101 CMR 350.00: HOME HEALTH SERVICES

Section

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350.01: General Provisions

(1) Scope. 101 CMR 350.00 establishes rates of payment for home health services described in 130 CMR 403.000: Home Health Agency that are provided by eligible providers to publicly aided individuals. The rates set forth in 101 CMR 350.00 also apply to individuals covered by M.G.L. c. 152 (the Workers' Compensation Act).

(2) Effective Date. Rates are effective for dates of service on or after July 14, 2017.

(3) Coverage.
   (a) Separate rates are specified for the following situations.
      1. The eligible provider bills as an individual practitioner for professional services rendered, and the services are not covered by a facility rate.
      2. The eligible provider bills as a provider agency and employs, either through contractual agreement or salary, qualified professionals who do not bill independently for professional services rendered and whose services are not covered by a facility rate.
   (b) The allowable fees established pursuant to 101 CMR 350.00 for services provided to publicly aided individuals apply to all home health services, as defined in 101 CMR 350.02, regardless of the type of program under which MassHealth is purchasing the services. The allowable fees are full compensation for the home health services rendered including, but not limited to, administrative or supervisory duties and costs in connection with service provision.

(4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 350.00. In addition, EOHHS may issue administrative information bulletins that specify the information and documentation necessary to implement 101 CMR 350.00.

(5) Disclaimer of Authorization of Services. 101 CMR 350.00 is not authorization for or approval of the substantive services, or lengths of time, for which rates are paid pursuant to 101 CMR 350.00. Governmental units or workers compensation insurers that purchase services from eligible providers are responsible to define, authorize, and approve the services extended to covered individuals and the length of time for which the approval is applicable.

350.02: General Definitions

As used in 101 CMR 350.00, terms have the meanings set forth in 101 CMR 350.02.

Center. The Center for Health Information and Analysis established under M.G.L. c. 12C.
Continuous Skilled Nursing Care. A nurse visit of more than two continuous hours of nursing services.

Eligible Provider. An individual practitioner or an organization certified as a provider of services under the Medicare Health Insurance Program for the Aged (Title XVIII) and meets such conditions of participation as have been or may be adopted from time to time by a governmental unit purchasing home health services.
EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Governmental Unit. The Commonwealth of Massachusetts and any department, agency, board, commission, division, or political subdivision of the Commonwealth.

Home Health Agency. An organization that meets the requirements of 130 CMR 403.000: Home Health Agency to provide home health services.

Home Health Aide Service. The provision of personal care and other health-related services in the home, as described in 130 CMR 403.421(B): Payable Home Health Aide Services by a home health aide as defined at 130 CMR 403.402: Definitions.

Home Health Services. Skilled nursing visits, continuous skilled nursing, physical therapy, occupational therapy, speech therapy, medical social work, and home health aide services provided in the individual's home.

Home Visit. A morbidity visit rendered in the home by a qualified employee of a home health agency.

Household. Place of residence where two or more MassHealth members are living
(a) in a group home, residential care home, or other group living situation;
(b) at the same street address if it is a single family house that is not divided into apartments or units; or
(c) at the same apartment number or unit number if members live in a building that is divided into apartments or units.

Individual Practitioner. A registered nurse (RN) or licensed practical nurse (LPN), who directly provides authorized continuous skilled nursing services and who bills independently for professional services rendered.

Medication Administration Visit. A skilled nursing visit for the purpose of administration of medications when the member is unable to perform the task due to impaired physical, cognitive, behavioral, and/or emotional issues, no able caregiver is present, or the member has a history of failed medication compliance resulting in a documented exacerbation of the member's condition, and/or and the task including the route of administration of medication requires a licensed nurse to provide the service. A medication administration visit may include administration of oral, intramuscular, and/or subcutaneous medication or administration of medications other than oral, intramuscular and/or subcutaneous medication, but does not include intravenous administration.

New Agency. A certified agency that has not previously provided home health services for one year or more as an eligible provider under 101 CMR 350.00.

Nursing Service. Services as defined at 130 CMR 403.402: Definitions and described at 130 CMR 403.420: Nursing Services.

Occupational Therapy. Services as defined at 130 CMR 403.402: Definitions provided by an occupational therapist or occupational therapy assistant as defined at 130 CMR 403.402.

Office Visit. A health promotion or therapeutic visit rendered in a home health agency's office.

Physical Therapy. Services as defined at 130 CMR 403.402: Definitions provided by a physical
therapist or physical therapy assistant as defined at 130 CMR 403.402.

Provider Agency. A partnership, corporation, or other entity, other than an individual, that indirectly provides authorized continuous skilled nursing services by a registered nurse or licensed practical nurse.

Publicly Aided Individual. A person who receives health care and services for which a governmental unit is in whole or part liable under a statutory program.
Reasonable Costs. Those reasonable and necessary costs incurred by an eligible provider of home health services, subject to the requirements and limitations of 101 CMR 350.00. In determining the reasonableness of costs, EOHHS may consider the particular services offered, the introduction of efficiency measures, the requirements for staffing, and the costs of providing comparable service.

Speech/Language Therapy. Services as defined at 130 CMR 403.402: Definitions provided by a qualified speech/language therapist (speech/language pathologist) as defined at 130 CMR 403.402.

Security/Escorts. The provision of security services to direct care personnel in the performance of a reimbursable home health visit.

Therapeutic or Morbidity Home Visit. A home visit rendered by an eligible provider to an individual and/or family for the purpose of treating one or more diagnosed illnesses or disabilities.

Visit. A visit as defined at 130 CMR 403.402: Definitions and that is up to eight 15-minute units.

Weekday. The hours from 7:00 A.M. to 3:00 P.M., Monday through Friday.

Weekend and Nights.
(a) Weekend. The hours from 3:00 P.M., Friday, to 7:00 A.M., Monday.
(b) Nights. The hours from 3:00 P.M. to 7:00 A.M., Monday through Friday.
(c) Holidays. All official Commonwealth of Massachusetts holidays. For purposes of 101 CMR 350.00, holidays that occur on a weekend are observed on that day and not the preceding Friday or following Monday.

New Year's Day
Martin Luther King Day
Presidents' Day
Patriot's Day
Memorial Day
Independence Day
Labor Day
Columbus Day
Veteran's Day
Thanksgiving Day
Christmas Day

350.03: General Rate Provisions

(1) General Rate Provisions. Rates of payment for authorized home health services to which 101 CMR 350.00 applies will be the lower of
(a) the eligible provider's usual fee to patients other than publicly aided patients; or
(b) the schedule of rates set forth in 101 CMR 350.04.

(2) Individual Consideration.
(a) Rates of payment to an eligible provider of continuous skilled nursing care for procedures not listed in 101 CMR 350.04 or authorized procedures performed in exceptional circumstances will be determined on an individual consideration (I.C.) basis by the
governmental unit. Eligible and interested MassHealth providers must apply for prior authorization in accordance with 130 CMR 403.000: *Home Health Agency* and 414.000: *Independent Nurse*.

(b) Determination of appropriate payment for authorized I.C. procedures will be in accordance with the following criteria:

1. the length of time required to perform the service;
2. degree of skill required for the service rendered;
3. severity and complexity of the patient's disorder or disability;
350.03: continued

4. policies, procedures, and practices of other third party purchasers of care, governmental and private;
5. prevailing continuous skilled nursing ethics and accepted customs; and
6. other applicable standards and criteria of other governmental purchasing agencies.

(c) Purchasing agencies will maintain records of the payments for services provided under 101 CMR 350.03(2) and the medical conditions that required intervention under 101 CMR 350.03(2) in such a way that this information can be retrieved separately from data for other continuous skilled nursing services.

350.04: Rates of Payment

(1) Rates for Home Health Services, except Continuous Skilled Nursing Care in the Home.

<table>
<thead>
<tr>
<th>Code</th>
<th>Rate</th>
<th>Unit</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0299</td>
<td>$89.21</td>
<td>Per Visit</td>
<td>Services of an RN in home health setting (one through 30 calendar days)</td>
</tr>
<tr>
<td>G0300</td>
<td>$89.21</td>
<td>Per Visit</td>
<td>Services of an LPN in home health setting (one through 30 calendar days)</td>
</tr>
<tr>
<td>G0299 UD</td>
<td>$69.59</td>
<td>Per Visit</td>
<td>Services of an RN in home health setting (31+ calendar days)</td>
</tr>
<tr>
<td>G0300 UD</td>
<td>$69.59</td>
<td>Per Visit</td>
<td>Services of an LPN in home health setting (31+ calendar days)</td>
</tr>
<tr>
<td>G0299 TT</td>
<td>$69.59</td>
<td>Per Visit</td>
<td>Services of an RN in home health setting - Use when billing for each subsequent individual - not for the first individual - when two or more individuals in the same household are receiving a nursing visit during the same time period (one through 30 calendar days)</td>
</tr>
<tr>
<td>G0300 TT</td>
<td>$69.59</td>
<td>Per Visit</td>
<td>Services of an LPN in home health setting - Use when billing for each subsequent individual - not for the first individual - when two or more individuals in the same household are receiving a nursing visit during the same time period (one through 30 calendar days)</td>
</tr>
<tr>
<td>G0299 TT, UD</td>
<td>$69.59</td>
<td>Per Visit</td>
<td>Services of an RN in home health setting - Use when billing for each subsequent individual - not for the first individual - when two or more individuals in the same household are receiving a nursing visit during the same time period, for individuals in home health services for 31 calendar days or longer</td>
</tr>
<tr>
<td>G0300 TT, UD</td>
<td>$69.59</td>
<td>Per Visit</td>
<td>Services of an LPN in home health setting - Use when billing for each subsequent individual - not for the first individual - when two or more individuals in the same household are receiving a nursing visit during the same time period, for individuals in home health services for 31 calendar days or longer</td>
</tr>
<tr>
<td>T1502</td>
<td>$59.14</td>
<td>Per Visit</td>
<td>Administration of oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.)</td>
</tr>
<tr>
<td>T1503</td>
<td>$59.14</td>
<td>Per Visit</td>
<td>Administration of medication other than oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.)</td>
</tr>
<tr>
<td>99058</td>
<td>$28.99</td>
<td>Per Visit</td>
<td>Office services provided on an emergency basis</td>
</tr>
<tr>
<td>HCP Code</td>
<td>Rate</td>
<td>Frequency</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-------</td>
<td>------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>G0156</td>
<td>$6.10</td>
<td>Per 15 Minutes</td>
<td>Services of Home Health Aide in the home health setting</td>
</tr>
<tr>
<td>G0151</td>
<td>$68.30</td>
<td>Per Visit</td>
<td>Services of Physical Therapist in the home health setting</td>
</tr>
<tr>
<td>G0153</td>
<td>$72.88</td>
<td>Per Visit</td>
<td>Services of Speech/Language Therapist in the home health setting</td>
</tr>
<tr>
<td>G0152</td>
<td>$71.20</td>
<td>Per Visit</td>
<td>Services of Occupational Therapist in the home health setting</td>
</tr>
</tbody>
</table>
350.04: continued

(2) Rates for Continuous Skilled Nursing Care.
(a) Single Patient, per Straight-time Hour. Weekend rates are the same as night rates.

<table>
<thead>
<tr>
<th>Code</th>
<th>Modifier</th>
<th>Agency</th>
<th>Individual Practitioner</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1002</td>
<td></td>
<td></td>
<td>$11.92</td>
<td>$10.52</td>
</tr>
<tr>
<td></td>
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<td>$12.66</td>
<td>$11.25</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$16.47</td>
<td>$15.07</td>
</tr>
<tr>
<td>T1003</td>
<td></td>
<td></td>
<td>$9.83</td>
<td>$8.76</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$10.44</td>
<td>$9.39</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$13.67</td>
<td>$12.62</td>
</tr>
</tbody>
</table>

(b) Multiple-patient Nursing.
1. Two Publicly Aided Individuals, per Straight-time Hour. When only one of the individuals is publicly aided, the fee for services to the publicly aided individual will be ½ of the appropriate rate listed. Weekend rates are the same as night rates.

<table>
<thead>
<tr>
<th>Code</th>
<th>Modifier</th>
<th>Agency</th>
<th>Individual Practitioner</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1002</td>
<td>TT</td>
<td></td>
<td>$16.76</td>
<td>$15.20</td>
</tr>
<tr>
<td></td>
<td>U1</td>
<td></td>
<td>$17.85</td>
<td>$16.31</td>
</tr>
<tr>
<td></td>
<td>TT</td>
<td></td>
<td>$23.58</td>
<td>$22.03</td>
</tr>
<tr>
<td>T1003</td>
<td>TT</td>
<td></td>
<td>$13.89</td>
<td>$12.72</td>
</tr>
<tr>
<td></td>
<td>U1</td>
<td></td>
<td>$14.81</td>
<td>$13.64</td>
</tr>
<tr>
<td></td>
<td>TT</td>
<td></td>
<td>$19.66</td>
<td>$18.49</td>
</tr>
</tbody>
</table>

2. Three Publicly Aided Individuals, per Straight-time Hour. When only one of the individuals is publicly aided, the fee for services to the publicly aided individual will be ⅓ of the appropriate rate listed. When two of the individuals are publicly aided, the fee for services to the publicly aided individuals will be ⅔ of the appropriate rate listed. Weekend rates are the same as night rates.
### 350.04: continued

<table>
<thead>
<tr>
<th>Code</th>
<th>Modifier</th>
<th>Agency</th>
<th>Individual Practitioner</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1002</td>
<td>U2</td>
<td>$20.02</td>
<td>$17.64</td>
<td>RN Services, Weekday</td>
</tr>
<tr>
<td>T1002</td>
<td>U3</td>
<td>$21.30</td>
<td>$18.92</td>
<td>RN Services, Nights</td>
</tr>
<tr>
<td>T1002</td>
<td>U2</td>
<td>$27.99</td>
<td>$25.60</td>
<td>RN Services, Holidays</td>
</tr>
<tr>
<td>T1003</td>
<td>U2</td>
<td>$16.86</td>
<td>$14.75</td>
<td>LPN Services, Weekday</td>
</tr>
<tr>
<td>T1003</td>
<td>U3</td>
<td>$17.94</td>
<td>$15.84</td>
<td>LPN Services, Nights</td>
</tr>
<tr>
<td>T1003</td>
<td>U2</td>
<td>$23.60</td>
<td>$21.49</td>
<td>LPN Services, Holidays</td>
</tr>
</tbody>
</table>

(c) **Overtime.** Weekend rates are the same as night rates.

### 350.05: Provisions for New Agencies

1. Any new agency must submit the following information:
   (a) Medicare (CMS) letter of certification; and
   (b) a list of charges to the general public.

2. **Rate of Payment.** A new agency's rate of payment will be determined according to 101 CMR 350.04(1) or (2).

### 350.06: Administrative Adjustment

1. A certified home health agency may apply for a change in rate(s) of payment due to costs associated with providing interpreter and security/escort services as defined in 101 CMR 350.02.

2. Administrative adjustment may be provided on a prospective basis only.

3. Administrative relief will consist of an adjustment to the rate calculated by dividing the costs from the most recently filed and reviewed cost report by the number of service units reported for that corresponding period. The costs allowed will be limited to reasonable costs as defined in 101 CMR 350.02.
An administrative adjustment that an agency was awarded in a prior period may be updated by EOHHS using data from the most recent NSR Report.

350.07: Reporting Requirements

(1) Required Reports. Reporting requirements are governed by 957 CMR 6.00: Cost Reporting Requirements.
(2) **Penalty for Noncompliance.** A governmental purchaser may reduce the payment rates of any provider that fails to timely file required information with the Center or EOHHS, as applicable, by 5% during the first month of noncompliance, and by an additional 5% during each month of noncompliance thereafter (i.e., 5% reduction during the first month of noncompliance, 10% reduction during the second month of noncompliance, and so on). The governmental purchaser will notify the provider prior to imposing a penalty for noncompliance.

350.08: **Severability**

The provisions of 101 CMR 350.00 are severable and if any such provisions or the application of such provisions to any person or circumstances will be held to be invalid or unconstitutional, such invalidity will not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

**REGULATORY AUTHORITY**

101 CMR 350.00: M.G.L. c. 118E.