



TO: Access Agencies and Home Health Agencies

RE: Clarification of Billing Medication Administration Visit Code and Skilled Nursing Visit Code Related to Pre-pouring of Medication

The purpose of this bulletin is to clarify the billing of medication administration visits and skilled nursing visits related to medication pre-pours.

If the purpose of a skilled nurse visit is to pre-pour medication for a week or more, then the code for skilled nursing visit (S9123 or S9124) by either a registered nurse or licensed practical nurse should be billed. The skilled nursing visit includes an assessment of the client's health/behavioral health status, and the teaching of self-administration of pre-poured medications. These visits are approved for clients with a documented need for this service because of their inability to correctly count out or draw up the medication for self-administration.

It is expected that the nurse be proactive in ensuring that medication is available for the pre-pour. If upon occasion, despite the nurse's best attempt to ensure medication is available for the pre-pour, medication is not available and the home health provider must return to the home to complete the pre-pour, the provider may bill a medication administration visit (T1502 or T1503) in the same week. The provider must document the justification for the need of the additional medical administration visit to complete the pre-pour.

If a second skilled nurse visit to complete pre-pour is needed because of a newly prescribed medication or a significant change in the client's condition (SCIC), documentation must include a comprehensive assessment of the client's medical/behavioral health status including teaching regarding indication, side effects and self-administration of the new

medication that has been pre-poured. In this case, the second visit may be billed as a skilled visit (S9123). If the practitioner adjusts the dosage of a medication and the nurse makes a second visit in a week for the purpose of replacing the original medication with the adjusted dose, the agency should bill a T1502 or T1503 for the second visit. All documentation will need to be available for the Department's review during audit.

If you have any questions regarding this bulletin, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.