

Home Delivered Meals Payment Policy

Policy

This policy applies to eligible NaviCare® members.

The Plan reimburses home delivered meals based on the terms of the provider's individual contract and when approved by the Primary Care Team (PCT). NaviCare members are generally eligible for home delivered meals if they:

- Are age 65 or older;
- Have physical, emotional, or cognitive impairments, or have inadequate kitchen facilities, resulting in an inability to prepare nutritionally adequate meals;
- Do not reside in a group setting, such as an assisted living or rest home;
- Are not receiving Adult Foster Care (AFC), Personal Care Attendant (PCA), or homemaker services (these services provide workers that can prepare meals).

Eligible NaviCare members may receive up to two meals per day.

Definitions

Primary Care Team (PCT) - The PCT is a multidisciplinary team that acts as a foundation of support to help maintain the Plan member's wellbeing. The PCT includes the Plan member as the primary member of the team, with the member's PCP and the NaviCare team as core supports.

Home Delivered Meal - A meal which is furnished by a Sponsoring Agency to an Eligible Elder who is homebound by reason of illness, incapacitating disability, or isolation, which meal meets the requirements set by D.E.A.

D.E.A. The Massachusetts Department of Elder Affairs.

Referral/notification/prior authorization requirements

Home delivered meals require prior authorization when they are not provided through an Aging Service Access Point (ASAP) program.

Billing/coding guidelines

Home delivered meals should be billed in the following manner, or per contract terms:

Meal Type	Description	Code	Modifier
lunch	HDM Meal Advanced Cultural/Therapeutic Caribbean	S5170	
lunch	HDM Meal Advanced Cultural/Therapeutic Chinese	S5170	
lunch	HDM Meal Advanced Cultural/Therapeutic Haitian	S5170	
lunch	HDM Meal Advanced Cultural/Therapeutic Halal	S5170	
lunch	HDM Meal Advanced Cultural/Therapeutic Italian	S5170	
lunch	HDM Meal Advanced Cultural/Therapeutic Kosher	S5170	
lunch	HDM Meal Advanced Cultural/Therapeutic Latino	S5170	
lunch	HDM Meal Advanced Cultural/Therapeutic Portuguese	S5170	
lunch	HDM Meal Advanced Cultural/Therapeutic Regular	S5170	
lunch	HDM Meal Advanced Cultural/Therapeutic Russian	S5170	
lunch	HDM Meal Advanced Cultural/Therapeutic Southern	S5170	
lunch	HDM Meal Advanced Cultural/Therapeutic Vegetarian	S5170	
lunch	HDM Meal Advanced Cultural/Therapeutic Vietnamese	S5170	
lunch	HDM Meal Allergen Free Eggs	S5170	

lunch	HDM Meal Allergen Free Fish	S5170	
lunch	HDM Meal Allergen Free Milk	S5170	
lunch	HDM Meal Allergen Free Multiple Allergens	S5170	
lunch	HDM Meal Allergen Free Peanuts	S5170	
lunch	HDM Meal Allergen Free Shellfish	S5170	
lunch	HDM Meal Allergen Free Soy	S5170	
lunch	HDM Meal Allergen Free Tree Nuts	S5170	
lunch	HDM Meal Allergen Free Wheat	S5170	
lunch	HDM Meal Cold/Frozen Cultural Weekday Chinese	S5170	
lunch	HDM Meal Cold/Frozen Cultural Weekday Hindu/Veg	S5170	
lunch	HDM Meal Cold/Frozen Cultural Weekday Kosher	S5170	
lunch	HDM Meal Cold/Frozen Cultural Weekday Latino	S5170	
lunch	HDM Meal Cold/Frozen Cultural Weekday Russian	S5170	
lunch	HDM Meal Cold/Frozen Cultural Weekday Southern	S5170	
lunch	HDM Meal Hot Cultural Weekday Chinese	S5170	
lunch	HDM Meal Hot Cultural Weekday Hindu/Veg	S5170	
lunch	HDM Meal Hot Cultural Weekday Kosher	S5170	
lunch	HDM Meal Hot Cultural Weekday Latino	S5170	
lunch	HDM Meal Hot Cultural Weekday Russian	S5170	
lunch	HDM Meal Hot Cultural Weekday Southern	S5170	
lunch	HDM Meal Lunch Weekday Cold	S5170	
lunch	HDM Meal Lunch Weekday Cold/Frozen Therapeutic	S5170	
lunch	HDM Meal Lunch Weekday Commodity Free	S5170	
lunch	HDM Meal Lunch Weekday Commodity Free Latino	S5170	
lunch	HDM Meal Lunch Weekday Frozen	S5170	
lunch	HDM Meal Lunch Weekday Hot	S5170	
lunch	HDM Meal Lunch Weekday Hot Therapeutic	S5170	
breakfast	HDM Meal Breakfast Weekday Cold	S5170	U1
breakfast	HDM Meal Breakfast Weekday Frozen	S5170	U1
breakfast	HDM Meal Breakfast Weekday Hot	S5170	U1
supper	HDM Meal Supper Weekday Cold	S5170	U2
supper	HDM Meal Supper Weekday Cold/Frozen Therapeutic	S5170	U2
supper	HDM Meal Supper Weekday Commodity Free	S5170	U2
supper	HDM Meal Supper Weekday Frozen	S5170	U2
supper	HDM Meal Supper Weekday Hot	S5170	U2
weekend	HDM Meal Holiday Cold	S5170	U3
weekend	HDM Meal Holiday Cold/Frozen Therapeutic	S5170	U3
weekend	HDM Meal Holiday Frozen	S5170	U3
weekend	HDM Meal Holiday Hot	S5170	U3
weekend	HDM Meal Holiday Kosher	S5170	U3
weekend	HDM Meal Holiday Latino	S5170	U3
weekend	HDM Meal Holiday Russian	S5170	U3
weekend	HDM Meal Holiday Southern	S5170	U3
weekend	HDM Meal Weekend Cold	S5170	U3
weekend	HDM Meal Weekend Frozen	S5170	U3

weekend	HDM Meal Weekend Hot	S5170	U3
weekend	HDM Meal Weekend Kosher	S5170	U3
weekend	HDM Meal Weekend or Holiday (B, L, or S) Cold	S5170	U3
weekend	HDM Meal Weekend or Holiday (B, L, or S) Frozen	S5170	U3
weekend	HDM Meal Weekend or Holiday (B, L, or S) Hot	S5170	U3
weekend	HDM Meal Weekend or Holiday (B, L, or S) Kosher	S5170	U3
weekend	HDM Meal Weekend or Holiday Chinese	S5170	U3
weekend	HDM Meal Weekend or Holiday Cold	S5170	U3
weekend	HDM Meal Weekend or Holiday Cold/Frozen Therapeutic	S5170	U3
weekend	HDM Meal Weekend or Holiday Frozen	S5170	U3
weekend	HDM Meal Weekend or Holiday Hindu/Veg	S5170	U3
weekend	HDM Meal Weekend or Holiday Hot	S5170	U3
weekend	HDM Meal Weekend or Holiday Kosher	S5170	U3
weekend	HDM Meal Weekend or Holiday Russian	S5170	U3
ER	HDM Meal Emergency Meal	S5170	U4
ER	HDM Meal Emergency Meal - Non-RDA	S5170	U4
ER	HDM Meal Emergency Meal - RDA	S5170	U4
ER	HDM Meal - 2 Meal Pack	S5170	U4
ER	HDM Meal - 3 Meal Pack	S5170	U4
ER	HDM Meal - 5 Meal Pack	S5170	U4
supplement	HDM Meal Supplement - Diet	S5170	U5
supplement	HDM Meal Supplement - Plus	S5170	U5
supplement	HDM Meal Supplement - Regular	S5170	U5
supplement	HDM Meal Supplement - Regular Alt	S5170	U5
supplement	HDM Meal Supplement - Renal	S5170	U5

Description	HCPCS Code	New Modifier as of 10/28/2019	Unit Type
Companion - 42+ Nights	S5135	U3	15 Minutes
Companion - 42+ Weekends	S5135	U2	15 Minutes
Home Health Aide - 42+ Nights	G0156	U3	15 Minutes
Home Health Aide - 42+ Weekends	G0156	U2	15 Minutes
Homemaker - 42+ Nights	S5130	U3	15 Minutes
Homemaker - 42+ Weekends	S5130	U2	15 Minutes
Homemaker - Nights	S5130	U3	15 Minutes
Homemaker - Weekends	S5130	U2	15 Minutes

Personal Care - 42+ Nights	T1019	U3	15 Minutes
Personal Care - 42+ Weekends	T1019	U2	15 Minutes
Personal Care - Nights	T1019	U3	15 Minutes
Personal Care - Weekends	T1019	U2	15 Minutes
Supportive Home Care Aide - 42+ Nights	S5125	U3	15 Minutes
Supportive Home Care Aide - 42+ Weekends	S5125	U2	15 Minutes
Supportive Home Care Aide - ADRD 42+ Nights	S5125	U3	15 Minutes
Supportive Home Care Aide - ADRD 42+ Weekends	S5125	U2	15 Minutes
Supportive Home Care Aide - ADRD Nights	S5125	U3	15 Minutes
Supportive Home Care Aide - ADRD Weekends	S5125	U2	15 Minutes
Supportive Home Care Aide - BH 42+ Nights	S5125	U3	15 Minutes
Supportive Home Care Aide - BH 42+ Weekends	S5125	U2	15 Minutes
Supportive Home Care Aide - BH Nights	S5125	U3	15 Minutes
Supportive Home Care Aide - BH Weekends	S5125	U2	15 Minutes
Supportive Home Care Aide - Nights	S5125	U3	15 Minutes
Supportive Home Care Aide - Weekends	S5125	U2	15 Minutes

Place of service

This policy applies to services rendered in the home setting.

Policy history

Origination date: September 18, 2017
 Previous revision date(s): N/A
 Connection date & details: November 2017 - Introduced policy.
 January 2019 – Annual review, no updates.
 January 2020 – Updated code tables.

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation

guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.