

Home Health and Private Duty Nursing Services at a Glance

(All consumers must have a valid Medicaid card at time of service)

HOME HEALTH				PRIVATE DUTY NURSING	
	State Plan Home Health Services (Formerly known as Core)	State Plan Increased Home Health Services-60 Day Post Hospital Stay	State Plan Home Health Services HealthChek (Children only)	State Plan Private Duty Nursing-Post Hospital	State Plan Private Duty Nursing
Available Services	Home Health Nursing Home Health Aide Skilled Therapies (OT, ST, PT) Part-time Intermittent (4 hours or less per visit) No more than 8 hrs/day combined (nursing/aide/therapies) No more than 14 hours a week combined (nursing/aide) Must be provided in residence, licensed day care center, or early intervention program	Home Health Nursing Home Health Aide Skilled Therapies (OT, ST, PT) Part-time Intermittent (4 hours or less per visit) No more than 8 hrs/day combined (nursing/aide/therapies) Up to 28 hours/week combined (nursing/aide) Up to 60 consecutive days post hospital discharge	Home Health Nursing Home Health Aide Skilled Therapies (OT, ST, PT) Increased service available if requires more than 28 hours a week/combined and/or longer than 60 days or more than 8 hours a day of any home health service(nursing/aide/therapy), or more than 14 hours a week of aide, and/or nursing Part-time Intermittent	Continuous Skilled Nursing Acute Care Up to 56 hours a week More than 4 but max of 12 hours/visit Up to 60 consecutive days post hospital discharge Not for habilitative or maintenance care	Continuous Skilled Nursing More than 4 but max of 12 hours per visit Not for habilitative care
Eligibility Requirements	Medical Need Doctor's Order Any age Face-to-face encounter***	Medical Need 3 consecutive overnight Hospital Stay Comparable Institutional LOC* 07137 completed Skilled Service Need 1x/wk Any age Face-to-face encounter***	HealthChek** Under Age 21 Medical Need Comparable Institutional LOC* as evidenced by enrollment on DODD, ODA or ODJFS Waivers or evaluation by CareStar AND Skilled Service Need 1X/wk Face-to-face encounter***	3 consecutive overnight Hospital Stay Medical Need LOC Comparable to SLOC-07137 completed	Medical Need Comparable Institutional LOC* Prior Authorization by ODJFS is required
Eligible Providers	Medicare Certified Home Health Agencies only. No independent providers.	Medicare Certified Home Health Agencies only. No independent providers.	Medicare Certified Home Health Agencies only. No independent providers.	Medicare Certified Home Health Agencies CHAP/ACHC/Joint Commission Accredited Home Health Agencies Non-Agency RN/LPN	Medicare Certified Home Health Agencies CHAP/ACHC/Joint Commission Accredited Home Health Agencies Non-Agency RN/LPN
Billing Codes	Nurse-G0154 Aide-G0156 ST-G0153 OT-G0152 PT-G0151	Nurse-G0154 Aide-G0156 ST-G0153 OT-G1052 PT-G0151 Hospital discharge date is required	Nurse-G0154 Aide-G0156 ST-G0153 OT-G1052 PT-G0151	T1000 Hospital discharge date is required	T1000

* Institutional Level of care=ILOC, ICF/MR DD LOC, SLOC

** HealthChek-EPSDT program for children. Applicants are not required to have a HealthChek exam to access these benefits

*** Effective 12/1/2010 face-to-face encounter per provisions of health care reform act must be documented during 90 days before or within 30 days after the start of care.
8/23/2012