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6. Service Codes and Descriptions

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601 Explanation of Definitions

Day Habilitation Admission Services: Services provided to ensure safe and appropriate care planning for day habilitation members enrolling in day habilitation services for the first time.

Day Habilitation Re-engagement Services: Services provided to ensure successful re-engagement of members who have not received site-based services during the period of March 24, 2020, through June 30, 2023.

Day Habilitation Services: Codes S5102, S5101, and S5100 (including use with all modifiers) are billable in per diem, half per diem, and quarter per diem units. The maximum allowable unit(s) for day habilitation services is one unit per claim date of service. The per diem unit must be used for service greater than three hours per day. The half per diem unit is used for service between 1.5 hours and three hours per day, and the quarter per diem is used for service under 1.5 hours per day. The maximum allowable units apply to day habilitation service codes only. See Service Code T2003 for minimum/maximum units allowed for non-emergency transportation services.

Leveling Tool: The Leveling Tool determines the member's qualifying needs while at DH, measured by the level of supports needed for the member to acquire, improve, or retain maximum skill levels and independent functioning. Members qualify for day habilitation (DH) services based on the clinical eligibility criteria in regulations at 130 CMR 419.403: *Eligible Members*. The different levels are as follows.

- (A) Level 1. MassHealth pays the Payment Level 1 rate to DH providers for each date of service billed for a clinically eligible member whose Leveling Tool score identifies them as Level 1.
- (B) Level 2. MassHealth pays the Payment Level 2 rate to DH providers for each date of service billed for a clinically eligible member whose Leveling Tool score identifies them as Level 2.
- (C) Level 3. MassHealth pays the Payment Level 3 rate to DH providers for each date of service billed for a clinically eligible member whose Leveling Tool score identifies them as Level 3.
- (D) Level 4. MassHealth pays the Payment Level 4 rate to DH providers for each date of service billed for a clinically eligible member whose Leveling Tool score identifies them as Level 4. Members who live in an NF and have a Level II PASRR will qualify as Level 4. Members whose SNA demonstrates a need for six hours a day of nursing will be in Level 4 if the nursing services are delivered by the DH; additional documentation regarding nursing duties will be required.
- (E) Leveling Adjustment. The skilled service needs related to nursing, performed by a continuous skilled nurse contracted to provide services to an individual member in a one-to-one capacity throughout the entire day, are not considered qualifying DH needs for the purpose of the Leveling Tool.

Transportation Services, Non-Emergency

Code T2003 (including use with all modifiers), which are effective January 19, 2024, are denoted for non-emergency transportation, defined as the method by which a member is brought from their home to the day habilitation provider or from the day habilitation provider to the member's home. Transportation service includes assisting the member while they enter and exit the vehicle, as appropriate. A member's home may include a temporary housing environment such as a shelter or transitional housing.

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The approved rates are listed in 101 CMR 348.03(5) and require prior authorization.

602 Service Codes and Descriptions: Day Habilitation 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 419.000 and 450.000. A day habilitation provider must request prior authorization for all 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 *Day Habilitation Manual*.

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
S5102	U1	Day care services, adult, per diem-day habilitation, community based, level 1
S5102	U2	Day care services, adult, per diem-day habilitation, community based, level 2
S5102	U3	Day care services, adult, per diem-day habilitation, community based, level 3
S5102	U4	Day care services, adult, per diem-day habilitation, community based, level 4
S5101	U1	Day care services, adult, half per diem-day habilitation, community based, level 1
S5101	U2	Day care services, adult, half per diem-day habilitation, community based, level 2
S5101	U3	Day care services, adult, half per diem-day habilitation, community based, level 3
S5101	U4	Day care services, adult, half per diem-day habilitation, community based, level 4
S5100	U5, U1	Day care services, adult, quarter per diem-day habilitation, community based, level 1
S5100	U5, U2	Day care services, adult, quarter per diem-day habilitation, community based, level 2
S5100	U5, U3	Day care services, adult, quarter per diem-day habilitation, community based, level 3
S5100	U5, U4	Day care services, adult, quarter per diem-day habilitation, community based, level 4
S5105		Day care services, center-based, services not included in program fee. Use for admission services. One-time lifetime payment per member enrolling in day habilitation 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, for returning day habilitation 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 center-based services.

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602 Service Codes and Descriptions: Day Habilitation Services (cont.)

Service

Code Modifier Service Description

T2003		Nonemergency transportation, non-wheelchair (ambulatory) transportation. 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.
T2003	U7	Nonemergency transportation, monitor 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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