

## Appendix 2.12 B: Contract Year (CY) 2026 Supplemental Benefit Services Category (SBSC) Codes

*As noted in section 2.12.3.1.1, when MA organizations are submitting EDRs for supplemental benefits that are part of a combined supplemental benefits package (as described in their plan benefit package (PBP)), the MA organization must separate utilization by service category and submit a separate EDR for each service category in which there was utilization. In addition, MA organizations must report the distinct category that is being utilized in the PWK06 field followed by ‘zz’ (zz).*

SBSC Code	Supplemental Benefit Services Category Code Description
1a1	Additional Days for Inpatient Hospital-Acute
1a2	Non-Medicare-covered Stay for Inpatient Hospital-Acute
1a3	Upgrades for Inpatient Hospital-Acute
1a-B	Inpatient Hospital – Acute Services (For B-Only Plans)
1b1	Additional Days for Inpatient Hospital Psychiatric
1b2	Non-Medicare-covered Stay for Inpatient Hospital Psychiatric
1b-B	Inpatient Psychiatric Hospital Services (For B-Only Plans)
2-1	Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)
2-3	SNF – Waiver of 3 Day Hospital Stay*
2-B	SNF Care (For B-Only Plans)
3-1	Additional Cardiac Rehabilitation Services
3-2	Additional Intensive Cardiac Rehabilitation Services
3-3	Additional Pulmonary Rehabilitation Services
3-4	Additional Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD) Services
4c1	Worldwide Emergency Coverage
4c2	Worldwide Urgent Coverage
4c3	Worldwide Emergency Transportation
7b1	Routine Chiropractic Care
7b2	Chiropractic – Other Service
7f	Routine Foot Care
9d-1	Three (3) Pint Deductible Waived*
10b1	Transportation Services to Plan-Approved Health-related Location
10b2	Transportation Services to Any Health-related Location
13a	Acupuncture Treatments
13b	Over-the-Counter (OTC) Items
13c	Meal Benefits
13d	Other 1
13e	Other 2



<b>SBSC Code</b>	<b>Supplemental Benefit Services Category Code Description</b>
13f	Other 3
13g	Dual Eligible SNPs with Highly Integrated Services
13i1	Food and Produce
13i2	Meals (Beyond limited basis)
13i3	Pest Control
13i4	Transportation for Non-Medical Needs
13i5	Indoor Air Quality Equipment and Services
13i6	Social Needs Benefit
13i7	Complementary Therapies
13i8	Services Supporting Self-Direction
13i9	Structural Home Modifications
13i10	General Supports for Living
13i11	Non-Primarily Health Related Benefits for the Chronically Ill Other 1
13i12	Non-Primarily Health Related Benefits for the Chronically Ill Other 2
13i13	Non-Primarily Health Related Benefits for the Chronically Ill Other 3
13i14	Non-Primarily Health Related Benefits for the Chronically Ill Other 4
13i15	Non-Primarily Health Related Benefits for the Chronically Ill Other 5
14b	Annual Physical Exam
14c1	Health Education
14c2	Nutritional/Dietary Benefit
14c3	Additional Smoking and Tobacco Cessation Counseling
14c4a	Fitness Benefit – Physical Fitness*
14c4b	Fitness Benefit – Memory Fitness*
14c4c	Fitness Benefit – Activity Tracker*
14c5	Enhanced Disease Management
14c6	Telemonitoring Services
14c7a	Remote Access Technologies – Nursing Hotline*
14c7b	Remote Access Technologies – Web/Phone-based Technologies*
14c8	Home and Bathroom Safety Devices and Modifications
14c9	Counseling Services
14c10	In-Home Safety Assessment
14c11	Personal Emergency Response System (PERS)
14c12	Medical Nutrition Therapy (MNT)
14c13	Post Discharge In-home Medication Reconciliation
14c14	Re-admission Prevention



<b>SBSC Code</b>	<b>Supplemental Benefit Services Category Code Description</b>
14c15	Wigs for Hair Loss Related to Chemotherapy
14c16	Weight Management Programs
14c17	Alternative Therapies
14c18	Therapeutic Massage
14c19	Adult Day Health Services
14c20	Home-Based Palliative Care
14c21	In-Home Support Services
14c22a	Support for Caregivers of Enrollees – Respite Care*
14c22b	Support for Caregivers of Enrollees – Caregiver Training*
14c22c	Support for Caregivers of Enrollees – Other*
16b1	Oral Exams
16b2	Dental X-Rays
16b3	Other Diagnostic Dental Services
16b4	Prophylaxis (Cleaning)
16b5	Fluoride Treatment
16b6	Other Preventive Dental Services
16c1	Restorative Services
16c2	Endodontics
16c3	Periodontics
16c4	Prosthodontics, removable
16c5	Maxillofacial Prosthetics
16c6	Implant Services
16c7	Prosthodontics, fixed
16c8	Oral and Maxillofacial Surgery
16c9	Orthodontics
16c10	Adjunctive General Services
17a1	Routine Eye Exams
17a2	Other Eye Exam Services
17b1	Contact Lenses
17b2	Eyeglasses (Lenses and Frames)
17b3	Eyeglass Lenses
17b4	Eyeglass Frames
17b5	Eyewear Upgrades
18a1	Routine Hearing Exams
18a2	Fitting/Evaluation for Hearing Aid
18b1	Prescription Hearing Aids (All Types)
18b2	Prescription Hearing Aids – Inner Ear
18b3	Prescription Hearing Aids – Outer Ear
18b4	Prescription Hearing Aids – Over the Ear



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<b>SBSC Code</b>	<b>Supplemental Benefit Services Category Code Description</b>
<b>18c</b>	OTC Hearing Aids

\*Benefit category code has been defined for purposes of collecting these data via encounter data records (EDRs) and as part of the Part C Reporting Requirements. These codes are not part of the CY 2026 Plan Benefit Package (PBP).