



## PROVIDER REIMBURSEMENT GUIDANCE

### Home Health Care

Original Date Approved	Effective Date SCO/ICO	Effective Date MAPD*	Revision Date		
	11/01/2021	01/01/2022	N/A		
<p><b>Scope:</b> Commonwealth Care Alliance (CCA) Product Lines</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Senior Care Options (MA)  <input checked="" type="checkbox"/> One Care (MA)  <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA*  <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA*                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI*  <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI*  <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*                 </td> </tr> </table>				<input checked="" type="checkbox"/> Senior Care Options (MA) <input checked="" type="checkbox"/> One Care (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA*	<input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI* <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*
<input checked="" type="checkbox"/> Senior Care Options (MA) <input checked="" type="checkbox"/> One Care (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA*	<input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI* <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*				

**PAYMENT POLICY SUMMARY:**

Home health care services include part time/intermittent skilled nursing and home health aide services, defined as fewer than eight hours per day, on a less than daily basis, up to 35 hours a week. They are health-related services that are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function (even if the specific services are considered to be skilled services), as opposed to improving that function to an extent that might allow for greater independence.

**DEFINITIONS:**

Services provided include the following:

Custodial Care: Examples include feeding, dressing, bathing, transferring, ambulation and companion services

Home Health Agency: A program or organization authorized by law to provide health care services in the home

Intermittent Care: Skilled nursing care that is provided or needed either; fewer than 7 days each week or fewer than 8 hours each day for periods of 21 days or less

Place of Residence: Wherever the patient makes his/her home. This may include his/her dwelling, an apartment, a relative’s home, home for the aged, or other institution. (An institution may not be considered a patient's residence if the institution meets the requirements of §§1861(e)(1) or 1819(a)(1) of the Act .)



**Skilled Care:** To be covered as skilled nursing services, the services must require the skills of RN, or LPN under the supervision of a registered nurse, must be reasonable and necessary to the treatment of the patient's illness or injury as discussed in §40.1.1, and must be intermittent as discussed in §40.1.3. Coverage of skilled nursing care does not turn on the presence or absence of a patient's potential for improvement from the nursing care, but rather on the patient's need for skilled care.

#### **REIMBURSEMENT REQUIREMENTS:**

---

Reimbursement for home health care services requires the member meet all the following documented criteria, as reflected in the patient's medical record. Failure to document sufficient evidence of the below criteria may result in retraction of payment upon clinical auditing activities:

- Services must be ordered by a licensed physician (MD, DO, DPM).
- The member must be under a plan of treatment established and periodically reviewed by a licensed physician.
- The member must be homebound (not able to leave the home without a taxing effort).
- The member must have a clinical need for part-time, intermittent skilled services, which include at least one of the following disciplines: skilled nursing (RN), physical therapy, occupational therapy or speech therapy. In order to qualify for medical social worker or a home health aide to assist with personal care, the member must also have the clinical need for at least one of the skilled services listed above.
- There must be an end point to the services based on medical necessity.
- Services will be reimbursed in accordance with the Provider's Contract.

#### **REFERRAL/NOTIFICATION/PRIOR AUTHORIZATION REQUIREMENTS:**

---

Please review Section 4 of the Provider Manual for prior authorization requirements in the state in which the services are being performed whether MA or RI.

Prior authorization is required for Medicare Home Care Services.

#### **BILLING AND CODING GUIDELINES:**

---

##### **SCO/ICO:**

In addition to the coding table listed below, the state of Massachusetts has extended flexibility of telehealth services for home health from September 13<sup>th</sup> 2021 through the end of the COVID-19 PHE. These visits must follow the specific requirements (including all documentation and record-keeping criteria) as outlined in Home Health Care Bulletin 68.

Home health services may be rendered via telephone, and live audio-video, but restriction to chosen technology to perform services is not mandated as long as the telehealth visit is medically necessary, clinically appropriate, and complies with the extension specified bulletin guidelines.



Home Health Agencies are permitted during this period to utilize telehealth services for:

- Services that the member has consented to
- Follow-up visits that do not require any hands-on care
- Services that do not involve ongoing review of the members assessment
- Services that do not pertain to the discharge visit

Home Health Agencies **may not** utilize telehealth services for:

- Services requiring hands on care
- Services for any SOC (start of care) assessment
- Resumption of care visits
- Recertification visits

CCA will use current industry standard procedure codes throughout their processing systems. The Health Insurance Portability & Accountability Act (HIPAA) Transaction and Code Set Rule requires providers to use the code(s) that are valid at the time the service is provided. Providers must only use industry standard code sets and must use specific HCPCS and CPT codes when available.

Home Health services will not be reimbursed separately when the patient is away from their residence in an inpatient stay.

Revenue Code	Code / Modifier	Description
0551	G0299	Direct skilled nursing services of a registered nurse (RN) in home health setting (per visit; 1-30 calendar days)
0551	G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in home health setting, (per visit; 1-30 calendar days)
0551	G0299 TT	Direct skilled nursing services of a registered nurse (RN) in home health setting, (per visit; 1-30 calendar days; use when billing for each subsequent member – not for the first member- when two or more members in the same household are receiving a nursing visit during the same time period)
0551	G0300 TT	Direct skilled nursing services of a licensed practical nurse (LPN) in home health setting, (per visit; 1-30 calendar days; use when billing for each subsequent member – not for the first memberwhen two or more members in the same household are receiving a nursing visit during the same time period)



0551	G0299 UD	Direct skilled nursing services of a registered nurse (RN) in home health setting (per visit; 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; 31 or more consecutive calendar days)
0551	G0299 UD TT	Direct skilled nursing services of a registered nurse (RN) in home health setting (per visit. Use when billing for each subsequent member—not for the first member—when two or more members in the same household are receiving a nursing visit during the same time period; 31 or more consecutive calendar days)
0551	G0229 UD	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health setting (per visit. Use when billing for each subsequent member—not for the first member- when two or more members in the same household are receiving a nursing visit during the same time period, for members in home health services; 31 or more consecutive calendar days)
0551	T1502	Administration of oral, intramuscular, and/or subcutaneous medication by health care agency/professional (RN or LPN only; per visit; 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; Use only for Medication Administration visit)
0572	G0156	Services of home health aide in home health setting, each 15 min
0421	G0151	Services of physical therapist in home health setting, (per visit)
0431	G0152	Services of occupational therapist in home health setting (per visit)
0441	G0153	Services of speech and language pathologist in home health setting, each 15 minutes (per visit)
0771	+M0201	COVID-19 vaccine administration inside a patient's home; reported only once per individual home, per date of service, when only COVID-19 vaccine administration is performed at the patient's home

**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 compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.



## **REFERENCES:**

---

Medicare Benefit Policy Manual 100-02 Chapter 7

Medicare Claims Processing Manual 100-04 Chapter 10

## **POLICY TIMELINE DETAILS**

---

1. New