

Home Health Care Services Payment Policy

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting providers who render home health care services for Tufts Health Public Plans products.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary home health care services, in accordance with the member's benefits.

Note: Home health care does not include early intervention services.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting [Tufts Health Public Plans Provider Services](#).

Tufts Health Direct members must be homebound to receive home health care services.

Note: There is no member responsibility for covered services for Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

REFERRAL, PRIOR AUTHORIZATION AND NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the [Referral, Prior Authorization and Notification Policy](#).

- A provider's order is required for home health care services.
- Prior authorization is required for daily skilled nursing/therapy visits or for requests greater than six months. Refer to the Home Health Care Services Medical Necessity Guidelines for [Tufts Health Direct](#) and [Tufts Health Together, Tufts Health RITogether and Tufts Health Unify](#) for additional information.

Tufts Health Together and Tufts Health Unify

In accordance with MassHealth Home Health Agency Bulletin 54 (Bulletin 54), prior authorization is required for home health aide services for hands-on assistance with activities of daily living (ADL) for periods of up to 90 calendar days where the member requires hands-on assistance throughout the task, or until completion with at least 2 ADLs but is not receiving concurrent skilled nursing/therapy visits from the home health provider. Refer to the [Home Health Care Services Medical Necessity Guidelines](#) for additional information.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Use of noncontracting labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Tufts Health Plan may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Tufts Health Together and Tufts Health Unify

Providers should use a service code and modifier that accurately reflects the nursing service provided. Refer to subchapter 6 of the [Home Health Agency Manual](#) for additional information.

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

Home Health/Home Infusion

Tufts Health Plan does not routinely compensate for home health/home infusion procedures if the service is not billed with modifier SS (home infusion therapy in infusion suite) or if billed in any place of service other than 03, 04, 12, 13, 14, 16, 33, 54, or 55.

Nursing Care Services

Tufts Health Plan does not routinely compensate for S9123 (nursing care, in the home; by registered nurse, per hour [general nursing care only, not to be used when CPT codes 99500-99602 can be used]) if billed with 99500-99602 (home health procedures/services).

Physician Certification for Home Health Service

Tufts Health Plan does not routinely compensate physician recertification for home health services (G0179) if billed more than once every two months.

Electronic Visit Verification - Tufts Health RITogether

Per [Rhode Island EOHHS](#), Tufts Health RITogether providers billing for Personal Care Services (PCS) are required to complete an Electronic Visit Verification (EVV) record in order to receive claims reimbursement.

ADDITIONAL RESOURCES

- MassHealth Regulations: 130 CMR 403.00 — Home Health Agency Manual
- Division of Health Care Finance and Policy Regulations: 114.3 CMR 50.00 — Home Health Services
- [Medical Necessity Guidelines: Home Health Care Services](#)
- [Medical Necessity Guidelines: Home Health Care Services for Tufts Health Together, Tufts Health RITogether and Tufts Health Unify](#)

DOCUMENT HISTORY

- March 2021: Reviewed by committee; template updates; removed nursing and therapy codes and referred to provider agreements; added electronic visit verification for Tufts Health RITogether
- November 2019: Added medication administration visit codes T1502 and T1503, effective for dates of service on or after November 1, 2019
- July 2019: Added prior authorization requirements for ADL services per the MassHealth Home Health Agency Bulletin 54 as of July 1, 2019; added nursing and therapy codes to align with Home Health Care Services medical necessity guidelines
- May 2018: Added claim edits for home health/infusion and nursing care services
- April 2018: Added previously communicated edit for physician certification for home health service
- March 2018: Template updates
- September 2017: Updated to include RITogether
- February 2017: Template updates

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan's [audit policies](#), refer to our website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.