Reimbursement Policy

Adult Day Health

Policy Number: 2126
Version Number: 6
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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

Activities of Daily Living (ADL) — fundamental personal care tasks performed daily as part of an individual's routine self-care. ADLs include, but are not limited to eating, toileting, dressing, bathing, transferring, and mobility/ambulation.

⁺ *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Adult Day Health Services (ADH) —community-based and non-residential services such as nursing, assistance with activities of daily living, social, therapeutic, recreation, nutrition at a site outside the home, and transportation to a site outside the home.

Skilled Services - services ordered by a physician that fall within the professional disciplines of nursing, physical, occupational, and speech therapy.

Provider Reimbursement

The Plan will reimburse Adult Day Health (ADH) providers for members enrolled in an ADH program and are provided one or both of the following:

- At least one skilled service; or
- At least daily or on a regular basis hands-on (physical) assistance or cueing and supervision, throughout the entire activity, with one or more qualifying Activities of Daily Living (ADL).

Qualifying Activities of Daily Living (ADL) for ADH Services

The following list of ADLs represent qualifying activities for receipt of ADH services:

- Bathing—a full body bath or shower or a sponge (partial) bath which may include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back and peri-area that may include personal hygiene such as combing or brushing of hair, oral care, shaving, and when applicable applying make-up;
- Toileting—member is incontinent (bladder or bowel) or requires scheduled assistance or routine catheter or colostomy care;
- Transferring—member must be assisted or lifted to another position;
- Mobility (ambulation) —member must be physically steadied, assisted or guided in mobility, or is unable to self-propel a wheelchair appropriately without the assistance of another person; and
- Eating—member requires constant supervision and cueing during the entire meal or physical assistance with a portion or all of the meal.
- Mobility: physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment;
- Assistance with medications or other health-related needs: physically assisting a member to take medications prescribed by a physician that otherwise would be self-administered;
- Bathing or grooming: physically assisting a member with bathing, personal hygiene, or grooming;
- Dressing: physically assisting a member to dress or undress;
- Passive range-of-motion exercises: physically assisting a member to perform range-of-motion exercises;
- Eating: physically assisting a member to eat. This can include assistance with tube-feeding and special nutritional and dietary needs; and
- Toileting: physically assisting a member with bowel or bladder needs.

Levels of Care

Medically necessary ADH services are reimbursed a daily or per diem rate based on one of two levels of care provided to a member by an ADH provider: Basic or Complex. If a member attends for less than six hours a day, the ADH program must bill using the appropriate billing codes for units of service of less than one day.

Basic Payment Level

The Plan reimburses the Basic Rate for each date of service billed where the ADH provider provides at least one skilled service or one of the Qualifying ADLs for the member while the member is in attendance at the ADH program.

Complex Payment Level

The Plan reimburses the Complex Rate for each date of service billed when the ADH provider provides one of the following two (2) options numbered below:

1. At least one Skilled Service while in attendance at the ADH of the following services only:
   - Intravenous, intramuscular, or subcutaneous injection, or intravenous feeding;
   - Nasogastric-tube, gastrostomy, or jejunostomy feeding;
   - Short-term nasopharyngeal aspiration and tracheostomy care.
   - Treatment and/or application of dressings when the physician has prescribed irrigation, the application of medication, or sterile dressings of deep decubitus ulcers, other widespread skin disorders, or care of wounds, when the skills of a registered nurse are needed to provide safe and effective services;
   - Administration of oxygen on a regular and continuing basis when the member's medical condition warrants skilled observation;
   - Insertion, sterile irrigation, and replacement of catheters, care of a suprapubic catheter

2. A combination of at least three Qualifying ADLs and Skilled Services which must include at least ONE (1) Skilled Service noted in the above Basic Payment Level or any of the additional skilled services listed below while in attendance at the ADH:
   - Administration oversight, and management of medication by a licensed nurse including monitoring of dose, frequency, response and adverse reactions;
   - Evaluation, implementation, oversight and supervision by a licensed nurse of a behavior management plan and staff intervention required to manage, monitor, or alleviate the following types of behavior:
     - Wandering
     - Verbally or physically abusive behavioral symptoms
     - Socially inappropriate or disruptive behavioral symptoms
     - Inability to self-manage care
     - Pattern of disordered thinking, impaired executive functioning, confusion, delusions or hallucinations, impairing judgment and decision-making leading to lack of safety

awareness and unsafe behavior and requiring frequent intervention during the day to maintain safety.

- Medically necessary measurements of intake and output based on medical necessity to monitor and manage a chronic medical condition
- Gait evaluation and training administered or supervised by a registered physical therapist
- Physical, speech/language, occupational, or other therapy that is provided as part of a planned program that is designed, established, and directed by a qualified therapist

Transportation

The Plan will reimburse the ADH provider a one-way encounter rate for transporting an enrollee to and from the ADH site. Round trips should be reported as two one-way trips. Transportation provided by other transportation providers is reimbursed by the Plan's contracted vendor, One Call Government Solutions, LLC.

Service Limitations

The Plan does not reimburse for the following adult day health services:

- Any portion of a day during which the member is receiving services provided by a Home Health Agency while the member is in attendance at the ADH that are duplicative of services covered under ADH
- Members who reside in a facility-based setting
- Any canceled program days or any time periods missed by a member
- 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 adult day health site in a community setting
- Transportation for members on days where the member does not have an ADH service claim for ADH attendance that day

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	Time Unit	Level of Care/Description	Comment
S5100	Per 15 Minutes	Basic Level of Care	Use for services of less than six hours per day
S5102	Per Day	Basic Level of Care	Use for services of six or more hours per day

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HCPCS	Time Unit	Level of Care/Description	Comment
S5100-TG	Per 15 Minutes	Complex Level of Care	Use for services of less than six hours per day
S5102-TG	Per Day	Complex Level of Care	Use for services of six or more hours per day
T2003	Encounter/Trip	Non-Emergency Transportation	Use for transportation furnished on a single date or on consecutive dates. All transportation services must be billed as one-way trips; round trips should be billed as two one-way trips.

Policy History

Original Approval Date	Original Effective Date	Policy Owner	Approved by
10/21/2015	01/01/2016	Payment Policy	SCO Product Subgroup

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date**	**Approved by**
03/19/2019	Annual Review	05/01/2019	Payment Policy Committee
01/21/2020	Changed for ADLs and Removal of HPP Level of Care	04/01/2020	Payment Policy Committee
5/12/2020	Updated the Plan's contracted non-emergent transportation vendor to One Call Government Solutions, LLC.	06/01/2020	Payment Policy Committee
06/15/2021	Annual review, no changes	07/01/2021	Payment Policy Committee
04/19/2022	Annual Review, no changes	05/01/2022	Payment policy Committee

Other Applicable Policies

- General Billing and Coding Guidelines, 2186
- General Clinical Editing and Payment Accuracy Review Guidelines, 2137
- Aging Services Access Points (ASAP), 2128

References

- MassHealth, Subchapter 4 Adult Day Health Provider Manual
- MassHealth, Subchapter 6 Adult Day Health Service Codes and Descriptions
- MassHealth 130 CMR 404.00: Adult Day Health Services
- MassHealth 101 CMR 310.00: Adult Day Health Services

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.