



PAYMENT POLICY		
Home Health Services		
Original Date Approved	Effective Date	Revision Date
11/1/2022	1/1/2026	11/13/2025
Applies to Products:		
☒ Senior Care Options (FIDE-SNP) ☒ One Care (FIDE-SNP)		

PAYMENT POLICY STATEMENT:

This payment policy outlines CCA payment policy for home health services in accordance with state and federal guidelines for all CCA products.

DEFINITIONS:

Home Health Agency (HHA): A public or private organization authorized by law to primarily engaged in providing skilled nursing services and other therapeutic services in the home or residence. This entity type is required to enroll in Medicare as a condition of participation, and is a Medicare covered service.

Home Health Aide: A person who is employed or contracted by a home health agency and meets the qualifications of a Home Health Aide to perform certain personal care and other health related services. May be covered by both Medicare and MassHealth, or, for Home Care program recipients, may be MassHealth-only.

MassHealth: The medical assistance and benefit programs administered by the Massachusetts Executive Office of Health and Human Services pursuant to Title XIX of the Social Security Act (42 U.S.C. 1396), Title XXI of the Social Security Act (42 U.S.C. 1397), M.G.L. c.118E, and other applicable laws and waivers to provider and pay for medical services to eligible members.

Nursing Services: The assessment, planning, intervention, and evaluation of goal-oriented nursing care that requires specialized knowledge and skills acquired under the established curriculum of a school of nursing approved by a board of registration in nursing. Such services include only those services that require the skills of a nurse.

Skilled Nursing Services: A service that is necessary to provide targeted skilled nursing assessment for a specific member medical need, and/or discrete procedures and/or treatments, typically for less than two consecutive hours, and limited to the time required to perform those duties.

Centers for Medicare & Medicaid Services (CMS): A federal agency that is part of the U.S. Department of Health and Human Services responsible for administering and



managing the Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), HIPAA, and the Clinical Laboratory Improvement Amendments (CLIA) programs.

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 CPT codes for billing purposes.

Health Insurance Prospective Payment System Code (HIPPS): An alphanumeric five-digit code that represents a specific set of patient characteristics known as case-mix groups on which Medicare payment determinations are made using several prospective payment systems.

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

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.

Type of Bill (TOB): A 3-digit numeric code located on an institutional/facility claim that describes the type of facility, type of care, and episode of care (frequency) for the services rendered.

Modifier: A two-digit alphabetic, numeric, or alphanumeric code used to indicate a specific circumstance that altered a procedure or service without changing its definition or code and provides more information about the procedure or service performed.

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

AUTHORIZATION REQUIREMENTS (If applicable):

Home health services require prior authorization as outlined in the Home Health Services Certified: Senior Care Options and One Care Medical Necessity Guideline and the Home Health Aide Services Non-Certified Medical Necessity Guideline.

Please refer to the Provider Manual for additional information.

REIMBURSEMENT GUIDELINES:

CCA reimburses medically necessary home health services based on the Home Health Agency's (HHA) contractual agreement with CCA. Please follow the applicable Medicare and/or Medicaid guidelines for billing. **Medicare Home Health Services**

Medicare covered home health services are reimbursed according to the provider's contract.

If reimbursed by the Home Health Prospective Payment System (HH PPS), this payment methodology requires HHA's to bill using a 30-day date span and to complete recertification at least every 60 days. The payment made under HH PPS is considered



consolidated billing and includes payment for skilled nursing care services, home health aide services, physical therapy services, speech-language pathology services, occupational therapy services, and medical social services.

If reimbursed using Medicaid rates for services otherwise covered under the Medicare HHA perspective payment system (HH PPS), such reimbursement will follow the terms of the provider's contract and applicable Medicare billing guidelines.

CCA will not reimburse multiple HHA for services provided during the same admissions timeframe. Overlapping and or duplicate claims for the same member and event / episode will be denied.

HHA providers must follow Medicare billing and documentation requirements for all Medicare covered services, regardless of contracted reimbursement methodology or rate structure. Claims are to be submitted in accordance with CMS guidelines.

- As outlined in the CMS Home Health Agency Billing Medicare Claims Processing Manual, HHA's are required to submit a Notice of Admission (NOA) claim within 5 calendar days of a member's admission into home health services and to submit a Low Utilization Payment Adjustment (LUPA) claim when the HHA provides fewer than the threshold of the visits specified. If more than one HHA provides services to a member, only one HHA can bill for the admission period. CCA will not reimburse two HHA for the same admission period.

Code	Description
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
G0155	Services of a clinical social worker under a home health plan of care, each 15 minutes
G0156	Services of a home health aide under a home health plan of care, each 15 minutes
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes



G0162	Skilled services by a licensed nurse (RN only) for management and evaluation of the plan of care, each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting)
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting
G0300	Direct skilled nursing of a licensed practical nurse (LPN) in the home health or hospice setting
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes
G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes

*1 unit = 15 minutes and should not exceed 96 units in one day.

When rendering home health services via telehealth, the HHA can report this service on a claim using one of the codes below:

Code	Description
G0320	Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system
G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system
G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)

*Report each occurrence on a separate claim line with 1 unit

HHA should follow CMS guidelines when submitting claims for Medicare- covered home health services. Claims that are not submitted according to CMS guidelines will result in claim denials.

Medicaid Home Health Services

Medicaid covered home health services are reimbursed to HHA's who are Medicare certified and are enrolled as MassHealth providers. Home health services include the



following services: nursing services, home health aide, and therapy services (physical, occupational, and speech/language). These services must be rendered to members who reside in a non-institutional setting; any home health services rendered to members residing in an institution (i.e. hospital, nursing facility, etc.) will be denied.

Nursing and home health aide services provided as a need for skilled nursing services should be rendered on an intermittent or part-time basis with few exceptions as outlined in the MassHealth 130 CMR 403 Home Health Agency Manual. Intermittent services include nursing and home health aide services rendered up to 8 hours per day for 7 days per calendar week for a temporary period of up to 30 days, while part-time services are rendered on a less-than-daily basis not to exceed 35 hours per calendar week.

Nursing services rendered on or after 31 calendar days are reimbursed at a reduced rate even if services were rendered by a different HHA, and the claim should be billed with the appropriate procedure code and modifier to reflect this service. Full reimbursement will resume under the following conditions:

- Member is admitted to a hospital for at least one overnight.
- Member is admitted to a crisis stabilization unit for at least one overnight.
- Member is admitted to a skilled nursing facility for at least three nights.
- Member has a break from home health services of 60 or more days.

Claims for home health services should be submitted on a UB-04 claim form using the follow codes:

Rev Code	HCPCS	Modifier	Description
0551	G0299		Direct skilled nursing services of a registered nurse (RN) in home health setting (per visit for MassHealth members; 1-30 calendar days)
0551	G0300		Direct skilled nursing services of a licensed practical nurse (LPN) in home health setting, (per visit for MassHealth members; 1-30 calendar days)
0551	G0299	UD	Direct skilled nursing services of a registered nurse (RN) in home health setting (per visit for MassHealth members; 31 or more consecutive calendar days)
0551	G0300	UD	Direct skilled nursing services of a licensed practical nurse (LPN) in home health setting, (per visit for MassHealth members; 31 or more consecutive calendar days)
0551	G0493		Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition (PA required prior to start of care; Use only concurrently with G0156 UD)
0551	T1502		Administration of oral, intramuscular, and/or subcutaneous medication by health care agency/professional (RN or LPN only; per visit for MassHealth members; Use only for Medication Administration visit)



0551	T1503		Administration of medication other than oral and/or injectable, by a health care agency/professional, per visit (RN or LPN only; per visit for MassHealth members; Use only for Medication Administration visit)
0551	99058		Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service (use for emergency office services)
0572	G0156		Services of home health aide in home health setting, (per 15 minute unit
0572	G0156	UD	Services of home health aide in the home health setting (ADL support) (per 15 minute unit
0421	G0151		Services of physical therapist in home health setting, (per visit for MassHealth members
0431	G0152		Services of occupational therapist in home health setting (per visit for MassHealth members
0441	G0153		Services of speech and language pathologist in home health setting (per visit for MassHealth members
0579	99509		A home visit for assistance with activities of daily living and personal care (to be used for emergency temporary personal care attendant services provided by a home health aide; PA required at start of care)

*Time increments are included in the code description

This is not an exhaustive list, please follow the applicable CMS or MassHealth guidelines.

HHA's must follow MassHealth guidelines when submitting claims for Medicaid covered home health services. Claims that are not submitted according to MassHealth guidelines will result in claim denials.

RELATED SERVICE POLICIES:

[Home Health Aide Services Non-Certified Medical Necessity Guideline](#)

[Medical Necessity Guideline Home Health Services Certified: Senior Care Options and One Care](#)

[Home Health Agency Manual for MassHealth Providers | Mass.gov](#)

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, state and federal cost-sharing rules, referral/authorization, utilization management guidelines, 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 recover refunds from provider/facility for 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:

CMS Medicare Claims Processing Manual, Chapter 10 - Home Health Agency Billing
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c10.pdf>

CMS Medicare Benefit Policy Manual, Chapter 7 - Home Health Services
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c07.pdf>

MassHealth 130 CMR 403.000 Home Health Agency Manual
<https://www.mass.gov/doc/home-health-agency-regulations/download>

MassHealth Home Health Agency (HHA) Subchapter 6
<https://www.mass.gov/doc/home-health-agency-hha-subchapter-6/download>

MassHealth 630 CMR 3: Home Care Program
<https://www.mass.gov/doc/651-cmr-3-home-care-program/download>

Social Security Act, 1861(o)
https://www.ssa.gov/OP_Home/ssact/title18/1861.htm

Social Security Act, 1861(u)
https://www.ssa.gov/OP_Home/ssact/title18/1861.htm

POLICY TIMELINE DETAILS:

1. Effective January 2022
2. Revision: April 2022, removal 'member must be Homebound' from reimbursement requirements
3. Revision: May 2022, updates to Revenue Code & Modifiers table
4. Revision: November 2025, updated template, added Medicare requirements with codes, and updated Medicaid requirements.