

#### Commonwealth of Massachusetts Executive Office of Health and Human Services Division of Medical Assistance

600 Washington Street Boston, MA 02111 www.mass.gov/dma

> MASSHEALTH TRANSMITTAL LETTER HHA-35 December 2003

**TO:** Home Health Agencies Participating in MassHealth

FROM: Beth Waldman, Acting Commissioner Beth Waldman

**RE:** Home Health Agency Manual (Revisions to Service Codes and Descriptions)

This letter transmits revisions to service codes and descriptions in Subchapter 6 of the *Home Health Agency Manual*. The Centers for Medicare and Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS). New national service codes have been added and MassHealth local service codes have been deleted from Subchapter 6. The attached Subchapter 6 contains the new national codes. These revisions are effective for dates of service on or after January 1, 2004.

#### **Billing Guidelines**

#### Each Visit Reported on a Separate Claim Line

"From-through" billing is no longer allowed for home health agency visits. Instead, please follow these instructions.

- Each individual claim line must contain only one visit for only one date of service.
- Multiple visits provided on the same date of service must be billed on separate claim lines.
- Visits provided on multiple dates of service must be reported on a single claim line for each date of service.

#### **15-Minute Increment Reporting**

Home health agencies must report in 15-minute units the actual time spent during each home health visit. Time should be rounded up to the nearest 15-minute unit.

Visits will be reimbursed according to the applicable fee schedule of the Division of Health Care Finance and Policy (DHCFP).

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#### **Electronic Billing**

Home health agencies must use both revenue codes and service codes when billing 837 Institutional (837I) electronic transactions. **Do not use revenue codes on paper claim no. 09 forms**. The following table demonstrates the revenue codes that providers must use with service codes when billing 837 Institutional (837I) electronic transactions.

| Revenue<br>Code | Service Code | Service Description  |
|-----------------|--------------|--|
| 0551            | G0154        | Services of a skilled nurse in a home health setting           |
| 0551            | 99058        | Office services provided on an emergency basis                 |
| 0570            | G0156        | Services of a home health aide in a home health setting        |
| 0421            | G0151        | Services of a physical therapist in a home health setting      |
| 0431            | G0152        | Services of an occupational therapist in a home health setting |
| 0441            | G0153        | Services of a speech therapist in a home health setting        |

#### **Personal Care Attendant Emergency Codes**

Certain MassHealth members who do not qualify for home health services are eligible for the personal care attendant (PCA) emergency plan. Please see *Home Health Agency Bulletin 34* for information on eligibility criteria for this emergency plan.

Effective January 1, 2004, the MassHealth local service code for emergency PCA services provided by a home health aide (X0022) has been replaced with 99509. The MassHealth local service code for nursing oversight of these emergency services (X0021) has been replaced with G0154.

#### **Unused-Hours Reporting for Private Duty Nursing Services**

Effective November 1, 2003, the Division no longer requires home health agencies to report unused hours for private duty nursing services. However, providers should continue to submit reports of unused private duty nursing hours for all the months through October 31, 2003.

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If you have any questions about this transmittal letter, please contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

#### **NEW MATERIAL**

(The pages listed here contain new or revised language.)

## Home Health Agency Manual

Pages 6-1 and 6-2

## **OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

# Home Health Agency Manual

Pages 6-1 and 6-2 — transmitted by Transmittal Letter HHA-34

# Home Health Agency Provider Service Code Crosswalk

Effective for dates of service beginning January 1, 2004

|                 |                  | Description                                     |                                   | Billing Inst  | ructio                                     | <u>1S</u>                                |                                   | Billing Guidelines   |
|-----------------|------------------|---|-----------------------------------|---|--|--|-----------------------------------|--|
|                 | Obsolete<br>Code |   | Paper Claim 09/EMC                |   | 837-Institutional (837I) Claim Transaction |  | <u>Transaction</u>                | Please Note: All home health visits must   |
| Service<br>Type |                  |   | New Service<br>Code –<br>Modifier | Description   |  | nue Code (four digits) 2400; Field SV201 | New Service<br>Code –<br>Modifier | be reported on separate claim lines in order<br>to receive correct reimbursement. This<br>applies to all skilled nursing, physical<br>therapy, occupational therapy, and speech<br>therapy visits. |
| ome Hea         | alth Agency      | <u>/ Visits</u>                                 |                                   |   |  |  |                                   |  |
|                 | X0031            | Nursing care visit                              | G0154                             | Services of skilled nurse in home health setting, each 15 minutes                   | 0551                                       | Skilled nursing, visit charge            | G0154                             | Actual time spent for each visit must be reported in 15-minute increments using G0154. Reimbursement remains at a pervisit rate.   |
|                 | X0032            | Nursing visit, office                           | 99058                             | Office services provided on an emergency basis                                      | 0551                                       | Skilled nursing, visit charge            | 99058                             |  |
|                 | X0037            | Home health aide services (per six-minute unit) | G0156                             | Services of home health aide in home health setting, each 15 minutes                | 0570                                       | Home health aide, general                | G0156                             | Home health aide services are reimbursed in 15-minute increments.  |
|                 | X0038            | Physical therapy visit                          | G0151                             | Services of physical therapist in home health setting, each 15 minutes              | 0421                                       | Physical therapy, visit charge           | G0151                             | Actual time spent for each visit must be reported in 15-minute increments using G0151. Reimbursement remains at a pervisit rate.   |
|                 | X0039            | Speech/language therapy visit                   | G0153                             | Services of speech and language pathologist in home health setting, each 15 minutes | 0441                                       | Speech language pathology, visit charge  | G0153                             | Actual time spent for each visit must be reported in 15-minute increments using G0153. Reimbursement remains at a pervisit rate.   |
|                 | X0040            | Occupational therapy visit                      | G0152                             | Services of occupational therapist in home health setting, each 15 minutes          | 0431                                       | Occupational therapy, visit charge       | G0152                             | Actual time spent for each visit must be reported in 15-minute increments using G0152. Reimbursement remains at a pervisit rate.   |
| emporar         | y Emergen        | cy Personal Care Attendant (P                   | CA) Services P                    | rovided by Home Health Agency   | "  |  |                                   |  |
|                 | X0021            | Nursing care visit for PCA services             | G0154                             | Services of skilled nurse in home health setting, each 15 minutes                   | 0551                                       | Skilled nursing, visit charge            | G0154                             | Reimbursement at the per-visit rate for nursing supervision of home health aide providing emergency PCA services.  |
|                 |                  |   |                                   |   |  |  |                                   | Actual time spent during the visit must be reported in 15-minute increments using G0154.   |
|                 | X0022            | Home health aide services for PCA services      | 99509                             | Home visit for assistance with activities of daily living and personal care         | 0579                                       | Other home health aide                   | 99509                             | Do <b>not</b> use a modifier for PCA services provided by a home health aide.  |

#### **Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series**

HOME HEALTH AGENCY MANUAL

SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES AND DESCRIPTIONS

**PAGE** 6-1

TRANSMITTAL LETTER

**DATE** 

HHA-35

01/01/04

#### 601 Explanation of Abbreviation

The abbreviation "P.A." indicates that Division authorization is required (see program regulations in Subchapter 4 of the *Home Health Agency Manual*).

#### 602 Definitions

With nursing service codes T1002 and T1003, nursing services provided on a "weekend" or "holiday" will be automatically reimbursed in accordance with the applicable fee schedule of the Division of Health Care Finance and Policy (DHCFP). Providers must use a service code that accurately reflects the nursing service provided.

- Day the hours from 7:00 A.M. to 2:59 P.M., Sunday through Saturday. (A)
- Night the hours from 3:00 P.M. to 6:59 A.M., Sunday through Saturday. (B)
- (C) Nursing modifiers:
  - (1) UJ—night
  - (2) TT—one nurse to two members (day)
  - (3) U1—one nurse to two members (night)
  - (4) U2—one nurse to three members (day)
  - (5) U3—one nurse to three members (night)

# Service Codes and Descriptions: Home Health Aide, Personal Care Worker, Therapy, and Nursing Services

Service

G0154

Code-Modifier Service Description

#### Nursing (for a Visit of Two Hour or Less), Home Health Aide, and Personal Care

| 00154 | Services of skilled hurse in nome health setting, each 15 minutes                     |
|-------|---|
| 99058 | Office services provided on an emergency basis  |
| G0156 | Services of home health aide in home health setting, each 15 minutes                  |
| T1019 | Personal care services, per 15 minutes  |
|       |   |
|       | <u>Therapy</u>  |
| G0151 | Services of physical therapist in home health setting, each 15 minutes                |
| G0152 | Services of occupational therapist in home health setting, each 15 minutes            |
| G0153 | Services of speech and language pathologist in home health setting, each 15 minutes   |
| 00133 | bei vices of specen and language pathologist in nome nearth setting, each 15 influtes |

Services of skilled nurse in home health setting, each 15 minutes

# Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series

HOME HEALTH AGENCY MANUAL

#### SUBCHAPTER NUMBER AND TITLE

6 SERVICE CODES AND DESCRIPTIONS

PAGE

6-2

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**DATE** 01/01/04

603 <u>Service Codes and Descriptions: Home Health Aide, Personal Care Worker, Therapy, and Nursing Services</u> (cont.)

Service

Code-Modifier Service Description

#### Nursing Services (More Than a Two-Hour Visit)

#### **Individual Patient Nursing**

The following service codes must be used for nursing care provided by one nurse to one member.

| T1002    | RN services, up to 15 minutes (day) (P.A.)        |
|----------|---|
| T1003    | LPN/LVN services, up to 15 minutes (day) (P.A.)   |
| T1002-UJ | RN services, up to 15 minutes (night) (P.A.)      |
| T1003-UJ | LPN/LVN services, up to 15 minutes (night) (P.A.) |

#### **Multiple-Patient Nursing**

The following service codes are to be used for nursing care provided by one nurse simultaneously to two members.

| RN services, up to 15 minutes (day) (each member) (P.A.)        |
|---|
| LPN/LVN services, up to 15 minutes (day) (each member) (P.A.)   |
| RN services, up to 15 minutes (night) (each member) (P.A.)      |
| LPN/LVN services, up to 15 minutes (night) (each member) (P.A.) |
|   |

The following service codes are to be used for nursing care provided by one nurse simultaneously to three members.

| T1002-U2 | RN services, up to 15 minutes (day) (each member) (P.A.)        |
|----------|---|
| T1003-U2 | LPN/LVN services, up to 15 minutes (day) (each member) (P.A.)   |
| T1002-U3 | RN services, up to 15 minutes (night) (each member) (P.A.)      |
| T1003-U3 | LPN/LVN services, up to 15 minutes (night) (each member) (P.A.) |