CCN Unskilled Home Health Care

Quick Reference Guide

Key Points

- Homemaker, home health aide or in-home respite care is available only through the Department of Veterans Affairs (VA) Community Care Network (CCN). These services are authorized in either 30-, 90-, 180-, or 365-day periods as determined by VA.
- Has a 180-day timely filing limit for submitting claims. Providers should ensure claims are submitted within this timeframe. TriWest Healthcare Alliance (TriWest) recommends submitting claims within 30 days of the services date.
- Providers should ensure they are billing the appropriate Veteran ID without dashes or spaces, and a VA referral number on all claims.
- Reimbursement for services rendered cannot exceed the number of units authorized by the approved Standard Episode of Care (SEOC). If a provider requires additional units, they must request a new SEOC from VA.

Homemaker/Home Health Aide and In-home Respite Care

This care is included in the CCN Healthcare Benefit, which involves help with daily activities such as bathing, grooming, meal preparation, and household tasks. These services enable independence and safety for Veterans in their home setting.

- This care can only be authorized by the VA. The appropriate SEOC will be selected by the VA based upon the Veteran's needs. Each SEOC will indicate the number of hours authorized each week, and duration in which care may be rendered.
- This specific type and quantity of services that have been ordered by the VA physician is identified in the VA documentation, which the providing agency should use as guidance when rendering care.
  - For example, the SEOC may approve up to 20 hours per week, but the VA physician only ordered 10 hours per week. In this case, the agency should only provide the 10 hours of care per week that were ordered, even though the SEOC approves more.

Quick Billing Information:

These services are required to be billed on a HCFA 1500. Approved Current Procedural Terminology (CPT) codes can be billed in 15-minute or one-hour increments. Claims will be priced according to the VA Fee Schedule based on the zip code (locality) where services are rendered.

If multiple services are provided on the same day, the provider must follow the guidelines below:

- All charges for the same date must be billed on the same claim.
- Provider must bill using modifier 76.
- Provider must also include Time of Day modifiers:

- UF – Services performed in the morning
- UG – Services performed in the afternoon
- UH – Services performed in the evening
- UJ – Services provided in the night

- The most common codes billed for unskilled care are:
  - **G0156** – Services of home health/hospice aide in home health or hospice settings; each 15 minutes.
  - **G0162** – Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes.

Other codes that are typically allowed on the referral are: S5120, S5125, S5130, S9122.

If billing a CPT code that is per 15 minutes, the number of units billed must equal time spent per 15 minutes. For example, if services performed were for one hour, and billing G0156 (each 15 minutes), the units billed would be four.

Note: Most services will reimburse on a fee-for-service basis. The coding allowed is to accommodate billing per hour or per 15-minute increments, but it may vary depending on the service. For specific details, please contact your local VA Medical Center (VAMC).

TriWest-Authorized Care Versus Directly Authorized VA Care

If VA transfers Veterans from **directly** authorized home health care to the CCN, Home Health Agencies (HHA) should be aware that TriWest, not the VAMC, is the administrator and payer, and care should be provided according to the guidelines defined in this guide.

How to initiate Home Health Care:

- A VA clinician can determine that services are needed and forward an approved referral/authorization to that VAMC's Community Care department. The appointment will be scheduled by the VAMC Community Care staff. The VAMC will also be responsible for sending all letters.
- TriWest cannot generate an approved referral/authorization for non-credentialed HHAs for home health services.
  - If a **community provider** believes that a Veteran needs home health care (not hospice), providers should submit a Request for Services (RFS) to get care authorized. VA typically has up to 14 days to review and approve this request.
  - For Veterans being discharged from inpatient care, the ordering **physician or the facility** must an URGENT RFS to the VAMC prior to discharge.
- HHAs should verify a facility has taken this step. *All care must be pre-authorized*.

Unskilled Home Health Billing

Once an HHA has been contacted (via phone or written approved referral/authorization letter), VA has initiated the transfer of the Veteran's care to TriWest's administration under CCN.

- Submit your claims to PGBA, TriWest's claims processor.
- Always include the VA referral/authorization number and appropriate Veteran ID without dashes or spaces on all claims. All claims submitted without a VA referral/authorization number and/or incorrect Veteran ID number will be denied.

- CCN has a 180-day claims timely filing limit. Please ensure your claims are submitted within this timeframe. TriWest recommends submitting claims within 30 days of service. Providers are encouraged to submit their claims electronically for expedited receipt.
- The TriWest claims submission EDI payer ID is TWVACCN.

For more information, please refer to the CCN Provider Handbook.