

Home Health Care

Policy

Mass General Brigham Health Plan reimburses contracted Home Health Care agencies for home health care service provided to a member with an approved home health care plan.

Policy Definition

Home Health Care is defined as care rendered by a contracted home health care agency to a member who is confined to his/her home due to an illness, injury, or disability that restricts his/her ability to leave home without a considerable and taxing effort, or when home is determined to be the most appropriate setting, as determined by a Mass General Brigham Health Plan care manager.

Covered services are defined by the member's benefit plan. The manner in which covered 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(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Prerequisites

Various services and procedures require referral and/or prior authorization. Referral and prior authorization guidelines can be located [here](#).

Authorization Requirements

My Care Family (MassHealth, MVACO)

Service	Requirement
Initial skilled nursing visit	No referral, notification, or prior authorization required All subsequent visits require prior authorization
Skilled nursing services initiated on non-business days (i.e., weekend or holiday)	No referral, notification, or prior authorization required All subsequent visits require prior authorization
Home health aide and medical social worker	Prior authorization is required

Provider Payment Guidelines

Service	Requirement
Initial home health physical, occupational or speech therapy evaluation	No referral, notification, or prior authorization required
Physical, occupational, and speech therapy services	Prior authorization is required
Home visit for early maternity discharge visit or maternal child home visit for post-natal assessment and follow up care (up to a maximum of two visits)	No referral, notification, or prior authorization required

Commercial and Medicare Advantage:

Service	Requirement
Initial skilled nursing visit	No prior authorization is required for contracted providers
Skilled nursing services initiated on non-business days (i.e., weekend or holiday)	No prior authorization is required for contracted providers
Home health aide and medical social worker	No prior authorization is required for contracted providers
Initial home health physical, occupational or speech therapy evaluation	No prior authorization is required for contracted providers
Physical, occupational, and speech therapy services	No prior authorization is required for contracted providers
Home visit for early maternity discharge visit or maternal child home visit for post-natal assessment and follow up care (up to a maximum of two visits)	No prior authorization is required for contracted providers

Note: Skilled nursing visits initiated on non-business days do not require prior authorization until the next business day.

Definitions

Home Health Care Services: Services include limited part-time or intermittent skilled nursing care and home health aide services defined as fewer than eight hours per day, on a less than daily basis, up to 35 hours per week. Physical therapy, occupational therapy, speech therapy, medical social services, durable

Provider Payment Guidelines

medical equipment (such as wheelchairs, hospital beds, and oxygen), and medical supplies are included types of home health care services.

Home Health Agency: A public or private organization that provides home care services, such as skilled nursing care, physical therapy, occupational therapy, speech therapy and personal care by home health aides to individuals whose place of residence conforms to the requirements of [42 CFR 440.70\(c\)](#).

Skilled Nursing Service: The planning, provision, and evaluation of goal-oriented nursing care that requires specialized knowledge and skills acquired under the established curriculum of a school of nursing approved by a board of registration in nursing. Such services include only those services that require the skills of a nurse.

Mass General Brigham Health Plan Reimburses

Mass General Brigham Health Plan reimburses Home Health services billed by the appropriate contracted provider. These services include but are not limited to:

- Medical supplies and/or DME obtained by a Mass General Brigham Health Plan participating DME provider
- Intermittent skilled nursing: RN or LPN
- Medical social services
- Nutritional counseling, only when considered a medically necessary component of skilled home health care services
- Services of a home health aide, only when considered a medically necessary component of skilled home care services
- Physical, speech, and occupational therapies
- Physician and nurse practitioner services billed by a contracted Mass General Brigham Health Plan provider
- Two early maternity discharge visits; skilled nursing care
- PT, OT visits are reimbursed up to the maximum visits allowed as defined by the member's plan

Mass General Brigham Health Plan Does *Not* Reimburse

- Companion services
- Custodial care services
- Domestic housekeeping services
- Home health aide services in the absence of an active skilled home care program
- Homemakers

Provider Payment Guidelines

- Meal service
- Medical supplies which are inclusive to the home health visit payment
- Personal care attendants
- Private duty nursing
- Respite care to family/caregivers
- Venipuncture as the sole purpose of the home care visit
- Continuous skilled nursing of 2 hours or more

Codes

Note: This list of codes may not be all-inclusive. Inclusion of a code in this document does not imply or guarantee coverage and/or reimbursement.

Revenue Codes	Description	Comments
0424	Physical Therapy – Evaluation	No authorization required
0421	Physical Therapy – Visit	
0434	Occupational Therapy – Evaluation	No authorization required
0431	Occupational Therapy – Visit	
0444	Speech Therapy – Evaluation	No authorization required
0441	Speech Pathology – Visit	
0551	Skilled Nursing Service	
0561	Medical Social Service	
0572	Home Health Aide Service	

Codes	Description	Comments
99501	Home visit for postnatal assessment and follow up care	2 visit maximum
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Bill per your contractual agreement
S9124	Nursing care, in the home, by licensed practical nurse, per hour	Bill per your contractual agreement

Modifiers	Description	Billing Instruction
TT	Individualized service provided to more than one	RN/LPN weekdays, 2 patients

Provider Payment Guidelines

Modifiers	Description	Billing Instruction
	patient in same setting	
TU	Special payment rate, overtime	RN/LPN special payment, OT
TV	Special payment rates, holidays/weekends	RN/LPN holidays
UJ	Services provided at night	RN/LPN weekends/nights
UN	2 patients served	RN/LPN holidays, 2 patients
UP	3 patients served	RN/LPN holidays, 3 patients
U1	Medicaid Level 1; defined by state	RN/LPN weekend/nights, 2 patients
U2	Medicaid Level 2; defined by state	RN/LPN weekdays, 3 patients
U3	Medicaid Level 3; defined by state	RN/LPN weekend/nights, 3 patients

State-Supplied Vaccines

Append modifier SL to the vaccine procedure code to indicate that the vaccine was state supplied (No reimbursement will be made for the vaccine, as the vaccine was supplied free from the state.) Harvard Pilgrim uses post payment data audits to assure compliance with the billing guideline for state supplied vaccines.

- The SL modifier must always be placed in the primary modifier field.
- The appropriate vaccine/immunization administration CPT code must be billed on a separate line.

Non-State-Supplied Vaccines

Bill both the CPT code representing the vaccine/immunization provided and the appropriate administration code that applies to the delivery method. (SL modifier is not appropriate for vaccines that have been purchased by the provider not supplied free from the state.)

Provider Payment Guidelines and Documentation

Submit modifier 52 (reduced services) when billing for physical and occupational therapy services rendered by a physical therapy assistant or an occupational therapy assistant.

Related Documents

[General Coding and Billing](#)

[Modifiers](#)

Provider Payment Guidelines

[Durable Medical Equipment Payment Policy](#)

[Home Infusion Payment Policy](#)

[Vaccine and Immunization Payment Policy](#)

[Obstetrical Services Payment Policy](#)

Publication History

Topic: Home Health	Owner: Network Management
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May 25, 2010	<i>Original documentation</i>
August 29, 2015	<i>Language revision, procedure code updates, revenue code updates</i>
July 20, 2017	<i>Template update; removal of CMA reference</i>
January 1, 2019	<i>Document restructure; codes, code descriptor and references updated</i>
April 13, 2020	<i>Updated CPT Code 99501 to 2 "visit" max</i>
April 12, 2022	<i>Updated prior auth requirements for commercial plans, and administrative edits</i>
January 1, 2023	<i>Document rebrand</i>

This 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.