Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Home Health Care

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses medically necessary home health care services when furnished by contracted home health care providers. Home health care services include part time/intermittent skilled nursing 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.

Senior Products

This policy does not apply to home health care program services provided to members through the Aging Services Access Points (ASAP) provider network. ASAP providers should contact Senior Products Provider Relations for relevant information.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted 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, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Point32Health Reimburses

- Intermittent skilled nursing visits furnished by RN or LPN
- Medical social services
- Physical, speech and occupational therapies, including services provided by physical therapy assistants and occupational therapy assistants; unless otherwise indicated by plan benefit
- Services of a home health aide when considered a medically necessary part of skilled home care services
- Nutritional counseling, only when considered a medically necessary part of skilled home care services

Point32Health reimburses the following services in the home setting when billed by the appropriate provider (see "Related Policies and Resources" section below):

- Durable Medical Equipment
- Home infusion
- Physician and other qualified professionals' services

Point32Health Does *Not* Reimburse*

- Incidental supplies, such as routine dressings, sterile Q-tips, and nonsterile gloves
- Custodial care in the absence of qualified skilled services
- Domestic housekeeping services
- Meal services
- Private duty nursing (benefit applies exclusively to HPHC commercial products)
- Respite care for family/caretakers
- Telehealth services
- Venipuncture as the sole purpose of the home care visit
- Vaccines that are available from the state

*Unless otherwise indicated by plan benefit design

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

Coding

This code table may not be all-inclusive.

Code	Description
0551	Skilled Nursing visit charge (per visit up to two hours); Bill without corresponding CPT/HCPCS code
0552	Skilled nursing, hourly charge (each additional hour after the first two); Bill without corresponding CPT/HCPCS code
0559	Skilled nursing, other (LPN, per visit); Bill without corresponding CPT/HCPCS code
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
99501	Home visit for postnatal assessment and follow-up care; limited to 1 visit per pregnancy for early maternity discharge (Effective for dates of service beginning Jan. 1, 2026, there is no limitation)
G0156	Services of a home health aide in home health setting each 15 minutes; must be billed in 15-minute increments
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy, in the home, per diem

Public Plans Products

- Point32Health follows MassHealth coverage and billing instructions. Refer to Subchapter 6 of the MassHealth Home Health Agency Manual for additional information.
- For Tufts Health RITogether, providers billing for certain home care services are required to complete an Electronic Visit Verification (EVV) record in order to receive claims reimbursement (per federal requirements of the 21st Century Cures act [Section 120006(a)] and Rhode Island EOHHS). Tufts Health RITogether utilizes HHAeXchange (formerly known as Sandata) for EVV.

Senior Products

- Submit a Health Insurance Prospective Payment System (HIPPS) and treatment authorization code from the Outcome and Assessment Information Set OASIS assessment on all home health care claims. The line-item date of service of the line reporting the HIPPS code must match the earliest dated home health visit line. All service units on the HIPPS code lines must be greater than zero. (**Note:** For Tufts Health Plan SCO, this information is only required when members meet Medicare criteria for coverage.)
- When applicable, the following codes are required. These codes are considered informational:
  - **G0320:** Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system
  - **G0321:** Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system
  - **G0322:** The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (e.g., remote patient monitoring)

Related Policies and Resources

Payment Policies

- Durable Medical Equipment (DME) and Medical Supplies
- General Coding and Claims Editing
- Home Infusion
- Hospice Services
- Interim Billing
- Long-Term Support Services (LTSS)
- Obstetrics/Gynecology
- Outpatient Facility
- Physical, Occupational, and Speech Therapy
- Vaccines & Immunizations

Clinical Policies

- Home Health Care Services
- Home Health Care Services for Tufts Health Together, Tufts Health RITogether and Tufts Health One Care
- Hospice and Palliative Care Services
- Long-Term Services & Supports (LTSS) for Tufts Health One Care

Additional Resources

- Claim Submission Guidelines
- Senior Products Provider Manual
- Tufts Health Plan SCO Notification list

Publication History

11/01/2026:	Updated services that require an EVV to be submitted for Tufts RITogether
10/01/2026:	Annual policy review; updated Related Policies and Resources; administrative edits
12/01/2025:	Added 99500 to coding grid; removed limitation from 99501 effective for DOS beginning Jan. 1, 2026
10/01/2025:	Annual review; updated Related Policies and Resources; administrative edits
10/01/2024:	Annual review; administrative updates
09/29/2023:	Policy moved to new template; includes all lines of business; added billing instructions under Senior Products for telehealth services

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. 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.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.