

Non-agency RNs and Non-agency LPNs provide waiver nursing services to consumers that require the skills of a registered nurse (RN) or licensed practical nurse (LPN) at the direction of an RN. Service definitions are included in Ohio Administrative Code (OAC) 5101:3-46-04, 5101:3-47-04, and 5101:3-50-04.

- **Non-agency RNs and Non-agency LPNs MUST:**
 - Have a valid license to practice in Ohio and be in good standing with the Ohio Board of Nursing.
 - Be listed as the provider on the consumer’s approved All Services Plan;
 - Perform waiver nursing services pursuant to written physician’s orders that are signed and dated;
 - Provide service to one person, or up to three in a group setting, during a face-to-face nursing visit;
 - Maintain a clinical record at each consumer’s residence AND maintain a copy at their place of business or their own home. The information that the record must include is in OAC 5101:3-46-04, 5101:3-47-04, and 5101:3-50-04;
 - Have and maintain copies of consumer’s current All Services Plan and keep copies of old ones;
 - Have Plan of Care recertified by treating physician every 60 days;
 - Bill as a group visit using the HQ modifier when any part of the visit includes more than one consumer;
 - Provide a discharge summary which is signed and dated when no longer providing services to consumer.

- **Non-agency LPNs MUST:**
 - Have a face-to-face meeting with the directing RN at least every 60 days AND a face-to-face meeting with directing RN and consumer no less than every 120 days;
 - Have documentation to show the face-to-face meetings with the directing RN AND the face-to-face meetings with the directing RN and consumer.

- **Non-agency RNs and Non-agency LPNs MUST NOT:**
 - Bill for services in excess of the number of hours approved on the consumer’s All Services Plan;
 - Perform services that require the skills of a psychiatric nurse;
 - Perform services that are out of the scope of licensure;
 - Bill for services performed for the sole purpose of meeting the supervisory requirements as outlined in 5101:3-46-04, 5101:3-47-04, and 5101:3-50-04.
 - Bill Medicaid if they are the “legally responsible family member” (spouse, parent or adoptive parent of a minor consumer) or the foster caregiver of the consumer as defined in OAC 5101:3-45-01 (EE) for the **Ohio Home Care Waiver** and **Transitions Carve-out Waiver** only;
 - Bill Medicaid if they are a “family member” or the foster caregiver of the consumer as defined in OAC 5101:3-45-01 (R) for the **Transitions MR/DD waiver**.

Billing Codes

Old Code	New Code	Nursing Description	Informational Modifiers*	Pricing Modifiers
Z8001	T1002	RN Services - Waiver	U1 U2 U3 U4	HQ (group visit)
Z8001	T1003	LPN Services - Waiver	U2 U3 U4	HQ (group visit)
Z8001	T1000	Private Duty Nursing	U1 U2 U3 U4 U5	HQ (group visit)

*U1: infusion therapy; U2: second visit to consumer on same date of service; U3: third or more visit to consumer on same date of service; U4: billing more than 12 hours, not to exceed 16; U5: EPSDT/Healthchek treatment. Claims will be denied if these modifiers are not used when billing.

If you need additional information, contact your consumer’s Case Manager.

This Fact Sheet only provides highlights. The complete rule should be read for details.

OAC Rule Cites: 5101:3-46-04, 5101:3-47-04, 5101:3-50-04, 5101:3-45-01, 5101:3-46-06, 5101:3-47-06, and 5101:3-50-06

Websites: <http://jfs.ohio.gov/ohp> or www.carestar.com

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OAC Rule Cites: 5101:3-46-04, 5101:3-47-04, 5101:3-50-04, 5101:3-45-01,
5101:3-46-06, 5101:3-47-06, and 5101:3-50-06

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