

MassHealth Home Health Claims FAQ



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Contents

One Time Setup.....	3
Create a Med Admin Care Type.....	3
Create a Med Admin Modality.....	4
Add Revenue/Procedure/Modifier combinations.....	4
Create Over 30-day Charge Codes.....	6
Set-Up Med Admin Charge Code.....	7
Attach Revenue/Procedure/Modifier codes to Existing charges.....	8
Setup the MassHealth insurance.....	9
Configure MassHealth Option Set(s).....	10
Process.....	12
Authorizations.....	12
Charge Replace.....	13

How to bill MassHealth Home Health Claims

MassHealth Home Health services are billed on the UB04 claim form. MassHealth has unique requirements for dual-eligible claims and as of 7/14/2017 has a 30-day threshold for higher rates after an institute stay (previous threshold was 60 days). These instructions detail how to fulfil MassHealth claim requirements, including the 31-day Charge Replacement function that is dependent on Facility information being present in the Billing module.

For detailed billing instructions and regulatory compliance information, visit the MassHealth website:

<https://www.mass.gov/doc/home-health-agency-regulations/download>

<https://www.mass.gov/doc/home-health-agency-hha-subchapter-6/download>

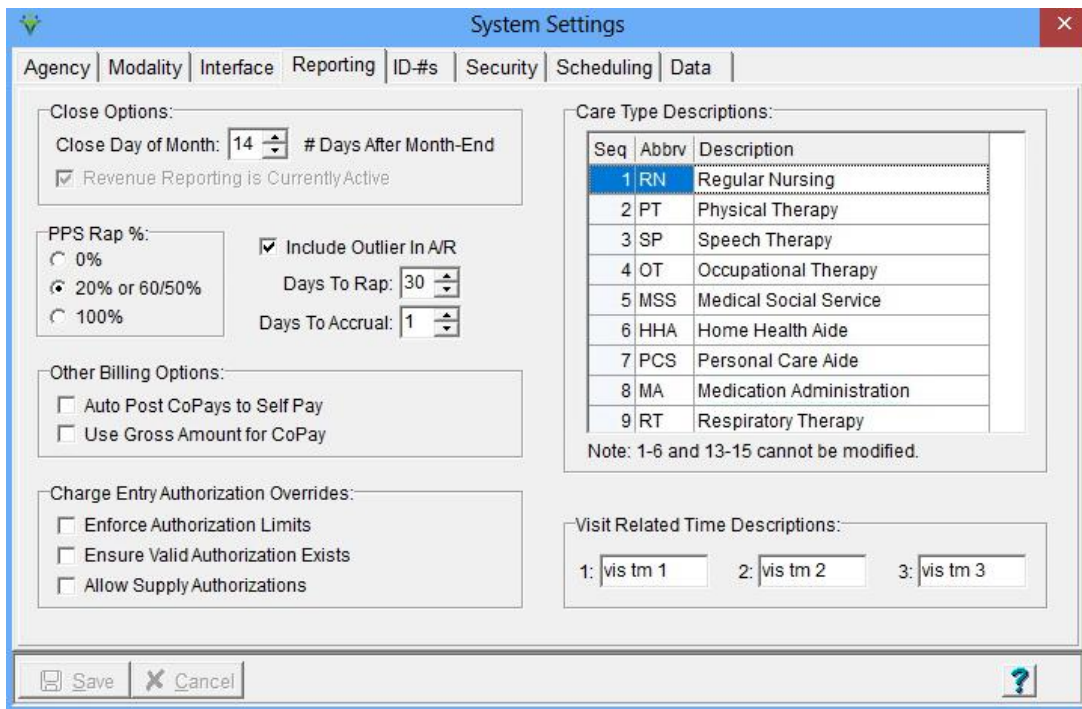
<https://www.mass.gov/regulations/101-CMR-35000-rates-for-home-health-services-0>

One Time Setup

Create a Med Admin Care Type

To track medication administration authorizations and visits separately from other nursing visits, a separate med admin modality and care type should be utilized.

- Go to **File > File Maintenance > System Settings**.
- On the '**Reporting tab**, go to the **Care Type Descriptions** section. Select an unused Care Type (use only Seq 7 -12) and change the Abbreviation to MA.
- **Description:** Enter 'Medication Administration'
- **Save** changes.



System Settings

Agency | Modality | Interface | Reporting | ID-#s | Security | Scheduling | Data

Close Options:
 Close Day of Month: 14 # Days After Month-End
 Revenue Reporting is Currently Active

PPS Rap %:
 0%
 20% or 60/50%
 100%

Include Outlier In A/R
 Days To Rap: 30
 Days To Accrual: 1

Other Billing Options:
 Auto Post CoPays to Self Pay
 Use Gross Amount for CoPay

Charge Entry Authorization Overrides:
 Enforce Authorization Limits
 Ensure Valid Authorization Exists
 Allow Supply Authorizations

Care Type Descriptions:

Seq	Abbrv	Description
1	RN	Regular Nursing
2	PT	Physical Therapy
3	SP	Speech Therapy
4	OT	Occupational Therapy
5	MSS	Medical Social Service
6	HHA	Home Health Aide
7	PCS	Personal Care Aide
8	MA	Medication Administration
9	RT	Respiratory Therapy

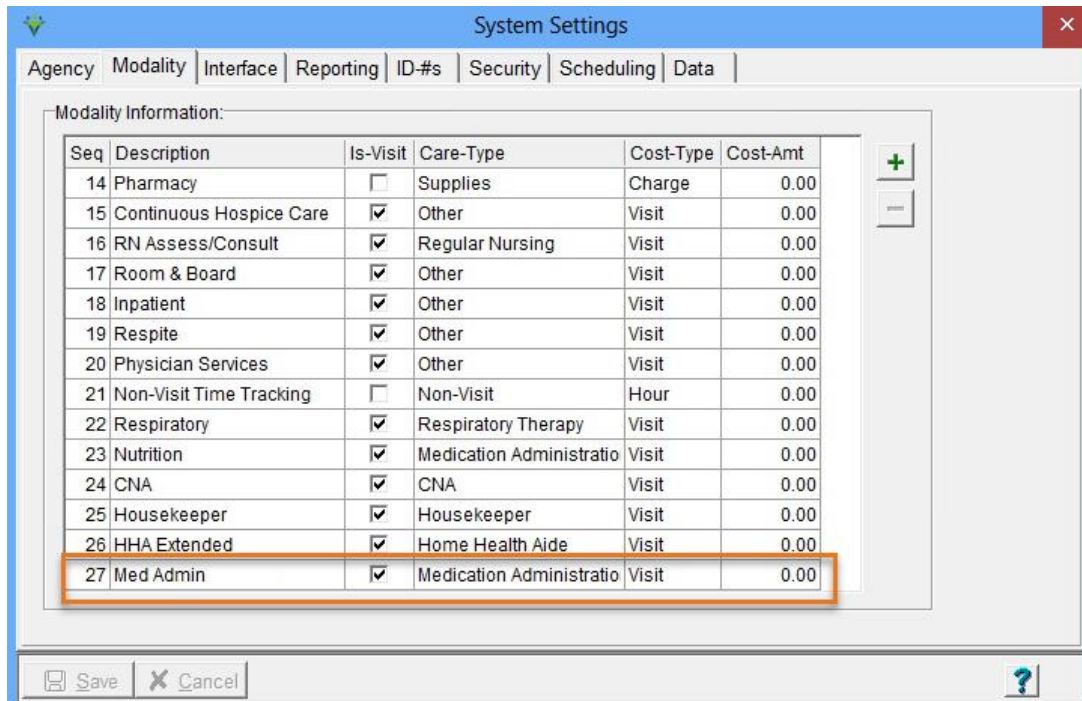
Note: 1-6 and 13-15 cannot be modified.

Visit Related Time Descriptions:
 1: vis tm 1 2: vis tm 2 3: vis tm 3

Save Cancel ?

Create a Med Admin Modality

- Go to **File>File Maintenance>System Settings**.
- On the '**Modality**' tab, pick an unused Modality or press the '+' button to add a new row.
- **Description:** Medication Administration
- **Is-Visit:** checked
- **Care-type:** Medication Administration
- **Cost-Type:** Visit



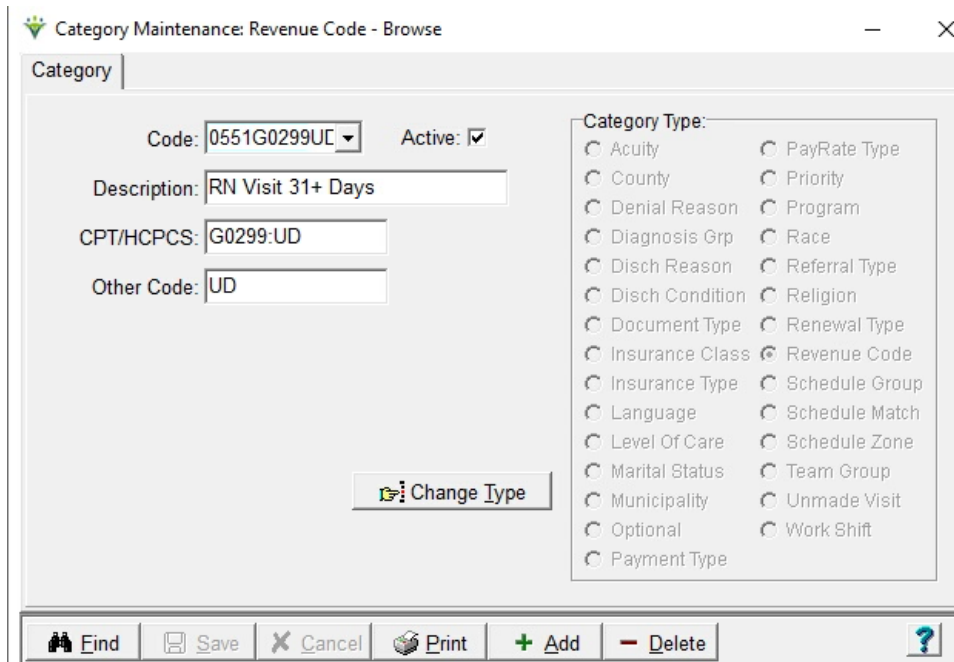
Add Revenue/Procedure/Modifier combinations

- Go to **File > File Maintenance > Category**.
- Press **Change Type** and set to **Revenue Code**.
- Press the **Add** button to add a new code combination if needed.
- Enter the data in the corresponding fields for Revenue Code, Description and CPT/HCPCS exactly as they are listed in Table 1 (check the MassHealth website for current rates).
- If the code combination already exists, skip to the next one. There is no need to change the Description if a code combination already exists.

Table 1:

Revenue Code	Description	CPT/HCPCS	Rate as of 7/1/23
0551G0299	RN Visit first 30 Days	G0299	\$107.88 Per Visit
0551G0300	LPN Visit first 30 Days	G0300	\$107.88 Per Visit
0551G0299UD	RN Visit 31+ Days	G0299:UD	\$87.43 Per Visit
0551G0300UD	LPN Visit 31+ Days	G0300:UD	\$87.43 Per Visit
0551T1502	RN/LPN Med Admin - Oral/Intramuscular/subcutaneous	T1502	\$71.52 Per Visit
0551T1503	RN/LPN Med Admin - other	T1503	\$71.52 Per Visit
0571G0156	HHA Visit	G0156	\$10.18 Per 15 min (40.72 Per Hour)
0421G0151	Physical Therapy Visit	G0151	\$94.05 Per Visit
0431G0152	Occupational Therapy Visit	G0152	\$97.06 Per Visit
0441G0153	Speech Therapy Visit	G0153	\$99.55 Per Visit

Example:



Category Maintenance: Revenue Code - Browse

Category

Code: 0551G0299UC Active:

Description: RN Visit 31+ Days

CPT/HCPCS: G0299:UD

Other Code: UD

Change Type

Category Type:

- Acuity
- County
- Denial Reason
- Diagnosis Grp
- Disch Reason
- Disch Condition
- Document Type
- Insurance Class
- Insurance Type
- Language
- Level Of Care
- Marital Status
- Municipality
- Optional
- Payment Type
- PayRate Type
- Priority
- Program
- Race
- Referral Type
- Religion
- Renewal Type
- Revenue Code
- Schedule Group
- Schedule Match
- Schedule Zone
- Team Group
- Unmade Visit
- Work Shift

Find Save Cancel Print Add Delete ?

Create Over 30-day Charge Codes

- Go to **File > File Maintenance > Charge Code**.
- Click the **Add** button.
- **Code:** SN30
- **Description:** Skilled Nurse > 30-day rate
- **Modality:** Skilled Nursing
- **Non-Billable:** leave unchecked

Charge: SN30 - SN > 30 Day rate

Charge	Bill-Rate	Pay-Rate	Revenue-Codes
Code: <input type="text" value="SN30"/> Active: <input checked="" type="checkbox"/>			
Description: <input type="text" value="SN > 30 Day rate"/>			
Modality: <input type="text" value="Skilled Nursing"/>			
Non-Billable: <input type="checkbox"/>			

- On the **Bill-Rate** tab, click the **Add** button to add the current rate and Start Dates.
- Use the rate amounts from [Table 1](#) or check the MassHealth website for current rates.
- On the **Revenue-Codes** tab, click the **Add** button add the **Medicaid Revenue Type** with the code from [Table 1](#) and a **Start Date** of 7/14/17.
- Repeat for an LPN30 Charge Code with applicable description and revenue/HCPC codes.

Charge: SN30 - SN > 30 Day rate - Browse

Start-Date	End-Date	Basis	Gross	Net	Cost	Net-Ovr
7/14/2017	12/31/2099	Visit	69.59	69.59		<input type="checkbox"/>

Find Save Cancel Print Add Delete

Note: these codes are created for billing purposes only and do not need to be added to your clinical system.

Set-Up Med Admin Charge Code

A new medication administration charge must be created solely for MassHealth since they're authorized separately and need their own Modality.

Note: This charge code should *not* be used for Medicare claims as it would not be included in the Nursing counts.

- Go to **File > File Maintenance > Charge Code**.
- Click the **Add** button.
- **Code:** Enter 'MA'
- **Description:** Enter 'Med Admin'
- **Modality:** Medication Administration

Charge: MA - - Edit

Charge	Bill-Rate	Pay-Rate	Revenue-Codes
Code: MA	Active: <input checked="" type="checkbox"/>	Description: Med Admin Visit	Modality: Med Admin
Non-Billable: <input type="checkbox"/>			

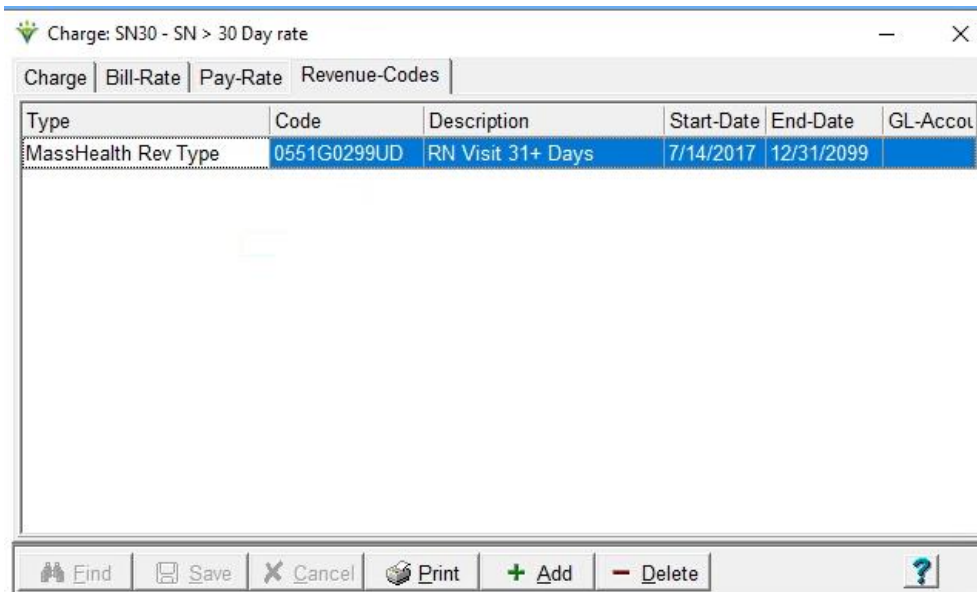
- Add any additional med admin charge codes if needed and enter the **Bill Rate** and **Revenue Code** info on the corresponding tabs as detailed in [Table 1](#).

Note: these codes must be added to your clinical system with matching Code and Description.

Attach Revenue/Procedure/Modifier codes to Existing charges

For existing Charge Codes that are billed to Medicaid, the Medicaid Revenue Type must be added.

- Go to **File > File Maintenance > Charge Code**, select a code and go to the **'Revenue-Codes'** tab.
- Click the **'Add'** button to add a new row.
- **Type:** Medicaid Rev Type.
- **Code:** enter the associated Revenue Code for the service (reference [Table 1](#) if needed).
- Enter the effective Start and End Dates.
- Repeat this step for each charge code your agency bills to Medicaid.



Type	Code	Description	Start-Date	End-Date	GL-Accot
MassHealth Rev Type	0551G0299UD	RN Visit 31+ Days	7/14/2017	12/31/2099	

Setup the MassHealth insurance

- Go to **File > File Maintenance > Entity**, click '**Change Type**' and set to Insurance.
- Select the **MassHealth payor**.
- On the **Insurance** tab for the MassHealth payer, confirm the following:
 - **Insurance Type:** Medicaid Rev Type
 - **Financial Class:** Medicaid Class
 - **Bill Type:** UB04
 - **Payor/Submitter #:** If using a clearinghouse to submit claims, enter the 5-digit Payor ID (ex. SKMA0 if using Emdeon).
 - **Payor Type:** 3-Medicaid (Fee for Service)
 - **Billing Unit Overrides:** All Modalities should be set to Units, except for Home Health Aide which should be set to *1/4 Hrs.
 - **Billing Requirements:** check Authorization

Entity Maintenance: Insurance 60031 - MassHealth - Browse

Name/Address	Insurance	Ins-Rate	Contact	Notes															
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Insurance Type: <input type="text" value="Medicaid Rev Type"/></p> <p>Financial Class: <input type="text" value="Medicaid Class"/></p> <p>Bill Type: <input type="text" value="UB04"/></p> <p>Provider #: <input type="text"/></p> <p>Payor/Submitter #: <input type="text" value="12345"/></p> <p>GL/AR Acct #: <input type="text"/></p> <p>GL Revenue Acct #: <input type="text"/></p> <p>GL Discount Acct #: <input type="text"/></p> <p>PPS Billing: <input type="checkbox"/> Bill Method: <input type="text" value="Normal"/></p> <p>Payor Type: <input type="text" value="3-Medicaid (Fee for Service)"/></p> <p>EW Required: <input checked="" type="checkbox"/> Timely Filing: <input type="text" value="0"/></p> </div> <div style="width: 45%;"> <p>Billing Unit Overrides:</p> <table border="1"> <thead> <tr> <th>#</th> <th>Modality</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>Physical Therapy</td> <td>Units</td> </tr> <tr> <td>3</td> <td>Speech Therapy</td> <td>Units</td> </tr> <tr> <td>4</td> <td>Occupational Therapy</td> <td>Units</td> </tr> <tr> <td>5</td> <td>Medical Social Services</td> <td>N/A</td> </tr> </tbody> </table> <p><small>* Revenue Based on Calculated Time/Units</small></p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Billing Requirements:</p> <p><input type="checkbox"/> Plan of Care</p> <p><input checked="" type="checkbox"/> Authorization</p> </div> <div style="width: 45%;"> <p>EW Options:</p> <p><input type="checkbox"/> Aggregator</p> <p><input type="checkbox"/> Authorization</p> </div> </div>					#	Modality	Units	2	Physical Therapy	Units	3	Speech Therapy	Units	4	Occupational Therapy	Units	5	Medical Social Services	N/A
#	Modality	Units																	
2	Physical Therapy	Units																	
3	Speech Therapy	Units																	
4	Occupational Therapy	Units																	
5	Medical Social Services	N/A																	

- On the '**Ins-Rate**' tab, add the rates for charges billed to MassHealth Medicaid if different than the agency's Usual & Customary rate specified at the charge code level using [Table 1](#) or the MassHealth website for a list of rates.

Configure MassHealth Option Set(s)

MassHealth Secondary - COB payer with TPL exception (no CAS or payment information for primary payer)

Note: This set-up will handle MassHealth claims with no COB payer OR MassHealth claims where there is one COB payer that meets the TPL exception criteria. An additional MassHealth option set(s) can be created with typical secondary payer COB set-up if needed or with tertiary payer setup.

- Go to **Billing > Electronic Claims** and select the Option Set for MassHealth 837I.
- Click **Options** and using the Locator dropdown, set the following:
 - **0100.06 ISA*06 Interchange Sender ID:** enter the ID assigned by MassHealth EDI to your agency
 - **0100.08 ISA*08 Interchange Receiver ID:** Enter 'DMA7384'
 - **2290.10 Claim Loop Options:** One Claim for Each Prior Authorization Date Order
 - **2300.05 CLM*05 Type of Bill:** enter '323'
 - **2300.50 REF*G1 Treatment Authorization Codes:** Auth-No (Use for PPS Claimkey)
 - **2300.51 REF*G1 Treatment Authorization Edit:** Claim Created Even if Treatment Authorization Missing
 - **2310.26 NM1*XX Rendering Provider/Facility Info/Referring Physician:** Physician (Referring/Seq1) Allow Duplicates
 - **2320.30 COB Coordination of Benefit Loop (Secondary Ins):** Payment Amount is Constant Zero
 - **2320.32 COB Insurance Sequence:** Billed insurance is secondary/tertiary (COB insurance is primary)
 - **2320.33 COB SBR*09 Claim Indicator:** (MA, CI, etc) based on Other Insurance Payer Type (Default)
 - **2320.34 COB CAS*01/02 Claim Adjustment Group/Reason:** Bypass CAS Segment Entirely
 - **2320.35 COB AMT*01 Prior Payment Type:** Constant Value (Entered) and enter "A8" in the text box.
 - **2320.37 COB AMT*EAF Remaining Responsibility:** Set to Total Claim Amount (Default)
 - **2330.10 COB NM1*PR Insurance Payor ID:** choose Insurance Provider number. (Be sure the MassHealth Carrier Code is entered in the Provider field of that payer in the Insurance tab of the Insurance library in the Billing Module).

NOTE: If using RevConnect, specific billing rules must be set up in RevConnect to override this value.
 - **2330.20 COB DTP*03 Claim Adjudication Date:** Bypass this Segment Entirely
 - **2340.30 COB Coordination of Benefit Loop (Tertiary Ins):** Bypass Tertiary COB Coordination of Benefit Loop (Default)
 - **2390.15 Charge Itemizations:** check all modalities billed to MassHealth, including Med Admin.

MassHealth Tertiary – Second COB Payer with TPL exception (no CAS or payment information)

Note: The COB Loop instructions are for submitting claims to MassHealth where the First COB Payer does not have TPL exception and Second COB Payer does have TPL exception

- Go to **Billing > Electronic Claims** and select the Option Set for MassHealth 8371.
- Click **Options** and using the Locator dropdown, set the following:
 - **0100.06 ISA*06 Interchange Sender ID:** enter the ID assigned by MassHealth EDI to your agency
 - **0100.08 ISA*08 Interchange Receiver ID:** Enter 'DMA7384'
 - **2290.10 Claim Loop Options:** One Claim for Each Prior Authorization Date Order
 - **2300.05 CLM*05 Type of Bill:** enter '323'
 - **2300.50 REF*G1 Treatment Authorization Codes:** Auth-No (Use for PPS Claimkey)
 - **2300.51 REF*G1 Treatment Authorization Edit:** Claim Created Even if Treatment Authorization Missing
 - **2310.26 NM1*XX Rendering Provider/Facility Info/Referring Physician:** Physician (Referring/Seq1) Allow Duplicates
 - **2320.30 COB Coordination of Benefit Loop (Secondary Ins):** Patient Insurance Bill Data Value 1
 - **2320.32 COB Insurance Sequence:** Billed insurance is tertiary (COB insurance is primary)
 - **2320.33 COB SBR*09 Claim Indicator:** (MA, CI) based on Other Insurance Payer Type (Default)
 - **2320.34 COB CAS*01/02 Claim Adjustment Group/Reason:** Bypass CAS Segment Entirely
 - **2320.35 COB AMT*01 Prior Payment Type:** Constant Value (Entered) and enter "A8" in the text box.
 - **2320.37 COB AMT*EAF Remaining Responsibility:** Set to Total Claim Amount (Default)
 - **2330.10 COB NM1*PR Insurance Payor ID:** choose Insurance Provider number (Be sure the MassHealth Carrier Code is entered in the Provider field of that payer in the Insurance tab of the Insurance library in the Billing Module).
NOTE: If using RevConnect, specific billing rules must be set up in RevConnect to override this value.
 - **2330.20 COB DTP*03 Claim Adjudication Date:** Bypass this Segment Entirely
 - **2340.30 COB Coordination of Benefit Loop (Tertiary Ins):** Optional. Typically, Bypass is selected.
 - **2390.15 Charge Itemizations:** check all modalities billed to MassHealth including Med Admin.

Process

Authorizations


Authorizations are typically required by MassHealth for Home Health services. Refer to their website for clarification on authorization requirements:

<https://www.mass.gov/guides/masshealth-guidelines-for-medical-necessity-determination-for-home-health-services>

Authorizations are entered in the Clinical Patient Schedule and populate the Patient > Authorization tab in the Billing Module. Clients utilizing MCG+ for EVV will enter authorizations in the Billing Module and they'll display in the Clinical Patient Schedule.

For services not requiring an authorization, enter "No Auth Req" as the authorization number to bypass system edits for valid authorizations.

Example:

 Patient: 000001054 - Mashelth, Matthew Admit: 2/21/2025 - Browse

Patient	Admit	Diagnosis	Assign	Insurance	Certify	Authorize	Docs	Other	Notes
Start-Date	End-Date	Authorized-By	Authorization-#	Bill-To-Insurance					
2/21/2025	4/21/2025		No Auth Req	MassHealth					
4/22/2025	6/21/2025		P1781802B6	MassHealth					

Notes:

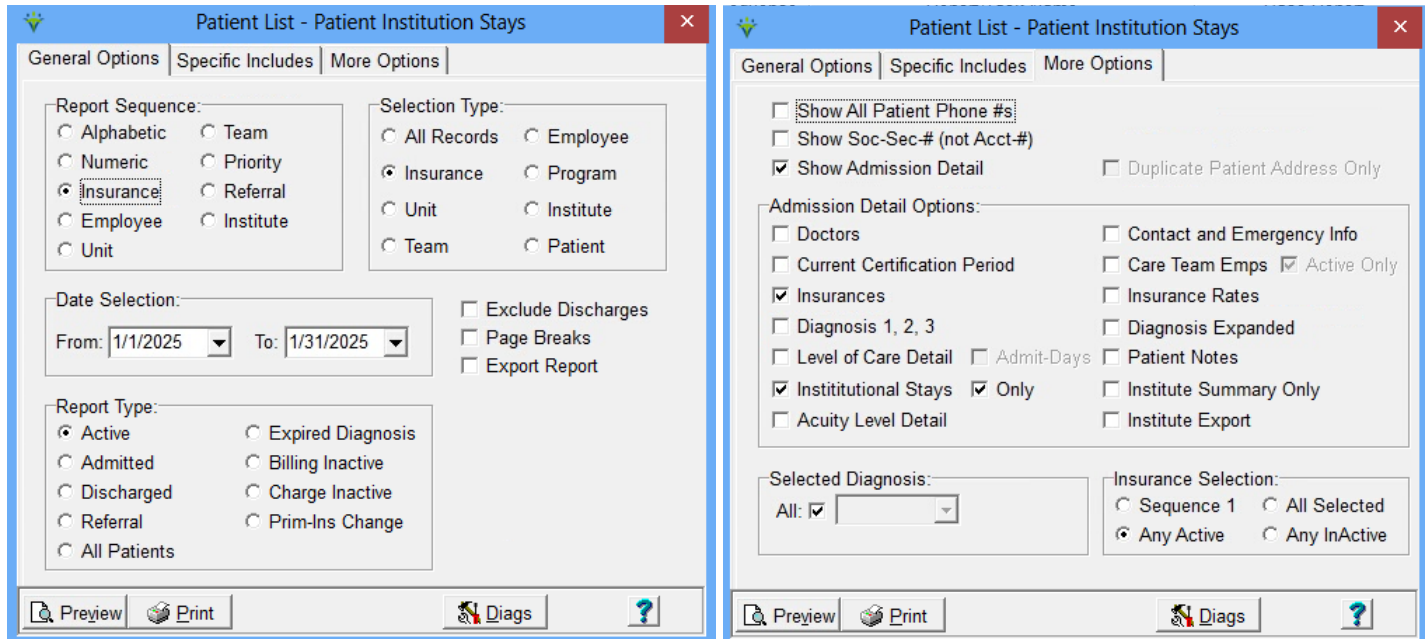
Authorizations for Period: 4/22/2025 6/21/2025 Hide Stopped Authorizations

Care-Type	Min	Max	Basis	Period	Duration	Total	Charge-Description

Charge Replace

Follow the steps below to manually run the 31-Day Charge Replacement routine. Contact Support to set up the automatic charge replacement routine.

Prior to running the Charge Replace function, run the Patient List (**Patient > Patient List**) for the dates you are billing to confirm that all Institution stays are present for patients. On the Specific Includes tab, select the MassHealth insurance.

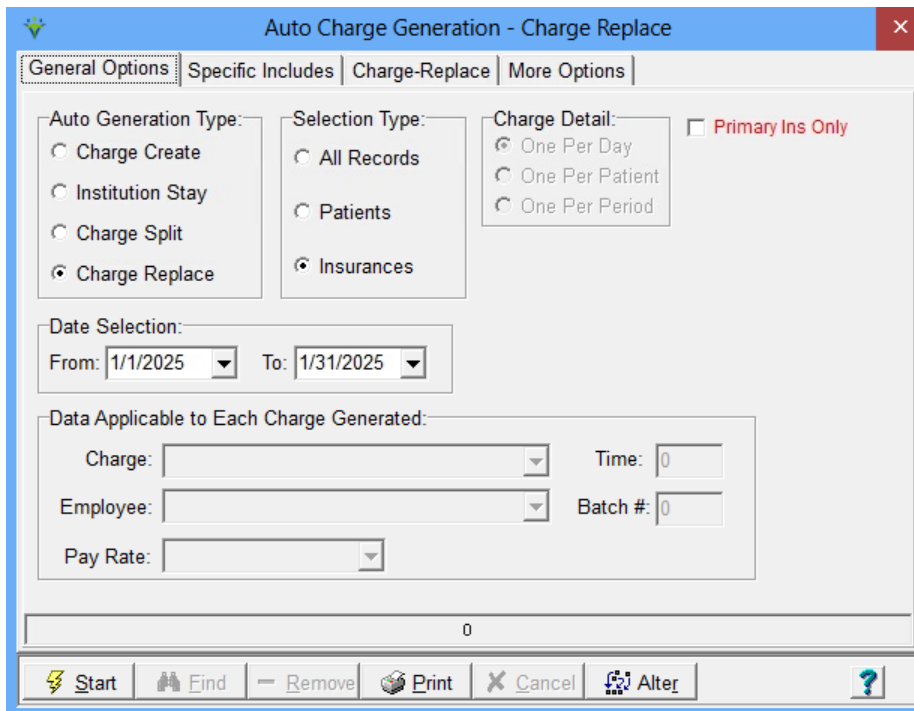


The image displays two screenshots of the 'Patient List - Patient Institution Stays' software interface. The left screenshot shows the 'General Options' tab with the following settings: 'Report Sequence' set to 'Insurance', 'Selection Type' set to 'Insurance', 'Date Selection' from '1/1/2025' to '1/31/2025', and 'Report Type' set to 'Active'. The right screenshot shows the 'Specific Includes' tab with the following settings: 'Show Admission Detail' checked, 'Institutional Stays' checked, and 'Insurance Selection' set to 'Any Active'.

Go to **Charge > Auto Charge Generation** (or File > [Report Groups](#) if setup). Any institute/facility stay must be entered into your clinical software and successfully exported to the Billing Module prior to charge generation for the system to correctly determine the number of days.

General Options tab

- **Auto Generation Type:** Charge Replace
- **Selection Type:** Insurances (select the MassHealth payer on the 'Specific Includes' tab)
- **Primary Insurance Only:** Un-checked
- **Date Selection:** Current billing period



Auto Charge Generation - Charge Replace

General Options | Specific Includes | Charge-Replace | More Options

Auto Generation Type:

- Charge Create
- Institution Stay
- Charge Split
- Charge Replace

Selection Type:

- All Records
- Patients
- Insurances

Charge Detail:

- One Per Day
- One Per Patient
- One Per Period

Primary Ins Only

Date Selection:

From: 1/1/2025 To: 1/31/2025

Data Applicable to Each Charge Generated:

Charge: [Dropdown] Time: 0

Employee: [Dropdown] Batch #: 0

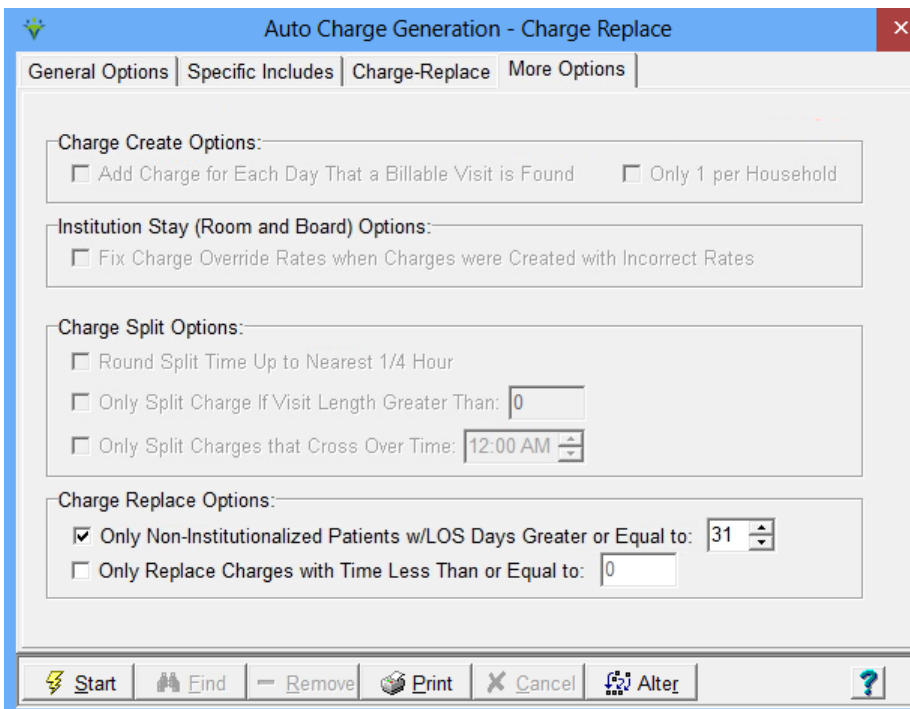
Pay Rate: [Dropdown]

0

Start Find Remove Print Cancel Alter ?

'More Options' tab

Charge Replace Options: check **Only Non-Institutionalized Patients w/LOS Days Greater or Equal to** and enter the number of days to be used for the Charge Replace routine (ex. 31 for charges after 7/14/2017).



Auto Charge Generation - Charge Replace

General Options | Specific Includes | Charge-Replace | More Options

Charge Create Options:

- Add Charge for Each Day That a Billable Visit is Found
- Only 1 per Household

Institution Stay (Room and Board) Options:

- Fix Charge Override Rates when Charges were Created with Incorrect Rates

Charge Split Options:

- Round Split Time Up to Nearest 1/4 Hour
- Only Split Charge If Visit Length Greater Than: 0
- Only Split Charges that Cross Over Time: 12:00 AM

Charge Replace Options:

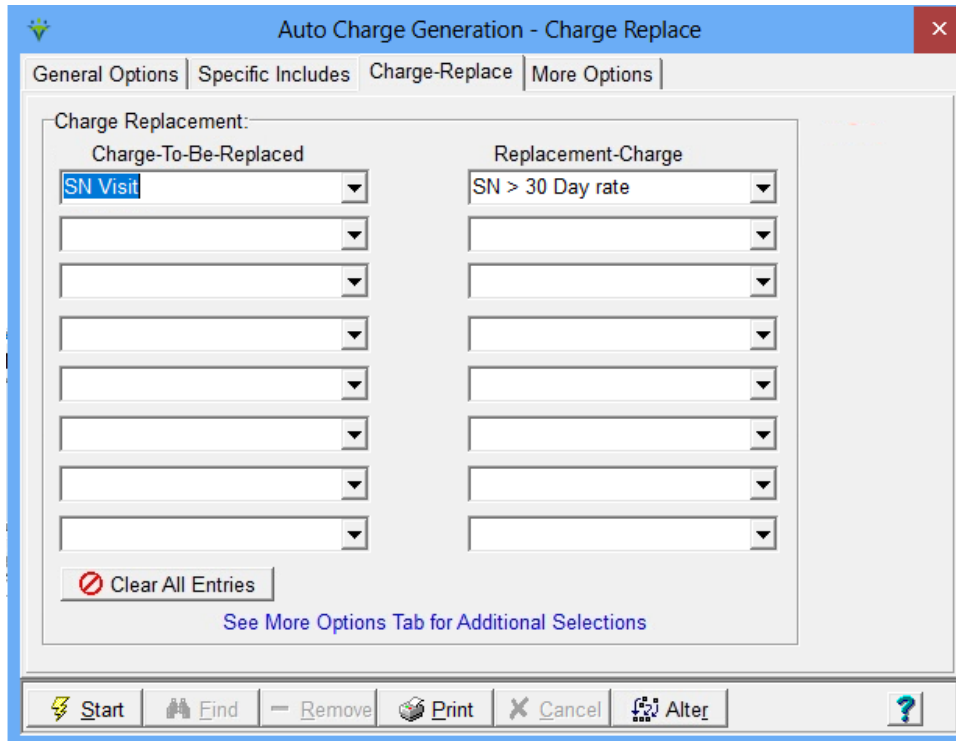
- Only Non-Institutionalized Patients w/LOS Days Greater or Equal to: 31
- Only Replace Charges with Time Less Than or Equal to: 0

Start Find Remove Print Cancel Alter ?

'Charge-Replace' tab

- **Charge-To-Be-Replaced:** select the Skilled Nursing charge used for Medicaid visits in the first 30 days.

- **Replacement-Charge:** select the Skilled Nurse > 30 day charge.
- Press '**Start**' and select '**Yes**' on the confirmation windows if the number of charges to be created is accurate. If not, select '**No**' and adjust the selection criteria.



After the Auto Charge Generation routine has been run, proceed with running Billing Pre-Audit/Audits.

Once the Billing Audit has been posted the claim should be generated using the MassHealth Electronic Claim option set and submitted per that payer's guidelines.