



## Transmittal Letter HHA-59

**DATE:** June 2024

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

**FROM:** Leslie Darcy, Chief, Long Term Services and Supports

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

### Service Code Revisions

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

### Place of Service Codes

04	Homeless Shelter
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
55	Residential Substance Abuse Treatment
99	Other Place of Service

This letter also transmits amended descriptions to G0156 UD and 99509 to align with policy changes.

The rate regulation for home health services is 101 CMR 350.00: *Rates for Home Health Services*.

### 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).

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### Questions

If you have questions about the information in this transmittal letter, please

- Contact the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, or
- Email your inquiry to [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

The MassHealth LTSS Provider Service Center is open 8:00 a.m. through 6:00 p.m. ET, Monday through Friday, excluding holidays. LTSS providers should direct their questions about this letter, and other MassHealth LTSS provider questions, to the LTSS third-party administrator (TPA):

<b>Phone</b>	Toll-free (844) 368-5184
<b>Email</b>	<a href="mailto:support@masshealthtss.com">support@masshealthtss.com</a>
<b>Portal</b>	MassHealthLTSS.com
<b>Mail</b>	MassHealth LTSS PO Box 159108 Boston, MA 02215
<b>Fax</b>	(888) 832-3006
<b>LTSS Provider Portal</b>	Training, general information, and future enhancements are available at <a href="https://www.masshealthltss.com">MassHealthLTSS.com</a> .

### **New Material**

The pages listed here contain new or revised language.

#### ***Home Health Agency Manual***




Pages vi, 6-1, and 6-2

### **Obsolete Material**

The pages listed here are no longer in effect.

#### ***Home Health Agency Manual***

Pages vi, 6-1, and 6-2 — transmitted by Transmittal Letter HHA-56

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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.

<u>Revenue Code</u>	<u>Service Code-Modifier</u>	<u>Service Description</u>
<b><u>Nursing (for a Visit of Two Hours or Less) and Home Health Aide</u></b>		
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 after 240 units in a calendar year)
0421	G0151	Services of physical therapist in home health setting, (per visit for MassHealth members; PA required after 20 visits in a calendar year)

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602 Service Codes and Descriptions (cont.)

<u>Revenue Code</u>	<u>Service Code-Modifier</u>	<u>Service Description</u>
		<b><u>Therapy</u></b>
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; PA required at start of care).

603 Place of Service Codes: Home Health Agency Services

The following place of service codes are the only place of service codes that may be used to submit claims for home health agency services.

Place of Service Code Description

- 04 Homeless Shelter
- 12 Home
- 13 Assisted Living Facility
- 14 Group Home
- 15 Mobile Unit
- 55 Residential Substance Abuse Treatment
- 99 Other Place of Service