# Transmittal Letter ADH-29



Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

[www.mass.gov/masshealth](https://www.mass.gov/orgs/masshealth)

**DATE:** July 2025

**TO:** Adult Day Health Providers Participating in MassHealth

**FROM:** Leslie Darcy, Chief of Long Term Services and Supports [signature of Leslie 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](http://www.mass.gov/masshealth-transmittal-letters).

[Sign up](https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters) 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](mailto: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The pages listed here are no longer in effect.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

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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.*

Service

Code Modifier Service Description

S5102 Day care services, adult; per diem. (Use for adult day health-basic level of care services over three hours per day.)

S5102 TG 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.

Service

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.)

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