The following are examples of how to submit services for Enhanced Care Management (ECM) and Community Supports (CS).

All information presented in this document is subject to change by DHCS.

ECM Services:

These codes can only be billed **once per month**; the code/modifier combination does not matter.

- G9008-U1 X 1 unit = $400
- G9008-U1/GQ X 1 unit = $400
- G9012-U2 X 1 unit = $400
- G9012-U2/GQ X 1 unit =$400

Allowed once per lifetime

- G9012 X 1 unit = $150

PHC will only reimburse either **G9008-U1** or **G9012-U2** once per month, per member. **Do not bill a date span** when submitting the above services.

Unsuccessful ECM Outreach:

- G9008-U8 X 1 unit = $5
- G9008-U8/GQ X 1 unit = $5
- G9012-U8 X 1 unit = $5
- G9012-U8/GQ X 1 unit =$5

PHC will only reimburse either **G9008-U8, U8/GQ** or **G9012-U8, U8/GQ** up to 5 times per rolling 30-day period per eligible member for successful outreach. This must occur prior to the date of ECM enrollment.

Multidisciplinary Team Conference = Informational Services

These services will be processed as Informational only, **no modifier** for the **Multidisciplinary Team Conference**. The services are not reimbursable. Providers must bill a charge amount for these services. A penny ($0.01) per unit is okay to bill.

HCPCS	HCPCS Description	Modifier	Modifier Description	Rate	Frequency	Conditions
G9007	Multidisciplinary Team Conference: Provided/Initiated by ECM Provider's Clinical Staff		Used by Managed Care with HCPCS code G9007 to indicate when a multidisciplinary team conference occurs between the Member's ECM lead care manager and one or more other Providers involved with managing a Member's care.	$0	Optional	No TAR required. Information only; must be billed amount.

Providers can bill these informational services with a date span.

ECM TAR Tips:
- Initial ECM TARs will be approved for one year (12 months)
    - Re-authorizations will be approved for up to six months
- Providers should verify the codes/modifiers they are billing match an approved TAR.
- Verify TAR start date is correct for when services start. For example, use the start date as the date the ROI was signed
- For initial TARs, remember to include G9012 X 1 unit for successful engagement, no modifier
- TARs should not include modifiers U8 or GQ
- When submitting a TAR for 6 months, end date the TAR the last day of the month.
    - **Example:** 6/1/24-12/31/24

Community Support Services:

TARs required for all CS services. Rates shown are standard rates.
- H0043-U6 and H2016-U6 are reimbursed *at a standard rate of* $386 per member, per month; Do not bill with a date span.
- T2040-U6 X 1 unit = $222 or
    - T2040-U6 X 2 units = $444 per month or
    - T2040-U6 X 1 unit + T2041 X 1 unit = $444 per month
- T2041-U6 X 1 unit = $222 or
    - T2041-U6 X 2 units = $444 per month or
    - T2041-U6 X 1 unit + T2040-U6 X 1 unit = $444 per month
- H0044-U2 Housing Deposits, approved up to $5000
- H0044-U3 X 1 unit per diem = $108, up to 180 days (only offered once per lifetime)

- T2033-U6 X 1 unit per diem = $204, no more than 90 days' continuous duration
- S5170-U6 = Home delivered medically supportive meals, up 2 meals/day, up to 12 weeks
- S9470- U6 = Nutritional Counseling, Diet; reimbursed $41 per nutritional assessment
- S9977-U6 = Weekly Grocery Bag/Box; reimbursed $66 for weekly grocery bag/box, covers 2 meals/day up to 12 weeks.

For the following codes, units should be billed in increments of 15 minutes.
- S5130-U6 = Homemaker Services; $8.25 per unit
- T1019-U6 = Personal Care Services; $8.25 per unit

CS TAR Tips:
- CS TARs for Housing Transition Navigation, and Housing Tenancy and Sustaining Services will be approved for 180 days (six months) * service limits may apply
- Housing Transition Navigation, Housing Deposits, and Housing Tenancy and Sustaining Services should not be submitted on the same TAR
- Housing Deposit TARs must include required documentation: CS Referral, housing support plan, copy of the lease, a list of items included in the total requested amount
- Short-Term Post-Hospitalization TARs can be requested for 180 days. Providers must end date the TAR if the member leaves before the 180 days
- Homemaker Services, Personal Care Services: *Quantity/Units for **TARs** should be requested in **increments of 15 minutes per unit**.*
- When submitting a TAR for 6 months, end date the TAR the last day of the month. **Example:** 6/1/24-12/31/24
- Medically Tailored Meals cannot be requested in combination with grocery box. Request must be either meals, or grocery box
- Please use the CPT code grid with appropriate modifier when submitting authorizations
- All TARs must include a completed Referral Form
- Do not bulk submit TARs and/or TAR corrections. Please contact the CS helpdesk for assistance
- Housing Transition Navigation, Housing Deposits, and Housing Tenancy and Sustaining Services should not be submitted on the same TAR
- ECM services should be submitted on a different TAR

For both ECM and Community Supports Services
- Always use location/place of service **99**

- For PMPM (per member, per month) codes, **do not** bill with a date span
- Partnership HealthPlan will always be primary payer for both ECM and CS
- Verify eligibility every month, preferably prior to each visit. **Eligibility should be verified even when an approved TAR is on file.**
- Billed amount for CS services should match contract rates
- For any Claims questions, please contact ecmclaimshelpdesksr@partnershiphp.org