

## Medical Policy

### Home Health Care

**Policy Number: 027**

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Prior authorization required for all home care services			X
Prior authorization required for some home care services		X	
No prior authorization required	X		

#### For MassHealth:

No Prior Authorization is required for:

- The first skilled nursing evaluation visit;
- The initial PT, OT, Speech Language Pathology evaluation;
- Up to two routine, postpartum maternal-child visits;
- Skilled nursing services initiated on non-business days, such as over a weekend or holiday. Subsequent visits require prior authorization.

All other home care services require prior authorization.

#### Overview

This document describes the guidelines Mass General Brigham Health Plan utilizes to determine medical necessity for home health care services.

#### Coverage Guidelines

Medical necessity for home health care is determined through InterQual criteria. To access the criteria, log into Mass General Brigham Health Plan's provider website at [MassGeneralBrighamHealthPlan.org](http://MassGeneralBrighamHealthPlan.org) and click the InterQual® Criteria Lookup link under the Resources Menu. Mass General Brigham Health Plan covers home health care for medically necessary care for homebound<sup>1</sup> members or for members who are not homebound when Mass General Brigham Health Plan determines that the member's home setting<sup>2</sup>, or another location

<sup>1</sup> **Homebound:** The member has the inability to leave the home setting or consequently leaving the home setting would require a considerable and taxing effort (i.e., when medical conditions or symptoms like dyspnea, weakness, frailty, confusion, pain, use of crutches, a wheelchair or the need for assistance from another person make leaving home difficult) or the member has a condition such that leaving the home is medically contraindicated. The member does not have to be bedridden. If the member does leave the home, the absences must be infrequent and for short periods of time (i.e., attending a religious service, funeral, or other unique event) or are for health care treatments such as outpatient kidney dialysis, chemotherapy, or radiation therapy. Attendance at regularly scheduled avocational, vocational classes or training outside of the home is not considered an infrequent absence and does not meet this definition of homebound. A member who is a MassHealth does NOT need to be confined to the home setting or be home bound to be eligible for home health care services if other Plan criteria are met. For MassHealth, services may be authorized in the community if it meets the criteria in this policy. This excludes hospitals, skilled nursing facilities, intermediate care facilities for the developmentally disabled, or any other institutional facility providing medical, nursing, rehabilitative or related care. It also excludes those services that are inclusive of the MassHealth Program Regulations under the Adult Day Health Manual.

<sup>2</sup> **Home Setting:** Any place where the member has established his/her place of residence for the time period when home care services are being provided. This may include his/her own dwelling, an apartment, the home of a friend or family member, a group home, a homeless shelter or other temporary place of residency or a community setting. It does not include hospitals, skilled nursing facilities, intermediate care facilities for individuals with intellectual disability, or any other facilities providing medical, nursing, rehabilitative, or related care. A day care setting, adult day care, or adult medical care does not meet the definition of a home setting.

other than a medical office is the most appropriate setting to carry out the plan of care in order to minimize the risk of deterioration in the member's health status or to prevent placement in a more costly and restrictive setting. Home setting may be any place the member has established his/her place of residence for the time period when home care services are being provided.

### **Mass General Brigham Health Plan Covers Home Care**

#### **Covered home care services include when medically necessary:**

1. Part-time or intermittent skilled nursing;
2. Short-term skilled rehabilitative therapy including physical therapy, occupational therapy, speech therapy, and inhalation therapy (see definition);
3. Qualified home health aide services, when determined to be an essential part of an authorized skilled home care program directly related to the skilled plan of care that includes the skilled need for nursing or therapy services;
4. Qualified home health aide services for activities of daily living (ADL) only for MassHealth members only. See section in this document for requirements.
5. Medical social services only when determined to be an essential part of an authorized skilled home care program directly related to the skilled plan of care that includes the skilled need for nursing or therapy services;
6. Durable medical equipment;
7. Disposable medical supplies used in the course of an authorized home health care visit;
8. Provider house calls made within the enrollment area; and
9. Nutritional counseling, only when determined to be an essential part of an authorized skilled home care program directly related to the skilled plan of care that includes the skilled need for nursing or therapy services.
10. Medication administration visit (MassHealth members only; conditions found on page 4)

#### **Home Health Care Services Conditions of Coverage**

1. A benefit package includes coverage of home health care services;
2. The member is under the care of a physician. The physician must certify the medical necessity for such services and establish an individual plan of care;
3. A plan of care with defined goals has been established by the treating physician in collaboration with the home health care provider;
4. The services are skilled, as outlined in Mass General Brigham Health Plan's [Definition of Skilled Care Policy](#), reasonable and medically necessary to the treatment of the member's covered illness or injury;
5. Services must be provided to the member who is eligible to receive such services and for whom such services have been approved;
6. Services must be no more costly than medically comparable care in an appropriate institution and must be the least costly form of comparable care available in the community; and



7. The treating physician has certified that the member is homebound<sup>1</sup>; or when the member isn't homebound, Mass General Brigham Health Plan determines that the member's home setting<sup>2</sup> or another location is the most appropriate setting to carry out the plan of care in order to minimize the risk of deterioration in the member's health status or to prevent placement in a more costly and restrictive setting.

Note: For MassHealth pediatric members, coverage for skilled nursing and home health aide services may be authorized in other community care settings to support the comprehensive plan of care.

### **Physician Plan of Care Requirements**

All home health services must be provided under a plan of care established individually for the member.

#### **1. Providers Qualified to Establish a Plan of Care:**

- A. The member's physician must establish a written plan of care. The physician must recertify and sign the plan of care every 60 days.
- B. A home health agency nurse or skilled therapist may establish an additional, discipline-oriented plan of care, when appropriate. These plans of care may be incorporated into the physician's plan of care, or be prepared separately, but do not substitute for the physician's plan of care.

#### **2. Content of the Plan of Care:**

The orders on the plan of care must specify the nature and frequency of the services to be provided to the member, and the type of professional who must provide them. The physician must sign the plan of care. Increase in the frequency of services or any addition of new services during a certification period must be authorized in advance by a physician with verbal or written orders and authorized by Mass General Brigham Health Plan. The plan of care must contain:

- A. All pertinent diagnoses, including the member's mental status;
- B. The types of services, supplies, and equipment ordered;
- C. The frequency of the visits to be made;
- D. The prognosis, rehabilitation potential, functional limitations, permitted activities, nutritional requirements, medications, and treatments;
- E. Any safety measures to prevent injury;
- F. Goals; (All relevant outcomes to be measured. For continued services for goals not met, the plan of care should include progress made toward the goal, any barriers that have or will impact the member's ability to meet the goal, the plan to address those barriers and the anticipated number of visits that are needed to meet the goals.)
- G. The discharge plans; and
- H. Any additional items the home health agency or physician chooses to include.

### **Nursing Services**

#### **1. Nursing services must meet all the following conditions:**

- A. There is a clearly identifiable, specific medical need for nursing services;
- B. The services are ordered by a physician for the member and are included in the physician's plan of care;



- C. The services require the skills of a registered nurse, or of a licensed practical nurse or licensed vocational nurse under the supervision of a registered nurse;
- D. The services are medically necessary to treat an illness or injury; and
- E. Services must be considered skilled as defined in Mass General Brigham Health Plan's [Definition of Skilled Care Policy](#)

## 2. Clinical Guidelines:

- A. A nursing service is a service that must be provided by a registered nurse, or by a licensed practical nurse or licensed vocational nurse under the supervision of a registered nurse, to be safe and effective, considering the inherent complexity of the service, the condition of the patient, and accepted standards of medical and nursing practice.
- B. Some services are nursing services on the basis of complexity alone (for example, intravenous and intramuscular injections, or insertion of catheters). However, in some cases, a service that is ordinarily considered unskilled may be considered a nursing service because of the patient's condition. This situation occurs when only a registered or licensed nurse can safely and effectively provide the service.
- C. Nursing services for the management and evaluation of a plan of care are medically necessary when only a registered or licensed nurse can ensure that essential care is effectively promoting the member's recovery, promoting medical safety. Nursing services solely for satisfying oversight regulations without the presence of a skilled nursing service may not constitute management and evaluation of a plan of care.
- D. Medical necessity of services is based on the condition of the patient at the time the services were ordered and what was, at that time, expected to be appropriate treatment throughout the certification period.
- E. A member's need for nursing care is based solely on his or her unique condition and individual needs, whether the illness or injury is acute, chronic, terminal, stable, or expected to extend over a long period.

### Medication Administration Visit (MassHealth members only)

A skilled nursing visit for the sole purpose of administering medication to treat a medical condition may be considered medically necessary when the MassHealth member meets the criteria outlined below.

#### Requirements:

1. The task of the administration of medication, including the route of administration, requires a licensed nurse to provide the service; and
2. No able caregiver is present to assist the member; and
3. The member is unable to perform the task due to impaired physical, cognitive, behavioral, and/or emotional issues; OR
4. The member has a history of failed medication compliance resulting in a documented exacerbation of the member's condition.
5. Intramuscular, subcutaneous, and other injectable medication administrations are considered skilled nursing tasks and will be treated as medication administration visits.



6. Documentation must include:
  - a. the time of the visit
  - b. drug identification
  - c. dose, and route or reference to the member's medication profile as ordered by the physician
  - d. teaching as applicable; documentation indicating that teaching was unsuccessful or unnecessary and why further teaching is not reasonable
7. Administration of oral, aerosolized, eye, ear, and topical medication, which requires the skills of a licensed nurse only when the complexity of the condition(s) and/or nature of the medication(s) require the skilled observation and assessment of a licensed nurse and/or the member/caregiver is unable to perform the task.
8. Filling of weekly/monthly medication box organizers, which requires the skills of a licensed nurse only when the member/caregiver is unable to perform the task.

#### **Home Health Aide Services (Nursing/Therapy Need)**

1. **Home health aide services must meet all of the following conditions:**
  - A. The member has a medically predictable recurring need for skilled nursing services or skilled therapy services;
  - B. Determined to be an essential part of an authorized skilled home care program directly related to the skilled plan of care that includes the need for skilled nursing or therapy services;
  - C. The services are medically necessary to provide personal care to the member, to promote the member's health, or to facilitate treatment of the member's injury or illness under the skilled plan of care; and
  - D. The member must be homebound as defined within this policy.

#### **Home Health Aide (MassHealth Only) (ADL Only Services)**

Home health aide ADL only services covered when the member is not receiving skilled nursing services.

#### **Home Health Aide (ADL only) services must meet all the following conditions:**

- A. The member requires hands-on assistance throughout the task or until completion with at least TWO ADLs. Assistance with ADLs provided by a home health aide is defined as activities related to personal care specifically bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating.

**Note:** MassHealth does not pay for homemaker, respite, or chore services. When a home health aide visits a member to provide a health-related service, the home health aide may also perform some incidental services that do not meet the definition of a home health aide service (for example, light cleaning, preparing a meal, removing trash). However, the purpose of a home health aide visit must NOT be to provide these incidental services, since they are not health-related services.

- B. The services provided by the HHA are on an intermittent or part time basis.<sup>3</sup>
- C. Prior Authorization is required **prior** to day 1 of Home Health Aide/ADL services (i.e., Day 1 PA).

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<sup>3</sup> Intermittent services are defined as those up to eight hours per day of medically necessary nursing visits and home health aide services, combined, are provided seven days per calendar week for temporary periods of up to 30 days. Services are part time if the combination of medically necessary nursing visits and home health aide services does not exceed 35 hours per calendar week, and those services are provided on a less-than daily basis.



- D. The frequency and duration of the home health aide services must be ordered by the treating physician and must be included in the written plan of care for home health care-ADL services.
- E. Registered nurse must make an on-site visit no less frequently than every 60 days in order to observe and assess each home health aide while he or she is performing care.
- F. The member's discharge planning must begin at the start of all home health aide services (e.g. during the RN initial assessment visit) and this planning must be documented and maintained in the member's record. This documentation must be submitted with every prior authorization request. Members may be authorized to receive home health aide services for hands-on assistance with ADLs for periods of up to **90 calendar days**.
- G. **One** of the following applicable criteria must be met for HHA-ADL only services and documentation must be submitted with each prior authorization request as specified below:
  - A. **Members NEW to Home Health Care Services, HHA-ADL Only Services are being requested, and Skilled Nursing Home Care Services are not provided:**
    - i. Documentation of the physician's verbal order
    - ii. The initial evaluation/assessment visit note conducted by a RN or therapist including a list of home health aide tasks that the member needs
    - iii. For members age 21 and older and all members enrolled in a Home and Community Based (HCBS) waiver: Completed Member Connection Form with proof of delivery
    - iv. Member-specific discharge plans (may be included in the initial assessment visit note)
  - B. **Members receiving home health aide services with nursing/therapy who are switching to only home health aide services for hands-on assistance with ADLs**
    - i. Signed plan of care
    - ii. For members age 21 and older and all members enrolled in an HCBS waiver: Completed Member Connection Form with proof of delivery
    - iii. Member-specific discharge plans reviewed and updated as applicable
    - iv. One week of home health aide visit progress notes and one week of nursing/therapy notes (if applicable)
    - v. Home health aide services plan of care created by the aide's supervising RN
  - C. **For members requiring a renewal to the authorization of home health aide services for hands-on assistance with ADLs**
    - i. Signed Plan of Care
    - ii. Member-specific discharge plans reviewed and updated as applicable
    - iii. One week of home health aide notes
    - iv. The most recent RN visit note
    - v. Home health aide services plan of care created by the aide's supervising RN

**Guidelines:**

Home health aide services include, but are not limited to:



- A. Personal-care services;
- B. Simple dressing changes that do not require the skills of a registered or licensed nurse;
- C. Assistance with medications that are ordinarily self-administered and that do not require the skills of a registered or licensed nurse;
- D. Assistance with activities that are directly supportive of skilled therapy services; and
- E. Routine care of prosthetic and orthotic devices.

**Incidental Services:** When a home health aide visits a member to provide a health-related service, the home health aide may also perform some incidental services that do not meet the definition of a home health aide service (for example, light cleaning, preparing a meal, removing trash, or shopping). However, the purpose of a home health aide visit must not be to provide these incidental services, since they are not health-related services and these services must remain a minimal proportion of assigned time.

### **Physical Therapy**

1. **Services must meet all of the following conditions:**
  - A. Directly and specifically related to an active treatment regimen;
  - B. Of such a level of complexity and sophistication that the judgment, knowledge, and skills of a licensed physical therapist are required;
  - C. Performed by a licensed physical therapist, or by a licensed physical therapy assistant under the supervision of a licensed physical therapist;
  - D. Considered under accepted standards of medical practice to be a specific and effective treatment for the member's condition;
  - E. Medically necessary for treatment of the member's condition; and
  - F. Must be considered skilled as defined in Mass General Brigham Health Plan's [Definition of Skilled Care Policy](#).

### **Occupational Therapy**

1. **Services must meet all of the following conditions:**
  - A. Directly and specifically related to an active treatment regimen;
  - B. Of such a level of complexity and sophistication that the judgment, knowledge, and skills of a licensed occupational therapist are required;
  - C. Performed by a licensed occupational therapist, or by a licensed occupational therapy assistant under the supervision of a licensed occupational therapist;
  - D. Considered under accepted standards of medical practice to be a specific and effective treatment for the member's condition;
  - E. Medically necessary for treatment of the member's illness or injury; and
  - F. Must be considered skilled as defined in Mass General Brigham Health Plan's [Definition of Skilled Care Policy](#).

### **Speech and Language Therapy**

1. **Services must meet all of the following conditions:**



- A. Directly and specifically related to an active treatment regimen;
- B. Of such a level of complexity and sophistication that the judgment, knowledge, and skills of a licensed speech and language pathologist are required;
- C. Performed by a licensed speech and language pathologist;
- D. Considered under accepted standards of medical practice to be a specific and effective treatment for the member's condition;
- E. Medically necessary for treatment of the member's illness or injury; and
- F. Must be considered skilled as defined in Mass General Brigham Health Plan's [Definition of Skilled Care Policy](#).

#### **Medical Social Worker**

**1. Services must meet all of the following conditions:**

- A. Directly and specifically related to an active treatment regimen;
- B. Determined to be an essential part of an authorized skilled home care program directly related to the skilled plan of care that includes need for skilled nursing or therapy services;
- C. Of such a level of complexity and sophistication that the judgment, knowledge, and skills of a licensed Social Worker are required;
- D. Performed by a licensed Medical Social Worker;
- E. Considered under accepted standards of medical practice to be a specific and effective treatment for the member's condition; and
- F. Medically necessary for treatment of the member's illness or injury.

#### **Nutritional Counseling**

**1. Services must meet all of the following conditions:**

- A. Directly and specifically related to an active treatment regimen;
- B. Determined to be an essential part of an authorized skilled home care program directly related to the skilled plan of care that includes the need for skilled nursing or therapy services;
- C. Performed by a licensed dietitian/nutritionist or registered dietitian for medical nutrition therapy services;
- D. Considered under accepted standards of medical practice to be a specific and effective treatment for the member's condition; and
- E. Medically necessary for treatment of the member's illness or injury.

#### **Exclusions**

- 1. Maintenance therapy except for the initial design of a patient/family program that is intended to maintain function and prevent loss of function along with education for the patient and/or caregivers, so the program can be carried out.
- 2. Home health care services provided in a hospital, nursing facility, intermediate care facility for the developmentally disabled, or any other institutional facility providing medical, nursing, rehabilitative, or related care.





3. Home Health services used for homemaking, heavy cleaning, or household repair.
4. Home Health services used for respite.
5. When a family member or other caregiver is providing services that adequately meet the member's needs, it is not medically necessary for the home health agency to provide such services.
6. Personal care attendants.
7. Home health aide services in the absence of a need for medically necessary skilled nursing services or skilled therapy services, such as but not limited to ADL and routine and age-appropriate infant and childcare for the sole purposes of providing extra assistance to the caretaker.
8. Home health aide services that are not an essential part of the skilled home care program. When a member is receiving intermittent skilled nursing services solely for purpose of medication administration, home-health aide services may not be considered medically necessary.
9. Services that can be safely and effectively performed or self-administered by the average nonmedical person without the direct supervision of a registered or licensed nurse.
10. Services related to activities for the general good and welfare of patients (for example, general exercises to promote overall fitness and flexibility, and activities to provide diversion or general motivation).
11. Performance of a maintenance/custodian care program.
12. Venipuncture as the only purpose of the home care visit when there is comparable care available in the community.
13. Domestic housekeeping.
14. Meal services.
15. Services that are provided for companionship.
16. Infant and child sitting services.
17. Services that can be safely and effectively performed (or self-administered) by the average non-medical person without the direct supervision of a registered or licensed nurse are not considered nursing services and are excluded unless there is no one able (for reasons other than convenience) to provide the services and the services are necessary to avoid institutionalization.
18. Long term services and supports offered in the home including adult day health, adult foster care, day habilitation, group adult foster care, personal care attendants, private duty nursing, and respite care.

### **Medicare Variation**

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for coverage determinations.

**Mass General Brigham Health Plan utilizes Change Health Care InterQual® criteria in reviewing medical necessity for Home Health Care.** These criteria align with CMS Medicare Benefit Policy Manual Chapter 7- Home Health Services. CMS also has the following NCDs and LCDs:

- [NCD - Home Health Nurses' Visits to Patients Requiring Heparin Injection \(290.2\)](#)



- [NCD - Home Health Visits to a Blind Diabetic \(290.1\)](#)
- [LCD - Home Health Physical Therapy \(L34564\)](#)
- [LCD - Home Health Skilled Nursing Care-Teaching and Training: Alzheimer's Disease and Behavioral Disturbances \(L34562\)](#)
- [LCD - Home Health Speech-Language Pathology \(L34563\)](#)
- [LCD - Home Health-Surface Electrical Stimulation in the Treatment of Dysphagia \(L34565\)](#)
- [LCD - Home Health Occupational Therapy \(L34560\)](#)
- [LCD - Home Health Physical Therapy \(L34564\)](#)
- [LCD - Home Health Plans of Care: Monitoring Glucose Control in the Medicare Home Health Population with Type II Diabetes Mellitus \(L35132\)](#)
- [LCD - Physical Therapy - Home Health \(L33942\)](#)

## Definitions

**Homebound:** The member has the inability to leave the home setting or consequently leaving the home setting would require a considerable and taxing effort (i.e., when medical conditions or symptoms like dyspnea, weakness, frailty, confusion, pain, use of crutches, a wheelchair or the need for assistance from another person make leaving home difficult) or the member has a condition such that leaving the home is medically contraindicated. The member does not have to be bedridden. If the member does leave the home, the absences must be infrequent and for short periods of time (i.e., attending a religious service, funeral, or other unique event) or are for health care treatments such as outpatient kidney dialysis, chemotherapy, or radiation therapy. Attendance at regularly scheduled avocational, vocational classes, or training outside of the home is not considered an infrequent absence and does not meet this definition of homebound. A member who is a MassHealth does NOT need to be confined to the home setting or be home bound to be eligible for home health care services if other Plan criteria are met. For MassHealth, services may be authorized in the community if it meets the criteria in this policy. This excludes hospitals, skilled nursing facilities, intermediate care facilities for the developmentally disabled, or any other institutional facility providing medical, nursing, rehabilitative or related care. It also excludes those services that are inclusive of the MassHealth Program Regulations under the Adult Day Health Manual.

**Home Setting:** Any place where the member has established his/her place of residence for the time period when home care services are being provided. This may include his/her own dwelling, an apartment, the home of a friend or family member, a group home, a homeless shelter or other temporary place of residency or a community setting. It does not include hospitals, skilled nursing facilities, intermediate care facility for the developmentally disabled, or any other institutional facility providing medical, nursing, rehabilitative, or related care. A day care setting, adult day care, or adult medical care does not meet the definition of a home setting.

## Intermittent and Part-Time MassHealth:

1. Services are intermittent if up to eight hours per day of medically necessary nursing visits and home health aide services, combined, are provided seven days per calendar week for temporary periods of up to 21 days.
2. Services are part-time if the combination of medically necessary nursing visits and home health aide services does not exceed 35 hours per calendar week, and those services are provided on a less-than-daily basis.
3. To receive intermittent or part-time nursing care, the member must have a medically predictable recurring need for skilled nursing services at least once every 60 days, or the member must meet the conditions listed under number 4.



4. In certain circumstances, the member needs infrequent, yet intermittent, nursing services. The following are nonexclusive examples of such services:
  - A. The member has an indwelling silicone catheter and generally needs a catheter change only at 90-day intervals.
  - B. The member experiences a fecal impaction due to the normal aging process (that is, loss of bowel tone, restrictive mobility, and a breakdown in good health habits) and must be manually disimpacted. Although these impactions are likely to recur, it is not possible to predict a specific time frame.
  - C. The member is diabetic and visually impaired. He or she self-injects insulin and has a medically predictable recurring need for a nursing visit at least every 90 days. These nursing visits, which supplement the physician's contacts with the member, are necessary to observe and determine the need for changes in the level and type of care that have been prescribed.

**Qualified Home Health Aide Services:** These services include personal care services, simple dressing changes, assistance with medications, assistance with activities that are directly supportive of skilled therapy services, and routine care of prosthetic and orthotic services. Skilled nursing or therapy services must also be needed and provided during the episode of care.

**Skilled Care:** A skilled service is a service that must be provided by a registered nurse, licensed practical nurse (under the supervision of a registered nurse), licensed physical therapist, occupational therapist, speech-language pathologist or a licensed physical therapy assistant and licensed occupational therapy assistant (under the supervision of a licensed therapist) in order to be safe and effective. In determining whether a service meets the requirement of skilled care, the inherent complexity of the service, the condition of the patient, and generally accepted standards of clinical practice must be considered. Some services may be considered skilled on the basis of complexity alone. In other cases, a service that is ordinarily considered unskilled may be considered skilled on the basis of the patient's condition. A service is not considered skilled merely because it is performed by or under the direct supervision of a licensed nurse or therapist. When the service could be safely and effectively performed by the average non-medical person without direct supervision, the service would not be considered skilled.

#### Related Policies

- [Definition of Skilled Care](#)
- [Home Health Care Agency Provider Payment Guidelines](#)
- [Medicare Advantage Administration Guidelines](#)

#### Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

This list of codes applies to commercial and MassHealth plans only.

Authorized CPT/HCPCS Codes	Code Description
92526	Treatment of swallowing dysfunction and/or oral function for feeding
97110	Therapeutic Exercises
97112	Neuromuscular Reeducation



97140	Manual Therapy 1/> Regions
97530	Therapeutic Activities
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
99501	Home Visit Postnatal
99502	Home Visit NB Care
G0151	Srvc PT Hom Hlth/Hospice Ea 15 Min
G0152	Srvc OT Hom Hlth/Hospice Ea 15 Min
G0153	Srvc Spch&Lang Path HH/Hospic Ea 15
G0155	Srvc Clinical SW HH/Hospice Ea 15
G0156	Srvc HH/Hospice Aide Ea 15 Min
G0299	Direct SNS RN Home Health/Hospice Set Ea 15 Min
G0300	Direct SNS LPN Home Hlth/Hospice Set Ea 15 Min
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each <u>15</u> minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
S9128	Speech Therapy in The Home Per Diem
S9129	Occupational Therapy Home Per Diem
S9131	Physical Therapy; Home Per Diem
T1021	Home Hlth Aide/Cert Nurse Asst Visit
T1030	Nrs Care Home Registered Nurse-Diem
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit (ACO ONLY)
T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit (ACO ONLY)
<b>Revenue Codes</b>	<b>Description</b>
0420	Physical Therapy



0421	Physical Therapy - Visit Charge
0422	Physical Therapy - Hourly Charge
0423	Physical Therapy - Group Rate
0424	Physical Therapy - Evaluation/Re-evaluation
0429	Physical Therapy – Other
0430	Occupational Therapy
0431	Occupational Therapy - Visit Charge
0432	Occupational Therapy - Hourly Charge
0433	Occupational Therapy - Group Rate
0434	Occupational Therapy - Evaluation/Re-evaluation
0439	Occupational Therapy – Other
0440	Speech Pathology
0441	Speech Pathology - Visit Charge
0442	Speech Pathology - Hourly Charge
0443	Speech Pathology - Group Rate
0444	Speech Pathology - Evaluation/Re-evaluation
0449	Speech Pathology – Other
0550	Skilled Nursing
0551	Skilled Nursing, Visit Charge
0552	Skilled Nursing, Hourly Charge
0559	Skilled Nursing, Other
0560	Medical Social Services
0561	Medical Social Services - Visit Charge
0562	Medical Social Services - Hourly Charge
0569	Medical Social Services – Other
0570	HHA, Home Health Aide
0571	HHA, Home Health Aide, Visit Charge
0572	HHA, Home Health Aide, Hourly Charge
0579	HHA, Home Health Aide, Other



0580	HHA, Other Visit
0581	HHA, Other Visit, Visit Charge
0582	HHA, Other Visit, Hourly Charge
0589	HHA, Other Visit, Other
0590	HHA, Units of Service
0599	HHA, Units of Service, Other
0637	Self-Administered Drugs (MY CARE FAMILY PLANS ONLY; requires T1502, T1503)

### Effective

June 2025: Annual update. Added NCDs and LCDs. Fixed typos.

June 2024: Annual update. Added link to the Medicare Advantage Administration Guidelines, simplified language, added prior authorization table at top of document.

June 2023: Annual update. Medicare language added. References updated.

June 2022: Annual update.

June 2021: Annual update.

June 2020: Annual update. Under Commercial and Connector/Qualified Health Plans on page 1, edited for clarity the prior authorization requirements.

July 2019: Added new MassHealth allowance for home health aide (ADL) language. Added codes.

March 2019: Removed Home Asthma visits on page 1.

September 15, 2018: Under Mass General Brigham Health Plan Covers Home Care, added #9. *Medication administration visit (MassHealth members only for MassHealth members only*. Added language to Goals under section 2.F. Added Medication Administration Visit criteria and removed footnote. Revised exclusions. Revised References; added MassHealth Guidelines.

October 2017: Annual update

February 2017: McKesson's InterQual® criteria replaced the criteria as indicated in the policy.

September 2016: Annual update

August 2015: Annual update with change in authorization requirements for MassHealth members receiving Physical, Occupational and Speech Therapy

August 2014: Separated Homebound from Home Setting (added definitions and relevant footnote), added goals to physician plan of care, and added exclusion #17.

April 2013 Annual update

July 2011: Annual update

July 2010: Annual update

July 2009: Annual update

July 2007: Annual update

August 2006: Annual update

August 2005: Annual Update

October 2003: Effective Date

### References

Commonwealth of Massachusetts, Division of Medical Assistance, Home Health Agency Manual (130 CMR 403.000)

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American Speech-Language-Hearing Association (ASHA), Accessed 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013

American Physical Therapy Association (APTA), Accessed 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2016, 2017

Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-02. Medicare Benefit Policy Manual, Chapter 7 – Home Health Services.

The Centers for Medicare and Medicaid Services (CMS), Definition of Skilled Services for non-Medicare and Medicare Patients, CMS HM-11 (The Home Health Agency Manual), Sections 205.1 and 205.2.

MassHealth, Guidelines for Medical Necessity Determination for Home Health Services (MG-HHS (10.17)

