***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services***

***Office of Medicaid***

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MassHealth

# Home Health Agency Bulletin 80

January 2023

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

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

RE: Home Health Plan of Care Signature Compliance

## Introduction

This bulletin issues the following process additions to allow home health agencies time to obtain the member’s physician or ordering non-physician’s signature on the member’s home health plan of care (POC).

1. Adds a new billing procedure service code for home health agencies to use when a member’s home health POC does not have a prescribing provider’s signature within the timeframe described below; and
2. Provides a reminder to home health agencies on how to void payments from the MassHealth agency that would be considered overpayments in accordance with 130 CMR 450.235. Providers should follow the described steps below when they need to return or void an overpayment made to them by MassHealth.

Home health providers must meet all requirements in 130 [CMR 403.000: *Home Health Agency*](https://www.mass.gov/regulations/130-CMR-403000-home-health-agency) and [130 CMR 450.000: *Administration and Billing Regulations*](https://www.mass.gov/regulations/130-CMR-450000-administrative-and-billing-regulations).

## Signature on Plan of Care Requirement per 130 CMR 403.420

MassHealth pays for home health services only if the member’s physician or ordering non-physician practitioner certifies the medical necessity for such services and establishes an individual POC in according with 130 CMR 403.420.

The physician or ordering non-physician practitioner must review, sign and date the POC, and revisit it, as applicable:

1. no less than every 60 days from the start of home health services;
2. more frequently as the member’s condition or needs require; and
3. in accordance with verbal order requirements described in 130 CMR 403.420(D).

As outlined in his bulletin, providers may use modifier EY with the home health service claim when the provider is unable to have a member’s home health POC signed either before the first claim submission or within 45 days from the first claim submission, so long as the requirements outlined in 130 CMR 403.420 are met.

## Home Health Service Code Modifier EY

Providers who are unable to have a member’s POC signed by the physician or ordering non-physician practitioner in accordance with 130 CMR 403.420 may bill the applicable home health service code with modifier EY: *No physician or other licensed health care provider order for this item or service.*

When a provider bills modifier EY with a home health service code, the claim will be denied and the agency will not be reimbursed for the services included on the claim. Providers will have 12 months from the date of service to resubmit the claim without the modifier EY for payment. Please note that claims should only be amended if the home health agency successfully secures a signed POC applicable for the specific date of service(s) on the claim. Home health providers who submit claims without an established, signed POC may be subject to sanction, and those paid claims may be subject to recoupment by MassHealth.

## Overpayments Received by Home Health Agencies and Voiding Claims

### **Overpayments**

Per 130 CMR 450.235(A)(5), home health agencies must notify MassHealth of any overpayment it may have received and promptly return the money to MassHealth. Agencies that are unable to secure a signed plan of care as described in this bulletin may also void a claim using the below method.

### **Voiding a Claim**

Home health agencies who must void a claim or claim lines should follow the instructions found on the Job Aid below. The provider must include the reason they are voiding a claim.

Instructions to void a claim are here: [www.mass.gov/doc/new-mmis-job-aid-void-a-paid-claim/download](https://www.mass.gov/doc/new-mmis-job-aid-void-a-paid-claim/download).

For batch claims, please review the companion guide here: [www.mass.gov/lists/masshealth-hipaa-companion-guides](https://www.mass.gov/lists/masshealth-hipaa-companion-guides)

## MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](http://www.mass.gov/masshealth-provider-bulletins) web page.

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

## Questions

The MassHealth LTSS Provider Service Center is also open from 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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| **Phone:**  | Toll free (844) 368-5184 |
| **Email:** | support@masshealthltss.com  |
| **Portal:** | [www.MassHealthLTSS.com](http://www.MassHealthLTSS.com)  |
| **Mail:** | MassHealth LTSSP.O. Box 159108 Boston, MA 02215 |
| **Fax:** | (888) 832-3006 |

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