



<b>Payment Policy:</b> Adult Day Health Services (ADH)		
<b>Original Date Approved:</b> 7/8/2019	<b>Effective Date</b> 01/01/2019	<b>Date Revised:</b> N/A
<b>Scope:</b> Commonwealth Care Alliance (CCA) Product Lines: <input checked="" type="checkbox"/> <u>Senior Care Options</u> <input checked="" type="checkbox"/> <u>One Care</u>		

**PAYMENT POLICY SUMMARY:**

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As defined by 130 CMR 404.402, Adult Day Health is a community based and non-residential service that provides nursing care, supervision, and health-related support services in a structured group setting to members who have physical, cognitive, or behavioral impairments.

**ADULT DAY HEALTH REQUIREMENTS:**

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**Eligibility Requirements:** ADH services have been ordered by the patient’s PCP, the patient has one or more chronic or post-acute medical, cognitive, or mental health condition(s) identified by the patients PCP that require active monitoring, treatment, or intervention, and ongoing observation and assessment by a nurse, without which the patient’s condition will likely deteriorate.

**REFERRAL/NOTIFICATION/PRIOR AUTHORIZATION REQUIREMENTS:**

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*Authorization is required for all Adult Day Health Services. For more information, please see the Provider Manual [Section 4: Covered Services & Prior Authorization Requirements](#)*

**BILLING AND CODING GUIDELINES:**

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CCA will use current industry standard procedure codes throughout their processing systems. The Health Insurance Portability & Accountability Act (HIPAA) Transaction and Code Set Rule requires providers to use the code(s) that are valid at the time the service is provided. Providers must only use industry standard code sets and must use specific HCPCS and CPT codes when available.

Reimbursement will be made at the per diem rate for Adult Day Health services.

Please note: Billing should only be submitted for authorized services. **A Complex level of service should not be submitted, if CCA has only provided authorization for Basic services. Two different levels of service should never be submitted for the same date.**

When billing for multiple dates of service, please submit the correct date range for the “from” and “to” dates with the appropriate amount of units that correspond with those dates. **Unauthorized services billed, Duplicate billing of Complex and Basic services on the same date of service, and overlapping dates will result in denial of services.**

(Ex: 01/01/20XX – 01/03/20XX S5102 3 units)

<b>Covered Services</b>	<b>Place of Service</b>	<b>Code</b>	<b>Unit of Measure</b>
Adult Day Health-Basic	11,49,99	S5102	Per Diem
Adult Day Health-Complex	11,49,99	S5102-TG	Per Diem
Adult Day Health- Day Services	11,49,99	S5102-UD	Per Diem

**RELATED SERVICE POLICIES:**

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Skilled Nursing Facilities

Homemaker Services

Adult Foster Care

**DISCLAIMER:**

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As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

**REFERENCES:**

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Mass Health Adult Day Health Manual 130 CMR 404.000

[Commonwealth Care Alliance](#)

**POLICY TIMELINE DETAILS**

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1. April 2019 Drafted