Acute Hospital Care at Home

Policy

Mass General Brigham Health Plan reimburses approved facilities for the provision of Acute Hospital Care at Home services when medically necessary and provided by a CMS approved hospital.

Policy Definition

Acute Hospital at Home is a hospital level care provided to acutely ill members that meet Inter Qual criteria for Acute Hospital at Home services. Members are referred to the Acute Hospital at Home care option from the ER or an inpatient acute floor. This health care delivery model is only covered and reimbursed to hospitals that have been approved by CMS as part of their Acute Hospital at Home program. Acute Hospital Care at Home services include items and services furnished to an inpatient, including room and board, nursing care and related services, diagnostic and therapeutic services, and medical services.

The manner in which covered professional services are reimbursed is determined by the Mass General Brigham Health Plan Payment Policy and by the provider's agreement with Mass General Brigham Health Plan.

Member liability amounts may include, but are not limited to, copayments, deductible, and/or co-insurance, and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or authorization. Referral and authorization requirements can be located here.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.
Mass General Brigham Health Plan reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to General Coding and Billing Guidelines for more information.

All claims are subject to audit services and medical records may be requested from the provider.

Prerequisites

Mass General Brigham Health Plan

Provider Payment Guidelines

Mass General Brigham Health Plan continues to require prior authorization for all facility inpatient services. Acute Hospital Care at Home services are covered only for conditions that are approved and defined by CMS.

A patient must transfer from the emergency room and/or observation status, inpatient acute to qualify for Acute Hospital at Home Services. Separate reimbursement will not be made for emergency room charges or observation bed hours as the Room and Board charges represent a full 24-hour calendar day.

Reimbursement

Approved facilities are reimbursed as follows:

- **Commercial and Medicare Advantage Plans**- Reimbursement is in alignment with the Massachusetts Department of Insurance Bulletin or MassHealth Guidance
- **MassHealth Plans**- Reimbursement is in accordance with MassHealth Bulletin, Acute Inpatient Hospital Bulletin 180.

Reimbursement methodologies per line of business are as follows:

- Acute Hospital at Home services for MassHealth members per APR-DRG
- Acute Hospital at Home services for Commercial/ASO and Medicare Advantage members per MS-DRG

Mass General Brigham Health Plan Does *Not* Reimburse

- Related services rendered in the home (ancillary services should not be separately billed and will not be reimbursed outside of the all-encompassing rate)
- Interim billing or late charges for claims that are reimbursed based on APR-DRG methodology
- Interim billing or late charges for claims that are reimbursed based on DRG methodologies or late charges for commercial plans.
- Experimental, investigational, and/or cosmetic services. Authorization for an admission to an inpatient setting does not supersede coverage limitations for experimental, investigational, and/or cosmetic services.

Provider Billing Guidelines

In order to indicate on a claim for acute inpatient hospital services that such services were provided at the patient's home, the hospital must include the following on the UB04 claim form:

- Revenue Code:
  - 0161 - Hospital at home, R&B/hospital at home (effective for claims received on or after

July 1, 2022); or

- 0119 - "Room and Board, Private -- Other"
  - Revenue Code 0119 requires Condition Code DR (Disaster Related) for claims with DOS prior to 05/12/2023, to coincide with the COVID-19 Public Health Emergency. This revenue code should not be used for Acute Hospital Care at Home claims as of this date.

- APR-DRG for Medicaid members and MS-DRG for Commercial and Medicare Advantage members, unless otherwise specified in the provider's contract

There is no separate reimbursement for the provision of services in the patient's home by hospital-employed providers.

Group providers must include the following on the HCFA 1500 claim form, when billing for professional acute inpatient hospital services at home:

- Place of service 12- "Location, other than a hospital or other facility, where the patient receives care in a private residence"

Diagnosis Related Group (DRG) Provider Billing Guidelines

For DRG contracted hospitals, Mass General Brigham Health Plan uses All Patient Refined Diagnosis-Related Groups (APR-DRG) and Medicare Severity Diagnosis-Related Groups (MS-DRG) to administer the policy, incorporating the POA indicator into the DRG assignment.

DRG facilities contracted to use DRG payment methodology must submit claims with DRG coding. Claims submitted for payment by DRG must contain the minimum requirements to ensure accurate claim payment. Mass General Brigham Health Plan processes DRG claims through DRG software. If the submitted DRG and system aligned DRG differ, the Mass General Brigham Health Plan assigned DRG will take precedence. Providers may appeal with medical record documentation to support the ICD-10-CM principal and secondary diagnoses (if applicable) and/or the ICD-10-PCS procedure codes (if applicable). If the claim cannot be grouped due to insufficient data, it will be rejected and returned.

Coding Elements

The following discharge data elements are used for DRG subclass assignment:

- ICD-CM diagnosis codes
- ICD-CM procedure codes

- Date of Birth
- Gender
- Admit Date
- Discharge Date
- Status of Discharge

The APR-DRG per diem conversion is calculated as follows:

- Base Rate * APR-DRG weight/Network Average Length of Stay

The MS-DRG per diem conversion is calculated as follows:

- Base Rate * MS-DRG weight/Arithmetic Geometric Mean Length of Stay

Medical and Payment Policy Home Page
Medical Policies
Provider Payment Guidelines

Related Mass General Brigham Health Plan Payment Guidelines

Inpatient Hospital Admissions Payment Policy
Serious Reportable Events Payment Policy

References

MassHealth Acute Inpatient Manual
Medicare FFS Response to the PHE on COVID-19

Publication History

Topic: Inpatient Hospital Admissions	Owner: Network Management
February 18, 2022	*Original documentation*
October 14, 2022	*Revenue code 0161 added*
November 14, 2022	*Administrative edits*
January 1, 2023	*Document rebrand*
May 11, 2023	*Removed requirement of Condition Code DR and Modifier CR to coincide with the end of the Public Health Emergency*

Mass General Brigham Health Plan

Provider Payment Guidelines

January 1, 2024	*Annual review, no policy change*
January 1, 2025	*Annual review, no policy change*
June 26, 2026	*Added links for Medical and Payment Policies*

his document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers 'contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.