

Payment Policy 261 Comprehensive Community Support Services (CCSS) (H2015) Reimbursement Policy

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Passport by Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document may supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a state, the federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval.

Policy Overview

Kentucky Medicaid covers a range of community based behavioral health services through Behavioral Health Organizations (BHSOs) and other enrolled behavioral health providers, under 907 KAR 15:020 and related regulations.

- **Comprehensive Community Support Services (CCSS)**
 - Billed with **HCPSC code H2015 (per 15 minutes)**.
 - Designed as structured community support to promote independent living and community stability for members with mental health or co-occurring disorders.

Comprehensive Community Support Services (CCSS) are face-to-face, goal oriented psychiatric rehabilitation interventions designed to assist members in managing the functional impacts of mental illness within real world settings.

- **CCSS focuses on:**
 - Development of daily living and coping skills
 - Support for symptom self-management
 - Enhancement of interpersonal and community functioning
 - Prevention of relapse or functional deterioration.

Passport covers H2015 Comprehensive Community Support Services (CCSS) when the service is:

- Rehabilitative in nature
- Medically necessary
- Individually tailored to the members' functional needs
- Documented in an active, person-centered plan of care and
- Distinct from psychotherapy, peer support, targeted case management, and other behavioral health services.

H2015 is not a therapy code, not a peer support service, and not a case management substitute. Claims that fail to demonstrate rehabilitative intent and functional skill development are subject to denial or recovery.

Services must be provided for an individual with a primary diagnosis of a mental health disorder or a co-occurring diagnosis.

Passport by Molina Healthcare aligns with Kentucky statutes and regulations for Comprehensive Community Support Services (CCSS). Coverage is subject to prior authorization, documentation standards, and utilization controls as described in this policy. Claims submitted without required prior authorization are subject to denial.

Reimbursement Guidelines

CCSS is reimbursable when provided in approved outpatient or community-based settings, including:

- Member residence
- Community locations appropriate to the treatment goal
- Outpatient behavioral health facilities

Services rendered in inpatient or residential settings may be subject to additional limitations or non-coverage.

To prevent duplication of services, H2015 may not be reimbursed when billed on the same date of service as functionally duplicative behavioral health services, including but not limited to:

- Therapeutic Rehabilitation Program (TRP) services (H2019, H2020)
- Psychotherapy services when the activities overlap in purpose
- Peer support services addressing the same functional objectives (H0038)

When multiple services are rendered on the same date, documentation must clearly demonstrate distinct services with separate goals and interventions. In the absence of such differentiation, H2015 will be denied.

- TRP and CCSS may not be “split” between different providers on the same date of service to circumvent same day restrictions.

Same day billing restrictions apply regardless of rendering provider, certification type, or service location.

The codes identified in this policy are provided as examples only and are not an all-inclusive list.

Covered CCSS services must meet all applicable requirements in 907 KAR Chapter 15, including 907 KAR 15:005 and 907 KAR 15:020, and any related DMS guidance and clinical criteria.

Audit and Recovery Process:

- ✚ **Review:** Claims will be meticulously examined against Passport by Molina Healthcare's standards.
- ✚ **Discrepancy Identification:** Any inconsistencies or errors identified will be documented.
- ✚ **Recovery:** Overpayments due to inaccuracies will be recovered either by offsetting from future payments or through direct refund requests.
- ✚ **Appeals:** Providers reserve the right to contest any claim adjustments or denials. Details of the appeal process will accompany the notification.

Policy Monitoring, Review, and Updates:

- ✚ The policy will undergo annual reviews or as required, ensuring its alignment with industry best practices, regulatory mandates, and Passport by Molina Healthcare's operational necessities. Any updates will be promptly communicated to providers.

Supplemental Information

Please note, Passport has followed and enforced these guidelines, in accordance with applicable regulations, since inception on January 1, 2021. For this specific policy, the publication date is merely the date the policy was formally memorialized.

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children’s Health Insurance Program (CHIP), and health insurance portability standards.

CCSS	Comprehensive Community Support Services
Co-Occurring	The coexistence of at least one mental health disorder and one substance use disorder requires integrated treatment planning. Substance use disorder diagnosis is secondary to a primary mental health diagnosis.

Documentation History

Type	Date	Action
Effective Date	04/19/2026	New Policy
Revised Date		

Coding

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes that are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Passport by Molina Healthcare adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. When improper billing and coding are not followed, Passport by Molina Healthcare has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Passport reserves the right to revise this policy as needed.

This policy is designed to provide guidance and is not a guarantee of payment. Healthcare providers should make medical necessity determinations based on the individual clinical circumstances of each patient.

References

1. **Kentucky Medicaid**
 - a. 907 KAR 015:005. Definitions for 907 KAR Chapter 15.
Link: [Title 907 Chapter 015 Regulation 005 • Kentucky Administrative Regulations • Legislative Research Commission](#)
 - b. 907 KAR 015:010. Coverage provisions and requirements regarding behavioral health services provided by individual approved behavioral health practitioners, behavioral health provider groups, and behavioral health multi-specialty groups.
Link: [Title 907 Chapter 015 Regulation 010 • Kentucky Administrative Regulations • Legislative Research Commission](#)
 - c. 907 KAR 015:020. Coverage provisions and requirements regarding services provided by behavioral health services organizations for mental health treatment.
Link: [Title 907 Chapter 015 Regulation 020 • Kentucky Administrative Regulations • Legislative Research Commission](#)
 - d. 907 KAR 015:022. Coverage provisions and requirements regarding behavioral health service organizations for substance use disorder treatment and co-occurring disorders services. **Link:** [Title 907 Chapter 015 Regulation 022 • Kentucky Administrative Regulations • Legislative Research Commission](#)
 - e. Kentucky Cabinet for Health and Family Services. Behavioral Health and Substance Use Disorder
Link: [Behavioral Health and Substance Use Disorder - Cabinet for Health and Family Services \(ky.gov\)](#)



This policy is designed to provide guidance and is not a guarantee of payment. Healthcare providers should make medical necessity determinations based on the individual clinical circumstances of each patient.

Related Policies

Policy Name
<u>Molina Therapeutic Rehabilitation Program (TRP) Services (H2019/H2020) Policy</u>