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

ECM Services
- G9008-U1 X 1 unit = $350 (allowed once per month)
- G9008-U1/GQ X 1 unit = $350
- G9012-U2 X 1 unit = $350 (allowed once per month)
- G9012-U2/GQ X 1 unit = $350
- G9012 X 1 unit = $150 (allowed once per lifetime)

Only one of these codes can be billed once per month; the code/modifier combination does not matter. Partnership will only reimburse either G9008-U1 or G9012-U2 once per month, per member. Providers should verify that the codes/modifiers they are billing match an approved Treatment Authorization Request (TAR). Modifiers GQ and U8 are not required for TARs, do not bill a date span when submitting the above services.

ECM Outreach = Informational Services
- G9008-U8 X 3 units (1 unit = 15 minutes) = $0.03
- G9008-U8/GQ X 1 unit = $0.01
- G9012-U8 X 5 units = $0.05, 6/27/22-7/1/22
- G9012-U8/GQ X 1 unit = $0.01

The above examples are possible combinations for reporting informational services, these services will be processed as informational only. A TAR is not required for informational codes/modifiers. Providers can bill these services with a date span such as the third bullet point above for more than one outreach occurring. In order for the EDI system to accept the invoice, providers must bill a charge amount for these services. A penny ($0.01) per unit is OK to bill, any charge on a U8 modifier will be zeroed out and removed from the remittance.

Community Support Services
TARs are required for all CS services, rates are standard.
- H0043-U6 and H2016-U6 are reimbursed at $386 per member, per month; bill at least 30 days between dates of service. 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
- T2033-U6 X 1 unit per diem = $204, no more than 90 days of continuous duration; can be billed with a date span

For both ECM and Community Supports Services

- Always use location/place of service **99**
- For per member per month (PMPM), and codes G9008 U1 and G9012 U2, **do not** bill with a date span
- Verify TAR start date is correct for when services start. For example, use start date as the date the ROI was signed
- Partnership will always be the primary payer for both ECM and Community Supports
- Verify eligibility every month, preferably prior to each visit. Eligibility should be verified even when an approved TAR is on file