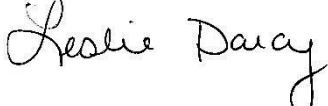




## Transmittal Letter IN-29

**DATE:** March 2024  
**TO:** Independent Nurses Participating in MassHealth  
**FROM:** Leslie Darcy, Chief, Long Term Services and Supports   
**RE:** ***Independent Nurse Manual: Revised Subchapter 6: Service Codes and Descriptions***

This letter transmits revisions to the service codes in Subchapter 6 of the *Independent Nurse Manual*. Providers may bill with the service codes 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*.

### Definitions

Guidance around billing for continuous skilled nursing services on nights, weekends, and holidays has been updated.

### New Codes

#### 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

### Fee Schedule

To obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost from [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). The regulation title for Independent Nurse Services is 101 CMR 361.00: *Rates for Continuous Skilled Nursing Agency and Independent Nursing 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).

[Sign up](#) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

## New Material

The pages listed here contain new or revised language.

### *Independent Nurse Manual*

Pages vi, 6-1 through 6-4

## Obsolete Material

The pages listed here are no longer in effect.

### *Independent Nurse Manual*

Page vi – transmitted by Transmittal Letter IN-26

Pages 6-1 and 6-2 – transmitted by Transmittal Letter IN-23

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601 Explanation of Abbreviation

The abbreviation "PA" indicates that MassHealth authorization is required (see the program regulations in Subchapter 4 of the Independent Nurse Manual).

602 Definitions

Providers must use a service code and modifier that accurately reflects the nursing service provided. With nursing service codes T1002 and T1003, nursing services provided on a “weekend” or “holiday” will be automatically reimbursed in accordance with the applicable fee schedule of the Executive Office of Health and Human Services (EOHHS). No additional service code or modifier is required to indicate weekend or holiday services.

(A) Day – the hours from 7:00 A.M. to 3:00 P.M., Sunday through Saturday.

(B) Night – the hours from 3:00 P.M. through 7:00 A.M., Sunday through Saturday.

(C) Nursing modifiers:

- (1) UJ-night
- (2) TT-one nurse to two patients (day)
- (3) U1-one nurse to two patients (night)
- (4) U2-one nurse to three patients (day)
- (5) U3-one nurse to three patients (night)

603 Service Codes and Descriptions: Individual Patient Nursing

Service

Code-Modifier

Service Description

T1002	RN services, up to 15 minutes (day) (P.A.)
T1003	LPN/LVN services, up to 15 minutes (day) (P.A.)
T1002-UJ	RN services, up to 15 minutes (night) (P.A.)
T1003-UJ	LPN/LVN services, up to 15 minutes (night) (P.A.)

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604 Service Codes and Descriptions: Multiple-Patient Nursing

The following service codes are to be used for nursing care provided simultaneously by one nurse to two members.

Service

Code-Modifier	Service Description
T1002-TT	RN services, up to 15 minutes (day) (each member) (PA)
T1003-TT	LPN/LVN services, up to 15 minutes (day) (each member)(PA)
T1002-U1	RN services, up to 15 minutes (night) (each member) (PA)
T1003-U1	LPN/LVN services, up to 15 minutes (night) (each member) (PA)

The following service codes are to be used for nursing care provided simultaneously by one nurse to three members.

Service

Code-Modifier	Service Description
T1002-U2	RN services, up to 15 minutes (day) (each member) (P.A.)
T1003-U2	LPN/LVN services, up to 15 minutes (day) (each member)
(P.A.) T1002-U3	RN services, up to 15 minutes (night) (each member) (P.A.)
T1003-U3 (P.A.)	LPN/LVN services, up to 15 minutes (night) (each member)

605 Service Codes and Descriptions: Overtime

The service codes in this section are for overtime nursing care provided to an individual member. These service codes apply only to nursing services provided by an independent nurse, as described in 130 CMR 414.416.

Service

Code-Modifier	Service Description
T1002-TU	RN services, up to 15 minutes (overtime on day) (P.A.)
T1003-TU	LPN/LVN services, up to 15 minutes (overtime on day) (P.A.)
T1002-U4	RN services, up to 15 minutes (overtime on night) (P.A.)
T1003-U4	LPN/LVN services, up to 15 minutes (overtime on night) (P.A.)

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606 Place of Service Codes: Continuous Skilled Nursing Agency Services

The following place of service (POS) codes are the only POS codes that may be used when submitting claims for continuous skilled nursing agency services.

<u>Place of Service Code</u>	<u>Description</u>
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

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