



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
<b>Policy Title</b>	Community Supports Services (CSS) Coding and Payment to CBOs	<b>Policy #</b>	17.06-P
<b>Policy Owner</b>	Community Supports Services	<b>Original Effective Date</b>	01/01/2024
<b>Revision Effective Date</b>	01/01/2026	<b>Approval Date</b>	3/3/2026
<b>Line of Business</b>	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

## I. PURPOSE

To establish standardized procedures for accurate coding, billing and timely payment for contracted Community Based Organizations (CBO), in accordance with Department of Health Care Services (DHCS) guidelines, CalAIM billing requirements and Kern Health Systems (KHS) standards.

## II. POLICY

KHS CSS CBOs will use the DHCS provided Healthcare Common Procedure Coding System (HCPCS) codes and modifiers for CSS. This coding scheme uses the Health Insurance Portability and Accountability Act (HIPAA) compliant HCPCS code and modifier combinations to identify clinical & non-clinical services, distinguish between in-person and telehealth ‘visits’, and identify CSS encounters. KHS will also utilize the non-binding allocations to determine payments for said codes and services.

## III. DEFINITIONS

TERMS	DEFINITIONS
ECM	Enhanced Care Management Program
CSS CBOs	Contracted CSS CBOs 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.

## IV. PROCEDURES

### A. CSS – Coding Options for Kern Health Systems (KHS)

1. 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. Must use appropriate Place of Service (POS) codes when submitting claims and encounter data for Community Supports.
2. 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. The codes will be included in the contracts.

### B. Payment of CSS CBOs

1. KHS will pay CSS CBOs for the provision of authorized CSS to Members in accordance with established contracts.
2. CSS shall follow the standard described in KHS policy and procedure 6.01-P Claims Submission and Reimbursement. As of January 1, 2026, KHS shall reimburse complete claims from providers who are in individual or group practices or who practice in shared health facilities, within thirty (30) calendar days of the date of receipt.
3. KHS shall pay ninety percent (90%) of all clean claims from CSS CBOs within thirty (30) days of the date of receipt and ninety-nine percent (99%) of all clean claims within ninety (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 CBOs will submit a claim for services rendered.
4. 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, Short-Term Post Hospitalization Housing (STPH).
  - a. For such circumstances, KHS will revise and maintain this policy and relevant procedures ensuring payment to the Community Supports CBO is expedited.
5. CBOs are encouraged to use clearing houses to submit claims if possible.
6. If a CSS CBO is unable to submit a claim, KHS has a process for the CSS CBO to submit an invoice for services rendered. Invoicing will only be allowed for bed hold payments related to the STPH 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 CBOs who need support to develop a process for submitting encounter data.

**V. ATTACHMENTS**

N/A	
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**VI. REFERENCES**

Reference Type	Specific Reference
DHCS Contract (Specify Section)	<a href="#">HCPCS Coding Options for ECM and Community Supports (ca.gov)</a>
Other KHS Policies	KHS Claims Submission and Reimbursement Policy, 6.01-P

**VII. REVISION HISTORY**

Action	Date	Brief Description of Updates	Author
Revised	1/2026	Policy updated by the CSS Team for the 2026 July CS MOC.	CSS
Revised	05/2025	Policy updated to comply with DHCS Community Supports Policy Guide 4/2025.	CSS
Revised	12/2024	Policy updated to comply with the DHCS 2024 Medi-Cal Managed Care Plan Contract; approval received on 9/1/2023 per R.0146.	CSS
Revised	07/2023	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	CSS

**VIII. APPROVALS**

Committees   Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		