# Nursing Facility Bulletin 184



Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

[www.mass.gov/masshealth](https://www.mass.gov/orgs/masshealth)

**DATE:** February 2024

**TO:** Nursing Facilities Participating in MassHealth

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

**RE:** **Bariatric Add-on**

## Background

This bulletin is being issued in accordance with 101 CMR 206.10(21): *Bariatric Add-on*. This bulletin applies to nursing facilities participating in the MassHealth program that seek add-on payments for services provided to bariatric members.

## Bariatric Add-on Amount and Criteria

For admissions beginning on February 2, 2024, nursing facilities may receive a member-based rate add-on of $300 per member per day for each member residing in a facility for whom MassHealth is the primary payer and when all of the following conditions are met:

1. Prior to the member’s admission, the facility must receive approval from MassHealth to bill the add-on based on the clinical profile of the member;
2. The member has a Body Mass Index (BMI) greater than 40 that can be supported by an ICD-10 code after admission;
3. The member is dependent, as defined by Minimum Data Set (MDS), for at least one activity of daily living listed in [130 CMR 456.409(B)](https://www.mass.gov/doc/long-term-care-services-1/download) : *Assistance with Activities of Daily Living*; and
4. The member requires a minimum of two staff members to assist with transfers, personal care, and/or bed mobility.

A nursing facility may not receive the Bariatric Add-on for a member for whom the facility is receiving, on the same dates of service, a homelessness rate add-on under 101 CMR 206.10(13), a severe mental and neurological disorder add-on under 101 CMR 206.11, or a complicated high-cost care need add-on under 101 CMR 206.15.

## How to Request a Bariatric Add-on

To request a Bariatric Add-on for a member, nursing facilities must email [LTSSPlacementSupport@mass.gov](mailto:LTSSPlacementSupport@mass.gov) before admitting the member, and attach the following documents:

* Hospital discharge summary (if applicable);
* Physician’s, Nurse Practitioner’s, or Physician Assistant’s notes documenting the member’s BMI, and need for a minimum of two staff members to assist with transfers, personal care, and/or bed mobility;
* PASRR Level I Screening Form; and
* PASRR Level II evaluation (if applicable).

## Audits

MassHealth will periodically conduct on-site and/or desk review audits to ensure that the members for whom the facility is receiving the Bariatric Add-on continue to meet the eligibility criteria in accordance with 101 CMR 206.000 and any applicable sub-regulatory guidance, including but not limited to this bulletin. Failure to comply with an audit may result in sanctions, including, but not limited to, assessment of administrative fines, in accordance with 130 CMR 450.238 : *Sanctions: General* and 130 CMR 450.239: *Sanctions: Calculation of Administrative Fine*.

## 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

If you have questions about the information in this bulletin, 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).

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