

HOME HEALTHCARE GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and the Center for Medicare & Medicaid Services' (CMS) HCPCS codes and descriptions and represent additional guidance from the Commission relative to services unique or uniquely utilized in Workers' Compensation. To the extent that a conflict may exist between an incorporated portion of the CPT® publication or a HCPCS code and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

GENERAL GUIDANCE:

1. The determination that the injury/illness or condition is work related must be made by the payer and home health services shall be authorized as medically necessary.
2. All nursing services and personal care services shall have prior authorization by the payer.
3. A description of needed nursing or other attendant care must accompany the request for authorization.
4. Rates and reimbursement guidelines shall be predetermined in writing.
5. Except when governed by a separate contract or network that governs fees pursuant to A.R.S. § 23-908(J)(1), reasonably required supplies shall be reimbursed based on the HCPCS Guidelines. This includes supplies dispensed prior to the execution of an agreement and during times when preauthorization of services is in process.
6. Submission of invoices and reimbursement for invoices shall be made in accordance with A.R.S. § 23-1062.01 (See Section B of the Introduction).