

# Health-Related Social Needs (MassHealth ACO-only)

### Policy

Mass General Brigham Health Plan reimburses contracted providers for covered, medically necessary Health-Related Social Needs (HRSN) services for MassHealth Accountable Care Organization (ACO) members.

### Definition

Beginning in 2025, members enrolled in an ACO may be able to obtain help with food and housing needs through the MassHealth Health Related Social Needs (HRSN) Services program.

HRSN Services are a standard set of services developed by MassHealth. Each HRSN Service has certain criteria (e.g., member eligibility, provider qualifications).

HRSN services includes the immediate daily necessities that arise from the inequities caused by social determinants of health, such as a lack of access to basic resources like stable housing, an environment free of life-threatening toxins, healthy food, utilities including heating and internet access, transportation, physical and mental health care, safety from violence, education and employment, and social connection.

### Reimbursement

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the Mass General Brigham Health Plan Payment Policy and by the provider's agreement with Mass General Brigham Health Plan.

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

## Provider Payment Guidelines

For MassHealth HRSN-related procedure codes and modifiers, please refer to [MassHealth Information for MassHealth ACOs and HRSN Providers](#)

Mass General Brigham Health Plan reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to [Coding Provider Payment Guidelines](#) for more information.

All claims are subject to audit services and medical records may be requested from the provider.

### Reimbursable HRSN Services

HCPCS Code & Modifier	Service Name	Service Description	Diagnosis Code(s)	Maximum Units
T2038-UD	Housing Search	Assistance to help an Enrollee experiencing homelessness locate, move into, and maintain housing	Z59.01 Z59.02	1 unit = 30 days  1 unit per 30 days  12 units total per member  Available once through 12/31/2027
H0044	Transitional Goods	Move-in costs (e.g., security deposits, first month's rent, movers), furnishings, and other items necessary to make new housing habitable and comfortable	Z59.01 Z59.02	1 unit = 1 receipt for goods  Multiple units allowed until the member reaches the MassHealth defined dollar limit or 6 months of service.  Provider must bill for a date range when billing more than one month.  Available once through 12/31/27
T2050	Housing Navigation - Services	Assistance to help an Enrollee experiencing housing instability to access benefits, negotiate with	Z59.811 Z59.2	1 unit = 30 days  1 unit per 30 days

## Provider Payment Guidelines

HCPCS Code & Modifier	Service Name	Service Description	Diagnosis Code(s)	Maximum Units
		landlords, seek out legal assistance, apply for new housing (if needed), or take other actions in order to help stabilize a Enrollee’s housing situation		Provider must bill for a date range when billing more than one month.  6 units per member total  Available once through 12/31/27
T2050-U1	Housing Navigation - Goods	Assistance to help an Enrollee experiencing housing instability to access benefits, negotiate with landlords, seek out legal assistance, apply for new housing (if needed), or take other actions in order to help stabilize an Enrollee’s housing situation	Z59.811 Z59.2	1 unit = 1 receipt for goods  Provider must bill for a date range when billing more than one month.  Multiple units per member when receiving Housing Navigation Services (T2050)  Available only to eligible members concurrently receiving Housing Navigation Services (T2050)  Multiple units allowed until the member reaches the MassHealth defined dollar limit or Housing Navigation Services (T2050) ends because have reached six month time maximum  Available once through 12/31/27
S5170-U6	Medically Tailored Home Delivered Meals	Prepared medically tailored meals that reflect appropriate nutritional needs based on defined medical diagnosis and standards reflecting	Z59.41	1 unit = 1 individual meal  Up to 21 units per member, per week

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HCPCS Code & Modifier	Service Name	Service Description	Diagnosis Code(s)	Maximum Units
		evidence-based practice guidelines, delivered to the Enrollee		
S9452	Nutrition Education - Classes	Provision of nutrition education classes and skills development (e.g., cooking classes as education) for the purposes of meeting the Enrollee's nutritional and dietary needs	Z59.41	1 unit = 1 class  Multiple units per member per month  Provider must bill for a date range when billing more than one unit in a month.
S9452-U2	Nutrition Education - 1:1 Nutrition Education	Provision of nutrition education classes and skills development (e.g., cooking classes as education) for the purposes of meeting the Enrollee's nutritional and dietary needs	Z59.41	1 unit = 15 minutes  Multiple units per member per month  Provider must bill for a date range when billing more than one unit in a month.
S9452-U6	Nutrition Counseling	Provision of nutrition counseling for the purposes of meeting the Enrollee's nutritional and dietary needs	Z59.41	1 unit = 15 minutes  Multiple units per member per month  Provider must bill for a date range when billing more than one unit in a month.
S9977-U6	Medically Tailored Food Boxes	Selection of minimally prepared grocery items that meet appropriate nutritional standards	Z59.41	1 unit = 30-day supply of food boxes  1 unit per month maximum
S9977-U9	Medically Tailored Food Prescriptions and Vouchers	Nutrition vouchers and grocery store gift cards to procure healthy food from an approved purchase list	Z59.41	1 unit = 1 food prescription or voucher  1 unit per member per month

# Provider Payment Guidelines

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## Related Mass General Brigham Health Plan Payment Guidelines

[General Coding and Billing](#)

## References

[MassHealth, Information for MassHealth ACOs and HRSN Providers](#)

[MassHealth, Physician Manual for MassHealth Providers](#)

## Publication History

<b>Topic: Health Related Social Needs</b>	<b>Owner: Network Management</b>
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*January 1, 2025*

*Original Documentation*

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers' contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

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