



TO: Access Agencies and Home Health Agencies

RE: Important Changes to Billing Instructions for Home Health Nursing Evaluation and Therapy Services for CHC, ABI and PCA Waiver Members

The Department of Social Services (DSS) is issuing this provider bulletin to provide further guidance on skilled nursing (SN), physical therapy (PT), occupational therapy (OT) and speech and language pathology (SLP) services, performed as part of a home health plan of care for members served by the Personal Care Assistant (PCA), Acquired Brain Injury (ABI) or Connecticut Home Care Program (CHC) for Elders waiver programs.

Effective for dates of service January 1, 2018 and forward, the following Healthcare Common Procedure Coding System (HCPCS) codes and Revenue Center Codes (RCC) must be on the waiver member's care plan and will be on the electronic visit verification (EVV) mandated service list. For members with the ABI, CHC or PCA waiver benefit plan, these services must be billed via the Santrax® system. Claims not submitted through the Santrax® system will deny for Explanation of Benefit (EOB) code 0630 - Claim must be submitted via EVV system.

HCPCS Code	Description
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes

G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes
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RCC Code	Description
424	Physical Therapy Evaluation
434	Occupational Therapy Evaluation
444	Speech- Language Pathologist Evaluation

If a therapy service is required during the same visit as a 60-day recertification review, then the appropriate HCPCS code for the recertification must be billed in addition to the RCC applicable if the therapy service is provided on the same date of service.

Providers should contact the member's case manager at the Case Management/Access Agency for Prior Authorization (PA) requests.

The Home Health Provider Fee Schedule has been updated to include the above noted HCPCS codes. The updated fee schedule can be accessed and downloaded by accessing the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I accept" button and proceed to click on the appropriate fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open".

For more information regarding HCPCS code G0162, including how to bill multiple services for the same date of service, please reference Provider Bulletin 17-30.

For more information regarding HCPCS codes G0151, G0152 and G0153, including how to bill multiple services for the same date of service, please reference Provider Bulletin 17-59.



Questions? Need assistance? Call the Provider Assistance Center Mon–Fri 8:00 am – 5:00 pm
Toll free 1-800-842-8440 or write to DXC Technology, PO Box 2991, Hartford, CT 06104
Program information is available at www.ctdssmap.com