



BULLETIN NO. 23-03

Issue Date: October 27, 2022

Effective Date: December 17, 2022

Expiration Date: October 27, 2023

Subject: New Billing Authorization Codes for Home and Residential Health Care (HRHC).

Background: The Division of Energy Employees Occupational Illness Compensation (DEEOIC), has modified the billing authorization codes for HRHC. The codes listed in Exhibit 30-4 of Federal (EEOICPA) Procedure Manual (v7.0) should no longer be used. The new codes are included as an attachment to this bulletin.

This is a summary of the changes:

- Per-diem codes are being removed for in-home care
- Billing for medically necessary in-home care services will be reimbursed using hourly and 15-minute increments
- Reimbursement for authorized assisted living will be reimbursed using monthly and daily increments
- Services for Personal Care Attendants, Home Health Aides, and Certified Nurse Assistants will be reimbursable using code S9122 (per hour) or T1019 (per 15-minutes).

References: Federal (EEOICPA) Procedure Manual (v7.0), Chapter 30.

Purpose: To modify the billing authorization codes for HRHC. The guidance in this bulletin and attachment serve to supersede the guidance contained in Federal (EEOICPA) Procedure Manual (v7.0), Exhibit 30-4 or any subsequent versions of the Procedure Manual that the program publishes until these codes are incorporated officially into the Procedure Manual by inclusion in a future transmittal directive.

Applicability: All staff.

Actions:

1. For HRHC requests processed for authorization on or after the effective date of this bulletin, Medical Benefit Examiners (MBE) are to approve medically necessary services for reimbursement using the codes listed in the attached exhibit. The codes listed in the bulletin exhibit supersede the codes and guidance in Exhibit 30-4 of the current Federal (EEOICPA) Procedure Manual (v7.0).
2. The assigned MBE does not need to retroactively change any authorization granted prior to the effective date of the bulletin to accommodate the new HRHC coding. DEEOIC will continue to reimburse provider charges for medically necessary services that occurred prior to the effective date of the bulletin based on authorization coding approved by the Medical Benefits Adjudication Unit.
3. Should a provider submit a request to change or amend an existing authorization for the sole purpose of changing per-diem codes to hourly codes, the MBE will administratively deny the request to amend the approval. The denial will not prevent the provider from continuing to receive reimbursement at the level of professional care and number of hours authorized previously.
4. If an authorization occurred prior to the effective date of this bulletin, and there is a request to amend the existing authorization to accommodate a change to the medically necessary level/hours of authorized care, the MBE will evaluate the medical necessity of care per normal staff procedure. When the MBE determines there is a medically supported reason to alter the previous authorization and the decision is made after the effective date of this bulletin, the MBE will apply the new HRHC coding referenced in the exhibit.

Disposition: Retain until incorporated in the Federal (EEOICPA) Procedure Manual.

RACHEL D. POND
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Occupational Illness Compensation

Attachment 1: DEEOIC Home and Residential Health Care Authorized Billing Codes

DEEOIC Home and Residential Health Care Authorized Billing Codes

This information is intended to serve only as a general reference resource.

Reimbursement is based on the OWCP fee schedule.

T1001: Nursing Assessment/Initial Evaluation: This service does not require prior authorization from a DEEOIC Medical Benefits Examiner. Providers must submit the treating physician's prescription and/or Letter of Medical Necessity along with the nurse's assessment report with the bill upon billing for services rendered.

T1017: Targeted Case Management (15 minutes = 1 Unit): This service requires prior authorization from the DEEOIC Medical Benefits Examiner for a Registered Nurse to perform targeted case management. This is limited to the clinical impact of a covered employee's accepted work-related condition on his/her current medical status. The skill level of a Registered Nurse is required for this targeted case management activity. The Medical Benefits Examiner's authorization will specify the number of hours authorized for a case management visit. Each unit of a T1017 code is equal to 15 minutes; therefore, if a nurse case manager is at the covered employee's home for an assessment for one hour, the proper number of units to bill for this T1017 code is 4 units.

T1019: Personal Care Attendant (PCA)/Home Health Aide (HHA)/Certified Nurse Assistant (CNA) (15 Minutes = 1 Unit): This service requires prior authorization from the Medical Benefits Examiner. Attendant/aide services are non-skilled services routinely provided in an in-home setting. These services assist the covered employee with activities of daily living (i.e., bathing, feeding, dressing, etc.) Attendant/aide services must be provided by a home health aide, licensed practical nurse, or similarly trained individual. A family member who is also a trained personal care attendant can only be approved for up to 12 hours of care per day.

An attendant/aide can only be approved for care if there is sufficient medical rationale from a physician stipulating the specific need for personal care services related to the accepted work-related condition that requires an attendant.

Each unit of a T1019 code is equal to 15 minutes; therefore, if an attendant/aide provides services for 45 minutes, the proper number of units to bill for this T1019 code is 3 units.

S9122: Personal Care Attendant (PCA)/Home Health Aide (HHA)/Certified Nurse Assistant (CNA) Hourly Code: This service requires prior authorization from the DEEOIC Medical Benefits Examiner for a PCA/HHA/CNA to perform in-home health care (per hour code only). A PCA/HHA/CNA can be approved if there is sufficient medical rationale from a physician stipulating the specific medical services related to the accepted work-related condition that requires a PCA/HHA/CNA.

G0299: Nursing Care in-home Registered Nurse (RN) (15 Minutes = 1 Unit): This service requires prior authorization from the DEEOIC Medical Benefits Examiner for a RN to perform in-home care. A RN can only be approved for ongoing care if there is sufficient medical rationale from a physician stipulating the specific medical services related to the accepted work-

related condition that requires a RN.

Each unit of a G0299 code is equal to 15 minutes; therefore, if a RN provides services for 45 minutes, the proper number of units to bill for this G0299 code is 3 units. Under no circumstances should this code be authorized for more than 45 minutes (3 units) of care per day. For authorized services in excess of 3 units per day, the MBE should authorize code S9123: Nursing Care in-home Registered Nurse (RN) Hourly Code.

G0300: Nursing Care in-home License Practical Nurse (LPN) (15 Minutes = 1 Unit): This service requires prior authorization from the DEEOIC Medical Benefits Examiner for a LPN to perform in-home care. A LPN can only be approved for ongoing care if there is sufficient medical rationale from a physician stipulating the specific medical services related to the accepted work-related condition that requires a LPN.

Each unit of a G0300 code is equal to 15 minutes; therefore, if a LPN provides services for 45 minutes, the proper number of units to bill for this G0300 code is 3 units. Under no circumstances should this code be authorized for more than 45 minutes (3 units) of care per day. For authorized services in excess of 3 units per day, the MBE should authorize code S9124: Nursing Care in-home License Practical Nurse (LPN) Hourly Code.

S9123: Nursing Care in-home Registered Nurse (RN) Hourly Code: This service requires prior authorization from the DEEOIC Medical Benefits Examiner for a RN to perform in-home care (per hour code only). A RN can only be approved for ongoing care if there is sufficient medical rationale from a physician stipulating the specific medical services related to the accepted work-related condition that requires a RN.

S9124: Nursing Care in-home License Practical Nurse (LPN) Hourly Code: This service requires prior authorization from the Medical Benefits Examiner for a LPN to perform in-home care (per hour code only). A LPN can only be approved for ongoing care if there is sufficient medical rationale from a physician stipulating the specific medical services related to the accepted work-related condition that requires a LPN.

G0156: Hospice Care, in the home (15 Minutes = 1 Unit): This service requires prior authorization from the DEEOIC Medical Benefits Examiner. Hospice care is generally requested and authorized when a covered employee is determined to be terminally ill. Hospice services include services such as nursing care, social services, and counseling services.

Each unit of a G0156 code is equal to 15 minutes; therefore, if Hospice Care services are provided for 45 minutes, the proper number of units to bill for this G0156 code is 3 units. Under no circumstances should this code be authorized for more than 45 minutes (3 units) of care per day. For authorized services in excess of 3 units a day, the MBE should authorize code T2043: Hospice Care, in the home, Hourly Code.

T2043: Hospice Care, in the home, Hourly Code: This service requires prior authorization from the DEEOIC Medical Benefits Examiner. Hospice care is generally requested and

authorized when a covered employee is determined to be terminally ill. Hospice services include services such as nursing care, social services, and counseling services.

T2030: Assisted Living, Per Month: This service requires prior authorization from the DEEOIC Medical Benefits Examiner. An assisted living facility provides independent living arrangements with varying degrees of medical care and personal and support services. Most are designed to provide assistance with the activities of daily living, such as bathing and dressing. A community dining room or meal service may be available, as well, minor medical monitoring and assistance may be offered. Each unit of a T2030 code is equal to 1 month (30-31 calendar days and the month of February).

T2031: Assisted Living, Per Day: This service requires prior authorization from the DEEOIC Medical Benefits Examiner. An assisted living facility provides independent living arrangements with varying degrees of medical care and personal and support services. Most are designed to provide assistance with the activities of daily living, such as bathing and dressing. A community dining room or meal service may be available, as well, minor medical monitoring and assistance may be offered. Each unit of a T2031 code is equal to 1 day; therefore, if a covered employee's stay in the assisted living facility is less than 30 days, with the exception of the month of February, then the proper billing code to use is T2031 code. Under no circumstances should this code be authorized for more than 29 units per month or the month of February. For authorized services in excess of 29 units per month, the MBE should authorize code T2030: Assisted Living, Per Month.

Note: Under no circumstances should a per-diem code be used for less than 8 hours of care.