KERN HEALTH SYSTEMS

POLICY AND PROCEDURES

SUBJECT: Community Supports Services (CSS) Coding and Payment to Providers		POLICY #: 17.06-P	
DEPARTMENT: Community Supports Services			

Effective Date: 01/01/2022	Review/Revised Date: 10/16/2023	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____   Date_____
Emily Duran
Chief Executive Officer

_____   Date_____
Chief Medical Officer

_____   Date _____
Senior Director of Provider Network

_____   Date _____
Director of Claims

_____   Date _____
Director of Community and Social Services

POLICY

KHS CSS Providers will use the DHCS provided HCPCS codes and modifiers for CSS. This coding scheme uses HIPAA compliant HCPCS code and modifier combinations to identify clinical & non-clinical services, distinguish between in-person and telehealth 'visits', and identify CSS encounters.

PURPOSE

For the Community Supports Services (CSS) Program, Kern Health Systems (KHS) will submit encounter data to capture CSS as required by the Department of Health Care Services (DHCS).

DEFINITIONS

Term	Definition
ECM	Enhanced Care Management Program
CSS Providers	Contracted CSS Providers in the KHS Provider Network who will be primarily responsible for the delivery of each DHCS approved Community Supports Service.
Telehealth	The provision of healthcare remotely by means of telecommunications technology.

PROCEDURES:

A. Community Supports Services (CSS) – Coding Options for Kern Health Systems (KHS)

Healthcare Common Procedure Coding System (HCPCS) codes will be used for CSS. The HCPCS code and modifier combined define the service as CSS. As an example, HCPCS code H0043 by itself does not define the service as a CSS supportive housing service. HCPCS code H0043 must be reported with modifier U6 for the supported housing services to be defined and categorized as a CSS service. *If a service is provided through telehealth, the additional **modifier GQ** must be used.* All telehealth services must be provided in accordance with DHCS policy.

The HCPCS code and modifier combined define the service as CSS. Both are required on claims submission in order for the CSS Services to be valid.

B. Payment of CSS Providers

1. KHS will pay CSS Providers for the provision of authorized CSS to Members in accordance with established contracts.
2. KHS shall pay 90% of all clean claims from CSS Providers within 30 days of the date of receipt and 99% of all clean claims within 90 days. The date of receipt shall be the date KHS receives the claim, as indicated by its date stamp on the claim. The date of payment shall be the date of the check or other form of payment. CSS Providers will submit a claim for services rendered.
3. KHS may identify any circumstances under which payment for a Community Supports must be expedited to facilitate timely delivery of the Community Supports to the Member, such as recuperative care for a Member who is homeless and being discharged from the hospital.
   a. For such circumstances, KHS will revise and maintain this policy and relevant procedures ensuring payment to the Community Supports Provider is expedited.
4. If a CSS Provider is unable to submit a claim, KHS has a process for the CSS Provider to submit an invoice for services rendered. Invoicing will only be allowed for bed hold payments related to the Recuperative Care CSS (per contract terms).
   a. Upon receipt of such an invoice, KHS will be responsible for documenting the encounter for the CSS rendered in the internal claims processing system.

b. KHS will provide technical assistance to CSS Providers who need support to develop a process for submitting encounter data.

REFERENCE:

- [Coding-Options-for-ECM-and-Community-Supports (ca.gov)](Coding-Options-for-ECM-and-Community-Supports)
- KHS Claims Submission and Reimbursement Policy, 6.01-P

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Revision 2023-07: Policy updated to comply with the DHCS 2024 Medi-Cal Managed Care Plan Contract, approval received on 9/1/2023 per R.0146. **Revision 2021-12**: Policy created to outline processes regarding Coding and Payment to Community Supports Providers. DHCS approval for Legacy Model of Care (MOC) Template Parts 1-3 received 11/30/21 to implement Community Supports Program on January 1, 2022.