

Reimbursement Policy

Aging Service Access Points (ASAP)

Policy Number: 2128

Version Number: 4

Version Effective Date: 05/01/2022

Product Applicability

All Plan+ Products

Well Sense Health Plan

- NH Medicaid
- NH Medicare Advantage

Boston Medical Center HealthNet Plan

- MassHealth MCO
- MassHealth ACO
- Qualified Health Plans/ConnectorCare/Employer Choice Direct
- Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan reimburses covered services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

Prior-Authorization

Please refer to the Plan's Prior Authorization Requirements Matrix at www.bmchp.org.

Definitions

Aging Service Access Points - An agency that is contracted to provide a variety of coordinated home-care & community based services to qualified seniors, individuals with disabilities, their families, and caregivers.

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Provider Reimbursement

The Plan reimburses contracted ASAP agencies for the coordination and delivery of services per contract terms. The ASAP should submit claims with the appropriate coding and invoice requirements specified in their contract and the terms of this policy.

The following list is an example of services that may be administered through the ASAP:

- Alzheimer’s Day Program Services
- Case Management
- Chore Services
- Companion Services
- Consumer Directed Services
- Environmental Accessibility and Adaptations
- Grocery Shopping and Delivery
- Home Delivered Meals
- Homemaker
- Laundry Services
- Medication Management
- Orientation and Mobility
- Peer Support
- Personal Care Services
- Personal Emergency Response System (PERS)
- Respite Care
- Supportive Day Program
- Supportive Home Care Aide
- Translation/Interpretation Services

Applicable Coding and Billing Guidelines

Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

HCPCS/CPT	Description
Alzheimer’s Dementia Coaching	
S5111	Home care training, family; per session
Case Management	
T1016	Case management, per 15 minutes

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HCPCS/CPT	Description
S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team (use for initial assessment)
S0250 TS	Comprehensive geriatric assessment and treatment planning performed by assessment team (use for reassessment)
T2023	Case Management, per month
T2038	Transitional Assistance, per service
99429	Completion of MH Application for Redetermination, per session
Chore Services	
S5120	Chore services, per 15 minutes
Companion Services	
S5135	Companion care, adult; per 15 minutes
Consumer Directed Services	
T1019 U1	Personal care services, per 15 minutes, Consumer Directed Service
T1023 U1	Intake and Orientation, per service, Consumer Directed Service
T1023 U2	Re-evaluation, per service, Consumer Directed Service
Environmental Accessibility Adaptations	
S5165	Environmental Accessibility Adaptation; per service
Grocery Shopping and Delivery	
S5121	Grocery Shopping and Delivery, per diem
Home Delivered Meals	
S5170	Home delivered meals, including preparation; per meal
Homemaker	
S5130	Homemaker service, NOS; per 15 minutes
Laundry Services	
S5175	Laundry service, external, professional; per order
Medication Management	
A9279	Medication Dispensing System (monthly)
A9901	Home Delivery of Pre-Packaged Medication
T5999	Medication Dispensing System (Install)
Orientation and Mobility Services	

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HCPCS/CPT	Description
H2021	Orientation & Mobility, per 15 minutes
Peer Support	
H0038	Peer Support, per 15 minutes
Personal Care Services	
T1019	Personal care services, per 15 minutes, Personal Care
T1020	Personal care services, per month, Administrative Task Fee
Personal Emergency Response System (PERS)	
99600	Wanderer/Locator (One-time Registration)
E0700	Home Based Wandering Response (Monthly)
S5160	PERS - Cellular with Fall Detection (Install)
S5161	PERS - Cellular with Fall Detection (Monthly)
T2028	PERS - Home Based Wandering Response System (Install)
Respite Care	
H0045	Respite care services, per diem
T2025	Education Services (Multiple)
Supportive Day Program	
S5101	Adult Day Health – Basic Level of Care, Per 3 Hours
Supportive Home Care Aide	
S5125	Supportive Home Care Aide services; per 15 minutes
Translation/ Interpretation Service	
T1013	Sign language or oral interpretive services, per visit
T1013 U1	Translation Coordination Service, per occurrence

Policy History

Original Approval Date	Original Effective Date	Policy Owner	Approved by
11/11/2015	01/01/2016	Payment Policy	SCO Product Subgroup

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Policy Revisions History

Review Date	Summary of Revisions	Revision Effective Date	Approved by
02/19/2019	Annual Review	04/01/2019	Payment Policy Committee
04/20/2021	Annual Review, coding changes	05/15/2021	Payment Policy Committee
04/19/2022	Annual Review	05/01/2022	Payment Policy

Other Applicable Policies

- General Billing and Coding Guidelines, 2136
- General Clinical Editing and Payment Accuracy Review Guidelines, 2137
- Personal Care Management Services, 2149
- Personal Care Attendant, 2148
- Adult Day Health, 2126
- Adult and Group Foster Care, 2127

References

- 101 CMR 309.00: Rates for Certain Services for the Personal Care Attendant Program
- 651 CMR 14.00: Department of Elder Affairs Aging Service Access Points
- Commonwealth of Massachusetts Home and Community Based Services Manual
- Contract for Senior Care Organizations by and Between the Executive Office of Health and Human Services and Boston Medical Center Health Plan, Inc.

Disclaimer Information

This Policy provides information about the Plan's reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member's benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.

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