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MassHealth

Transmittal Letter HHA-56

April 2023

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

 **FROM:** Mike Levine, Acting Assistant Secretary for MassHealth [signature of Mike Levine]

 **RE:** *Home Health Agency* *Manual* (Revised Subchapter 6: Service Codes and Descriptions)

This letter transmits revisions to the service code descriptions in Subchapter 6 of the *Home Health Agency Manual*. Providers may bill with the service codes and service code/modifier combinations listed in this transmittal letter for any date of service within the billing deadlines described in 130 CMR 450.309: *Time Limitation on Submission of Claims: General Requirements* through 130 CMR 450.314: *Final Deadline for Submission of Claims*.

1. **New Codes**

G0493 Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition (PA required prior to start of care; Use only concurrently with G0156 UD)

G0156 UD Services of home health aide in the home health setting (ADL support) (per 15 minute unit) (PA required prior to start of care)

1. **Deleted Codes**

MassHealth deleted the following code/modifier combinations.

G0299 TT Direct skilled nursing services of a registered nurse (RN) in home health setting, (per visit for MassHealth members; 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)

G0300 TT Direct skilled nursing services of a licensed practical nurse (LPN) in home health setting, (per visit for MassHealth members; 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)

G0299 TT UD Direct skilled nursing services of a registered nurse (RN) in home health setting (per visit for MassHealth members. 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)

G0300 UD TT Direct skilled nursing services of a licensed practical nurse (LPN) in the home health setting (per visit for MassHealth members. 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)

1. **Removal of Continuous Skilled Nursing Codes**

MassHealth has established a separate provider manual for Continuous Skilled Nursing (CSN) Agencies. All CSN code/modifier combinations have been transitioned into a new *Continuous Skilled Nursing Agency* Manual. Separate transmittal letters were issued for the new CSN manual and Subchapter 6.

1. **Changes to Prior Authorization Requirements**

MassHealth has made conforming changes to update references to a procedure code’s prior authorization requirements to align with updates made at 130 CMR 403.000.

1. **Fee Schedule**

If you want to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). The rates for Home Health Agency can be found at [101 CMR 350.00: *Rates for Home Health Services*](https://www.mass.gov/regulations/101-CMR-350-home-health-services).

1. **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at

[www.mass.gov/masshealth-transmittal-letters](http://www.mass.gov/masshealth-transmittal-letters).

[Sign up](https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

1. **Questions**

The MassHealth LTSS Provider Service Center is open, 8 a.m. to 6 p.m. ET, Monday through Friday, excluding holidays. LTSS Providers should direct their questions about this letter or other MassHealth LTSS Provider questions to the LTSS Third Party Administrator (TPA) as follows:

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| **Method** | **Contact Information for MassHealth LTSS Provider Service Center** |
| **Phone** | Toll-free **(844) 368-5184** |
| **Email** | support@masshealthltss.com |
| **Portal** | MassHealthLTSS.com |
| **Mail** | MassHealth LTSSPO Box 159108 Boston, MA 02215 |
| **Fax** | (888) 832-3006 |
| **LTSS Provider Portal** | Trainings, general Information, and future enhancements will be available at [www.MassHealthLTSS.com](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.MassHealthLTSS.com&d=DwMFAg&c=lDF7oMaPKXpkYvev9V-fVahWL0QWnGCCAfCDz1Bns_w&r=veVTsGuhwVXhgeAKPWzzZkJXrnctsPfeegfH4rzH1lw&m=ROQoKY-5ZaiHWs7ZktBtNJzUSbDA8J0w34-bRW_Nn00&s=ZvyXKC_Y4ZdhAsdsNeaMtXmK2_x5FrxY2cl04UzHA4Y&e=).  |

NEW MATERIAL

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

Home Health Agency Manual

Pages vi, 6-1 through 6-2

OBSOLETE MATERIAL

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

Home Health Agency Manual

Page vi — transmitted by Transmittal Letter HHA-53

Pages 6-1 through 6-4 — transmitted by Transmittal Letter HHA-54

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

Prior authorization for all nursing services, including RN, LPN, and medication administration service codes, is 30 visits in a calendar year, unless otherwise indicated below.

Revenue Service

Code Code-Modifier Service Description

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

0551 G0299 Direct skilled nursing services of a registered nurse (RN) in home health setting (per visit for MassHealth members; 1-30 calendar days)

0551 G0300 Direct skilled nursing services of a licensed practical nurse (LPN) in home health setting, (per visit for MassHealth members; 1-30 calendar days)

0551 G0299 UD Direct skilled nursing services of a registered nurse (RN) in home health setting (per visit for MassHealth members; 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 for MassHealth members; 31 or more consecutive calendar days)

0551 G0493 Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition (PA required prior to start of care; Use only concurrently with G0156 UD)

0551 T1502 Administration of oral, intramuscular, and/or subcutaneous medication by health care agency/professional (RN or LPN only; per visit for MassHealth members; 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 for MassHealth members; Use only for Medication Administration visit)

0551 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)

0572 G0156 Services of home health aide in home health setting, (per 15 minute unit; PA required after 240 units in a calendar year)

0572 G0156 UD Services of home health aide in the home health setting (ADL support) (per 15 minute unit) (PA required prior to start of care)

602 Service Codes and Descriptions (cont.)

Revenue Service

Code Code-Modifier Service Description

 **Therapy**

0421 G0151 Services of physical therapist in home health setting, (per visit for MassHealth members; PA required after 20 visits in a calendar year)

0431 G0152 Services of occupational therapist in home health setting (per visit for MassHealth members; PA required after 20 visits in a calendar year)

0441 G0153 Services of speech and language pathologist in home health setting (per visit for MassHealth members; PA required after 35 visits in a calendar year)

0579 99509 A home visit for assistance with activities of daily living and personal care (to be used for emergency temporary personal care attendant services provided by a home health aide).