




MassHealth
Home Health Agency Bulletin 90
October 2023

TO: Home Health Agencies Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth 

RE: **Updates to MassHealth Home Health Appendices, including for Dual-Eligible Billing—Updated**

Introduction

This bulletin provides an updated exception to general rules for billing of home health services provided to dual-eligible members. This update aligns with the current [Centers for Medicare & Medicaid Services \(CMS\) Manual Guidelines](#) for the Advanced Beneficiary Notice (ABN) and adopts the applicable CMS ABN form.

Billing for Dual-Eligible Members

General rule: The CMS Manual Guidelines direct home health agencies to bill Medicare for services provided to dual-eligible members before billing Medicaid as the payer of last resort. Exceptions to this general rule are identified in Appendix D: *Supplemental Instructions for [Third-Party Liability, or TPL] Exceptions*. Claims subject to the general rule should be billed to Medicare and, if denied, subsequently billed to Medicaid. When such claims are billed to MassHealth, the provider must report the Medicare denial reason on the claim and retain the Medicare remittance advice in the member's file.

Exception to the general rule: Providers do not have to bill Medicare before billing MassHealth for the following:

- Members who are not homebound (i.e., member is not confined to place of residence).
- Medication administration visits (MAVs) for members who are homebound (oral routes only). Visits for the purpose of certification and recertification fall within this exception.

Members who are homebound and receiving other home health services in addition to MAVs administered orally must bill Medicare for the other home health services.

For claims meeting this exception, providers may submit a claim directly to MassHealth without billing Medicare. Providers may do this in accordance with the instructions in Appendix D: *Supplemental Instructions for TPL Exceptions*.

CMS Manual Guidance and Questions

- You can find guidelines for completing the ABN in Section 50 of the [CMS Manual Guidelines](#).
- You can find instructions on the ABN form in the [ABN form instructions](#).

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- Submit any questions about the ABN and related guidance at <https://appeals.lmi.org/>.
- You can direct any questions about Medicaid/MassHealth to the Long Term Services and Supports (LTSS) Provider Service Center.

MassHealth Website

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Questions

If you have any questions about the information in this bulletin, please contact the Long Term Services and Supports (LTSS) Provider Service Center.

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