## NETWORK DEVELOPMENT & ADMINISTRATION

HOME HEALTH RECOMMENDED CO	ODES
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SERVICE	REV CODE	CPT or HCPCS	ACTUAL CODE DESCRIPTION	CONTRACT INTENT	ND&A COMMENTS
		CODE			
RN Evaluation	<u>551</u>	<u>T1001</u>		o identify evaluation service performed by an RN.	
RN Follow Up Visit	551	T1030		To identify any follow up visit, including Specialty services, unless there is a	
1			Si Si	eparate RN Specialty service identified in the contract.	
RN Specialty					The coding description, "time description of up to 15 minutes",
	559	T1002	KN service up to 15 minutes	This HCPCS code is used as coding criteria to identify the RN Specialty	should be ignored and the contract intent overrides this description.
	557	11002	set set nee, up to 15 minutes	ervices.	The intent is to use this code as criteria that represent the
					contracted service and payment description per contract.
RN per Hour	<u>552</u>	S9123	Nursing Care, in the home, by Registered Nurse, Per Hour		
LVN per Visit	<u>551</u>	T1031		identify LVN service that was intended to be paid at a Per Visit rate.	
LVN per Hour	<u>552</u>	S9124	Nursing Care, in the home, by Licensed Practical Nurse, Per Hour To i	identify LVN service that was intended to be paid at a Per Hour rate.	
PT Evaluation					To eliminate confusion on multiple options, ND&A has chosen
					only one code to represent the PT Evaluation. The coding
	10.1	071 (2	T	This CPT code is used as coding criteria to identify PT Evaluation service	description, "time description of up to 45 minutes", should be
	424	97163	Physical Therapy evaluation: high complexity, 45 min	nly.	ignored and the contract intent overrides this description. The
					intent is to use this code as criteria that represent the contracted
					service and payment description per contract
					This code is used to identify the Re-evaluation service and not
					intended to represent any follow up services. If the contract does
PT Re-evaluation	424	97164	Re-evaluation of physical therapy established plan of care		not have contracted Re-evaluation service and if this service is
a r Ke-evaluation	424	9/104	Re-evaluation of physical merapy established plan of care		
					needed, CM should be notified of the request to avoid any
					confusion.
					This HCPCS code is used as coding criteria to identify Follow Up
					services if there is a separate PT Evaluation service in the contract.
PT per Visit	421	S9131	Physical Therapy, in the home, Per Diem		Otherwise, this code represent any PT services in general in the
					absence of specific PT services (Evaluation, Re-evaluation Follow
					Up, etc>)
					For Billing and Claims payment purposes ONLY, the coding
					description, "time description of up to 15 minutes", should be
			Services performed by qualified PTA in home health or hospice setting,		ignored and the contract intent overrides this description. The
PTA	421/429	G0157	each 15 minutes (4 units = 1 hour)	This HCPCS code is used as coding criteria to identify PTA services.	intent is to use this code as criteria that represent the contracted
					service and payment description per contract to avoid
					underpayment or overpayment based on billed units.
OT Evaluation	434	97167	Occupational Therapy evaluation, high complexity, 60 min		underpayment of overpayment based on officer units.
<u>ST Diuluulon</u>	<u></u>	21101	oordpational Therapy evaluation, mgn comprentity, oo mm		This code is used to identify the Re-evaluation service and not
					intended to represent any follow up services. If the contract does
OT Re-evaluation	434	97168	Re-evaluation of occupational therapy established plan of care		not have contracted Re-evaluation service and if this service is
or ne evaluation	151	27100	te evaluation of occupational alerapy established plan of care		needed, CM should be notified of the request to avoid any
					needed, CNI should be notified of the request to avoid any
OT per Visit	431	S9129			
			Occupational Therapy, in the home, Per Diem		confusion.
			Occupational Therapy, in the home, Per Diem Services performed by qualified Occupational Therapist Assistant in		confusion.
COTA	431	G0158	Services performed by qualified Occupational Therapist Assistant in		confusion.
COTA	431		Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour)		confusion.
COTA	431	92521	Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour) Evaluation of speech fluency (eg: stuttering, cluttering)		confusion.
COTA	431		Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour) Evaluation of speech fluency (eg: stuttering, cluttering) Evaluation of speech sound production (eg: articulation, phonological		confusion.
		92521	Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour) Evaluation of speech fluency (eg: stuttering, cluttering) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia)		confusion.
	431	92521	Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour) Evaluation of speech fluency (eg: stuttering, cluttering) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) Evaluation of speech sound production (eg: articulation, phonological		confusion.
		92521	Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour) Evaluation of speech fluency (eg: stuttering, cluttering) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension		confusion.
		92521 92522	Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour) Evaluation of speech fluency (eg: stuttering, cluttering) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression		confusion.
ST Evaluation	444	92521 92522 92523	Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour) Evaluation of speech fluency (eg: stuttering, cluttering) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression Behavioral and qualitative analysis of voice and resonance		confusion.
T Evaluation	444	92521 92522 92523 92523 \$9128	Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour) Evaluation of speech fluency (eg: stuttering, cluttering) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression Behavioral and qualitative analysis of voice and resonance Speech Therapy, in the home, Per Diem		confusion.
T Evaluation	444	92521 92522 92523	Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour) Evaluation of speech fluency (eg: stuttering, cluttering) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression Behavioral and qualitative analysis of voice and resonance Speech Therapy, in the home, Per Diem Social Work visit, in the home, Per Diem		confusion.
3T Evaluation 3T per Visit 4SW per visit	444	92521 92522 92523 92523 \$9128	Services performed by qualified Occupational Therapist Assistant in     home health or hospice setting, each 15 minutes (4 units = 1 hour)     Evaluation of speech fluency (eg: stuttering, cluttering)     Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia)     Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression     Behavioral and qualitative analysis of voice and resonance     Speech Therapy, in the home, Per Diem     Social Work visit, in the home, Per Diem     Services of clinical social worker in home health or hospice settings,		confusion.
T Evaluation T per Visit <u>MSW per visit</u> MSW Evaluation	444 <u>441</u> <u>561</u> 569	92521 92522 92523 <u>92523</u> <u>\$9128</u> <u>\$9127</u> G0155	Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour) Evaluation of speech fluency (eg: stuttering, cluttering) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression Behavioral and qualitative analysis of voice and resonance Speech Therapy, in the home, Per Diem Social Work visit, in the home, Per Diem Services of clinical social worker in home health or hospice settings, each 15 minutes (4 units = 1 hour)		confusion.
ST Evaluation ST per Visit <u>MSW per visit</u> MSW Evaluation HHA per visit	444 <u>441</u> <u>561</u> 569 <u>571</u>	92521 92522 92523 <u>92523</u> <u>99128</u> <u>89127</u> G0155 <u>T1021</u>	Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour) Evaluation of speech fluency (eg: stuttering, cluttering) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression Behavioral and qualitative analysis of voice and resonance Speech Therapy, in the home, Per Diem Social Work visit, in the home, Per Diem Services of clinical social worker in home health or hospice settings, each 15 minutes (4 units = 1 hour) Home Health Aide or Certified Nurse Assistant, per visit		confusion.
ST Evaluation ST per Visit <u>MSW per visit</u> MSW Evaluation <u>HHA per visit</u> Sitte <u>r</u>	444 441 561 569 571 580	92521 92522 92523 <u>92523</u> <u>99128</u> <u>99127</u> G0155 <u>T1021</u> <u>85136</u>	Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour) Evaluation of speech fluency (eg: stuttering, cluttering) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression Behavioral and qualitative analysis of voice and resonance Speech Therapy, in the home, Per Diem Social Work visit, in the home, Per Diem Services of clinical social worker in home health or hospice settings, each 15 minutes (4 units = 1 hour) Home Health Aide or Certified Nurse Assistant, per visit Companion Care Adult, Per Diem		confusion.
T Evaluation <u>T per Visit</u> <u>MSW per visit</u> <u>MSW Evaluation</u> <u>HHA per visit</u> <u>Sitter</u> <u>Vursing Assistant (CNA)</u>	444 <u>441</u> <u>561</u> <u>569</u> <u>571</u> <u>580</u> <u>581</u>	92521 92522 92523 <u>\$9128</u> <u>\$9127</u> G0155 <u>T1021</u> <u>\$5136</u> T1021	Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour) Evaluation of speech fluency (eg: stuttering, cluttering) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression Behavioral and qualitative analysis of voice and resonance Speech Therapy, in the home, Per Diem Social Work visit, in the home, Per Diem Services of clinical social worker in home health or hospice settings, each 15 minutes (4 units = 1 hour) Home Health Aide or Certified Nurse Assistant, per visit Companion Care Adult, Per Diem		confusion.
T Evaluation <u>T per Visit</u> <u>MSW per visit</u> <u>MSW Evaluation</u> <u>HHA per visit</u> <u>Sitter</u> <u>Vursing Assistant (CNA)</u>	444 441 561 569 571 580	92521 92522 92523 <u>92523</u> <u>99128</u> <u>99127</u> G0155 <u>T1021</u> <u>85136</u>	Services performed by qualified Occupational Therapist Assistant in     home health or hospice setting, each 15 minutes (4 units = 1 hour)     Evaluation of speech fluency (eg: stuttering, cluttering)     Evaluation of speech fluency (eg: stuttering, cluttering)     Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia)     Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression     Behavioral and qualitative analysis of voice and resonance     Speech Therapy, in the home, Per Diem     Social Work visit, in the home, Per Diem     Services of clinical social worker in home health or hospice settings, each 15 minutes (4 units = 1 hour)     Home Health Aide or Certified Nurse Assistant, per visit     Companion Care Adult, Per Diem     Tome Health Aide or Certified Nurse Assistant, per visit     Home Visit Wound Care		confusion.
ST Evaluation ST per Visit <u>MSW per visit</u> MSW Evaluation <u>HHA per visit</u> <u>Sitter</u> <u>Nursing Assistant (CNA)</u> <u>WOCN</u>	444 <u>441</u> <u>561</u> <u>569</u> <u>571</u> <u>580</u> <u>581</u> <u>582</u>	92521 92522 92522 92523 <u>\$9128</u> <u>\$9127</u> G0155 <u>T1021</u> <u>\$5136</u> <u>T1021</u> <u>\$9097</u>	Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour) Evaluation of speech fluency (eg: stuttering, cluttering) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression Behavioral and qualitative analysis of voice and resonance Speech Therapy, in the home, Per Diem Social Work visit, in the home, Per Diem Services of clinical social worker in home health or hospice settings, each 15 minutes (4 units = 1 hour) Home Health Aide or Certified Nurse Assistant, per visit Companion Care Adult, Per Diem		confusion.
ST Evaluation ST per Visit <u>MSW per visit</u> MSW Evaluation <u>HHA per visit</u> <u>Sitter</u> <u>Nursing Assistant (CNA)</u> <u>WOCN</u>	444 <u>441</u> <u>561</u> <u>569</u> <u>571</u> <u>580</u> <u>581</u>	92521 92522 92523 <u>\$9128</u> <u>\$9127</u> G0155 <u>T1021</u> <u>\$5136</u> T1021	Services performed by qualified Occupational Therapist Assistant in     home health or hospice setting, each 15 minutes (4 units = 1 hour)     Evaluation of speech fluency (eg: stuttering, cluttering)     Evaluation of speech fluency (eg: stuttering, cluttering)     Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia)     Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression     Behavioral and qualitative analysis of voice and resonance     Speech Therapy, in the home, Per Diem     Social Work visit, in the home, Per Diem     Services of clinical social worker in home health or hospice settings, each 15 minutes (4 units = 1 hour)     Home Health Aide or Certified Nurse Assistant, per visit     Companion Care Adult, Per Diem     Tome Health Aide or Certified Nurse Assistant, per visit     Home Visit Wound Care		confusion.
ST Evaluation ST per Visit MSW per visit MSW Evaluation HIA per visit Sursing Assistant (CNA) WOCN HIA per Hour	444 <u>441</u> <u>561</u> <u>569</u> <u>571</u> <u>580</u> <u>581</u> <u>582</u> 572	92521 92522 92523 <u>\$9128 \$9127</u> G0155 <u>T1021 \$5136</u> <u>T1021</u> <u>\$9097</u> \$9122	Services performed by qualified Occupational Therapist Assistant in     home health or hospice setting, each 15 minutes (4 units = 1 hour)     Evaluation of speech fluency (eg: stuttering, cluttering)     Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia)     Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression     Behavioral and qualitative analysis of voice and resonance     Speech Therapy, in the home, Per Diem     Social Work visit, Per Diem     Gompanion Care Adult, Per Diem     Home Health Aide or Certified Nurse Assistant, per visit     Companion Care Adult, Per Diem     Home Visit Wound Care     Home Health Aide or Certified Nurse Assistant, per visit		confusion.
ST Evaluation ST per Visit MSW per visit MSW Evaluation HIA per visit Sursing Assistant (CNA) WOCN HIA per Hour	444 <u>441</u> <u>561</u> <u>569</u> <u>571</u> <u>580</u> <u>581</u> <u>582</u>	92521 92522 92522 92523 <u>\$9128</u> <u>\$9127</u> G0155 <u>T1021</u> <u>\$5136</u> <u>T1021</u> <u>\$9097</u>	Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour) Evaluation of speech fluency (eg: stuttering, cluttering) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression Behavioral and qualitative analysis of voice and resonance Speech Therapy, in the home, Per Diem Social Work visit, in the home, Per Diem Social Work visit, in the home, Per Diem Services of clinical social worker in home health or hospice settings, each 15 minutes (4 units = 1 hour) Home Health Aide or Certified Nurse Assistant, per visit Home Visit Wound Care Home Health Aide or Certified Nurse Assistant, providing care in the home, per hour Home Health Aide or Certified Nurse Assistant, providing care in the		confusion.
ST Evaluation	444 <u>441</u> <u>561</u> <u>569</u> <u>571</u> <u>580</u> <u>581</u> <u>582</u> 572	92521 92522 92523 <u>\$9128 \$9127</u> G0155 <u>T1021 \$5136</u> <u>T1021</u> <u>\$9097</u> \$9122	Services performed by qualified Occupational Therapist Assistant in     home health or hospice setting, each 15 minutes (4 units = 1 hour)     Evaluation of speech fluency (eg: stuttering, cluttering)     Evaluation of speech fluency (eg: stuttering, cluttering)     Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia)     Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression     Behavioral and qualitative analysis of voice and resonance     Speech Therapy, in the home, Per Diem     Social Work visit, in the home, Per Diem     Services of clinical social worker in home health or hospice settings, each 15 minutes (4 units = 1 hour)     Home Health Aide or Certified Nurse Assistant, per visit     Companion Care Adult, Per Diem     Iome Health Aide or Certified Nurse Assistant, per visit     Home Health Aide or Certified Nurse Assistant, per visit     Home Health Aide or Certified Nurse Assistant, per visit     Home Health Aide or Certified Nurse Assistant, per visit     Home Health Aide or Certified Nurse Assistant, per visit     Home Health Aide or Certified Nurse Assistant, per visit		confusion.

REMINDER:

\*The above listed codes are recommendation codes for Contracts with non-codified services or for hard-coded contracts that may have codes replaced or terminated. \*\*In the event that these Home Health Recommended Codes may be replaced or terminated, the list will be updated/revised as needed. 10/2022

## NETWORK DEVELOPMENT & ADMINISTRATION

## SHIFT CARE RECOMMENDED CODES - Age under 21 Y/O Effective 01.01.2019

OLD HCPCS CODE	NEW HCPCS CODE	ACTUAL CODE DESCRIPTION	ND&A COMMENTS
Z5836	G0162	RN (only) for management and evaluation of POC	MEDI-CAL ONLY, Rev code 551
Z5832	G0299	Direct skilled services of a licensed nurse (RN)	MEDI-CAL ONLY, Rev code 551
Z5834	G0300	Direct skilled services of a licensed nurse (LPN)	MEDI-CAL ONLY, Rev code 551

SERVICE	REV CODE	CPT or HCPCS CODE	ACTUAL CODE DESCRIPTION	
RN Evaluation	551	T1001	Nursing assessment/Evaluation	
RN Follow Up Visit	551	T1030	Nursing Care, in the home, by Registered Nurse, Per Diem	
RN Specialty	559	T1002	RN service, up to 15 minutes	
RN per Hour	552	S9123	Nursing Care, in the home, by Registered Nurse, Per Hour	
LVN per Visit	551	T1031	Nursing Care, in the home, by Licensed Practical Nurse, Per Diem	
LVN per Hour	552	S9124	Nursing Care, in the home, by Licensed Practical Nurse, Per Hour	
PT Evaluation	424	97163	Physical Therapy evaluation: high complexity, 45 min	
PT Re-evaluation	424	97164	Re-evaluation of physical therapy established plan of care	
PT per Visit	421	S9131	Physical Therapy, in the home, Per Diem	
PTA	429	G0157	Services performed by qualified PTA in home health or hospice setting, each 15 minutes (4 units = 1 hour)	
OT Evaluation	434	97167	Occupational Therapy evaluation, high complexity, 60 min	
OT Re-evaluation	434	97168	Re-evaluation of occupational therapy established plan of care	
OT per Visit	431	S9129	Occupational Therapy, in the home, Per Diem	
СОТА	431	G0158	Services performed by qualified Occupational Therapist Assistant in home health or hospice setting, each 15 minutes (4 units = 1 hour)	
		92521	Evaluation of speech fluency (eg: stuttering, cluttering)	
		92522	Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia)	
ST Evaluation	444	92523	Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthia) with evaluation of language comprehension and expression	
		92524	Behavioral and qualitative analysis of voice and resonance	
ST per Visit	441	S9128	Speech Therapy, in the home, Per Diem	
MSW per visit	561	S9127	Social Work visit, in the home, Per Diem	
MSW Evaluation	569	G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes (4 units = 1 hour)	
HHA per visit	571	T1021	Home Health Aide or Certified Nurse Assistant, per visit	
Sitter	580	S5136	Companion Care Adult, Per Diem	
Nursing Assistant (CN	A) 581	T1021	Home Health Aide or Certified Nurse Assistant, per visit	
WOCN	582	S9097	Home Visit Wound Care	
HHA per Hour	572	S9122	Home Health Aide or Certified Nurse Assistant, providing care in the home, per hour	
Nursing Assistant per	Hour 582	S9122	Home Health Aide or Certified Nurse Assistant, providing care in the home, per hour	
Dietitian	589	S9470	Nutrition Couseling Dietitian visit	
Homemaker	581	S5131	Homemaker Service, NOS, Per Diem	

NEW HCPCS CODE	ACTUAL CODE DESCRIPTION	
G0162	RN (only) for management and evaluation of POC	
G0299	Direct skilled services of a licensed nurse (RN)	
G0300	Direct skilled services of a licensed nurse (LPN)	

	HCPCS Codes	DESCRIPTION
	S9125**	Respite Care, in the home, Per Diem
	S9126**	Hospice Care, in the home, Per Diem
HCPCS Codes for	T2042*	Hospice Routine Home Care; Per Diem
Hospice Services	T2043*	Hospice Coutinuous Home Care; Per Hour
	T2044*	Hospice Inpatient Respite Care; Per Diem
	T2045*	Hospice General Inpatient Care; Per diem
	T2046*	Hospice Long Term Care, Room and Board only; Per Diem

## NOTES:

\*HCPCS National Codes established for State Medicaid Agencies

\*\* HCPCS Temporary National Codes (Non-Medicare)