

Adult Day Health Services Payment Policy

Applicability

This Policy applies to the following Fallon Health products:

- Fallon Medicare Plus
- MassHealth ACO
- NaviCare HMO SNP
- Summit ElderCare PACE
- Fallon Health Weinberg PACE
- Community Care

Policy

The Plan covers Adult Day Health Services for NaviCare and PACE (Program of All-Inclusive Care for the Elderly) members.

NaviCare

Adult Day Health (ADH) is a structured, daytime program offered in community settings to individuals who face challenges related to physical health, cognitive function, complex medical conditions, or behavioral health. It is designed to provide clinical oversight, personal care, and therapeutic engagement in a non-residential environment. ADH includes transportation to and from the program site.

All ADH Programs must meet Massachusetts Department of Public Health Licensure of Adult Day Health Programs Regulations 105 CMR 158.000.

The ADH Program must maintain administrative records as outlined in 105 CMR 158.031 and the daily attendance records may be requested by Fallon Health to verify claims submitted for payment. These records must be provided within seven (7) days of request by Fallon Health.

NaviCare members may attend ADH Programs when the ADH Program is:

- Contracted with a Massachusetts Aging Services Access Point (ASAP) agency contracted with Fallon Health – In this case, the ASAP is responsible for reimbursing the ADH Program); or
- Contracted with Fallon Health – In this case, Fallon Health will reimburse the ADH Program.

Adult Day Health Services When a NaviCare Member Elects Hospice

In accordance with MassHealth Adult Day Health Bulletin 37 (May 2023), NaviCare members who elect hospice may also choose to receive ADH services if the ADH services are not related to the member's terminal illness, are not equivalent to or duplicative of hospice services, and are provided in accordance with all the requirements for ADH services, including eligibility criteria. The ADH provider must coordinate services with the member's hospice provider and obtain signed notification from the hospice provider that the ADH program is not providing services related to the member's terminal illness and that the ADH services to be provided are not equivalent to or duplicative of hospice services. The ADH and hospice providers must both maintain documentation of the coordination of services in the member's record.

PACE: Summit ElderCare and Fallon Health Weinberg

For PACE participants, Adult Day Health services must have prior authorization from the participant's PACE Care Team and coordinated through the PACE site.

The PACE Care Team is a foundation of support for the Plan participant. It includes the participant as the primary member of the team, with the member's PCP and their Care Team as core supports to maintain the member's well-being.

Eligible plan members that are participants in ADH medical models must be nursing home eligible and be able to safely live in the community. They must require physical assistance for at least two activities of daily living (ADLs).

Reimbursement

NaviCare

The following services are reimbursed:

- ADH at the payment level that has been authorized by the Plan.
 - The Plan pays the Basic Payment Level rate for each date of service billed that the member meets the basic clinical eligibility criteria for ADH and the provider meets at least one of the qualifying needs of the member while the member is in attendance at the ADH program.
 - The Plan pays the Complex Payment Level rate for each date of service billed that the member meets the complex clinical eligibility criteria for ADH and the requirements of 130 CMR 404.414(D)(2) are met
- ADH transportation services that have been authorized by the Plan. ADH transportation provides for transporting members from the member's home to the ADH provider or from the ADH provider to the member's home, including assisting the member while entering and exiting the vehicle, as appropriate. The transportation plan must be documented in the Participant Enrollment Agreement pursuant to 105 CMR 158.034(D)(5).

The Plan does not reimburse any of the following:

1. For any portion of a day during which the member is receiving services provided by a home health agency that are duplicative of services covered under ADH;
2. When the member is a resident or inpatient of a hospital, nursing facility, or intermediate care facility for the intellectually disabled; except on dates of admission and discharge;
3. When the ADH services have not received prior authorization from the the Plan;
4. For any canceled program days or any time periods missed by a member for any reason;
5. For any portion of a day during which the member is absent from the site, unless the program documents that the member was receiving services from the program staff outside of the ADH program in a community setting.
6. For ADH transportation for members on days where the member does not have an ADH service claim for ADH attendance that day.

PACE: Summit Eldercare and Fallon Health Weinberg

The following service is reimbursed:

- ADH that is provided by Plan-contracted providers and has been prior authorized.

Referral/notification/prior authorization requirements

NaviCare members: Prior authorization is required for both Adult Day Health (ADH) and ADH transportation services. Requests for prior authorization must be submitted to Fallon Health.

PACE Participants (including Summit ElderCare and Fallon Health Weinberg): Prior authorization is required for ADH services. Authorization must be obtained from the participant's PACE Care Team, and services must be coordinated through the participant's PACE site.

Prior authorization determines the medical necessity for ADH and also specifies the level of payment for ADH.

Billing/coding guidelines

NaviCare and Summit ElderCare PACE

Claims for ADH services must be submitted at the approved level of care utilizing modifiers as required for the approved level of care.

Only one ADH service may be billed for a member per day.

HCPCS codes S5100 and S5100 TG are not payable effective 7/1/2021.

Elimination of span date billing: Effective for dates of service on or after May 1, 2022, ADH providers must bill for ADH services using one claim line for each date of service (for additional information see MassHealth Adult Day Health Bulletin 33 (May 2022).

ADH Transportation: All ADH transportation services must be billed as one-way trips; round trips should be billed as two one-way trips. ADH transportation services must be billed with POS 41.

Adult Day Health Admission and Re-engagement Services - One-time payments for Adult Day Health Admission Services (S5105) and Re-engagement Services (S5105 KZ) pursuant to 101 CMR 310.00 are excluded from the Plan's coverage of Adult Day Health. Claims for such services are paid directly by MassHealth in accordance with MassHealth Adult Day Health Bulletin 38 (July 2023).

Code	Modifier	Description
S5101		Day care services, adult; per diem (Use for ADH Basic Level of Care up to three hours per day)
S5101	TG	Day care services, adult; per diem (Use for ADH Complex Level of Care services up to three hours per day)
S5102		Day care services, adult; per diem (Use for ADH Basic Level of Care services over three hours per day)
S5102	TG	Day care services, adult; per diem (Use for ADH Complex Level of Care services over three hours per day)
T2003		Non-emergency transportation; non-wheelchair transportation; encounter/trip
T2003	U6	Nonemergency transportation; wheelchair transportation; encounter/trip.

Fallon Health Weinberg PACE

Services must be submitted in the following manner, or per contract terms.

Code	Modifier	Description
S5102		Day care services, adult; per diem

Place of service (POS)

This policy applies to services rendered in ADH settings.

Policy history

Origination date: 04/01/2015
 Previous revision date(s): 07/01/2015 – Introduced policy.
 05/01/2016 - Annual review.
 Connection date & details: July 2017 - Updated NaviCare and FHW requirements.
 October 2018 – Updated NaviCare reimbursement section.
 April 2020 – Updated Policy, Prior Authorization and Billing and Coding sections related to COVID-19 temporary telehealth coverage.
 May 2020 – Update Policy and Billing and Coding sections related to COVID-19 temporary retainer payments.
 July 2020 – Updated termination date of COVID-19 retainer payments
 October 2020 – Updated Policy and Billing and Coding sections related to COVID-19 remote ADH services and 3-hour day attendance.
 January 2022 – Updated NaviCare billing and coding guidelines.

July 2026 – Updated reimbursement and billing/coding guidelines; removed telehealth provisions no longer applicable due to the end of the COVID-19 public health emergency).

The criteria listed above apply to Fallon Health Plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.