

Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid www.mass.gov/masshealth

# **Transmittal Letter ADH-29**

DATE: July 2025
TO: Adult Day Health Providers Participating in MassHealth
FROM: Leslie Darcy, Chief of Long Term Services and Supports Health Darcy

# **RE:** *Adult Day Health Manual*: Updates to Subchapter 6

#### Service Code Revisions

This letter transmits revisions to the service codes in the *Adult Day Health Manual*. Service codes S5105 and S5105 KZ are being removed from Subchapter 6 to align with updates to 101 CMR 310.00: *Rates for Adult Day Health Services*, effective July 1, 2025.

The rate regulation for Adult Day Health Services is 101 CMR 310.00: *Rates for Adult Day Health Services*.

### MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth-transmittal-letters.

Sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

### **Questions?**

- Call MassHealth at (800) 841-2900, TDD/TTY: 711
- Email us at provider@masshealthquestions.com

### New Material

The pages listed here contain new or revised language.

### Adult Day Health Manual

Pages vi, 6-1 and 6-2

## **Obsolete Material**

The pages listed here are no longer in effect.

### Adult Day Health Manual

Pages vi, 6-1 and 6-2 — transmitted by Transmittal Letter ADH-28

f MassHealth on Facebook in MassHealth on LinkedIn X MassHealth on X MassHealth on YouTube

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Table of Contents	<b>Page</b> vi
Adult Day Health Manual	Transmittal Letter ADH-29	<b>Date</b> 07/01/25

# 6. Service Codes and Descriptions

Service Codes and Descriptions: Adult Day Health Services
Appendix A. Directory
Appendix C. Third Party Liability Codes
Appendix D. Dementia Day ServicesD-1
Appendix T. CMSP-Covered Codes
Appendix U. DPH-Designated Serious Reportable Events that are Not Provider Preventable ConditionsU-1
Appendix V. MassHealth Billing Instructions for Provider Preventable ConditionsV-1
Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules
Appendix X. Family Assistance Copayments and DeductiblesX-1
Appendix Y. EVS Codes and Messages
Appendix Z. EPSDT/PPHSD Screening Services Codes

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-1
Adult Day Health Manual	Transmittal Letter ADH-29	<b>Date</b> 07/01/25

#### 601 Service Codes and Descriptions: Adult Day Health Services

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 404.000 and 450.000. An adult day health provider may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Adult Day Health Manual*.

<u>Service</u> Code	Modifier	Service Description
S5102		Day care services, adult; per diem. (Use for adult day health-basic level of care
\$5102	TG	services over three hours per day.) Day care services, adult; per diem. (Use for adult day health-complex level of care services over three hours per day.)
S5101		Day care services, adult; partial per diem. (Use for adult day health-basic level of care services up to three hours per day.)
S5101	TG	Day care services, adult; partial per diem. (Use for adult day health-complex level of care services up to three hours per day.)

#### 602 Service Codes and Descriptions: Transportation Services

See 130 CMR 404.413.

<u>Service</u> Code	Modifier	Service Description
T2003		Nonemergency transportation; non-wheelchair transportation; encounter/trip. (Use for transportation furnished on a single date or on consecutive dates. All transportation services must be billed as one-way trips; round trips should be billed as two one-way trips.)
T2003	U6	Nonemergency transportation; wheelchair transportation; encounter/trip. (Use for transportation furnished on a single date or on consecutive dates. All transportation services must be billed as one-way trips; round trips should be billed as two one-way trips.)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-2
Adult Day Health Manual	Transmittal Letter ADH-29	<b>Date</b> 07/01/25

This page is reserved.