




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
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Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MASSHEALTH  
TRANSMITTAL LETTER HHA-38  
May 2007

**TO:** Home Health Agencies Participating in MassHealth  
**FROM:** Tom Dehner, Acting Medicaid Director   
**RE:** *Home Health Agency Manual* (Revisions to Service Codes and Descriptions)

This letter transmits information related to home health rates and introduces a new service code and modifier in Subchapter 6 of the *Home Health Agency Manual*.

### **New Rates**

The Division of Health Care Finance and Policy (DHCFP) has promulgated new rates for home health agencies. The new rates are effective January 1, 2007. Providers should begin using the new rates immediately on claims with dates of service on or after January 1. MassHealth will reprocess claims with dates of service on or after January 1, 2007, at the new rates if these claims were paid at the previous rates.

### **New Service Code**

Effective June 1, 2007, MassHealth is adding Service Code (with modifier) **G0154TT** to Subchapter 6 of the *Home Health Agency Manual*. When two or more members in the same household are receiving skilled nursing visits, the home health agency must provide services to the members during a single visit. Under such circumstances, MassHealth pays the full skilled nursing visit rate for one member and a reduced rate for each subsequent member in the household. When billing MassHealth for the second or any additional members, the service code and modifier must reflect the visit for each subsequent member. You must use Service Code **G0154** for the first member, then add the modifier **TT** for each subsequent member. Home health agencies must document the medical necessity in the member's medical record if two or more members living in the same household cannot be provided skilled nursing services during a single visit. Failure to do so constitutes an unacceptable billing practice in accordance with 130 CMR 450.307.

MassHealth is in the process of amending the home health agency regulations to reflect these changes.

MassHealth defines household as the place of residence where two or more people are living: (A) in a group home, a 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 street address and apartment number or unit number if members live in a building that is divided into apartments or units.

## Fee Schedule

If you wish to obtain a fee schedule for the new rates, including the new service code and modifier, you may download the Division of Health Care Finance and Policy (DHCFP) regulations at no cost at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). The regulation title is 114.3 CMR 50.00 Home Health Services. You may also purchase a paper copy of the regulations from either the Massachusetts State Bookstore or directly from DHCFP (see addresses and telephone numbers below). You must contact them first to find out the price of the paper copy of the publication.

Massachusetts State Bookstore  
State House, Room 116  
Boston, MA 02133  
Telephone: 617-727-2834  
[www.mass.gov/sec/spr](http://www.mass.gov/sec/spr)

Division of Health Care Finance and Policy  
Two Boylston Street  
Boston, MA 02116  
Telephone: 617-988-3100  
[www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)

## MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

## NEW MATERIAL

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

### Home Health Agency Manual

Pages vi, vii, 6-1 and 6-2

## OBSOLETE MATERIAL

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

### Home Health Agency Manual

Page vii — transmitted by Transmittal Letter HHA-33

Page vi — transmitted by Transmittal Letter HHA-34

Pages 6-1 and 6-2 — transmitted by Transmittal Letter HHA-37

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The regulations and instructions governing provider participation in MassHealth are published in the Provider Manual Series. MassHealth publishes a separate manual for each provider type.

Manuals in the series contain administrative regulations, billing regulations, program regulations, service codes, administrative and billing instructions, and general information. MassHealth regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. MassHealth regulations are assigned Title 130 of the Code. The regulations governing provider participation in MassHealth are assigned Chapters 400 through 499 within Title 130. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For home health agencies, those matters are covered in 130 CMR Chapter 403.000, reproduced as Subchapter 4 in the *Home Health Agency Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which furnish instructions for making changes by hand ("pen-and-ink" revisions), and by substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead MassHealth's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with MassHealth and its members.

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601 Explanation of Abbreviation

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

602 Definitions

Providers must use a service code and modifier that accurately reflect the nursing service provided. 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). No additional service code or modifier is required to indicate weekend or holiday services.

(A) Day – the hours from 7:00 A.M. to 2:59 P.M., Sunday through Saturday.

(B) Night – the hours from 3:00 P.M. to 6:59 A.M., Sunday through Saturday.

603 Service Codes and Descriptions: Home Health Aide, Therapy, and Nursing Services

Service

Code-Modifier

Service Description

**Nursing (for a Visit of Two Hours or Less) and Home Health Aide**

G0154	Services of skilled nurse in home health setting, each 15 minutes (PA for MassHealth Basic members not enrolled with a managed care organization and for complex-care members)
G0154 TT	Services of skilled nurse in a home health setting, each 15 minutes (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.) (PA for MassHealth Basic members not enrolled with a managed care organization and for complex-care members)
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)
G0156	Services of home health aide in home health setting, each 15 minutes (PA for complex-care members)

**Therapy**

G0151	Services of physical therapist in home health setting, each 15 minutes (PA after 20 visits)
G0152	Services of occupational therapist in home health setting, each 15 minutes (PA after 20 visits)
G0153	Services of speech and language pathologist in home health setting, each 15 minutes (PA after 35 visits)

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603      Service Codes and Descriptions: Home Health Aide, Therapy, and Nursing Services (cont.)

Service

Code-Modifier      Service Description

**Continuous Skilled 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) (PA)  
T1003      LPN/LVN services, up to 15 minutes (day) (PA)  
T1002 UJ      RN services, up to 15 minutes (night) (PA)  
T1003 UJ      LPN/LVN services, up to 15 minutes (night) (PA)

**Multiple-Patient Nursing**

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

T1002 TT      RN services, up to 15 minutes (day) (each member) (PA)  
T1003 TT      LPN/LVN services, up to 15 minutes (day) (each member) (PA)  
T1002 U1      RN services, up to 15 minutes (night) (each member) (PA)  
T1003 U1      LPN/LVN services, up to 15 minutes (night) (each member) (PA)

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) (PA)  
T1003 U2      LPN/LVN services, up to 15 minutes (day) (each member) (PA)  
T1002 U3      RN services, up to 15 minutes (night) (each member) (PA)  
T1003 U3      LPN/LVN services, up to 15 minutes (night) (each member) (PA)