH episode of care will be the start date the services were provided to the dual eligible recipient