

Applies to:**Commercial Products**

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
- Tufts Health RITogether – A Rhode Island Medicaid Plan
- Tufts Health One Care – A dual-eligible product

Senior Products

- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
- Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Tufts Health Plan covers medically necessary home- and community-based services (HCBS) including, but not limited to, adult day health (ADH), adult foster care (AFC), and Personal Care (PCA) services, in accordance with the member's benefits and MassHealth regulations.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting Provider Services.

Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the Referral, Prior Authorization and Notification chapter of the Senior Products Provider Manual.

HCBS services require notification to the Tufts Health Plan SCO Care Manager. Providers should contact Provider Services at 800-279-9022 to identify the appropriate Care Manager.

Billing Instructions

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Effective for dates of service beginning Oct. 1, 2024, claim lines that do not match the authorized number of days and level of care will be denied.

Effective for dates of service beginning March 1, 2025, Adult Day Health (ADH) providers contracted with an Aging Service Access Point (ASAP) servicing members in the ASAP service area must submit claims for services rendered to the respective ASAP. ADH providers who are contracted with Tufts Health Plan but are either not contracted with an ASAP or are servicing members outside the contracted ASAP service area may continue to submit claims directly to Tufts Health Plan with an approved ADH referral.

Codes

| Code | Modifier(s) | Description | Unit |
|--------------------------------|-------------|--|----------------|
| Adult Day Health (ADH) | | | |
| S5101 | | Adult Day Health (ADH) | Per 3 hours |
| S5101 | TG | Adult Day Health (ADH), complex level of care | Per 3 hours |
| S5102 | | Adult Day Health (ADH) | Per diem |
| | TG | Adult Day Health (ADH), complex level of care | |
| T2003 | | Non-Emergency Transportation, non-wheelchair | Encounter/trip |
| T2003 | U6 | Non-Emergency Transportation, wheelchair | Encounter/trip |
| Personal Care (PCA) | | | |
| T1019 | | Fiscal intermediary (FI) services as part of the individualized treatment plan (not to be used for services provided by home health aide or certified nurse assistant) | Per 15 minutes |
| T1020 | | Personal care services; FI administrative charge | Per diem |
| T1023 | | Screening to determine appropriateness of individual participation in a specified program, project, or treatment protocol, per encounter (maximum three consecutive months) | Per month |
| T2022 | | Case management, per month; functional skills training | Per month |
| Adult Foster Care (AFC) | | | |
| S5140 | | Adult Foster Care - Level I | Per diem |
| | TF | Adult Foster Care - Level I Alternative Placement | |
| | U6 | Adult Foster Care - Level I (medical leave of absence [MLOA]) | |
| | U7 | Adult Foster Care - Level I (non-medical leave of absence [NMLOA]) | |
| | TG | Adult Foster Care - Level II | |
| | U5 | Adult Foster Care - Level II Alternative Placement | |
| | TG U6 | Adult Foster Care - Level II MLOA | |
| | TG U7 | Adult Foster Care - Level II NMLOA | |
| T1028 | | Assessment of home, physical, and family environment, to determine suitability to meet patient's medical needs (adult foster care intake and assessment services rate; one-time payment per member per provider) | Per diem |

Compensation/Reimbursement Information

Providers are compensated according to the applicable network contracted rates and applicable fee schedules.

Effective for DOS beginning March 1, 2025, ADHs that submit claims through ASAPs will be compensated by the ASAPs rather than Point32Health.

Additional Resources

MassHealth Provider Manuals

- [Adult Foster Care \(AFC\)](#)
- [Adult Day Health \(ADH\)](#)
- [Personal Care \(PCA\)](#)

Document History

- December 2024: Updated billing requirements for ADH providers, effective for DOS beginning March 1, 2025
- August 2024: Policy created to support existing HCBS authorization and billing requirements for Tufts Health Plan SCO members

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication 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 requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.