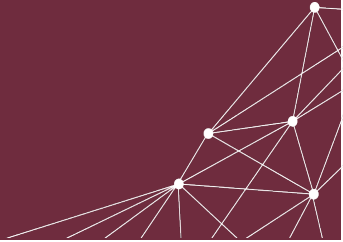


Community Supports Codes and Rates



Housing Transition / Navigation Services							
Healthcare Common Procedure Coding System (HCPCS) Code	HCPCS Description	Modifiers	Modifier Description	Average Rate	Unit of Service	Frequency / Utilization Management (UM) Treatment Authorization Request (TAR)	Note
H0043	Supported housing	U6	Used by managed care plan with HCPCS code H0043 to indicate in lieu of services (ILOS) supported housing.	\$386.00	PMPM	Allowed one time per month. TAR approved for up to six months.	TAR required **Only use HCPCS Code H0043 OR H2016
H2016	Comprehensive Community Supports (CS) services	U6	Used by managed care plan with HCPCS code H2016 to indicate ILOS comprehensive CS services.	\$386.00	PMPM	Allowed one time per month. TAR approved for up to six months.	TAR required **Only use HCPCS Code H2016 OR H0043

Community Supports Codes and Rates

Housing Deposits							
HCPCS Code	HCPCS Description	Modifiers	Modifier Description	Average Rate	Unit of Service	Frequency / UM TAR	Note
H0044	Supported housing, per month. Requires deposit amounts to be reported on the encounter. Modifier used to differentiate housing deposits from Short-Term Post-Hospitalization Housing (STPHH).	U2	Used by managed care plan with HCPCS code H0044 to indicate ILOS housing deposit.	Null – Frequency / UM TAR	Once per demonstration period	TAR required. Approved up to \$5,000. Actual amount paid on claim will be reflected on TAR note for claims processing. Attach receipt to TAR. TAR duration is two months	Housing deposit request for funds form and other applicable documentation are required with the TAR.

Community Supports Codes and Rates

Housing Tenancy and Sustaining Services							
HCPCS Code	HCPCS Description	Modifiers	Modifier Description	Average Rate	Unit of Service	Frequency / UM TAR	Note
T2040	Financial management, self-directed	U6	Used by managed care plans with HCPCS code T2040 to indicate ILOS housing, tenancy, and sustaining services.	\$222.00	PMPM	Up to two units per month. Can be billed in conjunction with T2041 for support brokerage. If both are approved, the maximum is one unit per month for each HCPCS code. Maximum reimbursable amount per month regardless of combination of services for this ILOS is \$444. As needed. TAR approved for up to six months.	TAR required
T2041	Support brokerage, self-directed	U6	Used by Managed Care with HCPCS code T2041 to indicate ILOS housing, tenancy, and sustaining services.	\$222.00	PMPM	Up to two units per month. Can be billed in conjunction with T2040 for support brokerage. If both are approved, the maximum is one unit per month for each HCPCS code. Maximum reimbursable amount per month regardless of combination of services for this ILOS is \$444. As needed. TAR approved for up to six months.	TAR required

Community Supports Codes and Rates

Short-Term Post-Hospitalization Housing

HCPCS Code	HCPCS Description	Modifiers	Modifier Description	Average Rate	Unit of Service	Frequency / UM TAR	Note
H0044	STPHH. Modifier used to differentiate STPHH from housing deposits.	U3	Used by managed care plans with HCPCS code H0044 to indicate ILOS STPHH.	\$108.00	Per diem	Global cap applies effective January 1, 2025. Limits members to 182 days within a 12-month rolling period for STPHH and/or recuperative care. Member may not receive more than a combined six months of STPHH and recuperative care services during any rolling 12-month period	TAR required

Community Supports Codes and Rates

Recuperative Care (Medical Respite)

HCPCS Code	HCPCS Description	Modifiers	Modifier Description	Average Rate	Unit of Service	Frequency / UM TAR	Note
T2033	Residential care, not otherwise specified waiver; per diem.	U6	Used by managed care plan with HCPCS code T2033 to indicate ILOS recuperative care (medical respite).	\$204.00	Per diem	Global cap applies effective January 1, 2025. Limits members to 182 days within a 12-month rolling period for STPHH and/or recuperative care. Member may not receive more than a combined six months of STPHH and recuperative care services during any rolling 12-month period.	TAR required

Community Supports Codes and Rates

Respite Services

HCPCS Code	HCPCS Description	Modifiers	Modifier Description	Average Rate	Unit of Service	Frequency / UM TAR	Note
H0045	Respite care services, not in the home	U6	Used by managed care plan with HCPCS code H0045 to indicate CS respite services.	\$8.25	Increments of 15 minutes	As needed – may not exceed 24 hours per day of care. Service limit is up to 336 hours per calendar year. TAR duration is 12 months.	TAR required
S5151	Unskilled respite care, not hospice	U6	Used by managed care plan with HCPCS code S5151 to indicate CS respite services.	\$8.25	Increments of 15 minutes	As needed – may not exceed 24 hours per day of care. Service limit is up to 336 hours per calendar year. TAR duration is 12 months.	TAR required
S9125	Respite care, in the home	U6	Used by managed care plan with HCPCS code S9125 to indicate CS respite services.	\$8.25	Increments of 15 minutes	As needed – may not exceed 24 hours per day of care. Service limit is up to 336 hours per calendar year. TAR duration is 12 months.	TAR required

Community Supports Codes and Rates

Personal Care / Homemaker Services

HCPCS Code	HCPCS Description	Modifiers	Modifier Description	Average Rate	Unit of Service	Frequency / UM TAR	Note
S5130	Homemaker services	U6	Used by managed care plan with HCPCS code S5130 to indicate ILOS personal care / homemaker services.	\$8.25	Increments of 15 minutes	As needed; only allowed four hours a day up to 20 hours per week for three months.	TAR required
T1019	Personal care services	U6	Used by managed care plan with HCPCS code T1019 to indicate CS personal care / homemaker services.	\$8.25	Increments of 15 minutes	As needed; only allowed four hours a day up to 20 hours per week for three months.	TAR required

Community Supports Codes and Rates

Medically Tailored Meals / Medically Tailored Groceries

HCPCS Code	HCPCS Description	Modifiers	Modifier Description	Average Rate	Unit of Service	Frequency / UM TAR	Note
S5170	Home delivered, prepared meal	U6	Used by managed care plan with HCPCS code S5170 to indicate ILOS medically supportive food / meals / medically tailored meals.	\$9.50	Per meal	Up to two delivered meals per day. As needed for up to 12 weeks. TAR is authorized for a duration of six months.	TAR required
S9470	Nutritional counseling, diet	U6	Used by managed care plan with HCPCS code S9470 to indicate ILOS medically supportive food / meals / medically tailored meals.	\$41.00	Per nutritional assessment	Up to four sessions, as needed, for up to 12 weeks. TAR is authorized for a duration of six months.	TAR required
S9977	Meals, per diem, not otherwise specified	U6	Used by managed care plan with HCPCS code S9977 to indicate ILOS medically supportive food / meals / medically tailored meals.	\$66.00	Per weekly grocery box delivered	Delivered groceries for up to two meals per day. As needed for up to 12 weeks. TAR is authorized for a duration of six months.	TAR required

Community Supports Codes and Rates

Sobering Centers

HCPCS Code	HCPCS Description	Modifiers	Modifier Description	Average Rate	Unit of Service	Frequency / UM TAR	Note
H0014	Alcohol and/or drug services; ambulatory detoxification	U6	Used by managed care plan with HCPCS code H0014 to indicate CS sobering centers.	\$170.00	Per diem; less than 24 hours.	TAR is valid for one day (e.g., start date and end date should reflect same date of service).	TAR required

Day Habilitation

HCPCS Code	HCPCS Description	Modifiers	Modifier Description	Average Rate	Unit of Service	Frequency / UM TAR	Note
T2020	Day habilitation	U6	Used by managed care plan with HCPCS code T2020 to indicate ILOS day habilitation.	a. \$56 b. \$7.00	One unit equals one hour; not to exceed eight hours per day.	a. Per diem rate assumes eight hours of continuous service being provided or b. Per hour TAR duration should total to 180 days exactly.	TAR required

Community Supports Codes and Rates

Asthma Remediation

HCPCS Code	HCPCS Description	Modifiers	Modifier Description	Average Rate	Unit of Service	Frequency / UM TAR	Note
S5165	Provides home modifications and supplies to reduce environmental asthma triggers for high-risk member.	U5	Used by managed care plan with HCPCS code S5165 to indicate CS sobering centers.	Up to \$7,500	Lifetime maximum	TAR required. Approved up to \$7,500. Actual amount paid on the claim will be reflected on TAR note for claims processing. TAR duration: Two Months	TAR required