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Coordinated Home Care Program

The Blue Cross Coordinated Home Care Program is an organized skilled patient care program initiated by a hospital to facilitate the early discharge of its patients into a program of home care. Such home care may be rendered by the hospital's duly licensed home health department or by other duly licensed home health agencies with which the hospital has referral arrangements. The covered person must require skilled nursing services on an intermittent basis under the direction of the covered person’s physician. Such program includes, but is not limited to, skilled nursing services by, or under the supervision of, a registered professional nurse, and the services of physical therapists and necessary medical supplies. The program does not include and is not intended to provide benefits for private duty nursing services.

General Coverage Criteria

In order for benefits to be covered under the Coordinated Home Care program, the patient must:

- Be under the care of a physician
- Have an active written treatment plan and orders from the physician
- Be homebound (not able to leave the home except with assistance)
- Require skilled nursing services on an intermittent basis
- Receive care from a licensed home health agency
- Be recertified every two months by the attending physician

Exceptions to the General Coverage Criteria

- Some groups will require a prior hospital or skilled nursing facility stay.
- Groups requiring a prior inpatient facility stay may have different requirements as to the time the first coordinated home care visit must be made.

Eligibility and benefits should be determined by accessing NDAS Online or by calling the Provider Telecommunications Center (PTC) at (800) 972-8088.
Covered Services

- Intermittent (1-2 hours per visit) skilled nursing services by a registered nurse or a licensed practical nurse
- Physical, Occupational, and Speech therapy
- Medical Social Services
- Medical supplies and drugs
- Home visits by the attending physician (the physician bills directly using the CMS-1500 form 08/05)
- Laboratory services (the CLIA certified and BCBSIL contracted lab bills BCBSIL direct)

Non-Covered Services

- Services of a home health aide
- Private duty nursing
- Rental or purchase of Durable Medical Equipment (DME)

These non-covered services may be eligible under Major Medical or Blue Shield. You may verify these benefits by accessing NDAS Online or by calling the Provider Telecommunications Center (PTC).

Note: Private duty nursing is **not** a Blue Cross benefit. Some BCBSIL members may have a private duty nursing benefit under Blue Shield. You must call the Provider Telecommunications Center (PTC) at (800) 972-8088 to verify benefits. Private duty nursing **must** be billed under a National Provider Identifier (NPI) number using the CMS-1500 (08/05) claim form.
Discharge Planning Guidelines

- Obtain the physician’s orders, plan of treatment and other pertinent documentation
- The agency’s utilization review (UR) staff should ensure that the patient care being received meets the program criteria
- Confirm eligibility and benefits by accessing NDAS Online or by calling the Provider Telecommunications Center (PTC)
- Obtain precertification as required

Precertification

- Precertification is required by most employer groups.

Since patients receiving CHC services have generally been discharged from a hospital, and planning for CHC services is part of hospital discharge planning, some case management is performed by our Medical Management Department. The case manager will ask if there is a treatment plan, and how many visits are expected.

HMO Illinois (HMOI) and BlueAdvantage HMO Precertification

All services must have IPA approval. The Primary Care Physician (PCP) must authorize all referrals to facilities or specialists and must refer the patient to a CHC facility within the HMO contracted network. A CHC facility that wishes to participate contractually as an HMO provider must have achieved accreditation from a nationally recognized accrediting organization and be licensed by the state as a Home Health Care Agency.
Billing Requirements

CHC bills must be submitted on the UB-04. The following data elements are specific to CHC. Please reference the UB-04 manual for complete details.

Form Locator 4
Type of Bill
1st digit: Type of facility (3 = home health)
2nd digit: Bill classification (2)
3rd digit: Frequency

Examples:
321 for admit through discharge cycle billing
322 for 1st claim
323 for continuing claim
324 for last claim
325 for late charges

Form Locator 6
Statement Covers Period
Date for period of services (Continuing services should be billed at 30-day intervals, i.e., calendar months)

Exceptions:
Submit only one claim if the entire billing cycle is less than 40 days.

Form Locator 15
Source of Admission
A code indicating the source of this admission
(1 = physician referral)

Form Locator 17
Patient Status
Status code. Must be consistent with the Bill Type in Form Locator 4 (01 = discharge, 30 = still patient)

Mailing Address

Blue Cross and Blue Shield of Illinois
PO Box 805107
Chicago, IL  60680-4112

To obtain information on electronic, contact the E-Commerce Center at (800) 746-4614 or visit our Web site and click on the EDI Transactions section (www.bcbsil.com/provider/ec/edi_transactions.htm).
### Coordinated Home Care (CHC) Billing Example

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Description</th>
<th>Code</th>
<th>Unit of Measure</th>
<th>Quantity</th>
<th>Total Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/01/2018</td>
<td>Medical Supplies</td>
<td>270</td>
<td>Each</td>
<td>5</td>
<td>75.00</td>
</tr>
<tr>
<td>08/01/2018</td>
<td>Skilled Nursing Visit</td>
<td>551</td>
<td>Each</td>
<td>1</td>
<td>2000.00</td>
</tr>
<tr>
<td>08/01/2018</td>
<td>Skilled Nursing Visit</td>
<td>551</td>
<td>Each</td>
<td>1</td>
<td>1500.00</td>
</tr>
<tr>
<td>08/01/2018</td>
<td>Skilled Nursing Visit</td>
<td>551</td>
<td>Each</td>
<td>1</td>
<td>1500.00</td>
</tr>
<tr>
<td>08/01/2018</td>
<td>Skilled Nursing Visit</td>
<td>551</td>
<td>Each</td>
<td>1</td>
<td>1500.00</td>
</tr>
<tr>
<td>08/01/2018</td>
<td>Skilled Nursing Visit</td>
<td>551</td>
<td>Each</td>
<td>1</td>
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</tr>
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<td>Skilled Nursing Visit</td>
<td>551</td>
<td>Each</td>
<td>1</td>
<td>1500.00</td>
</tr>
<tr>
<td>08/01/2018</td>
<td>Total</td>
<td></td>
<td></td>
<td>14</td>
<td>1475.00</td>
</tr>
</tbody>
</table>

**Total Amount:** $1475.00
Blue Cross Secondary Billing

On the next page is an example of a claim where Blue Cross is secondary to another insurance. It is a discharge claim, due to the Type of Bill in Form Locator 4 (314), and the Patient Status (01) in Form Locator 22.

Form Locator 39
Value Code A3 identifies other insurance and the dollar amount paid by the insurance primary to Blue Cross

Form Locator 50
Identifies payer information by line item:

Line A indicates Aetna is primary
Line B indicates Blue Cross is secondary

Form Locator 58
Identifies the insured’s name:

Line A indicates the insured’s name for Aetna
Line B indicates the insured’s name for Blue Cross
# CHC Bill - Blue Cross is Secondary Billing Example

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Qty</th>
<th>Unit</th>
<th>Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A3</td>
<td>Medical Supplies</td>
<td></td>
<td></td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>3</td>
<td>Physical Therapy</td>
<td></td>
<td></td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td>3</td>
<td>Occupational Therapy</td>
<td></td>
<td></td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td>1</td>
<td>Skilled Nursing</td>
<td></td>
<td></td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>1</td>
<td>Skilled Nursing</td>
<td></td>
<td></td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>1</td>
<td>Skilled Nursing</td>
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</tr>
<tr>
<td>1</td>
<td>Skilled Nursing</td>
<td></td>
<td></td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

** Totals: **

1300.00