



**PROVIDER REIMBURSEMENT GUIDANCE**

**Adult Day Health Services (ADH)**

| Original Date Approved | Effective Date SCO/ICO | Effective Date MAPD* | Revision Date |
|------------------------|------------------------|----------------------|---------------|
| 07/08/2019             | 04/01/2022             |                      |               |

|  |   |  |  |
|--|---|--|--|
| <b>Scope:</b> Commonwealth Care Alliance (CCA) Product Lines |   |  |  |
| <input checked="" type="checkbox"/> Senior Care Options (MA) | <input type="checkbox"/> CCA Medicare Preferred – (PPO) RI* |  |  |
| <input checked="" type="checkbox"/> One Care (MA)            | <input type="checkbox"/> CCA Medicare Value - (PPO) RI*     |  |  |
| <input type="checkbox"/> CCA Medicare Preferred – (PPO) MA*  | <input type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*  |  |  |
| <input type="checkbox"/> CCA Medicare Value - (PPO) MA*      |   |  |  |

**PAYMENT POLICY SUMMARY:**

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 impair.

**ADULT DAY HEALTH REQUIREMENTS:**

**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 patient’s 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:**

Authorization is required for all Adult Day Health Services. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

**BILLING AND CODING GUIDELINES:**

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 number of units that correspond with those dates.



**Note\*\***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 S5102 3 Units)

| Covered Services               | Place of Service | Code     | Unit of Measure |
|--------------------------------|------------------|----------|-----------------|
| 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, 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](#)

Payment Policies:  
[Massachusetts](#) / [Rhode Island](#)

Provider Manuals:  
[Massachusetts](#) / [Rhode Island](#)

Prior Authorization Forms:  
[Massachusetts](#) / [Rhode Island](#)

**POLICY TIMELINE DETAILS:**

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1. Drafted: January 2022
2. Approved: February 2022
3. Implemented: April 2022