Home Health Program

Applies to: Home Health

Effective date: July 1, 2021

- Habilitative Services
- Limitations
- Procedure Codes and Modifiers
- Applicability

HABILITATIVE SERVICES

Effective July 1, 2021, habilitative skilled therapy (physical, occupational and speech) services are covered for participants in a category of assistance for the adult expansion group (Medicaid eligibility code E2). Habilitative skilled therapy services are physical, occupational or speech therapy services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for an individual who is not walking or talking at the expected age.

LIMITATIONS

The combination of all habilitative skilled therapy services for participants age 21 and over in the adult expansion group is limited to a total of 20 visits per rolling year, inclusive of services from all MO HealthNet providers. Participants under the age of 21 in the adult expansion group may receive all medically necessary habilitative skilled therapy services. Prior authorization is not required

PROCEDURE CODES AND MODIFIER

The modifier 96 is to be used with the current home health skilled therapy procedure code. The procedure codes and modifiers are listed below.

<table>
<thead>
<tr>
<th>PROCEDURE CODE/ MODIFIER</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>G015196</td>
<td>Physical Therapy Visit by a Qualified Physical Therapist</td>
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<tr>
<td>G015296</td>
<td>Occupational Therapy Visit by a Qualified Occupational Therapist</td>
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G015396  Speech Therapy Visit by a Qualified Speech and Language Pathologist
G015796  Physical Therapy Visit by a Qualified Physical Therapist Assistant
G015896  Occupational Therapy Visit by a Qualified Occupational Therapist Assistant
G015996  Physical Therapy Maintenance Visit by a Qualified Physical Therapist
G016096  Occupational Therapy Maintenance Visit by a Qualified Occupational Therapist
G016196  Speech Therapy Maintenance Visit by a Qualified Speech and Language Pathologist Maintenance

**APPLICABILITY**

Managed Care enrolled providers should contact their Managed Care Organization for questions regarding Home Health Program Services.

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**Provider Bulletins** are available on the MO HealthNet Division (MHD) website at [http://dss.mo.gov/mhd/providers/pages/bulletins.htm](http://dss.mo.gov/mhd/providers/pages/bulletins.htm). Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD website at [http://dss.mo.gov/mhd/](http://dss.mo.gov/mhd/) to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient’s MO HealthNet Managed Care health plan. Before delivering a service, please check the patient’s eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID card.

**Provider Communications Hotline**

573-751-2896