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Adult Day Health Manual		

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.)
S5105	Day care services, center-based, services not included in program fee. (Use for admissions services: one-time lifetime payment per member enrolling in adult day health services for the first time, paid on or after the 45 th day of service. One-time-only claim per MassHealth ID.)
S5105 KZ	Day care services, center-based, services not included in program fee. (Use for re-engagement services: returning adult day health members who have not received center-based services during the period of March 24, 2020, through June 30, 2023. One-time-only claim per MassHealth ID on or after the 45 th day of service with sustainable re-engagement in site-based services.)

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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