



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: August 1, 2021

Contact: dana.robinson-rush@ct.gov

TO: Home Health Agencies and Access Agencies

RE: Updating the Reimbursement Rate for Nursing Services for Home Health Pediatric Complex/High Tech Level of Care

Effective for dates of service retroactive to August 1, 2021, the reimbursement rate for pediatric (ages 0-18 years) complex care skilled nursing services provided by home health agencies was increased as described below.

HCPCS Codes	Modifier	Pre 8/1/21 Rates	Rates Effective 8/1/21
S9123	TG	\$45.69	\$59.17
S9123	TG/TT	\$22.85	\$29.59
S9124	TG/TE	\$38.66	\$50.06
S9124	TG/TT/TE	\$19.33	\$25.03

This provider bulletin (PB) supplements any guidance provided in “[PB 21-54 Increased Rate for Nursing Services for Home Health Pediatric Complex/High Tech Level of Care](#)”.

Billing Instructions:

Currently, home health agencies that provide more than two (2) hours of complex nursing services per day to HUSKY Health members must bill Healthcare Common Procedure Coding System (HCPCS) modifier-TG (Complex/high tech level of care) when billing for complex nursing services. HCPCS modifier-TG must be billed with one of the following HCPCS codes when billing for complex nursing services (as defined above):

- S9123-Nursing care in home by registered nurse, per hour; and
- S9124-Nursing care in home by licensed practical nurse, per hour.

As currently required, if complex nursing services are provided to more than one HUSKY Health member residing within the same residence, the home health agency must bill with HCPCS modifier-TT (Individualized services provided to more than one patient) in addition to HCPCS modifier-TG.

Also following the current requirement, HCPCS modifier-TE (LPN/LVN) must continue to be used when billing HCPCS code S9124 with HCPCS modifier-TG for complex/high tech level of care services rendered by a licensed practical nurse (see chart above).

Paid claims where the detailed billed amount is greater than or equal to the new allowed amount will be retroactively adjusted. Gainwell Technologies will identify and reprocess these claims without any additional work on the part of providers. Providers are encouraged to bill their usual and customary charge when submitting claims to ensure the systematic reprocessing of their claims whenever a rate change occurs.

Prior Authorization (PA) Process:

No changes have been made to the PA process and home health agencies **must continue to request prior authorization from the medical administrative services organization (ASO), Community Health Network of Connecticut, Inc. (CHNCT), or the behavioral health ASO, Beacon Health Options (CT BHP) for greater than 14 hours of home health aide services per week.**

Accessing the Fee Schedule:

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program (CMAP) Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, scroll to the bottom of the page and click on “I Accept”, then select the applicable fee schedule. To access the PDF file, click on the PDF icon for the Home Health fee schedule.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

Responsible Unit: DSS, Division of Health Services, Medical Policy; Dana Robinson-Rush, Health Program Assistant, email Dana.Robinson-Rush@ct.gov.

Date Issued: January 2022