

## Appendix 2.12 B: 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	Inpatient Acute Additional Days
1a2	Inpatient Acute Non-Medicare-Covered Stay
1a3	Inpatient Acute Upgrades
1b4	Inpatient Hospital - Acute Services (For B-Only Plans)
1b1	Inpatient Psychiatric Additional Days
1b2	Inpatient Psychiatric Non-Medicare-Covered Stay
1b3	Inpatient Psychiatric Hospital Services (For B-Only Plans)
2-1	SNF Additional Days Beyond Medicare-Covered
2-2	SNF Non-Medicare-Covered Stay
2-3	SNF - Waive Hospital Stay
2-4	SNF - Waive Hospital Stay, 3 days
2-5	SNF Care (For B-Only Plans)
3-1	Additional Cardiac Rehabilitation Services
3-2	Additional Pulmonary Rehabilitation Services
3-3	Additional Intensive Cardiac Rehabilitation Services
3-4	Additional Supervised Exercise Therapy for Peripheral Artery Disease 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	Three (3) Pint Deductible Waived
10b1	Transportation To Any Health-related Location
10b2	Transportation To Plan-approved Location
13a	Acupuncture Treatments
13b	Over-the-Counter (OTC) Items
13c	Meals
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
14c4-1	Fitness Benefit - Physical Fitness
14c4-2	Fitness Benefit - Memory Fitness
14c4-3	Fitness Benefit - Activity Tracker
14c5	Enhanced Disease Management
14c6	Telemonitoring Services
14c7-1	Remote Access Technologies - Nursing Hotline
14c7-2	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
14c22-1	Support for Caregivers of Enrollees - Respite Care
14c22-2	Support for Caregivers of Enrollees - Caregiver Training
14c22-3	Support for Caregivers of Enrollees - Other
16a1	Oral Exams
16a2	Prophylaxis (Cleaning)
16a3	Fluoride Treatment
16a4	Dental X-Rays
16b1	Dental Non-Routine Services
16b2	Dental Diagnostic Services
16b3	Dental Restorative Services
16b4	Endodontics
16b5	Periodontics
16b6	Extractions
16b7	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
17a1	Routine Eye Exams
17a2	Eye Exams - Other Service
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	Hearing Aids (All Types)
18b2	Hearing Aids - Inner Ear
18b3	Hearing Aids - Outer Ear
18b4	Hearing Aids - Over the Ear