

PROTOCOLS FOR HOME HEALTH PROVIDERS

CenCal Health members may access health services provided at their home, including skilled medical services, if they are homebound.

The Home Health Provider will be responsible for first determining the eligibility of the recipient, for meeting the elements of and documenting services as indicated below, and in order to receive payment, for submitting claim forms to CenCal Health.

Types of Services Provided

SBHI, SLOHI, HF, PP2, and HK Members – The following Home Health services are Covered Benefits for Santa Barbara Health Initiative (SBHI), San Luis Obispo Health Initiative (SLOHI), Healthy Families (HF), Prenatal Plus 2 (PP2), and Healthy Kids members:

- Diagnostic and treatment services that can reasonably be provided within the home
- Nursing care provided by a registered or licensed vocational nurse, or a licensed home health aide who is working in conjunction with a registered or licensed vocational nurse
- Rehabilitation and/or, physical, occupational, or speech therapy, as determined by the physician to be medically necessary
- Medical supplies if they are given by approved Providers and are in accordance with the Member's written treatment plan
- The use of medical appliances if it is in accordance with the Member's written treatment plan

IHSS Members – The following Home Health services are Covered Benefits for In-Home Supportive Services (IHSS) Healthcare members:

- Medical Social Worker
- Diagnostic and treatment services that can reasonably be provided within the home
- Nursing care provided by a registered or licensed vocational nurse, or a licensed home health aide who is working in conjunction with a registered or licensed vocational nurse
- Rehabilitation and/or, physical, occupational, or speech therapy, as determined by the physician to be medically necessary
- Medical supplies if they are given by approved Providers and are in accordance with the Member's written treatment plan
- The use of medical appliances if it is in accordance with the Member's written treatment plan

Non-Covered Services

SBHI & SLOHI Members – The following services are Non-Covered Benefits for SBHI and SLOHI members:

- Services rendered by a provider who is not eligible with Medi-Cal
- Services rendered by a provider who is not contracted with CenCal Health as a provider
- Services not authorized in the Member's written treatment plan
- Custodial, maintenance, or domiciliary care, except as provided under the Hospice benefit

- Durable Medical Equipment (DME), when supplied by a Provider who does not have a valid DME Medi-Cal Provider Number

HF, PP2, and HK Members– The following services are Non-Covered Benefits for HF, PP2, HK members:

- Custodial, maintenance, or domiciliary care, except as provided under the Hospice benefit

IHSS Members– The following services are Non-Covered Benefits for IHSS members:

- Custodial, maintenance, or domiciliary care, except as provided under the Hospice benefit
- Services that are not necessary or a logical component in preventing or subsequently reducing an anticipated hospital stay

Eligibility

The Home Health Provider will be responsible for verifying the recipient is eligible with CenCal Health for the date of service. Eligibility can be verified through one of CenCal Health's systems. Information regarding eligibility is in the Member Services Section of this Provider Manual.

In the event the recipient is not eligible under any program administered by CenCal Health, payment for any services provided to the recipient will not be the responsibility of CenCal Health.

Documentation of Services

The Home Health Provider shall document services by completing a claim form and submitting the form to CenCal Health.

Authorizations

SBHI & SLOHI Members – Prior authorization is required for services beyond case evaluation. Certain services performed in conjunction with the initial six-month case evaluation are exempt from this requirement. For these exemptions, please refer to the Procedure Code table found below.

Authorization requests must include a written treatment plan attached to a Treatment Authorization Request form (TAR). A re-authorization request must include a statement describing the recipient's progress toward achieving the therapeutic goals.

For children with California Children's Service (CCS), providers should refer to the CCS Protocols found in the Primary Care Provider/Referral Provider Obligations Section of this Provider Manual.

HF, PP2, HK, and IHSS Members – A Home Health provider must request a referral in the form of a Referral Authorization Form (RAF) from the member's Primary Care Provider and obtain prior authorization through a Medical Authorization Form (AR). A written treatment plan must be attached to the AR. Please refer to the RAF and TAR/AR Sections of this Provider Manual for more information.

Billing for Covered Services

SBHI & SLOHI Members – Provider shall bill CenCal Health for Home Health services provided to an eligible member. Claims shall be submitted according to established protocols set forth in the EDS Medi-Cal Provider Manual. Claims must be submitted within one (1) year from the date of service, in accordance with the provisions of their Agreement. Claims submitted after six (6) months will be reduced to 75% of the allowable, and those submitted after nine (9) months from the date of service will be reduced to 50% of the allowable. The Medi-Reservation confirmation number should be indicated in box 13 of the HCFA-1500 Form or as instructed when billing electronically.

In the event the member has other coverage, or third-party liability is involved, the provider shall follow the terms and conditions of their Agreement with CenCal Health, or as indicated in “Other Health Coverage” found in the Claims Section of this Provider Manual.

HF, PP2, HK, and IHSS Members – Provider shall bill CenCal Health for Home Health services provided to an eligible member. Claims must be submitted within one hundred and eighty (180) Days of the date of service.

In the event the member has other coverage, or third-party liability is involved, the provider shall follow the terms and conditions of their Agreement with CenCal Health, or as indicated in “Other Health Coverage” found in the Claims Section of this Provider Manual.

Procedure Codes for Home Health Agencies**SBHI & SLOHI Members**

CPT Codes	Description	Prior Authorization	Frequency Limitation
Z6914	Case Evaluation and initial treatment plan	Not required. Mother and newborn evaluations must be performed on different days	Once in six months
Z6916	Monthly case evaluation – extension of treatment plan	Not required	Once per month
Z6900	Skilled nursing services	Required, except when performed in conjunction with the initial case evaluation (Z6914)	As authorized or as necessary to complete the initial or six-month case evaluation
Z6904	Physical therapy services	Required, except when performed in conjunction with the initial case evaluation (Z6914)	As authorized or as necessary to complete the initial or six-month case evaluation
Z6906	Occupational therapy services	Required, except when performed in conjunction with the initial case evaluation (Z6914)	As authorized or as necessary to complete the initial or six-month case evaluation
Z6908	Speech therapy services	Required, except when performed in conjunction with the initial case	As authorized or as necessary to complete the initial or six-month

		evaluation (Z6914)	case evaluation
Z6910	Medical social services	Required, except when performed in conjunction with the initial case evaluation (Z6914)	As authorized or as necessary to complete the initial or six-month case evaluation
Z6902	Home health aide services	Required	As authorized
Z6918	Unlisted services including administered drugs and supplies	Required	As authorized
Z6920	Early discharge follow up visit	Not required	Once in six months

HF, PP2, HK, and IHSS Members –Hospice providers may bill for services within the range of Hospice CPT codes as established by the American Medical Association’s most recently published Current Procedural Terminology (CPT) book and the Healthcare Common Procedure Coding System (HCPCS) book as compiled and published by the Department of Health and Human Services (HSS).

Reimbursement for Home Health Providers

A Home Health Provider shall be reimbursed by CenCal Health for Covered Services rendered to members as indicated in Exhibit A of the provider’s Allied Amendment Agreement.

A provider cannot “balance bill” any member for the difference between their billed charges and the compensation rate, nor can they impose a surcharge of any kind.