Private Duty Nursing and Home Health Limits

Why the change?

Effective September 8, 2008 TennCare will begin applying benefit limits to adults age 21 and over for both Home Health and Private Duty Nursing services. This is a positive change to curtail over-utilization and gain control of very costly services. TennCare’s private duty nursing and home health costs have grown from $54 million to $243 million in a four year period. The annual growth rate of 53% is unsustainable in a taxpayer funded program. This change will assist us in keeping the TennCare program stable as we move back into an at-risk arrangement with the Bureau.

The Bureau of TennCare mailed letters to members and providers announcing this change on August 8th and held a training forum in Nashville on August 13th for providers which was well attended.

Limits

CHANGES TO PRIVATE DUTY NURSING
TennCare will only cover private duty nursing (PDN) for adult patients who:
  1. Are ventilator dependent (for at least 12 hours per day), OR
  2. Have a functioning tracheostomy requiring suctioning AND need other specified types of nursing care*.

* Patient must require all of the following: 1) oxygen, 2) nebulizer or cough assist, 3) medication via G-tube, PICC line or central port and 4) TPN or nutrition via G-tube.

Skilled Nursing Services

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>HCPC Code</th>
<th>Increment of time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Nursing/Visit</td>
<td>551</td>
<td>G0154</td>
</tr>
</tbody>
</table>

* Limit to 4 15 minute units or 1 total hour

OR

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>HCPC Code</th>
<th>Increment of time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Nursing/Hour</td>
<td>552</td>
<td>S9123 (RN)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S9124 (LPN)</td>
</tr>
</tbody>
</table>
Skilled nursing benefit:
» 27 hours per week maximum unless qualified for Level II Nursing Home with PAE, then 30 hours per week maximum
» Preauthorization must identify if member has PAE
» Limit of only 1 visit up to 8 hours per day

### Aide Services

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>HCPC Code</th>
<th>Increment of time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Aide/Visit</td>
<td>571</td>
<td>G0156 15 minute*</td>
</tr>
</tbody>
</table>
* Limit to 4 15 minute units or 1 total hour

OR

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>HCPC Code</th>
<th>Increment of time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Aide/Hour</td>
<td>572</td>
<td>S9122 1 hour</td>
</tr>
</tbody>
</table>

Home Health Aide benefit:
» Up to 2 home health aide visits each day, limit of 8 hours each day
» 35 hours per week maximum unless qualified for Level II Nursing Home with PAE, then 40 hours per week maximum

If member is receiving both skilled nursing and home health combined:
» Benefit is limited to combined total of 8 hours each day
» Benefit is limited to combined total of 35 hours per week
» If member is qualified for Level II Nursing Home with PAE the combined care benefit limit each week is 40 hours

### Private Duty Nursing Services

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>HCPC Code</th>
<th>Increment of time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Duty Nursing</td>
<td>589</td>
<td>T1000 15 minute</td>
</tr>
</tbody>
</table>

Only TennCare members who meet one of the following conditions are eligible to receive Private Duty Nursing services:
» Under age 21
» Ventilator dependant at least 12 hours per day
» Functioning tracheostomy and other criteria.
Claims Information

- Providers will bill for a benefit week – which is defined as Monday – Sunday.
- Billing must occur on one claim per defined benefit week per patient.
- If second claim is billed for same week, claim will be denied.
- Providers must bill each day and service as a single line item on the claim.
- Fee schedule amounts for services did not increase or decrease with these limit changes – although the fee for visits (revenue codes 551 and 571; HCPCS codes G0154 and G0156) have been divided by four because the time designation is now 15 minutes per unit of 1 instead of one hour.
- The billing guidelines are the same for both adult and pediatric claims. All claims must be billed using HCPCs codes beginning 9/8. A revenue code may be entered on the claim but the HCPCs code is required – if not included the claim will be denied for the provider to refile using the correct billing guidelines.