

| | | |
|---|---|-------------------------|
| Commonwealth of Massachusetts MassHealth Provider Manual Series Day Habilitation Manual | Subchapter Number and Title Table of Contents | Page vi |
| | Transmittal Letter DH-31 | Date 01/19/24 |

6. Service Codes and Descriptions

| | |
|--|-----|
| 601. Explanation of Definitions | 6-1 |
| 602. Service Codes and Descriptions | 6-2 |
| Appendix A. Directory | A-1 |
| Appendix C. Third-Party Liability Codes | C-1 |
| Appendix T. CMSP-Covered Codes | T-1 |
| Appendix U. DPH-Designated Serious Reportable Events That Are Not Not Provider Preventable Conditions | U-1 |
| Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions | V-1 |
| Appendix W. EPSDT Services: Medical Protocol and Periodicity Schedule | W-1 |
| Appendix X. Family Assistance Copayments and Deductibles | X-1 |
| Appendix Y. EVS Codes and Messages | Y-1 |
| Appendix Z. EPSDT/PPHSD Screening Services Codes | Z-1 |

| | | |
|---|---|-------------------------|
| Commonwealth of Massachusetts MassHealth Provider Manual Series Day Habilitation Manual | Subchapter Number and Title 6. Service Codes and Descriptions | Page 6-1 |
| | Transmittal Letter DH-31 | Date 01/19/24 |

601 Explanation of Definitions

A day habilitation member is rated as a “low-need,” “moderate-need,” or “high-need” member based on their score on the Day Hab Leveling Tool.

- (A) Low-Need Member — scores between 1 and 41.
- (B) Moderate-Need Member — scores between 42 and 71.
- (C) High-Need Member — scores 72 or higher.

Day Habilitation Admission Services: provided to ensure safe and appropriate care planning for day habilitation members enrolling in day habilitation services for the first time. One-time-only claim per MassHealth ID.

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. One-time-only claim per MassHealth ID on or after the 45th day of service with sustainable re-engagement in site-based services.

Community-Based 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 in-facility transportation services.

Codes T1019 (including use with all modifiers), which are effective October 1, 2022, are denoted for Individualized Support Services (ISS). Certain qualifying individuals may need supplemental one-to-one care to enable their participation in the day habilitation program.

The approved supplemental rates are listed in 101 CMR 348.03(6) and require prior authorization.

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.

| | | |
|---|---|-------------------------|
| Commonwealth of Massachusetts MassHealth Provider Manual Series Day Habilitation Manual | Subchapter Number and Title 6. Service Codes and Descriptions | Page 6-2 |
| | Transmittal Letter DH-31 | Date 01/19/24 |

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 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 *Day Habilitation Manual*.

| <u>Service Code</u> | <u>Modifier</u> | <u>Service Description</u> |
|---------------------|-----------------|--|
| S5102 | | Day care services, adult, per diem (day habilitation, community based, low need) |
| S5102 | TF | Day care services, adult, per diem, intermediate level of care (day habilitation, community based, moderate need) |
| S5102 | TG | Day care services, adult, per diem, complex/high tech level of care (day habilitation, community based, high need) |
| S5102 | 22 | Day care services, adult, per diem, unusual procedural services (supplemental staffing for members who reside in a nursing facility and attend a community-based day habilitation program) |
| S5101 | | Day care services, adult, half per diem (day habilitation, community based, low need) |
| S5101 | TF | Day care services, adult, half per diem, intermediate level of care (day habilitation, community based, moderate need) |
| S5101 | TG | Day care services, adult, half per diem, complex/high tech level of care (day habilitation, community based, high need) |
| S5101 | 22 | Skills training and development, half per diem, unusual procedural services (supplemental staffing for members who reside in a nursing facility and attend a community-based day habilitation program) |
| S5100 | U5 | Day care services, adult, quarter per diem (day habilitation, community based, low need) |
| S5100 | U5 TF | Day care services, adult, quarter per diem, intermediate level of care (day habilitation, moderate need) |
| S5100 | U5 TG | Day care services, adult, quarter per diem, complex/high tech level of care (day habilitation, community based, high need) |
| 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: 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.) |

| | | |
|---|---|-------------------------|
| Commonwealth of Massachusetts MassHealth Provider Manual Series Day Habilitation Manual | Subchapter Number and Title 6. Service Codes and Descriptions | Page 6-3 |
| | Transmittal Letter DH-31 | Date 01/19/24 |

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

Service

| <u>Code</u> | <u>Modifier</u> | <u>Service Description</u> |
|-------------|-----------------|--|
| T1019 | | Individualized Staffing Support (ISS) – Direct care/program staff, per 15 minutes |
| T1019 | TE | ISS – Licensed Practical Nurse (LPN), per 15 minutes |
| T1019 | TD | ISS – Registered Nurse (RN), per 15 minutes |
| T1019 | CG | Interim Prior Authorization (PA): ISS – Direct care/program staff, per 15 minutes |
| T1019 | TE CG | Interim PA: ISS – Licensed Practical Nurse (LPN), per 15 minutes |
| T1019 | TD CG | Interim PA: ISS – Registered Nurse (RN), per 15 minutes |
| 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.) |
| 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.) |

In-Facility Services

| | | |
|-------|----|--|
| S5102 | U1 | Skills training and development, per diem (Use modifier U1 to denote day habilitation in a nursing facility with a staff-to-participant ratio of 1:2 or 1:3.) |
| S5102 | U2 | Skills training and development, per diem (Use modifier U2 to denote day habilitation in a nursing facility with a staff-to-participant ratio of 1:1.) |
| S5101 | U1 | Skills training and development, half per diem (Use modifier U1 to denote day habilitation in a nursing facility with a staff-to-participant ratio of 1:2 or 1:3.) |
| S5101 | U2 | Skills training and development, half per diem (Use modifier U2 to denote day habilitation in a nursing facility with a staff-to-participant ratio of 1:1.) |

| | | |
|---|---|-------------------------|
| Commonwealth of Massachusetts MassHealth Provider Manual Series Day Habilitation Manual | Subchapter Number and Title 6. Service Codes and Descriptions | Page 6-4 |
| | Transmittal Letter DH-31 | Date 01/19/24 |

This page is reserved.