



Community Supports Service Codes

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description	Rate In Claims System*	Unit of Service	Frequency/UM TAR
Housing Transition/Navigation Services						
H0043	Supported housing; per diem	U6	Used by Managed Care with HCPCS code H0043 to indicate In-Lieu of Services supported housing	\$386.00	PMPM	As needed-up to 6 months in a continuous duration
H2016	Comprehensive community support services; per diem	U6	Used by Managed Care with HCPCS code H2016 to indicate In-Lieu of Services comprehensive community support services	\$386.00	PMPM	As needed-up to 6 months in a continuous duration
Housing Deposits						
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.	U2	Used by Managed Care with HCPCS code H0044 to indicate In-Lieu of Services Housing Deposit	Null		Once Per Lifetime
Short-Term Post-Hospitalization Housing						
H0044	Supported housing, per month. Modifier used to differentiate Short-Term Post Hospitalization Housing from Housing Deposits.	U3	Used by Managed Care with HCPCS code H0044 to indicate In- Lieu of Services Short-Term Post- Hospitalization Housing	\$108.00	Per Diem	Once Per Lifetime. Not to exceed 6 months. TAR note: up to a count of 6 can be approved upon receipt of initial TAR





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Housing Tenancy and Sustaining Services						
T2040	Financial management, self-directed; per diem	U6	Used by Managed Care with HCPCS code t2040 to indicate In-Lieu of services Housing Tenancy and Sustaining Services	\$222.00	PMPM	Up to 2 units per month. Can be billed in conjunction with T2041 HCPCS for Support Brokerage. If both approved max is 1 unit per month for each HCPCS code. Max Reimbursable amount per month regardless of combination of services for this ILOS is \$444. As needed.
T2041	Support brokerage, self-directed; per diem	U6	Used by Managed Care with HCPCS code t2040 to indicate In-Lieu of services Housing Tenancy and Sustaining Services	\$222.00	PMPM	Up to 2 units per month. Can be billed in conjunction with T2040 HCPCS for Support Brokerage. If both approved max is 1 unit per month for each HCPCS code. Max Reimbursable amount per month regardless of combination of services for this ILOS is \$444. As needed.



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Recuperative Care (Medical Respite)						
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	U6	Used by Managed Care with HCPCS code T2033 to indicate In-Lieu of Services Recuperative Care (Medical Respite)	\$204.00	Per Diem	As Needed -no more than 90 days continuous duration
Medically-Supportive Food/Meals/Medically Tailored Meals						
S5170	Home delivered prepared meal	U6	Used by Managed Care with HCPCS code S5170 to indicate In- Lieu of Services Medically- Supportive Food/Meals/Medically Tailored Meals	\$9.50	Per Meal	Up to 2 delivered meals per day/delivered groceries for up to 2 meals per day. As needed for up to 12 weeks.
S9470	Nutritional counseling, diet	U6	Used by Managed Care with HCPCS code S9470 to indicate In- Lieu of Services Medically-Supportive Food/Meals/Medically Tailored Meals	\$41	Per Nutritional Assessment	Up to 2 delivered meals per day/delivered groceries for up to 2 meals per day. As needed for up to 12 weeks.
S9977	Meals; per diem, not otherwise specified	U6	Used by Managed Care with HCPCS code S9977 to indicate In- Lieu of Services Medically- Supportive Food/Meals/Medically Tailored Meals	\$66.00	Per Weekly Grocery Box Delivered	Up to 2 delivered meals per day/delivered groceries for up to 2 meals per day. As needed for up to 12 weeks.





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Respite Services						
H0045	Respite care services; not in the home; per diem	U6	Used by Managed Care with HCPCS code H0045 to indicate Community Supports Respite Services.	\$33	Per Hour	As needed, may not exceed 24 hours per day of care. Service limit is up to 336 hours per calendar year.
S5151	Unskilled respite care, not hospice; per diem	U6	Used by Managed Care with HCPCS code S5151 to indicate Community Supports Respite Services.	\$33	Per Hour	As needed, may not exceed 24 hours per day of care. Service limit is up to 336 hours per calendar year.
S9125	Respite care, in the home; per diem	U6	Used by Managed Care with HCPCS code S9125 to indicate Community Supports Respite Services	\$33	Per Hour	As needed, may not exceed 24 hours per day of care. Service limit is up to 336 hours per calendar year.
Personal Care & Homemaker Services						
S5130	Homemaker services; Per 15 minutes	U6	Used by Managed Care with HCPCS code S5130 to indicate Community Supports Personal Care / Homemaker Services	\$33	Per Hour	As needed, not to exceed 60 days; only allowed 4 hours a day for up to 20 hours a week, or as determined by intake assessment.
T1019	Personal care services; Per 15 minutes	U6	Used by Managed Care with HCPCS code T1019 to indicate Community Supports Personal Care / Homemaker Services	\$33	Per Hour	As needed, not to exceed 60 days; only allowed 4 hours a day for up to 20 hours a week, or as determined by intake assessment.

