

## Network Notification—Humana Healthy Horizons in Kentucky

**Notice date:** September 17, 2025  
**To:** Humana Healthy Horizons in Kentucky provider network  
**From:** Humana Healthy Horizons in Kentucky  
**Subject:** Comprehensive community support services

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Humana Healthy Horizons® in Kentucky wants to remind providers of important information regarding comprehensive community support services (CCSS), Common Procedure Terminology (CPT®) code H2015, when treating affected members. CCSS are structured interventions to support independence in the community for individuals diagnosed with psychiatric and co-occurring disorders.

As a Medicaid-enrolled provider, you have an obligation to review and understand all regulations applicable to services provided to our members. You can find regulations specific to this service at [Title 907 Chapter 15 • Kentucky Administrative Regulations • Legislative Research Commission](#) based on your enrolled provider type.

### Key characteristics of comprehensive community support services

- **Understanding service requirements:**
  - Service must be offered to individuals through face-to-face methods; they are not appropriate for group settings.
  - Services may include a variety of psychiatric and behavioral rehabilitative techniques intended to develop and improve skills in the following areas:
    - Emotional regulation and social skills
    - Coping and handling crisis situations
    - Activities of daily living
    - Self-awareness, insight and prevention

- Services must be provided for an individual with a mental health disorder as the primary diagnosis or a co-occurring disorder.
  - Per [Title 908 Chapter 2 Regulation 250, Kentucky Administrative Regulation](#), a co-occurring disorder is defined as the primary diagnosis of a mental health disorder and 1 or more of the following:
    - Substance use disorder
    - Intellectual disability
    - Physical health disorder or condition
- Duplicative services: Therapeutic rehabilitation program (TRP) services and CCSS are duplicative services based on the covered service descriptions found in applicable regulations.
- **Provider requirements:**
  - Individually enrolled providers are not reimbursed for CCSS; group-level enrollment is required.
  - CCSS may be performed by an approved behavioral health practitioner, an approved behavioral health practitioner under supervision, or a Community Support Associate (CSA) under appropriate supervision.
  - CCSS may not be performed or supervised by a licensed clinical alcohol and drug counselor or a certified alcohol and drug counselor.
  - The same rendering provider cannot serve in a dual role when treating an individual member (e.g., CSA, peer support specialists, community health workers).

As a reminder, Humana Healthy Horizons processes these claims for payment as indicated, per the provider’s Humana Healthy Horizons contract agreement and/or the [out-of-network payment policy](#).

Humana Healthy Horizons may deny claims billed outside the parameters outlined in regulations and specified above. Providers may appeal the claim denial if they feel the service meets criteria for medical necessity based on the member’s clinical needs. The provider has 60 calendar days from the date of the original claim denial to file an appeal. Humana Healthy Horizons recommends providers indicate “appeal” on all medical records and other documentation in supporting medical necessity for the service. For more information on appeals, please refer to the Humana Healthy Horizons in Kentucky Provider Manual.

Additionally, claims paid for Behavioral Health Policy Updates for Comprehensive Community Support Services (H2015) beyond the circumstances listed above may be reviewed for recovery.



If you have questions, please reach out to your Provider Relations representative or call Provider Services at 800-444-9137, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

## References:

- [907 KAR 15:005](#). Definitions for 907 KAR Chapter 15.

- [907 KAR 15:010](#). 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.
- [907 KAR 15:020](#). Coverage provisions and requirements regarding services provided by behavioral health services organizations for mental health treatment.
- [908 KAR 2:250](#). Community support associate; eligibility criteria and training.