

HOME CARE ATTENDANT (HCA) BILLING GUIDE

CODES & U8 MODIFIER:

S5125 (HCA/N) – This home care attendant code is noted on a claim when **authorized nursing tasks** and/or **authorized medication assistance** are provided.

S5125 with U8 modifier (HCA/PC) – This home care attendant code (modified with the U8 modifier) is noted on a claim when the provider provided **personal care tasks** to a client during the same visit authorized nursing tasks and/or authorized medication assistance were provided.

NOTE: Providers cannot bill the S5125 code modified with the U8 modifier unless authorized nursing tasks and/or authorized medication assistance were provided during the same visit.

REFER TO THE ATTACHED TABLES FOR THE MEDICAID MAXIMUM RATES FOR THE S5125 CODE & THE S5125 CODE WITH THE U8 MODIFIER.

MODIFIERS:

U2 – This modifier reflects the second HCA (HCA/N or HCA/PC) visit provided on the same day, for the same client, by the same provider.

U3 – This modifier reflects the third or more HCA (HCA/N or HCA/PC) visit provided on the same day, for the same client, by the same provider.

U8 – This modifier reflects the HCA/PC tasks performed during an HCA visit. A provider can only bill the HCA/PC tasks when the provider provided personal care tasks to a client during the same visit where authorized nursing tasks and/or authorized medication assistance were provided.

HQ – This modifier reflects HCA services provided to more than one client (no more than three), by the same provider, at the same time.

VISITS:

Each HCA visit must be billed on a separate line, and there must be a two or more hour lapse between any previous or subsequent HCA visits. Therefore, all of the HCA services that aren't separated by a two hour or more lapse are provided within one HCA visit. However, HCA/N and HCA/PC tasks provided during the same visit are billed on separate lines.

EXAMPLE 1: On January 1, two HCA visits were provided based on the following time sheet.

TIME SHEET:

1/1/20XX, HCA/N, 6:00 AM to 6:30 AM (30 minutes/2 units)

1/1/20XX, HCA/N, 8:30 AM to 9:00 AM (30 minutes/2 units)

← This time sheet reflects two separate HCA visits, because there's a two hour or more lapse between HCA/N tasks.

CLAIM:

DATE	CODE	MODIFIER(S)	UNITS	CHARGE
1/1/20XX	S5125		2	\$33.36
1/1/20XX	S5125	U2	2	\$33.36
				\$66.72

Bill as one (4 unit) HCA/N task.

EXAMPLE 2: On January 1, four units of HCA/N tasks and sixteen units of HCA/PC tasks were provided within one HCA visit based on the following time sheet.

This time sheet reflects one HCA visit, because the HCA tasks aren't separated by two or more hours. However, the HCA/N tasks are billed as one (4 unit) task, and HCA/PC tasks are billed separately.

TIME SHEET:

- 1/1/20XX, HCA/N, 4:00 PM to 4:30 PM (30 minutes/2 units)
- 1/1/20XX, HCA/PC, 6:00 PM to 10:00 PM (4 hours/16 units)
- 1/1/20XX, HCA/N, 10:00 PM to 10:30 PM (30 minutes/2 units)

The two HCA/N tasks are billed as one visit (4 units). The HCA/PC tasks are billed on a separate line, because the HCA/N tasks and the HCA/PC tasks must be reflected on a claim as separate tasks. However, the time sheet will reflect that the HCA/PC tasks were provided during the same visit HCA/N tasks were provided, and the HCA/N tasks started at 4:00.

CLAIM:

DATE	CODE	MODIFIER(S)	UNITS	CHARGE
1/1/20XX	S5125		4	\$33.36
1/1/20XX	S5125	U8	16	\$48.00
				\$81.36

Bill as one (14 unit) HCA/PC task.

EXAMPLE 3: On January 1, three HCA visits were provided based on the following time sheet.

TIME SHEET:

- 1/1/20XX, HCA/N, 6:00 AM to 6:30 AM (30 minutes/2 units)
- 1/1/20XX, HCA/PC, 9:00 AM to 11:00 AM (2 hours/8 units)
- 1/1/20XX, HCA/N, 11:00 AM to 11:30 AM (30 minutes/2 units)
- 1/1/20XX, HCA/PC, 11:30 AM to 1:00 PM (1 hour & 30 minutes/6 units)
- 1/1/20XX, HCA/N, 4:00 PM to 4:30 PM (30 minutes/2 units)
- 1/1/20XX, HCA/PC, 6:00 PM to 10:00 PM (4 hours/16 units)
- 1/1/20XX, HCA/N, 10:00 PM to 10:30 PM (30 minutes/2 units)

This time sheet reflects three separate HCA visits, because there's a two hour or more lapse between the first & second set of tasks. There's also a two hour or more lapse between the second and third set of tasks.

Bill as one (4 unit) HCA/N task.

In this example, HCA services were provided during three separate visits.

- ✓ The HCA services provided from **6:00 AM to 6:30 AM** are considered a separate visit, because there is more than a 2 hour lapse between the HCA/N tasks that ended at 6:30 AM and the HCA/PC tasks that started at 9:00 AM.
- ✓ The HCA services that were provided from **9:00 AM and 1:00 PM** are considered a separate visit, because there is more than a 2 hour lapse between the HCA/N tasks that ended at 6:30 AM and the HCA/PC tasks that started at 9:00 AM. There's another 2 hour or more lapse between the HCA/PC tasks that ended at 1:00 PM and the HCA/N tasks that started at 4:00 PM.
- ✓ The HCA services that were provided from **4:00 PM to 10:30 PM** are considered a separate visit, because there is a two hour or more lapse between the HCA/PC tasks that ended at 1:00 PM and the HCA/N tasks that started at 4:00 PM.

As noted in the "VISITS" section of this document, all of the HCA services that aren't separated by a two hour or more lapse are provided within one HCA visit.

- Since there isn't a two hour lapse between the HCA/N tasks that ended at 4:30 PM and the HCA/PC tasks that started at 6:00 PM, the last three tasks provided on January 1 are provided within one HCA visit.
- The HCA/N tasks are billed as one (4 unit) visit.
- The HCA/PC tasks are billed separately as one (16 unit) visit.

CLAIM:

DATE	CODE	MODIFIER(S)	UNITS	CHARGE
1/1/20XX	S5125		2	\$33.36
1/1/20XX	S5125	U2	2	\$33.36
1/1/20XX	S5125	U2/U8	14	\$42.00
1/1/20XX	S5125	U3	4	\$33.36
1/1/20XX	S5125	U3/U8	16	\$48.00
				\$190.08

For billing purposes, the HCA/PC tasks (modified with the U8 modifier) are noted after the service line that reflects the nursing task.

Billing a claim this way, clearly indicates that the HCA/PC tasks and HCA/N tasks were provided during the same visit. Also, the modifiers are in an order that is easy to read and understand.