



PROVIDER REIMBURSEMENT GUIDANCE

Home Health Care

| Original Date Approved | Effective Date Senior Care Options/One Care | Effective Date Medicare Advantage* | Revision Date | | | | | | | | |
|---|---|------------------------------------|---------------|--|--|---|--|--|---|--|--|
| 11/01/2022 | 06/10/2022 | 06/10/2022 | 05/10/2022 | | | | | | | | |
| <p>Scope: Commonwealth Care Alliance (CCA) Product Lines</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Senior Care Options (MA)</td> <td><input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> One Care (MA)</td> <td><input checked="" type="checkbox"/> Medicare Value - (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA*</td> <td><input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medicare Value - (PPO) MA*</td> <td></td> </tr> </table> | | | | <input checked="" type="checkbox"/> Senior Care Options (MA) | <input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI* | <input checked="" type="checkbox"/> One Care (MA) | <input checked="" type="checkbox"/> Medicare Value - (PPO) RI* | <input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA* | <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI* | <input checked="" type="checkbox"/> Medicare Value - (PPO) MA* | |
| <input checked="" type="checkbox"/> Senior Care Options (MA) | <input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI* | | | | | | | | | | |
| <input checked="" type="checkbox"/> One Care (MA) | <input checked="" type="checkbox"/> Medicare Value - (PPO) RI* | | | | | | | | | | |
| <input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA* | <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI* | | | | | | | | | | |
| <input checked="" type="checkbox"/> Medicare Value - (PPO) MA* | | | | | | | | | | | |

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 on the patient’s need for skilled care.



AUTHORIZATION REQUIREMENTS:

Applicable CCA referral, notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

REIMBURSEMENT GUIDELINES:

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 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 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. 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.

BILLING and CODING GUIDELINES:

Senior Care Options/One Care In addition to the coding table listed below, the state of Massachusetts has extended flexibility of telehealth services for home health from September 13th, 2021, through the end of the COVID-19 PHE (Public Health Emergency). 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

BILLING and CODING GUIDELINES (cont.):

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 each 15 min (per visit; 1-30 calendar days) |
| 0551 | G0300 | Direct skilled nursing services of a licensed practical nurse (LPN) in home health setting, each 15 min (per visit; 1-30 calendar days) |
| 0551 | G0299 TT | Direct skilled nursing services of a registered nurse (RN) in home health setting, each 15 min (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, each 15 min (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 | G0299 UD | Direct skilled nursing services of a registered nurse (RN) in home health setting each 15 min (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, each 15 min (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 each 15 min (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 | G0299 UD | Direct skilled nursing services of a licensed practical nurse (LPN) in the home health setting each 15 min (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, (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, each 15 min (per visit) |
| 0431 | G0152 | Services of occupational therapist in home health setting, each 15 min (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 |

RELATED SERVICE POLICIES:

[Recommendations for Skilled Nursing](#)

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, 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:

- MassHealth: Home Health Agency (HHA) Subchapter 6
- Medicare Benefit Policy Manual 100-02 Chapter 7
- Medicare Claims Processing Manual 100-04 Chapter 10

POLICY TIMELINE DETAILS:

1. Effective 01/01/2022
2. Revised April 2022, removal 'member must be Homebound' from reimbursement requirements
3. Revised: May 2022, updates to Revenue Code & Modifiers table