




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



MassHealth
Transmittal Letter HCBS-2
August 2013

TO: Home- and Community-Based Services Waiver Service Providers
Participating in MassHealth

FROM: Kristin L. Thorn, Acting Medicaid Director 

RE: *Home- and Community-Based Services (HCBS) Waiver Manual* (Adoption of New HCBS Service Codes, Descriptions, and Modifiers)

This letter transmits the newly established Subchapter 6 of the *Home- and Community-Based Services Waiver Manual*. Subchapter 6 provides service codes, descriptions, and modifiers for the home- and community-based services (HCBS) waiver services program.

The regulations for these programs (130 CMR 630.000) are provided as Subchapter 4 of the HCBS provider manual and went into effect retroactive to April 1, 2013, as emergency regulations. Subchapter 4 was transmitted by Transmittal Letter HCBS-1.

Subchapters 1 through 3 contain the MassHealth Administrative and Billing Regulations (130 CMR 450.000). These regulations apply to all MassHealth providers. Subchapter 5 contains Administrative and Billing Instructions, which also apply to all providers.

MassHealth Website

The *Home- and Community-Based Services Waiver Manual* is maintained on the MassHealth website. Go to www.mass.gov/masshealthpubs. Click on Provider Library, then on MassHealth Provider Manuals. This transmittal letter is also available in the Provider Library of the MassHealth website.

Questions

If you have any questions about the information in this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Home- and Community-Based Services Waiver Manual

Pages vi and 6-1 through 6-4

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Home- and Community-Based Services Waiver Manual

None

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601 Introduction

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 450.000 and 630.000.

For complete descriptions of the service codes listed in Subchapter 6 of the *Home- and Community-Based Services Waiver Manual*, providers must refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

602 Early Periodic Screening, Diagnosis and Treatment (EPSDT) Services

An HCBS waiver services 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 member enrolled in a home- and community-based services waiver who is younger than 21 years of age, even if the service is not designated as covered or payable in Subchapter 6 of the *Home- and Community-Based Services Waiver Manual*.

603 Modifiers for the Money Follows the Person (MFP) Waivers

The following service code modifiers are allowed for billing under MassHealth. See Subchapter 5 of the *Home- and Community-Based Services Waiver Manual* for billing instructions related to the use of modifiers.

<u>MFP Modifiers</u>	<u>Modifier Description</u>
U8	MFP Community Living (MFP-CL) Waiver
U9	MFP Residential Supports (MFP-RS) Waiver
U1	Agency Provider
U2	Individual Provider
UB	Self-Directed Worker

Definitions for Money Follows the Person (MFP) Waivers, the MFP Community Living (MFP-CL) waiver, and the MFP Residential Supports (MFP-RS) waiver, can be found in MassHealth regulations at 130 CMR 630.000. Definitions for Agency, Individual Provider, and Self-Directed Worker can be found in Executive Office of Health and Human Service (EOHHS) regulations at 101 CMR 357.00.

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604 Service Codes and Descriptions for Money Follows the Person (MFP) Waiver Services

<u>Service Code</u>	<u>First Position Modifier</u>	<u>Second Position Modifier</u>	<u>Service Description</u>
S5135	U8		adult companion care; per 15 minutes (Agency)
S5125	U8	UB	adult companion, attendant care; per 15 minutes (Individual and Self-directed)
T2031	U9		assisted living services, waiver; per diem
S5120	U8	U1, U2, or UB	chore services; per 15- minutes
S5110	U8 or U9	U1 or U2	residential and community family training, home care; per 15 minutes
S5102	U8		day services, adult; per diem
S5165	U8 or U9	U1 or U2	home accessibility adaptations, modifications; per service
G0156	U8		services of a home health aide in a home health setting; per 15 minutes
S5130	U8	U1, U2, or UB	homemaker services; per 15 minutes
H0043	U8		independent living supports, supported housing; per diem
S5108	U8 or U9		individual support and community habilitation, skills training; per 15 minutes (Agency)
H2014	U8 or U9	UB	individual support and community habilitation, skills training; per 15 minutes (Individual Provider and Self-directed)
S9129	U8 or U9	U1 or U2	occupational therapy, in the home; per visit
H0038	U8 or U9	U1, U2, or UB	peer support, self-help/peer services; per 15 minutes
T1019	U8	U1, U2, or UB	personal care services; per 15 minutes
S9131	U8 or U9	U1 or U2	physical therapy, in the home; per visit
T2018	U8 or U9		prevocational services, habilitation, waiver; per diem
T2019	U8 or U9		prevocational services; per 15 minutes
T2016	U9		residential habilitation, waiver; per diem

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604 Service Codes and Descriptions for Money Follows the Person (MFP) Waiver Services (cont.)

<u>Service Code</u>	<u>First Position Modifier</u>	<u>Second Position Modifier</u>	<u>Service Description</u>
H0045	U8		respite care not in the home, waiver; per diem
H2016	U8		shared home supports, comprehensive community support services; per diem
T2033	U9		shared living - 24 hour support, residential care, waiver; per diem
G0154	U8 or U9		skilled nursing services of a licensed nurse in a home health setting; per visit
T2029	U8 or U9		specialized medical equipment; per service
S9128	U8 or U9	U1 or U2	speech therapy, in the home; per visit
H2023	U8 or U9		supported employment; per 15 minutes
T1004	U8		supportive home care aide; per 15 minutes
T2003	U8 or U9		nonemergency transportation; per encounter/one-way trip
T2039	U8		vehicle modification, waiver; per service

605 Modifiers for the Acquired Brain Injury (ABI) Waivers

The following service code modifiers are allowed for billing under MassHealth. See Subchapter 5 of the *Home and Community-Based Services Waiver Manual* for billing instructions related to the use of modifiers.

<u>ABI Modifiers</u>	<u>Modifier Description</u>
U4	ABI Non-Residential Habilitation (ABI-N) Waiver
U5	ABI Non-Residential Habilitation (ABI-N) Waiver

Definitions for the Acquired Brain Injury (ABI) Waivers, the ABI Residential Habilitation (ABI-RH) waiver, and the ABI Non-Residential Habilitation (ABI-N) waiver can be found in MassHealth regulations at 130 CMR 630.000. Definitions for Agency and Self-employed Provider can be found in Executive Office of Health and Human Service (EOHHS) regulations at 101 CMR 357.00.

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606 Service Codes and Descriptions for Acquired Brain Injury (ABI) Waiver Services

<u>Service Code</u>	<u>Modifier</u>	<u>Service Description</u>
S5135	U4	adult companion care; per 15 minutes (Agency Provider)
S5125	U4	adult companion, attendant care; per 15 minutes (Self-employed Provider)
S5120	U4	chore services, per 15 minutes
S5102	U4 or U5	day services, adult; per diem
S5165	U4	home accessibility adaptations, modifications; per service
S5130	U4	homemaker services, per 15 minutes
S5108	U4	individual support and community habilitation, skills training; per 15 minutes (Agency Provider)
H2014	U4	individual support and community habilitation, skills training; per 15 minutes (Self-employed Provider)
S9129	U4 or U5	occupational therapy, in the home; per visit
T1019	U4	personal care services; per 15 minutes
S9131	U4 or U5	physical therapy, in the home; per visit
T2016	U5	residential habilitation, waiver; per diem
H0025	U4	respite care not in the home, waiver; per diem
T2029	U4 or U5	specialized medical equipment; per service
S9198	U4 or U5	speech therapy, in the home; per visit
H2023	U4 or U5	supported employment; per 15 minutes
T2038	U4 or U5	transitional assistance; per service
T2003	U4 or U5	non-emergency transportation; per encounter/one-way trip