RB.025.D Pediatric Shift Care when Multiple Members in a Household are Receiving Care

Original Implementation Date : 2/15/2022
Version [D] Date : 11/1/2023
Last Reviewed Date: 9/21/2023

PRODUCT VARIATIONS

- This policy applies to the Medicaid product line for members under age 21.
- Medicaid members aged 21 and older do not have a shift care benefit.
- Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

POLICY STATEMENT

The intent of our policy is to communicate to professional providers the reporting requirements, reimbursement rules, and billing practices for pediatric shift care when multiple members in a household are receiving care.

When Home Health Aide Services (G0156) or Skilled Nursing (T1002/T1003) are provided to two or more members in the same household, we will reimburse 75% for member A and 75% for member B or a combined payment of 150% over the two or more separate claims.

Providers will be required to submit the correct modifier U7 for code G0156 when the request is for a member under age 21. The SC modifier needs to be requested along with the U7 modifier if the care is being delivered by a legally responsible relative. The TT modifier needs to be used when a caregiver is caring for more than 1 member simultaneously.

POLICY GUIDELINES

If the claim needs to include modifier TT for code G0156 it must be listed first. Modifiers should be listed as shown in the following order if applicable: 1st TT, 2nd U7, 3rd SC.

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CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive. (CPT® is a registered trademark of the American Medical Association.)

HCPCS CODES	
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes
G0156	Services of home health/hospice aide in home health or hospice settings. Each 15 minutes.

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed by Jefferson Health Plans (JHP) to assist in administering plan benefits and constitute neither offers of coverage nor medical advice.

This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
Policy updated to add code G0156 and modifiers U7 and SC. Code T1019 was removed. DHS requirement.	D	11/1/2023
Policy updated to add codes T1002 & T1003. Codes S9123 & S9124 were removed. TT modifier was added. UN & UP modifiers were removed. Policy statement was revised for clarity purposes.	C	3/15/2023
Policy updated to remove code S9122. Code T1019 was added.	B	5/1/2022
This is a new policy bulletin.	A	2/15/2022

REFERENCES

N/A

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