

Retroactive payment will be required when any of the following occur:

- (1) A field audit identifies overpayment by Medicaid.
- (2) The provider knowingly receives overpayment of a Medicaid claim from the Office.
In this event, the provider must:
 - (A) complete appropriate Medicaid billing adjustment forms; and
 - (B) reimburse the Office for the amount of the overpayment.

New rates set on July 1, 2008, shall be:

- (1) effective on July 1; and
- (2) annually adjusted thereafter based upon the most recently submitted financial and statistical documentation as filed by all providers of services who billed Medicaid for services provided during the cost report period.

The rates paid to providers in accordance with methods described in Attachment 4.19-B for home health services are subject to a 5% reduction for services on or after April 1, 2010. The 5% rate reduction will remain in effect through June 30, 2013. These rates are published in provider bulletins, which are accessible through the agency's website. The State's website, www.indianamedicaid.com allows providers access to all provider bulletins.

TN# 11-003
Supersedes
TN# 10-002

Approval Date: DEC 1 9 2011

Effective Date: July 1, 2011

7. Home Health services

Home Health Services are provided in accordance with 42 CFR 440.70 and include:

- (1) Intermittent or part-time nursing services in accordance with 42 CFR 440.70 (b)(1).
- (2) Home health aide services in accordance with 42 CFR 440.70(b)(2).
- (3) Medical supplies, equipment, and appliances suitable for use in the home in accordance with 42 CFR 440.70(b)(3).
- (4) Physical Therapy, Occupational Therapy, or Speech Pathology and Audiology services provided by a home health agency or medical rehabilitation facility in accordance with 42 CFR 440.70(b)(4) and 42 CFR 440.110.

Reimbursement for Home Health Services provided by licensed individuals within the scope of practice as defined under state law is available with prior authorization, for medically necessary and reasonable care.

All medically necessary Home Health Services will be provided to children under the age of 21.

Medically necessary and reasonable service is defined as a covered service required for the care or well being of the patient and is provided in accordance with generally accepted standards of medical or professional practice.

All home health services require prior authorization by the Office of Medicaid Policy & Planning (OMPP), except the following:

- (1) Services ordered in writing prior to inpatient hospital discharge provided by an RN, LPN, or home health aide, if the services do not exceed 120 units within 30 calendar days following hospital discharge.
- (2) Nursing services that do not meet the definition of emergency services, are covered without prior authorization when provided to a recipient for whom home health services have been currently authorized.

Coverage is not available for:

- (1) Homemaker, chore services, and sitter/companion service.
- (2) Educational activities.
- (3) Out of state home health agency services.
- (4) Therapy rendered for diversional, vocational, recreational, or avocational purposes.
- (5) Activities that can be conducted by non-medical personnel.

7.d. Physical Therapy, Occupational Therapy, or Speech Pathology and Audiology services provided by a home health agency or medical rehabilitation facility

Reimbursement is available only for medically necessary and reasonable therapy and is provided with limitations.

Physical Therapy, Occupational Therapy, Speech Pathology, and Audiology services provided by a home health agency in accordance with 42 CFR 440.70 (b) (4) and 42 CFR 440.110.

Prior authorization is required by the OMPP for all therapy services except the following;

- (1) Initial evaluations.
- (2) Any combination of therapy services ordered in writing prior to inpatient hospital discharge, if the services do not exceed 30 units in thirty 30 calendar days following hospital discharge.
- (3) Oxygen equipment and supplies necessary for the delivery of oxygen with the exception of concentrators.
- (4) Therapy services provided by a nursing facility or large private or small intermediate care facility for the mentally retarded (ICF/MR), which are included in the facility's per diem rate.
- (5) Physical therapy and occupational therapy ordered in writing by a physician to treat an acute medical condition.

Prior authorization is required by the OMPP for all audiology services except the following:

- (1) The initial assessment of hearing.
- (2) Determination of suitability of amplification and the recommendation regarding a hearing aid.
- (3) The determination of functional benefit to be gained by the use of a hearing aid.
- (4) Audiology services provided by a nursing facility or large private or small ICF/MR, which are included in the facility's established per diem rate.

8. Private Duty Nursing

Private Duty Nursing services provided by a home health agency in accordance with 42 CFR 440.80.

Reimbursement is available for medically necessary and reasonable services rendered by registered nurses, licensed practical nurses and home health agencies who are Medicaid providers, subject to prior authorization requirements applicable to home health agencies.

TN No. 11-003
Supersedes
TN No. 07-003

Approval Date DEC 13 2011

Effective Date 7-1-2011