

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.

ECM Outreach & Multidisciplinary Team Conference = Informational Services

These services will be processed as Informational only, use the **U8** modifier for **ECM outreach** and **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.

Service code *	Modifiers	Frequency	Billed amount	Example
G9012	U8	Follow up during the month	0.1 or 1.00 this is not reimbursable	G9012-U8 X 5 units = \$0.05
G9012	U8-GQ	Telephonic follow up during the month	0.1 or 1.00 this is not reimbursable	G9012-U8/GQ X 1 unit = \$0.01
G9007		Optional	0.1 or 1.00 this is not reimbursable	G9007 X 4 units = \$0.04

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