



PAYMENT POLICY		
Skilled Nursing Facility		
Original Date Approved	Effective Date	Revision Date
7/12/2019	9/1/2025	6/9/2025
Applies to Products:		
☒ Senior Care Options MA ☒ One Care MA		

PAYMENT POLICY STATEMENT:

Commonwealth Care Alliance, Inc. (CCA) has established a payment policy that outlines covered nursing facility services for SCO and One Care and aligns with state and federal guidelines.

DEFINITIONS:

Skilled Nursing Facility (SNF): An institution or a distinct part of an institution that provides institutional care to individuals whose medical condition regularly requires the skills of licensed nurses.

Skilled Services: Services (skilled nursing or rehabilitation services) ordered by a physician that must be performed by or under the supervision of a registered nurse or therapist.

Subacute Care: A level of care needed by a member who does not require hospital acute care but requires more intensive skilled nursing than provided at a skilled nursing facility.

Custodial Care: Care that can be rendered by non-medical professionals for the primarily purpose of assisting with the activities of daily living or to meet the member's non-medical needs. This care can be rendered in a nursing facility.

Long Term Care (LTC): A variety of services designed to meet a member's health or personal care needs when they can no longer perform everyday activities on their own. LTC services can be rendered for an extended period of time.

Patient-Paid Amount: The portion of a member's monthly income that is applied to the nursing facility's per diem. If a member is discharged or transferred, the patient-paid amount is applied up to the last full day of the member's stay as outlined in MassHealth 130 CMR 456.423.

Medical Leave of Absence (MLOA): An inpatient hospital stay for a member who is a resident of a nursing facility as outlined in MassHealth 130 CMR 456.425 – 456.429. Medical leave of absence can include an observation stay.



Non-medical Leave of Absence (NMLOA): A temporary absence from the nursing facility for non-medical reasons as outlined in MassHealth 130 CMR 456.431 and 456.432.

Current Procedural Terminology (CPT): A numerical or alphanumerical five-digit code used to classify medical services and procedures to help report information more accurately and efficiently.

Healthcare Common Procedure Coding System (HCPCS): (Also known as HCPCS Level II) An alphanumeric code starting with an alphabetical letter followed by 4 numeric digits; it is used to identify medical related products, supplies, and services not included in the CPTS codes for billing purposes.

Revenue Codes: A 4-digit number that is used on facility claims to tell where the patient was when they received treatment, or what type of item a patient may have received.

CMS-1450: (also known as UB-04) Claim form used for institutional (facility) services.

AUTHORIZATION REQUIREMENTS (If applicable):

Applicable CCA notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Senior Care Options and One Care Plans Provider Manual, Section 4: Prior Authorization Requirements.

REIMBURSEMENT GUIDELINES:

CCA covers medically necessary SNF services when rendered by SNFs that are Medicare certified, state licensed and certified, and enrolled with MassHealth. SNF services include skilled services, custodial care, nursing services, and long-term care services. The SNF will be reimbursed at a per diem rate, and the patient-paid amount should be applied to the facility per diem rate when applicable. Authorized rehabilitative therapy services will be reimbursed at the Custodial Level of Care in accordance with the provider contract with CCA.

CCA does cover MLOA and NMLOA as outlined below:

- A maximum of 20 days for MLOA.
- A maximum of 10 days in a 12-month period for NMLOA (NOTE: For NMLOA, a day is defined as a continuous 24-hour period).

Custodial Care and Long-Term Care

Notification is required for custodial and long-term care submissions. Upon admission/discharge and during status change events, SNFs must complete and submit required documentation to MassHealth and/or CCA, as requested and as often as required by MassHealth's schedule. Documentation requirements and submission channels are outlined in the CCA Provider Manual, Section 10.



For custodial/long term care stays, the SNF must submit the SC-1 Form and MDS 3.0 to MassHealth to be processed in the Medical Management Information System (MMIS) and to CCA for reference. **NOTE:** Claims will be adjudicated based on the processing of the SC-1 Form and MDS 3.0 in MMIS.

To process the claims, the following will need to occur:

1. The CCA member is coded to the SNF;
2. The CCA member has a MDS 3.0 score assigned; and
3. CCA has received copies of the SC-1 Form and MDS 3.0.

Failure to submit the SC-1 Form and MDS 3.0 may result in claim denials.

SNF Billing Guidelines

When submitting claims for SNF services, please refer to the current coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, and modifiers, and their usage. Providers may bill using procedure code(s) only in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

SNF must bill in sequence based upon any of the following circumstances:

- Discharge
- Decrease in level of care to less than skilled care
- Monthly bill submission

Claims must specify the correct “from” and “to” date range that corresponds to the units for the service period. The number of units should represent consecutive days and must align with billed dates. The “to” date must be after the “from” date.

Level of Payment	Description	Revenue Code
Level 1	Skilled Nursing and/or Rehabilitation	191
Level 2	Subacute Nursing and/or Rehabilitation	192
Level 3	Subacute Nursing and/or Subacute Rehabilitation-Ventilation Program	193
LTC/Custodial	Any non-medical care that can reasonable and safely be provided by non-licensed caregivers that takes place in a nursing home.	100
Bed Hold Hospital Leave Day	Medical Leave of Absence (MLOA) to a hospital	185
Bed Hold Therapeutic Leave Day	Non-Medical Leave of Absence (NMLOA)	183

SNFs are reimbursed based upon the SNF daily per diem rate according to their contract. The daily SNF per diem rate includes:



- Daily nursing care;
- Discharge planning;
- Intravenous (IV) therapy;
- Lab;
- Medical supplies and equipment (including but not limited to respiratory and oxygen supplies, IV sets and equipment, pumps);
- Oxygen;
- Pharmaceuticals;
- Private room, when medically indicated;
- Radiology, EEG, EKG – diagnostic component only;
- Recreational therapy;
- Respiratory therapy;
- Semi-private room and board;
- Social services;
- Standard durable medical equipment (DME) (e.g., commodes, shower chairs, walkers, wheelchairs); and
- Manual wheelchairs as a backup to a power mobility device.

Specialized DME, including mobility systems, orthotics, and prosthetics, require prior authorization and may be reimbursed directly to the DME supplier as outlined in MassHealth 130 CMR 456.414, 130 CMR 409.415, and 130 CMR 428.410.

The SNF daily per diem rate does not include:

- Blood products used in blood transfusions
- Dialysis
- Hospice service (please refer to Hospice Payment Policy for additional information)
- Modified barium swallow
- Orthotic or prosthetic equipment
- Physician extenders
- Professional charges for services rendered by physicians;
- Specialized/customized DME including by not limited to:
 - Continuous passive motion (CPM) machine
 - Respiratory assist device
 - Ventilator
 - Non-powered advanced pressure reduction overlay
 - Powered pressure reducing Air Mattress
 - Powered air flotation bed – loss air therapy
 - Special wheelchairs
- Total parenteral nutrition (TPN)
- Transportation (ambulance or chair van) excluded only for the following services:
 - Cardiac catheterizations
 - Chemotherapy
 - Computerized axial tomography



- Magnetic resonance imaging
- Ambulatory surgery involving use of operating room
- Emergency services
- Radiation therapy
- Angiography
- Lymphatic and venous procedures
- Ultrasound
- Authorized IV Insertion by contracted providers.
- Wound Vacuums
- Specific High-Cost Drugs

Medicare Part B Therapies for Custodial Level of Care with Rev Code(s) 0420,0430 and 0440: The below list includes but is not limited to the physical (PT), occupational (OT) and speech therapy (ST) services that be billed by the facility when authorized:

Procedure Code	Description
92507	ST treatment
92521	Evaluation of speech fluency
92522	Evaluation of speech sound production
92523	Evaluation of speech sound with evaluation of language comprehension and expression
92524	Behavioral and qualitative analysis of voice and resonance
92610	Evaluation of oral and pharyngeal swallowing function
97161	PT evaluation: low complexity
97162	PT evaluation: moderate complexity
97163	PT evaluation: high complexity
97165	OT evaluation, low complexity
97166	OT evaluation, moderate complexity
97167	OT evaluation, high complexity
G0151	PT Treatment, 15 minutes
G0152	OT Treatment, 15 minutes

Member Specific Add-Ons

Add-on services that are authorized by CCA are reimbursed in accordance with 101 CMR 206.00 and the MassHealth Nursing Facility Rate Add-ons Billing Guidance. Add-on payments include:

Procedure Code	Description
S0310	Bariatric Add-on
S0311	Homeless Add-on
S0315	Enhanced Temporary Resident Add-on
S0316	Temporary Resident Add-on
S0317	Medicaid Transitional Add-on
S0320	SUD Induction Add-on
S0340	Behavioral Indicator Add-on
S0341	SUD Add-on



S0342	Tracheostomy Add-on
S0353	Dialysis Den – Fee Add-on
S0354	Dialysis Den – MH FFS Treatment Add-on
S0353	Dialysis Service – Fee Add-on
S0354	Dialysis Service – MH FFS Treatment Add-on

RELATED SERVICE POLICIES:

Durable Medical Equipment

Hospice

Hospice VBID Program

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CCA has the right to expect the provider/facility to refund all payments related to non-compliance. CCA reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

REFERENCES:

MassHealth 130 CMR 456.000 Nursing Facility Manual

<https://www.mass.gov/doc/long-term-care-services-1/download>

MassHealth 101 CMR 206.00 Standard Payments to Nursing Facilities

<https://www.mass.gov/doc/standard-payments-to-nursing-facilities-effective-october-1-2024-0/download>

Department of Public Health 105 CMR 150.00 Standards for Long-term Care Facilities

<https://www.mass.gov/doc/105-cmr-150-standards-for-long-term-care-facilities/download>

POLICY TIMELINE DETAILS:

1. Effective: January 2018
2. Revision: December 2019, Annual Review/Revision: format
3. Revision: April 2022, format edited language related to DME
4. Revision: June 2022, updated formatting
5. Revision: January 2023, updated Add-ons payment provisions information; added HCPCS Add-on codes under Billing and Coding Guidelines.



6. Revision: April 2023, removed GP, GO, GN as these modifiers are not required for custodial members.
7. Revision: September 2023, updated reference titles for MassHealth DME, updated summary section and removed language for add-ons and revised section under Member Specific Add-ons for clarity.
8. Revision: June 2025, updated template, updated policy name from “Nursing Facility” to “Skilled Nursing Facility” add definitions section defining SNF terms, added language on provider requirements for reimbursement, added language for Custodial Care and Long-Term Care requirements, added codes to therapy table, modified language