



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU Home Health Policy Manual

Title: Home Health Policy 604
Section: ADMINISTRATIVE REQUIREMENTS
Subject: Payment Requirements
Reference: ARM 37.40.702, 42 CFR Part 484
Supersedes: Policy 604, Issued 07/01/2000

PAYMENT FOR SERVICES

Payment for Home Health services is contingent on the following factors:

1. The member is eligible for Medicaid on the day services are rendered;
2. The provider is eligible for Medicaid participation on the day service is rendered and has agreed to accept the member and bill Medicaid;
3. The service is covered by Medicaid;
4. Initial authorization for services has been received;
5. The member has not exceeded the limitations for a specific service without proper prior authorization;
6. A third party source has not already paid in full for the service;
7. Services are prescribed in the member's plan of care which is reviewed by the member's physician every 60 days;
8. Face-to-face encounter requirements have been met within the required time frame;
9. Services are approved by the Passport physician, when necessary;
10. A clean claim is received by the State's billing entity within 365 days of the dates of service; and
11. Payment is not available for any days a member is hospitalized or in a nursing facility. (Payment is available on the date of admission and the date of discharge if the member receives and is eligible for a Home Health service.