



MEDICARE

Home Health Care Update

January 2024

REMINDER: McLaren Medicare Medication Reconciliation Post Discharge & In-Home Safety Assessment

McLaren Medicare provides coverage for Medicare members for medication reconciliations within five days of an inpatient discharge and for an In-Home Safety Assessment for readmission prevention.

The McLaren Medicare Care Management department will refer Medicare members to our contracted home health care agencies for these services. Included in this update is a sample of the Home Health Care referral form that will be sent when a Medicare member needs a Medication Reconciliation and In-Home Safety Assessment visit.

These services are reimbursable and should be billed to McLaren Medicare on an institutional claim form in the following manner:

Medication reconciliation

- Revenue code: 0583
- CPT code: 1111F
- Billed within 5 days of an inpatient discharge, one service per inpatient discharge; the service is to be completed by the prescribing physician, clinical pharmacist, or registered nurse.

In-Home Safety Assessment

- Revenue code: 0583
- HCPCS code: T1028
- Assessment of home, physical and family environment to determine suitability to meet the member's medical needs.

If you have any questions, contact your Provider Representative at 888-327-0671 (TTY: 711).

McLaren Health Plan thanks you for the quality care you deliver!

SAMPLE REFERRAL FORM

G-3245 Beecher Road • Flint, Michigan • 48532

tel 888-327-0671 • fax 833-540-8648

McLarenHealthPlan.org

Home Health Referral



MEDICARE

Medicare Readmission Prevention Visit Referral

In-Home Safety Assessment and Medication Reconciliation

Date:	
Agency name:	
Agency fax:	

The following Medicare member had a recent discharge from a hospital or SNF and needs a home visit for completion of an in-home safety assessment and medication reconciliation to help prevent a readmission.

Please conduct these assessments within 5 business days of this referral and fax the completed assessment, including recommendations, concerns, and interventions completed related to the member's care, to McLaren Health Plan at: **810-600-7968**.

The health plan nurse case manager may be contacted directly at the number provided below.

Member name:	
Member ID:	
Street address:	
City, State, ZIP	
Phone:	

Hospital/SNF Discharge Name:	
Hospital/SNF Discharge Date:	
Diagnosis:	
Notes:	

Health Plan Case Manager Contact	
Name:	
Phone:	
Email:	

Additional relevant clinical information may be attached to this form.

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