

SECTION 4
PROCEDURE CODES

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SECTION 4 PROCEDURE CODES

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The following procedure codes will be used for home health visits:

- T1030** Nursing care by a Registered Nurse
- T1030** **Pediatric Home Health nursing care**
- T1031** Nursing care by a Licensed Practical Nurse
- T1031** Nursing Visit – Stabilized Patient
- T1021** Home Health Aide Visit
- T1028** Assessment Visit DME Evaluation
- A9900** Supplies
- S9127** Social Work Services to Enhance the Effectiveness of Home Health
- S9128** Speech Therapy
- S9129** Occupational Therapy
- S9131** Physical Therapy
- 36415** Venipuncture

MODIFIERS

Two nursing care visits, medically justified, for the same date of service shall be allowed under procedure code T1030 with a modifier 76 (repeat procedure or service by same physician or other qualified health care professional). Modifier 76 shall be recorded for the second visit only, and reflected on the CMS-1500 Form, Item 24.C (*e.g.*, new brittle diabetic requiring extra monitoring; home dialysis patient encountering difficulties with blood pressure). Procedure code T1030 is used for both nursing care by a registered nurse and Pediatric Home Health nursing care by a registered nurse.

DIAGNOSIS CODES

For dates of service on or before **September 30, 2015**, coding used for reporting primary and secondary diagnoses must be from the current edition of the International Classification of Diseases, Clinical Modification (ICD-CM).

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DIAGNOSIS CODES (CONT'D.)

For dates of service on or after **October 1, 2015**, coding used for reporting primary and secondary diagnoses must be from the International Classification of Diseases, Clinical Modification (ICD-10-CM), Volume I.

Refer to Section 3 for more detailed information regarding diagnosis code requirements.

INCONTINENCE SUPPLIES PROCEDURE CODES

Refer to the Community Long Term Care (CLTC) provider manual for the current reimbursement rates, authorization amounts and procedure codes for billing incontinence supplies as a state plan Home Health service.