Mass General Brigham
Health Plan

Medical Policy
Adult Day Health

Policy Number: 090

	Commercial and Qualified Health Plans	Mass General Brigham ACO	Medicare Advantage	One Care	Senior Care Options (SCO)
Authorization Required				X	X
No Prior Authorization					
Not Covered	X	X	X		

Overview
This document describes the guidelines Mass General Brigham Health Plan uses to determine medical necessity for adult day health services.

Criteria (One Care and SCO only)
Mass General Brigham Health Plan covers adult day health (ADH) services for its One Care and SCO members only who are 18 years of age or older and meet the following clinical eligibility criteria:

1. A representative from the member's Individualized Care Team ordered ADH; and
2. The member has one or more chronic or post-acute medical, cognitive, or mental health condition(s) identified by the member's PCP that require active monitoring, treatment, or intervention and ongoing observation and assessment by a nurse, without which the member's condition will likely deteriorate; and
3. The member requires the ADH program to provide one or both of the following:
    a. at least one skilled service from 130 CMR 404.405(B): Skilled Services (see Definitions below); or
    b. assistance with one or more qualifying ADLs from 130 CMR 404.405(C): Qualifying Activities of Daily Living for ADH Services (see Definitions below), in which the member either requires hands-on physical assistance with the ADL activity, or the member can perform the ADL activity, but requires cueing and supervision throughout the performance of the task to complete it. The ADL assistance must be needed at least daily or on a regular basis at the ADH.

Exclusions:

1. Any portion of a day during which the member is receiving services considered duplicative;
2. When the member is a resident or inpatient of a hospital, nursing facility, or intermediate care facility for the intellectually disabled; except on admission and discharge dates;
3. If the provider has not received prior authorization;
4. For any canceled program days or time periods missed for any reason; and

5. For 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 ADH program in a community setting.

Medicare Variation
Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs), and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, Medicare had no NCD or LCDs for adult day health services.**

MassHealth Variation
Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham's most recent policy review, MassHealth had**

- **Guidelines for Medical Necessity Determination of Adult Day Health (ADH) Services.**

One Care and SCO Variation
Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its One Care and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or from MassHealth, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations.

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Authorized Code	Code Description
S5101	Day care services, adult; per half day
S5102	Day care services, adult; per diem

Definitions
Skilled Services: Per MassHealth, the following are examples of skilled services:

1. Intravenous, intramuscular, or subcutaneous injection or intravenous feeding.
2. Nasogastric-tube, gastrostomy, or jejunostomy feeding.
3. Nasopharyngeal aspiration and tracheostomy care. However, long-term care of a tracheotomy tube does not indicate the need for skilled services.
4. Treatment, wound care and/or application of dressings to wounds including, but not limited to, ulcers, burns, open surgical sites, fistulas, tube sites, and tumor erosions when the skills of a registered nurse are needed. This includes physician-prescribed irrigation, topical application of medication, and/or use of sterile dressings for the treatment of conditions such as deep decubitus ulcers or other skin disorders.

5. Administration of oxygen on a regular and continuing basis when the member's medical condition warrants skilled observation (for example, when the member has chronic obstructive pulmonary disease or pulmonary edema).

6. Skilled-nursing intervention including observation, evaluation or assessment, treatment and management to prevent exacerbation of one or more chronic medical and/or behavioral conditions at high risk for instability. Intervention must be needed at frequent intervals throughout the day.

7. Skilled nursing for management and evaluation of the member's care plan when underlying conditions or complications require that only a registered nurse can ensure that essential unskilled care is achieving its purpose. The complexity of the unskilled services that are a necessary part of the medical treatment must require the involvement of skilled nursing personnel to promote the member's recovery and safety, and the stabilization of their complex social determinants of health. Examples include nutritional planning, administration of special diets, and nutritional cueing, supervision and monitoring for members with the need for special diets; supervision and cueing or hands on assistance with maintaining appropriate fluid intake; or implementing and monitoring a positioning schedule as written in the care plan.

8. Insertion, sterile irrigation, and replacement of catheters, care of a suprapubic catheter, or, in selected residents, a urethral catheter. A urethral catheter, particularly one placed for convenience or for control of incontinence, does not justify a need for skilled nursing care. However, the insertion and maintenance of a urethral catheter as an adjunct to the active treatment of disease of the urinary tract may justify a need for skilled-nursing care. In such instances, the need for a urethral catheter must be documented and justified in the member's medical record (for example, cancer of the bladder or a resistant bladder infection).

9. Administration, oversight, and management of medication by a licensed nurse including monitoring of dose, frequency, response and adverse reactions.

10. 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:
    a. wandering: moving with no rational purpose, seemingly oblivious to needs or safety; ongoing exit seeking behaviors; or elopement or elopement attempts;
    b. verbally abusive behavioral symptoms: threatening, screaming, or cursing at others;
    c. physically abusive behavioral symptoms: hitting, shoving, or scratching;
    d. socially inappropriate or disruptive behavioral symptoms: disruptive sounds, noisiness, screaming, self-abusive acts, disrobing in public, smearing or throwing food or feces, rummaging, repetitive behavior, eating non-food items, or causing general disruption, including difficulty in transitioning between activities;
    e. inability to self-manage care;
    f. 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.

11. Measurements of intake and output based on medical necessity to monitor and manage a chronic medical condition.

12. Gait evaluation and training administered or supervised by a registered physical therapist while at the ADH provider for members whose ability to walk has recently been impaired by a neurological, muscular, or skeletal abnormality following an acute condition (for example, fracture or stroke). The plan must be designed to achieve specific goals within a specific timeframe.

13. Certain range-of-motion exercises may constitute skilled physical therapy only if they are part of an active treatment plan for a specific state of a disease that has resulted in restriction of mobility (physical-therapy notes showing the degree of motion lost and the degree to be restored must be documented in the member's medical record).

14. Hot pack, hydrocollator, paraffin bath, or whirlpool treatment will be considered skilled services only when the member's condition is complicated by a circulatory deficiency, areas of desensitization, open wounds, fractures, or other complications. Skilled Service 15. 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. The findings of an initial evaluation and periodic reassessments must be documented in the member's medical record. Skilled therapeutic services must be ordered by a physician and be designed to achieve specific goals within a given timeframe.

Activities of Daily Living: Per MassHealth, the following are qualifying activities of daily living:

1. Bathing. The member must need assistance with taking a full-body (front, back, upper and lower body) bath or shower or a sponge (partial) bath that may include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back and peri-area. In addition, the ADH provider may assist a member with personal hygiene such as combing or brushing of hair, oral care (including denture care and brushing of teeth), shaving, and, when applicable, applying make-up. Merely washing an individual's hands and face or assisting with personal hygiene alone does not meet clinical eligibility for receipt of ADH.

2. Toileting. The member must be incontinent of bladder and/or bowel or require scheduled assistance or routine catheter or colostomy/urostomy care.

3. Transferring. The member must need assistance or must be lifted to move from one position to another. For example, the member requires assistance to move from a wheelchair to the commode.

4. Mobility (ambulation). The member must need to be physically steadied, assisted or guided during ambulation, or is unable to self-propel a wheelchair appropriately without the assistance of another person.

5. Eating. The member must require constant supervision and cueing during the entire meal or the member needs to be physically assisted in eating (fed) for all or a portion of a meal. For example, eating would be a qualifying ADL for members who are physically capable of eating but have a cognitive impairment that requires constant cueing and supervision to eat, but eating would not be a qualifying ADL for members who need help only with cutting up food or another type of set-up. In addition, eating is not a qualifying ADL if the Member just has a limited diet, such as a member with diabetes.

Related Policies:

- Adult Foster Care
- Day Habilitation
- Definition of Skilled Care
- Group Adult Foster Care
- Home Health Care
- Personal Care Attendant Services

Effective Dates
January 2026: Effective date.

References

101 CMR 310.000 Rates for Adult Day Health Services https://www.mass.gov/regulations/101-CMR-31000-rates-for-adult-day-health-services

105 CMR 158.000 Licensure of Adult Day Health Programs https://www.mass.gov/doc/105-cmr-158-licensure-of-adult-day-health-programs/download

130 CMR 404.000 MassHealth Provider Manual Series Adult Day Health Manual https://www.mass.gov/doc/adult-day-health-regulations-0/download

MassHealth Guidelines for Medical Necessity Determination of Adult Day Health (ADH) Services https://www.mass.gov/doc/guidelines-for-medical-necessity-determination-for-adult-day-health-adh-0/download