

HOME HEALTH CARE AGENCY

Policy

AllWays Health Partners reimburses contracted Home Health Care agencies for home health care service provided to a member with an approved home health care plan.

Reimbursement

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the AllWays Health Partners Payment Policy and by the provider's agreement with AllWays Health Partners. 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.

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

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

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.

AllWays Health Partners 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](#) for more information.

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

AllWays Health Partners reimbursement is based on line of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type:

Authorization, Notification and Referral

Prior authorization requirement applies to the following plans: MassHealth (Standard, Family Assistance, and CarePlus).

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
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

All other plans including Commercial:

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
Initial home health physical, occupational or speech therapy evaluation	No referral, notification or prior authorization required PT, OT visits are reimbursed up to the maximum visits allowed as defined by the member's plan
Physical, occupational, and speech therapy services	No referral, notification or prior authorization 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

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

Definitions

Holidays: Holidays will include the following: New Year's Day, Martin Luther King Day, President's Day, Patriot's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day,

Thanksgiving Day, and Christmas Day.

Home Health Care: 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 AllWays Health Partners nurse case manager.

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 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\(c\)](#).

Home Health Aide: A person who is employed by an approved home health agency to perform certain personal care and other health related services.

Minor Medical Supplies: Items that are either frequently furnished to patients or utilized individually in small quantities. Such items are not expected to be specifically identified in the physician's plan of treatment, and no separate charge is made for them. Examples of minor medical supplies include cotton balls, alcohol prep, bandages, and surgical sponges.

Nights: The hours of 3:00pm to 7:00am, Monday through Friday.

Nurse: A person licensed as a registered nurse or a licensed practical nurse by the state's board of registration in nursing.

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.

Weekends: The hours of 3:00pm Friday through 7:00am Monday.

AllWays Health Partners Reimburses

Home health services in conjunction with an approved home health plan of care, including but not limited to:

- Home health services only; all other medical supplies, such as wound care or DME, must be obtained from an AllWays Health Partners participating DME provider and may require prior authorization by AllWays Health Partners

- 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 AllWays Health Partners provider
- Two early maternity discharge visits; skilled nursing care

AllWays Health Partners 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
- 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: Code descriptors modified from the AMA CPT for publishing purposes. This list of codes may not be all-inclusive and can and will change from time to time. Inclusion of a code in this document does not imply or guarantee coverage and/or reimbursement.

Revenue Codes

Rev Code	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	
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Procedure Codes

Code	Description	Comments
99501	Home visit for postnatal assessment and follow up care	2 unit 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

Modifier	Description	Billing Instruction
TT	Individualized service provided to more than one patient in same setting	RN/LPN weekdays, 2 patients
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

Provider Payment Guidelines and Documentation

- For post-partum care and early maternity discharge visit – skilled nursing care, submit with a post-partum diagnosis code.

Related Documents

[General Coding and Billing](#)

[Modifiers](#)

References

114.3 CMR 49.01

114.60 CMR 50.0 Home Health Services, dated December 1, 2008

2008 130 CMR 403.00, Transmittal Letter HHA-40, dated November 1, 2007

Publication History

Topic: Home Health	Owner: Network Management
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<i>May 25, 2010</i>	<i>Original documentation</i>
<i>August 29, 2015</i>	<i>Language revision, procedure code updates, revenue code updates</i>
<i>July 20, 2017</i>	<i>Template update; removal of CMA reference</i>
<i>January 1, 2019</i>	<i>Document restructure; codes, code descriptor and references updated</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 AllWays Health Partners ' 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

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.