

# Payment Policy: Personal Care Services Performed by Multiple Agencies for the Same Member

Reference Number: DE.PP.005

[Revision Log](#)

Date of Last Revision: 07/2025

[Coding Implications](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Disclaimer

Delaware First Health payment policy is intended to service only as a general reference resource regarding coverage for services described. The policy does not constitute medical advice or intended to govern or otherwise influence medical advice.

## Purpose

This policy outlines Delaware First Health payment policy for **personal care services (Homemaker Care, Attendant Care, Private Duty Nursing Care (LPN or RN), and Respite Care)** performed by multiple agencies for the same member on the same day.

## Definitions

**Delaware First Health (DFH)**-Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Delaware First Health members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Delaware First Health currently services Delaware Medicaid: Diamond State Health Plan (DSHP), Delaware Healthy Children Program (DHCP), and Diamond State Health Plan Plus (DSHP)LTSS members.

**Long Term Care**-A term that is used to describe an array of services that are available to people with prolonged illnesses, disabilities, or cognitive disorders. LTC services include health, medical, personal care, and social services.

**Homemaker Services**- Services provided to older adults, who are living independently, and need support and socialization. Homemaker services include light household tasks, running errands, and making meals.

**Self-Directed Attendant Care** – is a member-directed option which allows members to have more control over how attendant care services are provided. Services include help with activities of daily living (ADLs) such as bathing, dressing, personal hygiene, transferring, toileting, skin care, eating, and assisting with mobility. This is not offered to persons living in assisted living or nursing facilities.

**Attendant Care Employee** – An individual who has been hired by a member participating in SDAC or his/her Employer Representative to provide SDAC services to the member in an integrated community setting. Attendant Care Employee does not include an employee of a provider that is being paid by DFH to provide attendant care services to a member.

**Private Duty Nursing (PDN)** – The services provided by a private-duty nurse. Private-duty nurses are registered nurses or licensed practical nurses whose services are rendered to, and restricted to, a particular patient by arrangement between the patient and the private-duty nurse. Such persons are engaged or paid by an agency.

**Respite care** – includes services provided to members unable to care for themselves furnished on a short-term basis because of the absence or need for relief for the member's caregiver. Respite care is limited to no more than 14 calendar days per year. DFH's case managers may authorize service request exceptions above this limit when it determines that: (i) no other service options are available to the member, including services provided through an informal support network; (ii) the absence of the service would present a significant health and welfare risk to the member; or (iii) respite service

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provided in a nursing facility or assisted living facility is not utilized to replace or relocate an individual's primary residence.

### DFH Payment Policy:

- DFH will allow payment for up to 3 agencies to receive payment for the same member on the same date of services for the following HCPCS codes (S5125, S5130, S5150, S9123, S9124, T1005, & G0156).
- The total allowable benefit amount will be based on the total authorized units for the member and agency. Please refer to the DMAPs Policies (<https://medicaidpublications.dhss.delaware.gov/docs/search/EntryId/36>) to reference provider specific manuals for Home Health and Private Duty Nursing for specifics on age limits, unit limits and authorization requirements.
- Agencies billing for multiple patients in the same home, should bill each member on a separate and distinct claim with the appropriate modifier for HCPCS Codes S5130, S5150, S9123, S9124, and G0156. Chart below defines which modifier and the payment methodology to use.

Number of Patients Seen in the Same Home at the Same Time	Modifier	Payment Methodology
One individual	U2	100% of the established baseline rate.
Two individuals	U3	71.50% of the established baseline rate.
Three individuals	U4	70.62% of the established baseline rate.

*For in home nursing care by a LPN or RN, the U2 defines two persons and U3 defines three persons.*

### Reimbursement

DFH will reimburse participating providers per their Delaware First Health contract. The provider will be paid according to the fee schedule (based on the methodology below) for the equivalent HCPCS, and modifiers noted below.

### Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Revenue Codes	Descriptor
S5125	Attendant Care Services
G0156	Home Health Aid; per 15 minutes
G0156 U3	Home Health Aid; per 15 minutes; two members
G0156 U4	Home Health Aid; per 15 minutes; three members
G0156 U5	Home Health Aid Respite; per 15 minutes
S5130 U2	Self-Directed Attendant Care, per 15 minutes
S5130 U2 TU	Overtime Self-Directed Attendant Care – self-directed, per 15 minutes
S5130 U3	Self-Directed Attendant Care, per 15 minutes; two members
S5130 U3 TU	Overtime Self-Directed Attendant Care; per 15 minutes; two members
S5130 U4	Self-Directed Attendant Care; per 15 minutes; three members
S5150 U4 TU	Overtime Self-Directed Attendant Care; per 15 minutes; three members
*S5130 U5	Replacement Attendant Care, per 15 minutes
S5150	Unskilled respite care, not hospice; per 15 minutes
S5150 U2	Unskilled respite care – self-directed, not hospice; per 15 minutes
S5150 U2 TU	Overtime unskilled respite care – self-directed, not hospice; per 15 minutes
S5150 U3	Unskilled respite care, not hospice; per 15 minutes; two members
S5150 U3 TU	Overtime unskilled respite care, not hospice; per 15 minutes; two members

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S5150 U4	Unskilled respite care, not hospice; per 15 minutes; three members
S5150 U4 TU	Overtime unskilled respite care, not hospice; per 15 minutes; three members
**S9123	Nursing care, in the home; by registered nurse, per hour
**S9123 U2	Nursing care, in the home; by registered nurse, per hour; two persons
**S9123 U3	Nursing care, in the home; by registered nurse, per hour; three persons
**S9124	Nursing care, in the home; by a licensed practical nurse, per hour
**S9124 U2	Nursing care, in the home; by a licensed practical nurse, per hour; two persons
**S9124 U3	Nursing care, in the home; by a licensed practical nurse, per hour; three persons
T1005 U1	Respite - PASA agency
T1005 PC	Respite - HH agency

*\* used when an agency representative cancels and a replacement is provided for SDAC care.*

*\*\* reimbursement is based on contractual agreement arrangement with in-network provider.*

### Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Delaware First Health at any time pursuant to the terms of your provider agreement.

### Place of Service

Inpatient Skilled Nursing  
Home  
Assisted Living

### References

#### DMAP Home Health Provider Specific Policy Manual

[https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core\\_Download&EntryId=902&language=en-US&PortalId=0&TabId=94](https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=902&language=en-US&PortalId=0&TabId=94)

#### DMAP Private Duty Nursing Provider Specific Manual

[https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core\\_Download&EntryId=892&language=en-US&PortalId=0&TabId=94](https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=892&language=en-US&PortalId=0&TabId=94)

#### DMAP Long Term Care Community Services Manual

[https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core\\_Download&EntryId=898&language=en-US&PortalId=0&TabId=94](https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=898&language=en-US&PortalId=0&TabId=94)

Revision History	
3/15/2024	Initial Policy Draft
2/14/2025	Add payment methodology chart and statement on billing for more than one patient seen in the same home on the same day.
7/3/2025	Add skilled nursing procedure codes S9123 and S9124. Added DMAP reference policy documents

### Important Reminder

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all

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terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are prohibited. Providers, members, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

**Note: For Medicare members**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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