

Community-Based Services Duals Members Only

Policy

Mass General Brigham Health Plan reimburses medically necessary Community-Based Services for dual-eligible (Medicare & Medicaid) members. The CMS Home and Community Based Services Settings Community Rule ensures that Home and Community Based Services (HCBS) waiver participants have access to the benefits of community living, and that they live and receive services in integrated, non-institutional settings.

Reimbursement

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Mass General Brigham Health Plan reimbursement is based on the line of business, unless otherwise specified within the medical policies; please follow the guidelines based on membership type. Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the Mass General Brigham Health Plan payment policy and by the provider's agreement with Mass General Brigham Health Plan. Member liability amounts may include but are not limited to: copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirement information can be located [here](#).

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, Revenue and ICD-10 codes and definitions.

Refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

Mass General Brigham Health Plan reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global

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allowance, are not eligible for separate reimbursement. Please refer to the [General Coding and Billing](#) guidelines for more information.

All claims are subject to audit services, and medical records may be requested from the provider.

Modifiers

Modifier	Modifier Description
U8	Community Living Waiver
U9	Residential Supports Waiver
U1	Agency Provider
U2	Individual Provider
UB	Self-Directed Waiver

Service Codes and Descriptions

Code	First Position Modifier	Second Position Modifier	Service Description
S5135	U8		adult companion care; per 15 minutes (Agency)
S5125	U8	UB	adult companion, attendant care; per 15 minutes (Individual and Self-directed)
T2031	U9		assisted living services, waiver; per diem
S5120	U8	U1, U2, or UB	chore services; per 15 minutes
S5110	U8 or U9	U1 or U2	residential and community family training, home care; per 15 minutes
S5102	U8 and U9		day services, adult; per diem
S5165	U8 or U9		home accessibility adaptations, modifications; per service
G0156	U8		services of a home health aide in a home health setting; per 15 minutes
S5130	U8	U1, U2, or UB	homemaker services; per 15 minutes
H0043	U8		independent living supports, supported housing; per diem
S5108	U8 or U9		individual support and community habilitation, skills training; per 15 minutes (Agency)

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H2014	U8 or U9	UB	individual support and community habilitation, skills training; per 15 minutes (Individual Provider and Self-directed)
S9129	U8 or U9	U1 or U2	occupational therapy, in the home; per visit
H0038	U8 or U9	U1, U2, or UB	peer support, self-help/peer services; per 15 minutes
T1019	U8	U1, U2, or UB	personal care services; per 15 minutes
S9131	U8 or U9	U1 or U2	physical therapy, in the home; per visit
T2018	U8 or U9		prevocational services, habilitation, waiver; per diem
T2019	U8 or U9		prevocational services; per 15 minutes
T2016	U9		residential habilitation, waiver; per diem
H0045	U8		respite care not in the home, waiver; per diem
H2016	U8		shared home supports, comprehensive community support services; per diem
T2033	U9		shared living – 24-hour support, residential care, waiver; per diem
G0154	U8 or U9		skilled nursing services of a licensed nurse in a home health setting; per visit
T2029	U8 or U9		specialized medical equipment; per service
S9128	U8 or U9	U1 or U2	speech therapy, in the home; per visit
H2023	U8 or U9		supported employment; per 15 minutes
T1004	U8		supportive home care aide; per 15 minutes
T2003	U8 or U9		nonemergency transportation; per encounter/one-way trip
T2039	U8		vehicle modification, waiver; per service

Related Policies

[General Coding and Billing](#)

[Prior Authorization, Notification and Referral Guidelines](#)

References

American Medical Association, *CPT current year, Professional Edition*

American Medical Association, *HCPCS Level II, current year, Professional Edition*

[CMS, Overview of Home, and Community-Based Services Fact Sheet](#)

[MassHealth Provider Manual Series, All Provider Manuals](#)

[MassHealth Provider Manual Series, Home- and Community-Based Services Waiver Manual](#)

[MassHealth HCBS Adoption of New HCBS Service Codes, Descriptions and Modifiers](#)

Publication History

Topic: Community-Based Services	Owner: Network Management
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January 1, 2026

Original documentation

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification, and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan ' payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers 'contract(s);

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scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.