

**HEALTH CARE AUTHORITY**  
**Washington Medicaid Program**  
**Olympia, Washington**

**To:** Home Health Agencies  
Managed Care Organizations

**# Memo: 11-74**  
**Issued:** December 30, 2011

**From:** Doug Porter, Director  
Health Care Authority

**For information, contact:**  
1-800-562-3022 or go to:  
<http://hrsa.dshs.wa.gov/contact/prucontact.asp>

**Subject: Home Health Services (Acute Care Services): Updated Fee Schedule and Billing Instructions**

**Effective for dates of service on and after January 1, 2012**, the Medicaid Program of the Health Care Authority (the Agency) will update the:

- Home Health Fee Schedule; and
- *Home Health Services (Acute Care Services) Billing Instructions* coverage table with added CPT and revenue codes for therapy evaluations.

### **Maximum Allowable Fees**

**Effective for dates of services on and after January 1, 2012**, the Agency will update the Home Health fee schedule.

Visit the Agency's web site at: <http://hrsa.dshs.wa.gov/RBRVS/Index.html> to view the new fee schedule.

Bill the Agency your usual and customary charge.

## Therapy Evaluation Codes

Effective for dates of service on and after January 1, 2012, the Agency will add the following Therapy Evaluations for Clients 21 Years of Age and Older coverage table in Section C of the *Home Health Services (Acute Care Services) Billing Instructions*:

Modality	Evaluation Revenue Codes	Evaluation CPT Codes	Description	Modifiers	Limitations
PT	0424	97001	Physical Therapy Evaluation	GP	1 per client, per calendar year
		97002	Physical Therapy Re-evaluation at time of discharge	GP	1 per client, per calendar year
		97542	Wheelchair management	GP	1 per client, per calendar year. Assessment is limited to four 15-min units per assessment. Indicate on claim wheelchair assessment
OT	0434	97003	Occupational Therapy Evaluation	GO	1 per client, per calendar year
		97004	Occupational Therapy Re-evaluation at time of discharge	GO	1 per client, per calendar year
		97542	Wheelchair management	GO	1 per client, per calendar year. Assessment is limited to four 15-min units per assessment. Indicate on claim wheelchair assessment

Modality	Evaluation Revenue Codes	Evaluation CPT Codes	Description	Modifiers	Limitations
ST	0444	92506	Speech Language Pathology Evaluation	GN	1 per client, per calendar year
		S9152	Speech Language Pathology Re-evaluation at time of discharge	GN	1 per client, per calendar year
		92610	Evaluate swallowing function	GN	No Limit
		92597	Oral speech device eval	GN	No Limit

### How Can I Get Agency Provider Documents?

To download and print Agency provider numbered memos and billing instructions, go to the Agency website at <http://hrsa.dshs.wa.gov> (click the ***Billing Instructions and Numbered Memorandum*** link).