

Dear Veteran Homecare Providers.

Thank you for providing excellent care to Veterans. As we continue to improve with claims processing timeliness, we are taking the opportunity to ensure claims received are billed accurately with appropriate codes and units. Proper billing and payment will result in increased payment processing and a consistent and reasonable Local VA Fee Schedule.

Local VA Fee Schedule rates are adjusted annually and are done so based off of the prior fiscal year's billing information. The codes, units and amounts billed are compiled, and the 75<sup>th</sup> percentile identified to determine the fiscal year's Local Fee Schedule rate for each billable code. Because these rates are determined from prior billings, we must ensure providers are billing codes and units accurately to determine an appropriate and reasonable rate for the coming year.

For services provided 10/1/18 and later, claims submitted for payment that do not reflect proper coding and/or units will be rejected for correction and re-submission. This will cause a delay in payment of claims.

Most importantly, the units billed must accurately correspond with the code billed. For example, if a 15-minute increment Skilled Nursing code is billed (G0299), the number of units must reflect the time spent for the visit. A two-hour visit would need to be billed as 8 units.

The following page is a helpful reference with home health billing examples. This is an informal reference only and the information is subject to change. It is up to the provider of service to determine appropriate billing and keep current on CMS guidelines.

## Things to remember:

- Diagnosis codes on claims must support the level of service provided.
- Electronic billing is preferred and will improve claim processing timeliness.
  - o VA Payer ID is 12115
- Insured ID information on claims submission MUST be full social security number
- Skilled homecare services should be billed on a UB04 (CMS 1450) form

## Questions? Please contact your local Claims Adjudication & Payment office



## **Home Health Billing Examples**

Below are some billing examples for revenue codes and CPT codes generally billed by home health agencies. This is an informal reference sheet and is subject to change. As with all providers, it is up to the professional billing staff for the company to determine what is appropriate to bill. As you can see, HHA and HMKR can use the same HCPCS codes but we require that a different Revenue code be used for each discipline. The description next to the revenue code will help describe services rendered.

Discipline	Type	HCPCS	REV Codes
Skilled Nurse RN 15 min increments	SK	G0299	551
Skilled Nurse LPN 15 min increments	SK	G0300	551
Skilled Nurse - RN Supervisory Visit 15 min increments	SK	G0162	551
Skilled Nurse *** home infusion 1st 2 hrs	SK	99601 (up to 2 hrs)	551
Skilled Nurse *** each additional hrs	SK	99602	551
OT - Occupational Therapist* 15 min increments	SK	G0152 GO	431
OTA - Occupational Therapist Assist* 15 min increments	SK	G0158 GO	431
ST - Speech Therapist * 15 min increments	SK	G0153 GN	441
PT - Physical Therapist * 15 min increments	SK	G0151 GP	421
PTA - Physical Therapist Assistant * 15 min increments	SK	G0157 GP	421
SW - Social Worker * 15 min increments	SK	G0155	561
GIP Hospice Care 1 unit only	SK	Q5006	656
Routine Hospice Care 1 unit only	SK	Q5001	651
Continuous Hospice Care 1 unit only	SK	Q5001	652
Respite Care In Home- Skilled RN 15 min increment	SK	G0299	661
Respite Care in Home- Skilled LPN 15 min increment	SK	G0300	661
Respite Care in Home-Non-Skilled* 15 min increment	UNSK	G0156	662
HHA-Home Health Aide 15 min increment	UNSK	G0156	570, 571
HMKR - Homemaker 15 min increment	UNSK	G0156	580, 581

<sup>\*\*\* 99601</sup> and 99602 are for RN SK visits for home infusion care. They must be authorized. All visits will only be allowed to bill 99601, additional time MUST be stated in the auth. These are reimbursed at the regular SK rates for that vendor, if contracted the contracted SK rate if non-contracted the SK CMS