## Aetna Better Health® of Florida



# Housing Pilot Program Billing Guide Snapshot

### Housing Pilot Program Provider Billing and Reimbursement\*

### **Reimbursement process:**

Providers participating in the Housing Pilot Program need to **request a registration for services** prior to billing for any housing pilot program service(s) as described below. A registration for services can be initiated by contacting Aetna at **1-800-441-5501** or email <u>abhfl-specialtycm@aetna.com</u> and includes all housing services outlined below for up to 6 months. All Housing Pilot Program services will be reimbursed at the contracted rate.

Contracted providers will be reimbursed for the housing services below:

Service	Procedure Code	Modifier	Coverage and limitations	Provider Type
Transitional housing services	H0043 HK		1 per day, max of 3 days per month	Case manager registered as a provider type 91 (Case Management Agency) or 32 if supervising (Case Management Supervisor)
Transitional housing services incidentals	H0043 HK	UK	Max amount \$500, one time incidental. Member must be receiving transitional housing services to be eligible†	Case Manager registered as a provider type 91 (Case Management Agency) or 32 if supervising (Case Management Supervisor)
Tenancy sustaining services	H2015 HK		16 units per day; max 128 units per month††	Case Manager registered as a provider type 91 (Case Management Agency) or 32 if supervising (Case Management Supervisor) or a qualifying Community Support and Rehabilitative Service provider type
Mobile crisis manage- ment	H2011 HK		32 units per day, no benefit max††	Master's degree level clinician under the supervision of a licensed master's level clinician (i.e., licensed clinical social worker, licensed mental health counselor, or licensed marriage and family therapist)
Self- help/peer support	H0038 HK		16 units per day; max 128 units per month††	Certified Recovery Peer Specialist (CRPS) or Peer working towards certification and under the supervision of a Certified Recovery Specialist

\* Services in excess of the coverage and limitations will be reviewed for appropriateness.

† Incidentals can be used for one-time case assistance for rental deposits, rental assistance, and to purchase items in order to furnish housing unit.

†† 1 unit=15 minutes, unless otherwise documented

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### Inclusion of Z-codes on claims\*:

When submitting claims consider submitting z-codes on the claim as a secondary or tertiary diagnosis to report factors influencing members health and housing status. Below are some **commonly** used z-codes related to homelessness or at risk for homelessness.

Diagnosis Code	ICD-10 Description		
Z59.0	Homelessness		
Z59.1	Inadequate housing		
Z59.2	Discord with neighbors, lodgers and landlord		
Z59.3	Problems related to living in residential institution		
Z59.4	Lack of adequate food and safe drinking water		
Z59.5	Extreme Poverty		
Z59.6	Low income		
Z59.7	Insufficient social insurance and welfare support		
Z59.8	Other problems related to housing and economic circumstance		
Z59.9	Problem related to housing and economic circumstances, unspecified		

#### \*Please note this is not a comprehensive list of Z-codes

### **Ensuring Continuity of Care:**

Aetna Better Health will honor any ongoing treatment that was authorized prior to the recipient's enrollment into the plan for up to <u>60 days</u> after the member has switched plans.

### **Claim Related Provider Complaints:**

Claim related or non-claim related complaints may be escalated to the Housing Program Contact Person. If reaching out through email, please include "Housing Program Complaint" on the subject line and provide a brief description of the complaint and contact information where to be reached. Contact Information

Aetna Better Health of Florida	Provider Services Email Address:
Claims/Billing Address	FLMedicaidProviderRelations@aetna.com
P.O. Box 982960	
El Paso, TX 79998-2960	Web-Portal:
Claim Form: CMS1500	www.aetnabetterhealth.com/Florida/login
Claims Payer ID: 128FL	eServices Availity register/log in:
<b>Paper Claims:</b> Processed within 15-30 days of receipt.	www.availity.com/provider-portal-registration
	Housing Program Contact Person:
Hours: Monday – Friday, 8 a.m. – 7 p.m. ET	Meagan Towner, LCSW
Toll Free Number: 1-800-441-5501	Behavioral Health Clinical Liaison
Provider Services Fax: 1-844-235-1340	Email: TownerM@cvshealth.com
	Phone: 786-792-0830