Medical Policy

Adult Medical Day Care

Policy Number: OCA 3.716
Version Number: 14
Version Effective Date: 08/01/21

Product Applicability	☐ **All Plan+ Products**
Well Sense Health Plan	**Boston Medical Center HealthNet Plan**
☒ Well Sense Health Plan	☐ MassHealth ACO
	☐ MassHealth MCO
	☐ 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 considers adult medical day care services provided by an adult medical day care program (also known as an adult day program) for medically frail and/or elderly members to be **medically necessary** when Plan medical criteria are met. Prior authorization is required.

It will be determined during the Plan's prior authorization process if the service is considered medically necessary for the requested indication. The Plan's *Medically Necessary* medical policy, policy number OCA 3.14, includes product-specific definitions of medically necessary treatment. See the following Plan medical policies for related services for Well Sense Health Plan members: *Home Health Care Services for an Acute Episode of Care* medical policy, policy number OCA 3.720; *Home Health Care for Maintenance Services* medical policy, policy number OCA 3.730; *Personal Care Assistant Services* medical policy, policy number OCA 3.721; and *Private Duty Nursing Services* medical policy, policy number OCA 3.715.

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Review the member's applicable benefit documents available at www.wellsense.org for benefit coverage (and age-specific guidelines) of adult medical day care services.

Description of Item or Service

Adult Medical Day Care Program (Adult Day Program): A coordinated program offering health, therapeutic, and social activities in a supportive or group environment for individuals with cognitive and/or functional impairments. These programs also serve as a source of transitional care, short-term rehabilitation following hospitalization, and for chronic disease management. An individualized treatment plan (care plan) for adult medical day care services is developed based on an assessment of the participant, as described in the New Hampshire Code of Administrative Rules for Adult Day Care Providers section He-P 818.16. The care plan must document the participant's individualized needs and be in accordance with written orders from the participant's licensed practitioner, and in consultation with personnel, the participant, and the participant's guardian, agent or personal representative, if any, as a result of the assessment and for the provision of care and services. Required services in an adult medical care program are provided for fewer than 12 hours per day for participants 18 years of age and older,* and include ALL of the following services, as specified below in items 1 through 8:

1. Nutrition and dietary services;* AND
2. Health and safety services;* AND
3. Nursing care and health supervision;* AND
4. Personal care services (assistance with activities of daily living);* AND
5. Recreational,* social, cognitive, and physical stimulation/activities; AND
6. Social services, including case management;* AND
7. Specialized transportation to and from the adult medical day care program to the member's residence, excluding ambulance or wheelchair van transport;*‡ AND
8. Rehabilitation* for maintenance level physical, occupational, speech therapy, and/or other therapeutic services as assessed and established by a professional therapist and rendered by trained personnel and includes repetitive therapeutic services required to maintain (stabilize) maximum functional capacity.*

Notes:

* Policy language based on New Hampshire Department of Health and Human Services Code of Administrative Rules He-E 803 and/or He-P 818. The adult medical day care program must be

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licensed in New Hampshire and meet all program requirements pursuant to RSA 151, He-P 818, and He-E 803 to treat Plan members.

‡ Non-emergent transportation services rendered by a provider other than specialized transportation to and from the adult medical day care program to the member's residence (as a component of the adult medical day care program) are administered according to the prior authorization guidelines specified in the Plan's *Ambulance and Transportation Services* medical policy, policy number OCA 3.191. Review the Plan's applicable reimbursement policies for payment guidelines related to transportation services that include the following: *Adult Day Health* reimbursement policy, policy number SCO 4.20; *Adult Medical Day Care* reimbursement policy, policy number WS 4.10; *Ambulance* reimbursement policy, policy number SCO 4.113; and *Emergent Transportation* reimbursement policy, policy number WS 4.14.

Medical Policy Statement

All adult medical day care services require Plan prior authorization. Adult medical day care services are considered medically necessary when ALL of the following Plan medical criteria are met and documented in the member's medical record, as specified below as item 1 (Member Criteria) and item 2 (Center Criteria):

1. **Member Criteria**:

   ALL of the following member criteria are met, as specified below in items a through f:

   a. Member is age 18 years or older on the date of service;* AND

   b. Member has ONE (1) of the following independent living* situations, as specified below in items (1) through (4):

      (1) The member is living in own home or apartment; OR

      (2) The member is living in the home or apartment of a spouse/partner, relative, or friend;* OR

      (3) The member resides in a motel or hotel; OR

      (4) The member resides in a homeless shelter; AND

   c. Member has BOTH a physical examination (either as a component of a medical consultation or a routine, annual physical examination)* and a written orders/referral* (for adult medical day care services and includes a statement on the member's level of risk) documented in the member's medical record by the treating, appropriately licensed independent practitioner* (i.e., medical doctor [MD], doctor of osteopathy [DO], doctor of naturopathic medicine [ND]), physician assistant, or advanced practice registered nurse who

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is operating within the scope of the practitioner's license) within ONE (1) of the applicable timelines, as specified below in items (1) through (5):

(1) Physical examination and referral are completed and documented for the member within the past **60 calendar days*** of the new Plan authorization request to **initiate** adult medical day care services when the member has NOT previously attended adult medical day care services in the past; OR

(2) Physical examination and referral are completed and documented for the member within the past **60 calendar days*** of a new Plan prior authorization request for adult medical day care services if the member has NOT attended adult medical day care in the **past 30 calendar days or longer** (from the requested date of services for this new Plan authorization request for a new episode of care), but the member has **attended** adult medical day care services in the past; OR

(3) Physical examination and referral are completed and documented for the member within the past **12 calendar months** of a Plan authorization request for **ongoing and continuous** adult medical day care services when the member is already **enrolled** in an adult medical day care program, even if the member is newly enrolled in the Plan; OR

(4) Physical examination and referral are completed and documented for the member within the past **12 calendar months** of the Plan prior authorization request for **extended**/additional adult medical day care services (after the Plan has authorized a prior request for adult medical day care services) when the member is already **enrolled** in an adult medical day care center, but adult medical day care services are NOT expected to be ongoing and continuous; OR

(5) Physical examination and referral are completed and documented for the member within **12 calendar months** of the Plan prior authorization request for an episode of care when a member has discontinued adult medical day care services for **less than the past 30 calendar days** of this new Plan prior authorization request and the treating, licensed independent practitioner has determined that reinstatement of adult medical day care services is medically necessary; AND

d. Member has been diagnosed as having an illness or disability* (as defined in the Definitions section of this Plan policy) and requires services provided by the adult medical day care center;* AND

e. Member is primarily seeking adult medical day care services to address a diagnosis NOT related to mental illness or developmental disability; AND

f. Member is in need of receiving adult medical day care services, as specified below in BOTH item (1) and item (2):

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(1) The member requires adult medical day care services for a **minimum of 4 hours per day*** **and a maximum number of hours that is FEWER than 12 hours per day**;*∞ AND

∞ Note: The number of hours of adult medical day care services per day excludes the time spent in transit to and from the adult medical day care center and/or time spent on services not included in the per diem rate, as specified in the Plan's *Adult Medical Day Care* reimbursement policy, policy number WS 4.10.

(2) The member requires adult medical day care services on a regularly occurring basis* **at least 1 or more days per week**; AND

2. **Center Criteria**:

ALL of the following center criteria are met by the adult medical day care program (also known as an adult day program*), as specified below in items a through c:

a. Following an evaluation of the member's needs, the adult medical day care center has developed an individualized treatment plan (care plan) with treatment goals* that include one (1) or more of the services provide by an adult medical day care program* (as specified in the Description of Item or Service section of this policy), with the care plan documenting the type and frequency of services needed and signed by the member's appropriately licensed independent practitioner); AND

b. **At least monthly** (or more frequently if there is significant changes in the member's health condition), the member is re-evaluated, progress toward treatment goals is documented, and the member's care plan and treatment goals are updated, as appropriate;* AND

c. Service is rendered at a facility licensed to provide adult medical day care,* as specified in Adult Medical Day Care Center and Adult Medical Day Care Services definitions included in the Definitions section of this policy.

* Note: Policy language based on New Hampshire Department of Health and Human Services Code of Administrative Rules He-E 803 and/or He-P 818.

Limitations

The Plan considers adult medical day care services NOT covered under ANY of the following circumstances for all applicable Plan products, as specified below in items 1 through 8:

1. The member is less than 18 years of age on the date of service.*

2. The member poses a danger to self or others.*

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3. Adult medical day care is provided for non-medical reasons◊ (i.e., to address a diagnosis related to mental illness or developmental disability*) and the member is primarily in need of mental health services or habilitation services* (rather than an illness or disability that requires adult medical day care services, as defined in the Definitions section of this policy).

4. The adult medical day care provider (and/or adult medical day care program) is unable to meet the needs of the member.*

5. The member requires adult medical day cares services **less than 4 hours per day* or 12 hours or more per day** (with the number of hours of adult medical day care services per day excluding the time spent in transit to and from the adult medical day care center and/or time spent on services not included in the per diem rate,* as specified in the Plan's *Adult Medical Day Care* reimbursement policy, policy number WS 4.10).

6. The member requires **less than four (4) hours** of adult medical day care services per day* or adult medical day care services are required less than one (1) day per week with the number of hours of adult medical day care services per day excluding the time spent in transit to and from the adult medical day care center and/or time spent on services not included in the per diem rate,* as specified in the Plan's *Adult Medical Day Care* reimbursement policy, policy number WS 4.10.

7. The member is receiving adult family care services and/or residential care services (e.g., member resides in either a nursing facility or other licensed or certified facility).◊

8. An appropriately licensed independent practitioner conducts and documents the member's physical examination, refers the member for adult medical day care services (when medically necessary), and evaluates and signs the member's care plan for participation in an adult medical day care program. These services must be rendered by an appropriately qualified licensed independent practitioner with diagnostic and prescriptive powers licensed by the appropriate state licensing board. The Plan defines an appropriately licensed independent practitioner as a medical doctor (MD), doctor of osteopathy (DO), doctor of naturopathic medicine (ND), physician assistant, or advanced practice registered nurse operating within the scope of the practitioner's license. Plan Medical Director review is required for individual consideration when the member's care is managed by another type of practitioner requesting adult medical day care services.

Notes:

* Policy language based on New Hampshire Department of Health and Human Services Code of Administrative Rules He-E 803 and/or He-P 818.

◊ Policy language based on New Hampshire Department of Health and Human Services Code of Administrative Rules He-E 801.16.

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Definitions

Activities of Daily Living (ADL): Basic daily routine tasks such as eating, transferring, toileting, bathing, dressing and self-management of medications.*

Adult Day Care: Services that offer medical supervision, care or treatment, or provide assistance in daily living activities, to three (3) or more individuals, whether operated for profit or not.

Adult Day Care Center: A facility that provides supervision, assistance with activities of daily living, recreational, social, and nutritional services to adults who need such assistance because of infirmity or physical or mental disability.

Adult Medical Day Care Center: A licensed facility providing adult medical day care services on an outpatient basis for the medically frail and/or elderly and complies with the guidelines specified in the Description of Item or Service section of this policy.

Adult Medical Day Care Services: Those services provided at an adult day care center to eligible participants in accordance with an individual treatment plan for 4 or more hours per day* up to a maximum of fewer than 12 hours per day,* on a regularly scheduled basis,* for 1 or more days per week. The number of hours of adult medical day care services provided per day excludes the time spent in transit to and from the adult medical day care center and/or time spent on services not included in the per diem rate,* as specified in the Plan's policy, *Reimbursement Guidelines – Adult Medical Day Care*, policy number WS 4.10.

Developmental Disability: A severe, chronic disability of an individual that is attributable to a mental or physical impairment or combination of mental and physical impairments. The condition is manifested before the individual reaches age 22 and is likely to continue indefinitely. The disability results in substantial functional limitations in three (3) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living (for adults), and economic self-sufficiency (for adults). Developmental disability is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.

Habilitation Services: Health care services that help a person keep, learn, or improve skills and functioning for daily living. These services are necessary to develop and maintain (stabilize) to the maximum extent practicable the functioning of an individual.

Illness or Disability: A long-term recurring or short-term physical, mental, or emotional condition that results in the inability of an individual to perform activities of daily living without the support of the adult medical day program.*

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Independent Living Situation: For the purpose of this policy and determining the medical necessity of adult medical day care services, an independent living situation means the member has one (1) of the following living arrangements, as specified below in items 1 through 4:

1. The member resides in a home or apartment; OR

2. The member resides in the home or apartment of a spouse/partner, relative, or friend; OR

3. The member resides in a motel or hotel; or

4. The member resides in a homeless shelter.*

Medically Frail: Individuals in frail health are those who have an acute and/or chronic medical problem that results in an inability to perform their normal activities of daily living or their daily routines, and which requires ongoing monitoring to prevent deterioration.

Rehabilitation Services: Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. Services are directed at restoring the physical, intellectual, emotional, and/or social functioning of an individual.

* Note: Policy language based on based on New Hampshire Department of Health and Human Services Code of Administrative Rules He-E 803 and/or He-P 818.

Applicable Coding

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United Stated by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Since the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Medical Policy Statement section and Limitation section of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in the

Applicable Coding section of this Plan policy. Coverage for services is subject to benefit eligibility under the member's benefit plan at the time of the requested service. Review the Plan's applicable reimbursement policy for billing and payment guidelines, including the *Adult Medical Day Care* reimbursement policy, policy number WS 4.10. The Well Sense Health Plan benefit documents, medical policies, and reimbursement policies are available at www.wellsense.org.

HCPCS Codes	Description: Codes Covered When Medically Necessary
S5102	Day care services, adult; per diem
T2003	Nonemergency transportation; encounter/trip

Clinical Background Information

The first adult day services program was a geriatric day hospital program established in 1960 in Greensboro, North Carolina. The program evolved to become a community service to meet caregivers' need for respite in order to work, fulfill other obligations, and recover from the demands of continuous care. Many caregivers who use adult day care are providing care to family members with dementia who need constant supervision to assure their safety. Adult day care services provide a secure environment, assistance with some activities of daily living (ADLs), and social interactions with others within a social model of care.

In the health or medical model, adult medical day care services provide skilled nursing and rehabilitation services aimed at helping participants achieve optimal physical and mental functioning, in addition to the services rendered in an adult day care program. Specialized medical models are targeted to specific groups, such as individuals with HIV/AIDS, multiple sclerosis, acquired brain injuries, or mental illness. Most adult day care programs and adult medical day care centers serve a large proportion of participants with some degree of cognitive impairment, but some programs specialize in the care of individuals with dementia.

Adult day care programs and adult medical day care services are of interest to states because of their potential to delay or prevent nursing home placement, in large part by supporting informal care giving. Informal caregivers are the backbone of the nation's long-term care system. Over 7 million Americans provide 120 million hours of care to about 4.2 million elderly persons with functional limitations each week. The estimated economic value of this care ranges from $45-$96 billion a year. Research has found that caregivers who experience stress and burden are more likely to institutionalize relatives suffering from dementia. Once the physical resources of caregivers decline and other home and community resources (paid or unpaid) are unavailable, nursing home placement is more likely.

States are also interested in the potential of adult day care services to reduce health care costs by providing health monitoring, preventive health care, and timely provision of primary care, particularly for individuals at risk for incurring high medical costs. These include elderly individuals who are dually eligible for Medicare and Medicaid (called dual eligible) who comprised 18 percent of all Medicare beneficiaries in 2000 but accounted for 24 percent of total Medicare spending. Similarly, in 2002, they represented 16 percent of all Medicaid enrollees but 42 percent of program spending. All states fund

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some form of adult day care services through either their Medicaid state plan or a waiver program, and in fiscal year 2005, Congress funded a Medicare demonstration of the provision of home health benefits in adult day care programs.

References

Administration on Intellectual and Developmental Disabilities (AIDD). UCEDD Resource Center.

Developmental Disabilities Nurses of New Hampshire. Frequent Questions (FAQ). What is the definition of "frail health?" What is the definition of "medically frail?" 2015 Nov.

Ellen ME, Demaio P, Lange A, Wilson MG. Adult Day Center Programs and Their Associated Outcomes on Clients, Caregivers, and the Health System: A Scoping Review. Gerontologist. 2017 Nov 10; 57(6):e85-94. doi: 10.1093/geront/gnw165. PMID: 28329856.

Fields NL, Anderson KA, Dabelko-Schoeny H. The effectiveness of adult day services for older adults: a review of the literature from 2000 to 2011. J Appl Gerontol. 2014 Mar;33(2):130-63. doi: 10.1177/ 0733464812443308. Epub 2012 Jun 4. PMID: 24652952.

Gaugler JE. The process of adult day service use. Geriatr Nurs. 2014 Jan-Feb;35(1):47-54. doi: 10.1016/j.gerinurse.2013.10.009. Epub 2013 Oct 16. PMID: 24239404.

Habilitation Benefits Coalition. Coverage of Habilitation Services and Devices in the Essential Benefits Package under the Affordable Care Act. Definition of habilitative. Definition of rehabilitative. 2011 Oct 25. Accessed at: http://www.aucd.org/docs/urc/TA%20Institute%202013/Habilitation%20White%20Paper%20(final)%20(D0391656)%20(3).pdf

Levinson DR. Inspector General. Medicaid Services Provided in an Adult Day Health Setting. U.S. Department of Health and Human Services. 2011 Jul. OEI-09-07-00500.

New Hampshire Department of Health and Human Services. Billing Manuals. Accessed at: https://nhmmis.nh.gov/portals/wps/portal/BillingManuals

New Hampshire Department of Health and Human Services. Provider Notices. Accessed at: https://www.dhhs.nh.gov/ombp/pharmacy/notices.htm

New Hampshire Medicaid. Adult Medical Day Program (AMDP). Provider Manual Volume II. 2017 Dec 1. Accessed at: https://nhmmis.nh.gov/portals/wps/wcm/connect/f820418040ce64a0aab1ff3e8fa48611/NH+Medicaid+rebranded+AMDP+1-29-18.pdf?MOD=AJPERES

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O'Keefe J, O'Keefe C, Shrestha M. Regulatory Review of Adult Day Services: Final Report, 2014 Edition. Office of the Assistant Secretary for Planning and Evaluation. US Department of Health and Human Services. 2014 Dec 1.

SeniorResource.com. Adult Day Care and Adult Day Health Care. Accessed at: https://www.seniorresource.com/adult-day-care/

Policy History

Original Approval Date	Original Effective Date and Version Number	Policy Owner	Original Policy Approved by
Regulatory Approval: N/A Internal Approval: 08/17/12: Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC) 09/06/12: Quality Improvement Committee (QIC)	01/01/13 Version 1	Medical Policy Manager as Chair of MPCTAC)	MPCTAC and QIC

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date and Version Number**	**Approved by**
05/01/13	Review with effective date 07/01/13. Added references. Updated Description of Item or Service, Medical Policy Statement, Definitions, Clinical Background Information, Limitations, and Reference sections. Added definitions for Medically Frail, Habilitation Services, and Rehabilitation Services. Referenced applicable Plan policies.	07/01/13 Version 2	05/15/13: MPCTAC 06/20/13: QIC
12/18/13	Ad hoc review for effective date 03/01/14. Updated applicable code list. Revised introductory paragraph in the Applicable Coding section.	03/01/14 Version 3	12/18/13: MPCTAC 12/19/13: QIC
05/01/14	Review for effective date 09/01/14. Revised Description of Item or Service, Definitions, and Summary sections. Reformatted and revised Medical Policy Statement section and Definitions section to specify that the number of hours of adult medical day care services per day excludes the time spent in transit to and from the adult medical day care center	09/01/14 Version 4	05/21/14: MPCTAC 06/11/14: QIC

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Policy Revisions History			
	and/or time spent on services not included in the per diem rate. Revised maximum number of hours for adult medical day care services from 12 hours per day to fewer than 12 hours per day, as specified in NH Code of Administrative Rules He-P 818.03(g). Added other types of licensed practitioners who may conduct a physical exam (in addition to a physician) to meet medical criteria, as specified in NH Code of Administrative Rules He-E 803 and He-P 818. Changed the term “mental retardation” to “developmental disability” in the Medical Policy Statement and Limitations sections. Updated references. Added age-specific limitation for NH Health Protection Program.		
05/01/15	Review for effective date 09/01/15. Updated template. Revised criteria in the Medical Policy Statement section and Limitations section. Updated References, Summary, and Definitions sections.	09/01/15 Version 5	06/01/15: MPCTAC (electronic vote) 06/10/15: QIC
11/01/15	Review for effective date 01/01/16. Updated template with list of applicable products. Revised Language in the Applicable Coding section.	01/01/16 Version 6	11/18/15: MPCTAC 11/25/15: MPCTA (electronic vote) 12/09/15: QIC
06/01/16	Review for effective date 07/0/16. No revisions.	07/01/16 Version 7	05/18/16: MPCTAC 06/08/16: QIC
05/01/17	Review for effective date 08/01/17. Revised criteria in the Medical Policy Statement section. Updated References and Reference to Applicable Laws and Regulations sections.	08/01/17 Version 8	05/17/17: MPCTAC
02/01/18	Review for effective date 03/01/18. Updated Description of Item or Service section.	03/01/18 Version 9	02/21/18: MPCTAC
05/01/18	Review for effective date 06/01/18. Administrative changes made to the Limitations, Applicable Coding, Other Applicable Policies, References, and Reference to Applicable Laws and Regulations sections.	06/01/18 Version 10	05/16/18: MPCTAC
12/01/18	Review for effective date 01/01/19. Administrative change made to the Limitations section (removing the reference to the NH Health Protection Program). Revised the Other Applicable Policies section.	01/01/19 Version 11	12/19/18: MPCTAC
05/01/19	Review for effective date 08/01/19. Administrative changes made to the Definitions, References, and Reference to Applicable Laws and Regulations sections. Revised criteria in the Medical Policy Statement and Limitations sections.	08/01/19 Version 12	05/15/19: MPCTAC
05/01/20	Review for effective date 06/01/20. Administrative	06/01/20	05/20/20: MPCTAC

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Policy Revisions History			
	changes made to the Description of Item or Service, Medical Policy Statement, and Limitations section to clarify current Plan guidelines. Updated the References, Other Applicable Policies, and Reference to Applicable Laws and Regulations sections.	Version 13	
05/01/21	Review for effective date 08/01/21. Administrative changes made to the Description of Item or Service and Definitions sections. Criteria revised in the Medical Policy Statement and Limitations sections.	08/01/21 Version 14	05/19/21: MPCTAC

Last Review Date

05/01/21

Next Review Date

05/01/22

Authorizing Entity

MPCTAC

Other Applicable Policies

Medical Policy - *Ambulance and Transportation Services,* policy number OCA 3.191
Medical Policy - *Home Health Care for Maintenance Services,* policy number OCA 3.730
Medical Policy - *Home Health Care Services for an Acute Episode of Care,* policy number OCA 3.720
Medical Policy - *Medically Necessary*, policy number OCA 3.14
Medical Policy - *Personal Care Assistant Services*, policy number OCA 3.721
Medical Policy - *Private Duty Nursing Services*, policy number OCA 3.715
Reimbursement Policy - *Adult Day Health,* policy number SCO 4.20
Reimbursement Policy - *Adult Medical Day Care*, policy number WS 4.10
Reimbursement Policy - *Ambulance*, policy number SCO 4.113
Reimbursement Policy - *Emergent Transportation*, policy number WS 4.14
Reimbursement Policy - *General Billing and Coding Guidelines*, policy number WS 4.17
Reimbursement Policy - *General Clinical Editing and Payment Accuracy Review Guidelines*, policy number WS 4.18
Reimbursement Policy - *Home Health Care*, policy number WS 4.19
Reimbursement Policy - *Hospice*, policy number WS 4.20
Reimbursement Policy - *Non-Participating Provider,* policy number WS 4.5
Reimbursement Policy - *Non-Reimbursed Codes,* policy number WS 4.38
Reimbursement Policy - *Non-Waivered and Waivered Services*, policy number WS 4.36

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Reimbursement Policy - *Personal Care Attendant*, policy number WS 4.26
Reimbursement Policy - *Physician and Non-Physician Practitioner Services*, policy number WS 4.28
Reimbursement Policy - *Private Duty Nursing, policy number WS 4.39*
Reimbursement Policy - *Provider Preventable Conditions and Serious Reportable Events*, policy number WS 4.29

Reference to Applicable Laws and Regulations

Developmental Disabilities Assistance and Bill of Rights Act of 2000. Public Law 106-402. 106th Congress. Section 102. Definitions.

He-E 801.16. New Hampshire Code of Administrative Rules. Medical Assistance. Choices for Independence Program. Adult Medical Day Care Services.

He-E 803. New Hampshire Code of Administrative Rules. Medical Assistance. Adult Medical Day Care Services. Accessed at: http://www.gencourt.state.nh.us/rules/state_agencies/he-e800.html

He-E 803.03. New Hampshire Code of Administrative Rules. Medical Assistance. Adult Medical Day Care Services. Adult Medical Day Program Requirements. Accessed at: http://www.gencourt.state.nh.us/rules/state_agencies/he-e800.html

He-P 818. New Hampshire Code of Administrative Rules. Rules for Adult Day Care Providers. Accessed at: https://www.dhhs.nh.gov/oos/bhfa/documents/he-p818.pdf

New Hampshire Department of Health and Human Services. Certified Administrative Rules. Accessed at: https://www.dhhs.nh.gov/oos/bhfa/rules.htm

New Hampshire Office of Professional Licensure and Certification. Division of Health Professions and Division of Technical Professions. Accessed at: https://www.oplc.nh.gov/

RSA 151. New Hampshire Revised Statutes Annotated. Hospitals and Sanitaria. Residential Care and Health Facility Licensing.

RSA 151:2-b. New Hampshire Revised Statutes Annotated. Hospitals and Sanitaria. Residential Care and Health Facility Licensing. Home Health Care Provider and Individual Home Care Service Provider.

RSA 328-E. New Hampshire Revised Statutes Annotated. Naturopathic Laws. Naturopathic Health Care Practice.

RSA 420-E. New Hampshire Revised Statutes Annotated. Insurance. Licensure of Medical Utilization Review Entitles.

Section 1302 of the Patient Protection and Affordable Care Act (ACA).

[+] *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.

Disclaimer Information:[+]

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a 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.

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