

HOME HEALTH AND PRIVATE DUTY NURSING

ND Medicaid covers services provided by home health agencies certified to participate in the Medicare program and licensed and enrolled with ND Medicaid.

HOME HEALTH SERVICES

Home health services are skilled nursing services, as defined in the [North Dakota Nurse Practice Act](#) (N.D.C.C. § 43-12.1), that are provided on a part-time or intermittent basis. All services are provided based on a licensed physician's orders and a written plan of care. Other services include home health aide services, physical therapy, occupational therapy, speech pathology, audiology services, medical supplies, equipment, and appliances suitable for use in the home and telemonitoring.

PRIVATE DUTY NURSING SERVICES

Private duty nursing services means nursing services for members who require more individual and continuous care than is available from a visiting nurse. The services must be provided by a registered nurse or a licensed practical nurse in a member's home under the direction of the member's physician.

For skilled nursing needs that exceed four hours per day, ND Medicaid will review for medical necessity and determine an hourly fee with the home health agency or private duty nurse.

HOME HEALTH ELIGIBILITY REQUIREMENTS

To qualify for coverage of any home health services, the member must meet the criteria listed in this section.

- The member must need skilled nursing care on a part-time or intermittent basis, (at least one skilled nursing service every 60 days), or physical therapy or speech therapy or occupational therapy to qualify for home health services.
- The physician must certify that the member requires skilled nursing care in the home. Services must be medically necessary and considered the most appropriate setting consistent with meeting the member's medical needs.
- Services must be provided at the member's place of residence. A residence may be the member's own dwelling, an apartment, a relative's home, or temporary housing such as a motel/hotel room.

A face-to-face encounter for the initial ordering of home health services, must occur no more than 90 days before or 30 days after the start of home health services. Face-to-face encounters:

- Must be related to the primary reason the member requires home health services.
- May be performed by a physician, nurse practitioner, clinical nurse specialist, or physician assistant.
- May be performed via telehealth or in-person, telephone encounters are insufficient.

Clinical findings of the encounter must be communicated by the performing practitioner to the ordering physician. This communication must be documented in the medical record along with medical necessity for the home health services.

COVERED SERVICES

Home health agencies must provide the following services:

- Skilled nursing by a registered nurse or licensed practical nurse under the supervision of a registered nurse.
- Home health aide under the direction of a registered nurse.
- Physical, occupational, and speech therapy services provided by licensed therapists.

NONCOVERED SERVICES

Noncovered services include:

- Individual procedures
 - Eye drops or ointment instillations
 - Routine glucose monitoring and insulin administration
 - Routine foot care
 - Stasis ulcer maintenance care
 - Pediatric maintenance care
 - Routine medication setup
 - Other services that become self-care activities after the member or family members or others have been taught how to do the procedure(s) in a reasonable amount of time
- Personal care services not directly related to the condition requiring skilled nursing care
 - Light housekeeping
 - Transportation
 - Meal preparation
 - Laundry
 - Shopping
 - Childcare
 - Respite care

Respiratory therapy services (as a separate category of services). A registered nurse may provide respiratory therapy as a nursing service.

Observation and assessment by a skilled nurse are not reasonable and necessary to the treatment of the illness or injury when indications are that it is a long-standing pattern of the member's condition, and no clinical progress is demonstrated.

REQUESTING HOME HEALTH SERVICES

Home health agency visits are limited to 50 visits per member per calendar year, for all covered home health services. These visits are not subject to prior approval and do not apply to extended hour visits. Extended hour visit requests must be prior authorized by ND Medicaid.

SERVICE AUTHORIZATION TO EXCEED HOME HEALTH VISIT LIMITATION

Service authorization is required when it is medically necessary for the member to exceed the home health visit limitation. If the same level of care or a more intense level of care (i.e., more skilled nurse visits, addition of another service) is necessary beyond the initial 50 visits, the home health agency must submit a service authorization. ND Medicaid uses utilization review parameters for evaluating and determining medical necessity for the type of service(s) requested and the number of visits required to appropriately treat the member's condition.

Requests for additional visits beyond the initial 50 visits must be submitted prior to the last visit of the 50-day limitation and prior to the additional service being provided. All requests for authorization of additional visits must be submitted with the following information:

- The service authorization (SFN 15);
- A legible copy of the current Home Health Certification and Plan of Treatment Form (CMS 485) or certified plan of treatment with the most recent 60-day summary or a copy of the original physician's order; and
- Any pertinent documentation to substantiate the need for additional visits.

Each service authorization is valid for 60 days. Subsequent requests after the first 60-day period must be medically necessary, have a service authorization, and be received by ND Medicaid prior to the service being provided or before the next 60-day period. If the service authorization is not received prior to the 60-day time period, the visits will be denied.

The home health agency must keep on file copies of all documents submitted to ND Medicaid. Approved service authorizations are dependent on the member's eligibility during the approved service authorization period. If a member requires additional services in an approved period, the home health agency is responsible for requesting a service authorization for the expanded services.

Facsimile copies will be accepted, and a response given in the same manner. Return fax numbers must accompany the request.

Incomplete authorizations will be returned.

ELECTRONIC VISIT VERIFICATION (EVV)

Federal law requires states to verify when home health care services are provided in the home. For this reason, as of July 1, 2023, Medicaid-enrolled providers must use an approved electronic visit verification (EVV) system. EVV system required criteria and data elements:

- Service type
- Individual receiving the service
- Date of service
- Location of service
- Individual providing the services
- Begin and end time of service

If a provider does not have an EVV, or their EVV does not meet the State's standard criteria, the provider may use the State's third party EVV system.

PAYMENT FOR COVERED SERVICES

Payment to Home Health Agencies for covered services provided to Medicaid patients is made per encounter. The term "encounter" is defined as a face-to-face visit between the patient and one or more home health professionals during which services are rendered. An encounter for each type services is defined as:

- Skilled Nursing Visit – An encounter is a continuous period of time not to exceed a two-hour period in which the nurse remains at the residence of a member for the purpose of providing ongoing skilled nursing services.
- Home Health Aide Visit – An encounter is a continuous period of time not to exceed a two-hour period in which the aide remains at the residence of the member for the purpose of providing necessary ongoing home health aide services.
- Therapy Services – All therapy services will be reimbursed per encounter.

Encounters with more than one home health professional and multiple encounters with the same home health professionals on the same day and at a single location constitute a single visit for each discipline.

ND Medicaid will cover only the following services:

- G0156 Home Health Aide
- G0151 Physical Therapy
- G0159 Physical Therapy Maintenance
- G0157 Physical Therapy PTA
- G0152 Occupational Therapy
- G0160 Occupational Therapy Maintenance Program
- G0158 Occupational Therapy OTA
- G0153 Speech Therapy
- G0161 Speech Therapy Maintenance Program
- G0300 Skilled Nursing (LPN)
- G0299 Skilled Nursing (RN)

Home Health Telemonitoring will be covered within the same limits noted above. Home Telemonitoring is not allowed for the initial home Health evaluation visit or for the discharge visit. In addition, Home Health Telemonitoring is limited to no more than forty percent (40%) of the total visits during each certification period.

Telephonic encounters are not covered by ND Medicaid.