Home Health Services Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.
This reimbursement policy applies to services reported using the either the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or the electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy addresses reimbursement for home health services, Place of Service (POS) 12, during an inpatient stay for the same patient and same date of service.

Home health services may include part-time or intermittent skilled nursing services, physical therapy, occupational therapy, speech-language pathology services, part-time or intermittent home health aide services, medical social services, Durable Medical Equipment (DME), and/or medical supplies.

Reimbursement Guidelines

In alignment with the Centers for Medicare and Medicaid Services (CMS), if both home health services (POS 12) and inpatient care are billed for the same dates of service, UnitedHealthcare will reimburse the inpatient care. During this period, the home health services will not be eligible for reimbursement.

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The dates of admission and discharge for inpatient care are exceptions. If home health services are provided on these dates, those days may still be eligible for reimbursement.

Home health services are to be submitted in POS 12 which indicates the patient received these services in a private residence and not a hospital or other facility.

State Exceptions	
Indiana	Per Indiana Pathways, HCPCS S5161, S5165, S5170 and T1028 are allowed to be billed within the date span of the inpatient claim.
Kentucky	Kentucky is exempt from this policy based on state requirements.
Massachusetts	Per Massachusetts Medicaid, the following codes are allowed to be billed within the date span of the inpatient claim. • 99509 with modifier U2 • S5140 with modifier U6, TG U6, U7, or TG U7
Mississippi	Mississippi is exempt from this policy based on state requirements.
Nebraska	Nebraska is exempt from this policy based on state requirements.
New Jersey	Per State Guidelines, the following codes are allowed during an inpatient stay: • H0044 with modifier U1, U3, U4 & U6 • T2038 with modifier U1 & U6 • S5166 with modifier U2 & U3 • T2028
Ohio	Ohio is exempt from this policy based on state requirements.
Rhode Island	Per Rhode Island Medicaid, HCPCS codes E0602, E0603, and E0604, H2000, H2021, S5161 and T1023 are allowed to be billed within the date span of the inpatient claim
Texas	Per Texas Medicaid, Breast pump procedure codes (A4281, A4282, A4283, A4284, A4285, A4286, A4288, E0602, E0603), when billed with Place of Service 12 (Home) are allowed within the date span of the Inpatient Claim.
Washington D.C.	Per Washington DC Medicaid, HCPCS codes T1023, S5161, and T2040 are allowed to be billed within the date span of the inpatient claim

Definitions	
Durable Medical Equipment (DME)	Medical equipment which: *Can withstand repeated use *Is not disposable *Is used to serve a medical purpose *Is generally not useful to a person in the absence of sickness or injury *Is appropriate for use in the home
Place of Service	A two-digit code used on health care professional claims to indicate the setting in which a service was provided.

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Questions and Answers	
1	**Q:** Do health care professionals need to be contracted with UnitedHealthcare to be considered for reimbursement under this policy? **A:** For benefit plans that include out-of-network coverage, this policy applies to claims submitted by both participating and non-participating care providers.
2	**Q:** Does Durable Medical Equipment (DME) with POS 12 apply to this policy? **A:** Yes, this policy is applicable to billing that falls within the dates of an inpatient claim (not including the dates of admission and discharge).
3	**Q:** What happens if the patient is discharged and receives home health services on the same day as the discharge with POS 12? **A:** Home health services provided on the dates of admission and discharge are exceptions and may still be eligible for reimbursement.
4	**Q:** What happens if the patient is in a facility and a home health assessment is needed? **A:** The policy will not deny services for a home health assessment for admit and discharge dates of an inpatient stay

Resources

American Medical Association, *Current Procedural Terminology (*CPT®) and associated publications

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

History	
8/2/2026	Policy Version Change State Exceptions: Massachusetts updated History Section: Entries prior to 8/2/2024 archived
6/5/2026	Policy Version Change State Exceptions: Texas added History Section: Entries prior to 6/5/2024 archived
5/18/2026	Policy Version Change State Exceptions: New Jersey added History Section: Entries prior to 5/18/2024 archived
5/17/2026	Policy Version Change State Exceptions: Indiana updated History Section: Entries prior to 5/17/2024 archived
1/25/2026	Policy Version Change State Exceptions: Massachusetts added History Section: Entries prior to 1/25/2024 archived

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9/1/2025	Policy Version Change State Exceptions: Arizona and New Jersey removed History Section: Entries prior to 9/1/2023 archived
8/22/2025	Policy Version Change State Exceptions: Rhode Island updated History Section: Entries prior to 8/22/2023 archived
8/17/2025	Policy Version Change State Exceptions: Washington D.C. added History Section: Entries prior to 8/17/2023 archived
5/18/2025	Policy Version Change State Exceptions: Indiana added History Section: Entries prior to 5/18/2023 archived
5/1/2025	Policy Version Change State Exceptions: Kansas and Texas removed History Section: Entries prior to 5/1/2023 archived
3/20/2025	Policy Version Change State Exceptions: Rhode Island updated History Section: Entries prior to 3/20/2023 archived
2/14/2025	Policy Year & Version Change State Exceptions Section: Arizona, Kansas, Kentucky, Mississippi, Nebraska, New Jersey, Ohio, Texas updated
11/1/2024	Policy Version Change State Exceptions: Rhode Island added
7/01/2024	Policy Implemented by UnitedHealthcare Community Plan
3/12/2024	Reimbursement Policy Oversight Committee

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