



Many Home Health Services No Longer Require Prior Authorization

UnitedHealthcare Community Plan of Iowa is pleased to announce we no longer require prior authorization for some home health services. This will be retroactive for dates of service from April 1, 2016 going forward. Care providers should ensure Medicaid medical necessity criteria are met. Some services will still require prior authorization.

Home health services no longer requiring authorizations:

- Skilled nursing care - Revenue Code 0551
- Home health aide services - Revenue Code 0571
- Occupational therapy - Revenue Code 0431
- Physical therapy - Revenue Code 0421
- Speech Therapy - Revenue Code 0441
- Medical social services - Revenue Code 0561

Services that continue to require prior authorization:

- Private duty nursing - Revenue Code 0559 with HCPCS Code T1000
- Personal care services - Revenue Code 0572 with HCPCS Code S9122
- Waiver services (authorized through the member's service plan)
- Medical day services/Child care medical services (T1024 UC)

UnitedHealthcare Community Plan's prior authorization list available at UHCCCommunityPlan.com > [For Health Care Professionals](#) > [Iowa](#) > [Prior Authorization](#) will be updated to remove the applicable HCPCS/CPT codes G0151–G0153, G0155-G0164, G0299, G0300, S9123, S9124, S9127-S9129, S9131, and S9474.

Please continue to submit claims following the contracted codes per service category:

SERVICE CATEGORY	PAYMENT METHOD
Nursing Services- Skilled Nursing	Per visit
Home Health Aide	Per visit
Occupational Therapy	Per visit
Physical Therapy	Per visit
Speech Therapy	Per visit
Medical Social Services	Per visit
Private Duty Nursing – Prior authorization required	Per unit (for each 15 minute increment)
Personal Care Services	Per unit (for each one hour increment) 1 unit = 1 hour
Waiver Services	Per service plan

Submitting Medicare Non-Covered Home Health Services Claims

If a claim with the XA-XD code in any other field was submitted and rejected, please resubmit the claim following these instructions:

- For electronic submissions, put “Not Homebound” in the 2300 loop - billing or claim note
- For paper submissions, put “Not Homebound” in box 80 – remarks

Out-of-network Services

- All out-of-network services will continue to require prior authorization
- For more information, go to UHCCommunityPlan.com > [For Health Care Professionals](#) > [Iowa](#) > [Prior Authorization](#).

If you have questions regarding specific claims and how they will be processed, please contact Provider Services 888-650-3462 or your dedicated Provider Advocate. Thank you.