



Aetna Better Health of Michigan ILOS Providers

This letter is to inform you of a recent billing update published in the October 2025 revised version of the [Michigan's Comprehensive Health Care Program: In Lieu of Services Policy Guide](#).

MDHHS established Healthcare Common Procedure Coding System (HCPCS) codes that must be used for documenting the rendering of ILOS. Effective, January 1, 2026, modifier codes will be required for all HCPCS codes. V2 modifiers will be required for Healthy Home Delivered Meals and Healthy Food Packs delivered on or after January 1, 2026. The coding guidance below applies to claims and invoices ILOS Providers submit to Aetna Better Health of Michigan beginning with dates of service January 1, 2026. Healthy Home Delivered Meals and Healthy Food Packs delivered prior to January 1, 2026, may be billed without a modifier.

ILOS	HCPCS Code	Code Description	Modifier	Modifier Description	Service Unit	Other Information
Medically Tailored Home Delivered Meal	S5170	Home-delivered prepared meals, including preparation, per meal	V1	Demonstration Modifier 1	Per meal	Costs of nutrition assessment, meal preparation and delivery are included in the unit cost of each meal
Healthy Home Delivered Meal	S5170	Home-delivered prepared meals, including preparation, per meal	V2	Demonstration Modifier 2	Per meal	Costs of meal preparation and delivery are included in the unit cost of each meal
Healthy Food Pack	S9977	Meals, per diem, not otherwise specified	V2	Demonstration Modifier 2	Per weekly food pack	Costs of delivery are included in the cost of each food



						pack if appropriate
Produce Prescription	S9977	Meals, per diem, not otherwise specified	V1	Demonstration Modifier 1	Per weekly voucher	N/A

Authorizations for Healthy Home Delivered Meals and Healthy Food Packs included on an ILOS Provider’s Enrollee Information File (EIF) with a start date prior to January 1, 2026, that do not include the V2 modifier will remain in effect until the authorization’s end date. Providers do not have to obtain another authorization containing the V2 modifier. For services rendered on or after January 1, 2026, the HCPCS code must be billed with the V2 modifier even if the modifier is not reflected on the enrollee’s authorization in the EIF.

If you have any questions or concerns, please reach out to your assigned provider representative.

Thank you,

Aetna Better Health of Michigan Provider Relations Team