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| Commonwealth of Massachusetts MassHealth Provider Manual Series Home- and Community-Based Services Waiver Manual | Subchapter Number and Title 6. Service Codes | Page 6-1 |
| | Transmittal Letter HCBS-3 | Date 04/01/13 |

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).

Section 603 lists the modifiers for the Money Follows the Person (MFP) waiver services.

Section 604 lists service codes and descriptions for Money Follows the Person (MFP) waiver services.

Section 605 lists the modifiers for Acquired Brain Injury (ABI) waivers.

Section 606 lists the service codes and descriptions for the Acquired Brain Injury (ABI) waiver services.

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.

| <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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|---|--|-------------------------|
| Commonwealth of Massachusetts MassHealth Provider Manual Series Home- and Community-Based Services Waiver Manual | Subchapter Number and Title 6. Service Codes | Page 6-2 |
| | Transmittal Letter HCBS-3 | Date 04/01/13 |

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 and U9 | | day services, adult; per diem |
| S5165 | U8 or U9 | | 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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|--|--|-------------------------|
| Commonwealth of Massachusetts MassHealth Provider Manual Series | Subchapter Number and Title 6. Service Codes | Page 6-3 |
| | Transmittal Letter HCBS-3 | Date 04/01/13 |

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.

| <u>ABI Modifiers</u> | <u>Modifier Description</u> |
|----------------------|---|
| U4 | ABI Non-Residential Habilitation (ABI-N) Waiver |
| U5 | ABI Residential Habilitation (ABI-RH) 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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|---|--|-------------------------|
| Commonwealth of Massachusetts MassHealth Provider Manual Series Home- and Community-Based Services Waiver Manual | Subchapter Number and Title 6. Service Codes | Page 6-4 |
| | Transmittal Letter HCBS-3 | Date 04/01/13 |

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) |
| T2031 | U5 | assisted living services, waiver; per diem |
| 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 |
| H0045 | U4 | respite care not in the home, waiver; per diem |
| T2033 | U5 | shared living – 24-hour support, residential care, waiver; per diem |
| T2029 | U4 or U5 | specialized medical equipment; per service |
| S9128 | 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 | nonemergency transportation; per encounter/one-way trip |