



MassHealth  
Transmittal Letter HOS-17  
May 2018

**TO:** Hospice Providers Participating in MassHealth  
**FROM:** Daniel Tsai, Assistant Secretary for MassHealth  
**RE:** *Hospice Manual* (Revised Subchapter 6: Service Codes and Descriptions)

This letter transmits revisions to the service code descriptions in the *Hospice Manual*. The revised Subchapter 6 is effective for dates of service as noted below.

### Code changes

On **January 1, 2016**, the following code changes took effect for service codes T2042 and T2042 UD. Providers should continue to use modifier TN when billing for members outside the county in which the provider is located.

- T2042 Hospice routine home care; per diem. (Use when billing for members in their first 60 days of hospice care.) (A 60-day gap in service is required to reset the service rate.)
- T2042 UD Hospice routine home care; per diem. (Use when billing for members on and after 61 days of hospice care.)

A new modifier, UD, has been added for providers to use when billing for a member who has been in hospice for 60 days or more.

Additionally, the following new service codes also became effective on or after January 1, 2016.

- G0155 Services of clinical social worker in home health or hospice settings, each 15 minutes. (Service intensity add-on for a minimum of 15 minutes and up to 4 hours per day.) (Use when billing for hospice services in member's last 7 days of life.)
- G0299 Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting. (Service intensity add-on for a minimum of 15 minutes and up to 4 hours per day.) (Use when billing for hospice services in member's last 7 days of life.)

Providers may consult the Centers for Medicare and Medicaid Services (CMS) website at [www.cms.gov](http://www.cms.gov) for a full description of the service codes.

### 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**

The MassHealth Long-Term Services & Supports (LTSS) Provider Service Center is open from 8 a.m. to 6 p.m., Monday through Friday, excluding holidays. LTSS providers should direct their questions about this transmittal letter or other questions to the LTSS Third-Party Administrator, as noted below.

<b>Contact Method</b>	<b>MassHealth Long-Term Services &amp; Supports (LTSS) Provider Service Center</b>
Phone	1-844-368-5184 (toll-free)
Email	<a href="mailto:support@masshealthltss.com">support@masshealthltss.com</a>
LTSS Provider Portal	General Information, trainings, and future enhancements will be available at <a href="https://www.MassHealthLTSS.com">https://www.MassHealthLTSS.com</a> .
Mail	MassHealth LTSS P.O. Box 159108 Boston, MA 02215
Fax	1-888-832-3006

**NEW MATERIAL**

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

Hospice Manual

Pages 6-1 and 6-2

**OBSOLETE MATERIAL**

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

Hospice Manual

Pages 6-1 and 6-2 — transmitted by Transmittal Letter HOS-12

<b>Commonwealth of Massachusetts Provider Manual Series</b>  Hospice Manual	<b>Subchapter Number And Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-1
	<b>Transmittal Letter</b> HOS-17	<b>Date</b> 04/01/18

601 Service Codes and Descriptions

Service

Code-Modifier      Service Description

G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes (Service intensity add-on for a minimum of 15 minutes and up to 4 hours per day.) (Use when billing for hospice services in member's last 7 days of life.)
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes (Service intensity add-on for a minimum of 15 minutes and up to 4 hours per day.) (Use when billing for hospice services in member's last 7 days of life.)
T2042	Hospice routine home care; per diem (Use when billing for members in their first 60 days of hospice care.) (A 60-day gap in service is required to reset the service rate.)
T2042 UD	Hospice routine home care; per diem (Use when billing for members on and after 61 days of hospice care.)
T2043	Hospice continuous home care; per hour (within the county in which the provider is located)
T2044	Hospice inpatient respite care; per diem
T2045	Hospice general inpatient care; per diem
T2046	Hospice long-term care, room and board only; per diem
T2042 TN	Hospice routine home care; per diem (outside the county in which the provider is located)
T2042 UD TN	Hospice routine home care; per diem (outside the county in which the provider is located) (Use when billing for members on and after 61 days of hospice care.)
T2043 TN	Hospice continuous home care; per hour (outside the county in which the provider is located)

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