

Type of HRSN Supplemental Service	Service Name	Service Description	Description of Specific code and modifier combination	Provider Type	Provider Type Code	Service Category (See Note 1)	ICD-10 Diagnosis Code(s)	HCPGS Code	Modifier 1	Modifier 2	HRSN Supplemental Services Fee Schedule: Expected Unit Cost	HRSN Supplemental Services Fee Schedule: Maximum	Unit of Service	Allowed	Maximum Units	Notes
Housing	Housing Search	Assistance to help an Enrollee experiencing housing instability to move into, and maintain housing	N/A	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.01; Z59.02 (See Notes 2 and 6)	T2038	UD	Not Applicable (N/A)	\$400	\$500 (see Note 3)	1 unit = 30 days	1 unit per 30 days	12 units total per member. Available once through 12/31/2027. (see Note 5)	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: See Attachment B in the HRSN Housing Supplemental Service Manual. Note 3: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 4: Plan can prorate amount paid if the member disenrolled from the ACO during the 30 days period. This is the only proration allowed. Note 5: Units do not need to be consecutively delivered or billed. Note 6: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Housing	Transitional Goods	Move-in costs (e.g., security deposits, first month's rent, movers), furnishings, and other items necessary to make new housing habitable and comfortable	N/A	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.01; Z59.02 (See Notes 2 and 3)	H0044	UA	N/A	Actual cost	\$5,500	1 unit = 1 receipt for goods	Multiple units per member when moving from homelessness into housing. Available to eligible members within six months from their move into housing (See Note 4) or start of service, whichever ends earlier.	Multiple units allowed until the member reaches \$5,500 maximum or six months of service. Available once through 12/31/27.	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: See Attachment B in the HRSN Housing Supplemental Service Manual. Note 3: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 4: Move into housing is defined as a lease arrangement has been made, the client has a key or entry ability to the unit, and the client has physically slept in the unit. The date these criteria are met may or may not align with the lease date.
Housing	Housing Navigation - services	Assistance to help an Enrollee experiencing housing instability to access benefits, negotiate with landlords, seek out legal assistance, apply for new housing (if needed), or take other actions in order to help stabilize a Enrollee's housing situation	N/A	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.81.1; Z59.02 (See Notes 2 and 6)	T2050	N/A	N/A	\$400	\$500 (see Note 3)	1 unit = 30 days	1 unit per 30 days	6 units per member total. Available once through 12/31/27. (see Note 5)	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: See Attachment B in the HRSN Housing Supplemental Service Manual. Note 3: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 4: Plan can prorate amount paid if the member disenrolled from the ACO during the 30 day period. This is the only proration allowed. Note 5: Units do not need to be consecutively delivered or billed. Note 6: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Housing	Housing Navigation - goods	Assistance to help an Enrollee experiencing housing instability to access benefits, negotiate with landlords, seek out legal assistance, apply for new housing (if needed), or take other actions in order to help stabilize a Enrollee's housing situation	Goods could be housing application fees, background checks, and identification documents related to delivery of Housing Navigation services	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.81.1; Z59.02 (See Notes 2 and 3)	T2050	U1	N/A	Actual cost	\$100	1 unit = 1 receipt for goods	Multiple units per member when receiving Housing Navigation Services (T2050). Available only to eligible members concurrently receiving Housing Navigation Services (T2050).	Multiple units allowed until the member reaches \$100 maximum or Housing Navigation Services (T2050) ends because have reached unit maximum. Available once through 12/31/27.	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: See Attachment B in the HRSN Housing Supplemental Service Manual. Note 3: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Housing	Healthy Homes - services	Goods and/or remediation services proven to improve housing conditions related to health needs that are not the responsibility of the housing owner/landlord	Purchase/Delivery/Installation of Healthy Homes Goods	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.10; Z59.11; Z59.12; Z59.19 (See Notes 2 and 4)	H0044	UC	N/A	\$150	\$188 (See Note 3)	1 unit = flat fee per installation/delivery/purchase of eligible good	Multiple units per member allowed	N/A	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: See Attachment B in the HRSN Housing Supplemental Service Manual. Note 3: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 4: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Housing	Healthy Homes - services	Goods and/or remediation services proven to improve housing conditions related to health needs that are not the responsibility of the housing owner/landlord	In-home environmental assessment	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.10; Z59.11; Z59.12; Z59.19 (See Notes 2 and 4)	S8441	U1	N/A	\$250	\$313 (See Note 3)	1 unit = 1 assessment	1 unit per member through 12/31/27	1 unit per member through 12/31/27	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: See Attachment B in the HRSN Housing Supplemental Service Manual. Note 3: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 4: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Housing	Healthy Homes - services	Goods and/or remediation services proven to improve housing conditions related to health needs that are not the responsibility of the housing owner/landlord	Coordination with Remediation Services Contractors	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.10; Z59.11; Z59.12; Z59.19 (See Notes 2 and 4)	S8441	U3	N/A	\$200	\$250 (See Note 3)	1 unit = flat fee per coordination with remediation contractor	Multiple units per member allowed	N/A	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: See Attachment B in the HRSN Housing Supplemental Service Manual. Note 3: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 4: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Housing	Healthy Homes - goods	Goods and/or remediation services proven to improve housing conditions related to health needs that are not the responsibility of the housing owner/landlord	Allowable Healthy Homes goods that improve the air quality of the housing, allow the member to store and use needed medicine, or allow for improved pest control	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.10; Z59.11; Z59.12; Z59.19 (See Notes 2 and 3)	H0044	U2	N/A	Actual cost	\$750	1 unit = 1 receipt for goods	Multiple units per member allowed	Multiple units allowed until the member reaches \$750 maximum. Available once through 12/31/27.	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: See Attachment B in the HRSN Housing Supplemental Service Manual. Note 3: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Housing	Healthy Homes - goods	Goods and/or remediation services proven to improve housing conditions related to health needs that are not the responsibility of the housing owner/landlord	Contracted remediation services - Services Delivered	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.10; Z59.11; Z59.12; Z59.19 (See Notes 2 and 3)	S8441	U2	N/A	Actual cost	\$5,000	1 unit = 1 receipt for goods	Multiple units per member allowed	Multiple units allowed until the member reaches \$5,000 maximum for all Contracted Remediation Services related claims (see Note 4). Available once through 12/31/27.	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: See Attachment B in the HRSN Housing Supplemental Service Manual. Note 3: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code. Note 4: The combined total of Contracted Remediation Services - Services Delivered and Contracted Remediation Services - Deposit/Cancellation Fee may not exceed the \$5,000 maximum.
Housing	Healthy Homes - goods	Deposit or Cancellation fee paid to procure goods and/or remediation services proven to improve housing conditions related to health needs that are not the responsibility of the housing owner/landlord	Contracted remediation services - Deposit/Cancellation Fee	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.10; Z59.11; Z59.12; Z59.19 (See Notes 2 and 3)	S8441	U2	UA	Actual cost	\$5,000	1 unit = 1 receipt for deposit or cancellation fee	Multiple units per member allowed	Multiple units allowed until the member reaches \$5,000 maximum for all Contracted Remediation Services related claims (see Note 4). Available once through 12/31/27.	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: See Attachment B in the HRSN Housing Supplemental Service Manual. Note 3: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 4: The combined total of Contracted Remediation Services - Services Delivered and Contracted Remediation Services - Deposit/Cancellation Fee may not exceed the \$5,000 maximum.
Nutrition	Medically Tailored Home Delivered Meals	Prepared medically tailored meals that reflect appropriate nutritional needs based on defined medical diagnosis and standards reflecting evidence-based practice guidelines, deliver to the Enrollee	N/A	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.41 (See Note 3)	S5170	U6	UA	\$14.86	\$18.58 (see Note 2)	1 unit = 1 individual meal	Up to 21 units per member, per week	Up to 21 units per member per week	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 3: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Nutrition	Nutritionally Appropriate Home Delivered Meals	Healthy, well-balanced meals delivered to the Enrollee	N/A	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.41 (See Note 3)	S5170	U7	UA	\$14.86	\$18.58 (see Note 2)	1 unit = 1 individual meal	Up to 21 units per member, per week	Up to 21 units per member per week	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 3: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Nutrition	Medically Tailored Food Boxes	Selection of minimally prepared grocery items that meet appropriate nutritional standards	N/A	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.41 (See Note 3)	S9977	U6	N/A	\$318.55	\$398.19 (see Note 2)	1 unit = 1 month's worth of food boxes	1 unit per month	1 unit per month (this 1 unit may include 1 large food box or multiple food boxes not exceeding \$398.19 in total per month)	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 3: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Nutrition	Nutritionally Appropriate Food Boxes	Minimally prepared grocery items or a Community Supported Agricuturall (CSA) share	N/A	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.41 (See Note 3)	S9977	U7	N/A	\$318.55	\$398.19 (see Note 2)	1 unit = 1 month's worth of food boxes	1 unit per month	1 unit per month (this 1 unit may include 1 large food box or multiple food boxes not exceeding \$398.19 in total per month)	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 3: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Nutrition	Medically Tailored Food Prescriptions and Vouchers	Nutrition vouchers and grocery store gift cards to procure healthy food from an approved purchase list	N/A	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.41 (See Note 3)	S9977	U9	N/A	\$122	\$152.50 (see Note 2)	1 unit = 1 food prescription or voucher	1 unit per month	1 unit per member per month	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 3: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Nutrition	Nutritionally Appropriate Food Prescriptions and Vouchers	Nutrition vouchers and grocery store gift cards to procure healthy food	N/A	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.41 (See Note 3)	S9977	U8	N/A	\$122	\$152.50 (see Note 2)	1 unit = 1 food prescription or voucher	1 unit per month	1 unit per member per month	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 3: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Nutrition	Nutrition Education - Classes	Provision of nutrition education classes and skills development (e.g., cooking classes as education) for the purposes of meeting the Enrollee's nutritional and dietary needs	Provide Enrollees experiencing Food Insecurity with nutrition education and skills in the form of group classes	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.41 (See Note 4)	S8452	N/A	N/A	\$82	\$115 (see Note 2)	1 unit = 1 class	Multiple units per member per month	Dependent upon the maximum allowable time for the corresponding Nutrition Category 1 service	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 3: Nutrition Category 2 services may only be provided as long as the enrollee is receiving Nutrition Category 1 services. Note 4: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Nutrition	Nutrition Education - 1:1 Nutrition Education	Provision of nutrition education classes and skills development (e.g., cooking classes as education) for the purposes of meeting the Enrollee's nutritional and dietary needs	Provide Enrollees experiencing Food Insecurity with nutrition education and skills in the form of 1-on-1 sessions to help an Enrollee meet their nutritional and dietary needs	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.41 (See Note 4)	S8452	U2	N/A	\$17.37	\$21.71 (see Note 2)	1 unit = 15 minutes	Multiple units per member per month	Dependent upon the maximum allowable time for the corresponding Nutrition Category 1 service	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 3: Nutrition Category 2 services may only be provided as long as the enrollee is receiving Nutrition Category 1 services. Note 4: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Nutrition	Nutrition Counseling	Provision of nutrition counseling for the purposes of meeting the Enrollee's nutritional and dietary needs	N/A	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.41 (See Note 4)	S8470	U6	N/A	\$20.86	\$26.08 (see Note 2)	1 unit = 15 minutes	Multiple units per member per month	Dependent upon the maximum allowable time for the corresponding Nutrition Category 1 service	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: Upper payment limit of 125% of the Expected Unit Costs. The 125% factor is to allow for variation in costs over time and across geographies. Note 3: Nutrition Category 2 services may only be provided as long as the enrollee is receiving Nutrition Category 1 services. Note 4: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.
Nutrition	Kitchen Supplies	Provision of and assistance with obtaining cooking supplies (e.g., pots and pans, utensils, refrigerator) to meet the Enrollee's nutritional and dietary needs	N/A	HRSN (Health-Related Social Needs) MCE Only	C6	24 (Other)	Z59.41 (See Note 3)	T2028	U1	N/A	N/A	\$1,650	1 unit = 1 receipt for goods	Multiple units per member per month	Multiple units per member allowed within a 12 month period until the member reaches the \$1,650 maximum.	Note 1: Service Category is only relevant for ACOs. HRSN Providers are not required to use the Service Category. Note 2: Nutrition Category 2 services may only be provided as long as the enrollee is receiving Nutrition Category 1 services. Note 3: For all HRSN Supplemental Services, Plans must require Providers to use the Z-code as the primary diagnosis code.