

Enhanced Care Management (ECM) and Community Supports (CS) Billing Tips

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.

Clinical Codes

- G9008-U1 X 1 unit = \$400
- G9008-U1/GQ X 1 unit = \$400

Non-Clinical Codes

- G9012-U2 X 1 unit = \$400
- G9012-U2/GQ X 1 unit = \$400

Successful Engagement, allowed once per lifetime

- G9012 X 1 unit = \$150

Partnership 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

Partnership 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

- G9007 no modifier

The services are not reimbursable. Providers must bill a charge amount for these services, billed in increments of 15 minutes. **Example:** The case manager has spent 1 hour with clinical staff discussing members' plan of care.

- **G9007 x 4 units = \$0.04**

ECM Treatment Authorization Request (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. Example when the member agrees to enroll into ECM.
- 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, for the end date use the last day of the month
 - **Example:** 6/1/25-12/31/25

Community Support Services:

A TAR is required for all CS services. Rates shown are standard rates

- H0043-U6 or H2016-U6 = Housing Transition/Navigation Services are reimbursed at a standard rate of \$386 per member per month; **Do not bill with a date span.**
- Housing Tenancy and Sustaining Services; maximum 2 units of service per month
 - T2040-U6 X 1 unit = \$222 or X 2 units = \$444 per month
 - T2041-U6 X 1 unit = \$222 or 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 = Short Term Post Hospitalization; per diem = \$108, up to 180 days (only offered once per lifetime)
- T2033-U6 = Recuperative Care; 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.
- T2020-U6= Day Habilitation; 1 unit at \$7.00 maximum per day is 8 units of service
- H0014-U6 =Sobering Center; per diem, less than 24 hours; \$170.00

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For the following codes, units should be billed in increments of 15 minutes.

- S5130-U6 = Homemaker Services; \$8.25 per unit of service
- T1019-U6 = Personal Care Services; \$8.25 per unit of service
- H0045-U6 = Respite Services- not in home; \$8.25 per unit of service
- S5151-U6 = Unskilled Respite Care, not hospice; \$8.25 per unit of service
- S9125-U6 = Respite Care, in the home; \$8.25 per unit of service

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 180 days.
- Homemaker services, personal care services, respite 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 on the last day of the month.
Example: 6/1/26-12/31/26
- 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. Contact the CS helpdesk for assistance



Enhanced Care Management (ECM) and Community Supports (CS) Billing Tips

Tips for both ECM and Community Supports Services

- For PMPM (per member, per month) codes, **do not** bill with a date span
- If a member has Kaiser as primary, ECM & CS services will be coordinated through Kaiser, not Partnership.
- Members covered by D-SNP receive ECM services through their plan, not Partnership. Coordinate with the D-SNP for all ECM needs.
- 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