

Day Habilitation Services Duals Members Only

Policy

Mass General Brigham Health Plan reimburses medically necessary day habilitation services for dual-eligible (Medicare & Medicaid) members. A day habilitation provider must request prior authorization for all medically necessary, reimbursable services.

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 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.

Definitions:

Day Habilitation: Service for individuals with an intellectual disability (ID) or a developmental disability (DD) that is based on a day habilitation service plan (DHSP) that sets forth measurable goals and objectives, and prescribes an integrated program of activities and therapies necessary to reach stated goals and objectives.

Day Habilitation Admission Services: Services provided to ensure safe and appropriate care planning for day habilitation members enrolling in day habilitation services for the first time.

Day Habilitation Re-engagement Services: Services provided to ensure successful re-engagement of members who have not received site-based services during the period of March 24, 2020, through June 30, 2023.

Day Habilitation Services: Codes S5102, S5101, and S5100 (including use with all modifiers) are billable in per diem, half per diem, and quarter per diem units. The maximum allowable unit(s) for day habilitation services is one unit per claim date of service. The per diem unit must be used for service greater than three hours per day. The half per diem unit is used for service between 1.5 hours and three hours per day, and the quarter per diem is used for service under 1.5 hours per day. The maximum allowable units apply to day habilitation service codes only. See Service Code T2003 for minimum/maximum units allowed for non-emergency transportation services.

Service Codes and Descriptions

Code	Modifiers	Description
S5102	U1	Day care services, adult, per diem-day habilitation, community based, level 1
S5102	U2	Day care services, adult, per diem-day habilitation, community based, level 2
S5102	U3	Day care services, adult, per diem-day habilitation, community based, level 3
S5102	U4	Day care services, adult, per diem-day habilitation, community based, level 4
S5101	U1	Day care services, adult, half per diem-day habilitation, community based, level 1
S5101	U2	Day care services, adult, half per diem-day habilitation, community based, level 2
S5101	U3	Day care services, adult, half per diem-day habilitation, community based, level 3

Provider Payment Guidelines

S5101	U4	Day care services, adult, half per diem-day habilitation, community based, level 4
S5100	U5, U1	Day care services, adult, quarter per diem-day habilitation, community based, level 1
S5100	U5, U2	Day care services, adult, quarter per diem-day habilitation, community based, level 2
S5100	U5, U3	Day care services, adult, quarter per diem-day habilitation, community based, level 3
S5100	U5, U4	Day care services, adult, quarter per diem-day habilitation, community based, level 4
S5105		Day care services, center-based, services not included in program fee. Use for admission services. One-time lifetime payment per member enrolling in day habilitation services for the first time, paid on or after the 45th day of service. One-time-only claim per MassHealth ID.
S5105	KZ	Day care services, center-based, services not included in program fee. Use for reengagement services, for returning day habilitation members who have not received center-based services during the period of March 24, 2020, through June 30, 2023. One-time-only claim per MassHealth ID on or after the 45th day of service with sustainable re-engagement in center-based services.
T2003		Nonemergency transportation, non-wheelchair (ambulatory) 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.
T2003	U6	Nonemergency transportation, wheelchair transportation, encounter/trip. 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.
T2003	U7	Nonemergency transportation, monitor transportation, encounter/trip. 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.

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

Publication History

Topic: Day Habilitation 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

Provider Payment Guidelines

policy formulation takes into consideration a variety of factors including: the terms of the participating providers 'contract(s); 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.