ECM AND COMMUNITY SUPPORTS HCPCS CODING GUIDANCE

Published: December 2021; Updated June 2024

Version 1.2[1]

Overview

Enhanced Care Management (ECM) and Community Supports are foundational components of the Department of Health Care Services' (DHCS) Medi-Cal transformation. At the start of these programs, DHCS developed guidance to standardize information exchange between Managed Care Plans (MCPs), and ECM and Community Supports Providers, as well as between MCPs and DHCS. This document contains the DHCS-established Healthcare Common Procedure Coding System (HCPCS) codes that must be used for documenting the rendering of ECM & Community Supports services in MCPs encounters.

(Added January 2024) After a year of statewide ECM and Community Supports implementation, DHCS is aiming to increase the uptake of ECM and Community Supports by easing plan and provider administrative burden by increasing the level of statewide data standardization for both programs. DHCS has made updates to ECM and Community Supports billing codes, which are labeled throughout this document and summarized in the Appendix. **Unless otherwise indicated, MCPs and ECM/Community Supports Providers must implement and adhere to the updates in this guidance by March 31, 2024.**

DHCS will continue to consider stakeholder feedback on this guidance and will make updates periodically moving forward. Stakeholder feedback can be submitted via the ECM and Community Supports mailbox: CalAIMECMILOS@dhcs.ca.gov.

(Added January 2024) This coding guidance applies both to (1) encounter data MCPs submit to DHCS and (2) claims and encounters ECM and Community Supports Providers submit to MCPs.

(1) ***Encounter Data MCPs Submit to DHCS.*** DHCS reviews ECM and Community Supports encounter data submitted by MCPs to monitor program performance and integrity, and to better understand the health and service

[1] In late 2022, DHCS administered a survey to MCPs and ECM and Community Supports Providers to better understand their experience using the HCPCS codes contained in this document. DHCS received over 200 responses. Updates made are based on feedback from the survey and other stakeholder sessions. Please see Appendix A for version notes.

needs of Medi-Cal enrollees. DHCS requires Medi-Cal MCPs to submit claims and encounter data in accordance with MCP contract requirements, All Plan Letter 14-019, and subsequent updates. MCPs are required to submit encounter data for ECM and Community Supports through existing encounter data reporting mechanisms for all covered, contracted, and rendered services, using the latest DHCS-approved ASC X12 837 Institutional and Professional transaction standards and the ECM and Community Supports coding requirements established in this document, to submit to the Post Adjudicated Claims and Encounters System (PACES). MCPs **must** use the DHCS-established HCPCS codes and modifiers established in this document to report on all ECM and Community Supports services rendered to PACES.

(2) ***Claims and Encounter Data ECM and Community Supports Providers Submit to MCPs.*** As established in the ECM and Community Supports Billing and Invoicing Guidance, MCPs must require their contracted ECM and Community Supports Providers to submit claims for the provision of ECM and Community Supports services using the national standard specifications and DHCS-established code sets contained in this document.

- ***(Added January 2024)*** **Effective immediately, MCPs may <u>not require or allow</u> ECM and Community Supports Providers to report codes or modifiers for ECM and Community Supports services beyond those included in this guidance, even if the MCP and ECM/Community Supports Provider mutually agree to the additional codes/modifiers.**[2] MCPs may utilize alternative payment approaches with ECM and Community Supports Providers, as long as service records continue to be reliably reported using the below HCPCS codes and modifiers. For example, an MCP might opt to pay a Provider for Housing Transition and Navigation Services in a per member per month (PMPM) payment. However, that MCP must still require the Provider to report the HCPCS codes and modifiers below, which are on a standard per diem basis.

- Providers that are unable to submit compliant claims may instead submit invoices to MCPs with "minimum necessary data elements defined by DHCS" in the ECM and Community Supports Billing and Invoicing Guidance. MCPs are responsible for translating invoice data into compliant encounters for submission to DHCS.

[2] DHCS is working individually with select MCPs who are currently allowing or requiring additional codes/modifiers beyond those established by DHCS. If your organization has any questions about the DHCS-established ECM and Community Supports HCPCS codes, please email: CalAIMECMILOS@dhcs.ca.gov

Enhanced Care Management – Claims & Encounter Coding Guidance

(Updated January 2024) MCPs must submit to DHCS the HCPCS codes listed in the table below for all ECM services rendered. MCPs may not require or allow their ECM Providers to report codes or modifiers for ECM beyond those listed below, **even if the MCP and the ECM Provider mutually agree to the additional codes/modifiers**.

ECM services are defined by a combination of a HCPCS code and modifier. For example, HCPCS code "G9008" by itself does not define an ECM service; it must be reported with modifier "U1" to represent an ECM care coordination service for billing purposes.

If an ECM service is provided through telehealth, an additional modifier, "GQ", must be used to identify the ECM service.[3]

ECM Provided by Clinical Staff[4][5]

HCPCS Level II Code	HCPCS Description	Modifiers	Modifier Description
G9008	ECM In-Person: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services.	U1	Used with HCPCS code G9008 to indicate ECM services
G9008	ECM Phone/Telehealth: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services.	U1, GQ	Used with HCPCS code G9008 to indicate ECM services.

[3] All telehealth services must be provided in accordance with DHCS policy. For more information refer to the DHCS Medi-Cal Provider Manuals.
[4] **(Added January 2024)** A clinical staff member is an individual who is qualified by licensure to perform ECM (e.g., licensed practical nurse (LPN), licensed vocational nurses (LVN), licensed clinical social worker (LCSW), registered nurses (RN), physician assistant (PA), nurse practitioner (NP), certified nurse specialist (CNS), Licensed Marriage Family Therapist (LMFT).
[5] **(Added January 2024)** Note: The rationale for capturing the delineation between "clinical" and "non-clinical" staff is for DHCS to track the provider types that are serving Members. Both "clinical" and "non-clinical" staff can serve as Member's ECM lead care manager.

HCPCS Level II Code	HCPCS Description	Modifiers	Modifier Description
G9008	ECM Outreach In Person: Provided by Clinical Staff. Other specified case management service not elsewhere classified.	U8	Used with HCPCS code G9008 to indicate a single in –person ECM outreach attempt for an individual member, for the purpose of initiation into ECM. ***(Updated January 2024)*** Can be used to indicate both successful and unsuccessful outreach attempts.
G9008	ECM Outreach Telephonic/Electronic: Provided by Clinical Staff. Other specified case management service not elsewhere classified.	U8, GQ	Used with HCPCS code G9008 to indicate a single telephonic/electronic ECM outreach attempt for an individual member, for the purpose of initiation into ECM. Telephonic/electronic methods can include text messaging or secure email individualized to the Member. However, mass communications (e.g., mass mailings, distribution emails, and text messages) do not count as outreach and should not be included. ***(Updated January 2024)*** Can be used for both successful and unsuccessful outreach attempts.

ECM Provided by Non-Clinical Staff[6]

HCPCS Level II Code	HCPCS Description	Modifiers	Modifier Description
G9012	ECM In-Person: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U2	Used with HCPCS code G9012 to indicate ECM services.
G9012	ECM Phone/Telehealth: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U2, GQ	Used with HCPCS code G9012 to indicate ECM services.
G9012	ECM Outreach In Person: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U8	Used with HCPCS code G9012 to indicate a single in –person ECM outreach attempt for an individual member, for the purpose of initiation into ECM. ***(Updated January 2024)*** Can be used for both successful and unsuccessful outreach attempts.

[6] **(Added January 2024)** A non-clinical staff member refers to anyone who does not meet the clinical definition above, who can perform or assist in the delivery of ECM (e.g., medical assistant (MA), community health worker (CHW), promotoras de salud, doulas). Please note a clinical staff member may be certified, but this does not equate to licensure.

HCPCS Level II Code	HCPCS Description	Modifiers	Modifier Description
G9012	ECM Outreach Telephonic/Electronic: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U8, GQ	Used with HCPCS code G9012 to indicate a single telephonic/electronic ECM outreach attempt for an individual member, for the purpose of initiation into ECM. Telephonic/electronic methods can include text messaging or secure email individualized to the Member. However, mass communications (e.g., mass mailings, distribution emails, and text messages) do not count as outreach and should not be included. ***(Updated January 2024)*** Can be used for both successful and unsuccessful outreach attempts.

ECM Provided by Multidisciplinary Team

HCPCS Level II Code	HCPCS Description	Modifiers	Modifier Description
G9007 ***(Added January 2024)***	Multidisciplinary Team Conference: Provided/Initiated by ECM Provider's Clinical Staff	No modifiers	Used 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. No modifier is required for the use of this code because it is assumed that these interactions will either be initiated by or involve participation of clinical staff.

Community Supports – Claims and Encounter Coding Guidance

(Updated January 2024) MCPs must submit to DHCS the HCPCS codes listed in the table below for all Community Supports services rendered. MCPs may not require or allow their Community Supports Providers to report codes or modifiers for Community Supports beyond those listed below, **even if the MCP and Community Supports Provider mutually agree to the additional codes/modifiers.**

Community Supports services are defined by a combination of a HCPCS code and modifier. As an example, HCPCS code "H0043" by itself does not define the service as a Housing Transition/Navigation Community Supports service for billing purposes; it must be reported with modifier "U6" for the supported housing services to be defined and categorized as a Community Supports service.

(Updated January 2024) If a Community Supports service is provided through telehealth, the modifier "GQ," must be used.[7]

(Updated January 2024) Some Community Supports services have more than one coding option. For these services, MCPs may determine which codes to require their Community Supports Providers to use. For example, MCPs may require their Community Supports Providers to bill short-term post-hospitalization housing on **either** a per diem (H0043, U3) **or** per month (H0044, U3) basis.

(Added January 2024) For the Community Supports services that allow for billing in 15-minute increments, MCPs should work with their Community Supports Providers to adhere to the "Rule of Eights": at least eight minutes of treatment must occur to bill for the first 15-minute increment, and for each subsequent 15-minute increment thereafter.

(Added January 2024) DHCS has added a separate section to this guidance (see pg. 14 below) to describe the HCPCS code and modifier combinations that the Department has added to capture the outreach efforts involved to initiate Member service delivery for **Housing Transition/Navigation, Housing Deposits, and Housing Tenancy and Sustaining Services.**

[7] All telehealth services must be provided in accordance with DHCS policy. For more information refer to the DHCS Medi-Cal Provider Manuals

Housing Transition/Navigation Services

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
H0043	Supported housing; per diem	U6	Used with HCPCS code H0043 to indicate Community Supports Housing Transition/Navigation Services
H2016	Comprehensive community support services; per diem	U6	Used with HCPCS code H2016 to indicate Community Supports Housing Transition/Navigation Services

Housing Deposits

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
H0044	Supported housing, per month. Requires deposit amounts to be reported on the encounter. Modifier used to differentiate housing deposits from Short-Term Post-Hospitalization Housing.	U2	Used with HCPCS code H0044 to indicate Community Supports Housing Deposit

Housing Tenancy and Sustaining Services

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
T2040	Financial management, self-directed; per 15 minutes[8]	U6	Used with HCPCS code T2040 to indicate Community Supports Housing Tenancy and Sustaining Services
T2050	Financial management, self-directed; per diem	U6	Used with HCPCS code T2050 to indicate Community Supports Housing Tenancy and Sustaining Services
T2041	Support brokerage[9], self-directed; per 15 minutes	U6	Used with HCPCS code T2041 to indicate Community Supports Housing Tenancy and Sustaining Services
T2051	Support brokerage, self-directed; per diem	U6	Used with HCPCS code T2051 to indicate Community Supports Housing Tenancy and Sustaining Services

[8] For financial management, MCPs may opt to use either the T2040, U6 combination to indicate “per 15 minutes” billing increments or the T2050, U6 combination to indicate "per diem" billing increments. MCPs may not submit or allow the use of both code/modifier combinations for an individual on the same day.

[9] For support brokerage, MCPs may opt to use either the T2041, U6 combination to indicate “per 15 minutes” billing increments or the T2051, U6 combination to indicate "per diem" billing increments. MCPs may not submit or allow the use of both code/modifier combinations for an individual on the same day.

Short-Term Post-Hospitalization Housing[10]

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
H0043	Supported housing; per diem. Modifier used to differentiate Short-Term Post Hospitalization Housing from Housing Transition/ Navigation Services.	U3	Used with HCPCS code H0043 to indicate Community Supports Short-Term Post-Hospitalization Housing
H0044	Supported housing; per month. Modifier used to differentiate Short-Term Post Hospitalization Housing from Housing Deposits.	U3	Used with HCPCS code H0044 to indicate Community Supports Short-Term Post-Hospitalization Housing

Recuperative Care (Medical Respite)

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	U6	Used with HCPCS code T2033 to indicate Community Supports Recuperative Care (Medical Respite)

[10] MCPs may require their Community Supports Providers to bill short-term post-hospitalization housing on either a per diem (H0043, U3) or per month (H0044, U3) basis.

Respite Services

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
H0045	Respite care services, not in the home; per diem	U6	Used with HCPCS code H0045 to indicate Community Supports Respite Services
S5151	Unskilled respite care, not hospice; per diem	U6	Used with HCPCS code S5151 to indicate Community Supports Respite Services
S9125	Respite care, in the home; per diem	U6	Used with HCPCS code S9125 to indicate Community Supports Respite Services

Day Habilitation Programs

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
T2012	Habilitation, educational; per diem	U6	Used with HCPCS code T2012 to indicate Community Supports Day Habilitation Programs
T2014	Habilitation, prevocational; per diem	U6	Used with HCPCS code T2014 to indicate Community Supports Day Habilitation Programs
T2018	Habilitation, supported employment; per diem	U6	Used with HCPCS code T2018 to indicate Community Supports Day Habilitation Programs

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
T2020	Day habilitation; per diem	U6	Used with HCPCS code T2020 to indicate Community Supports Day Habilitation Programs
H2014	Skills training and development[11]; per 15 minutes	U6	Used with HCPCS code H2014 to indicate Community Supports Day Habilitation Programs
H2038	Skills training and development; per diem	U6	Used with HCPCS code H2038 to indicate Community Supports Day Habilitation Programs
H2024	Supported employment; per diem	U6	Used with HCPCS code H2024 to indicate Community Supports Day Habilitation Programs
H2026	Ongoing support to maintain employment; per diem	U6	Used with HCPCS code H2026 to indicate Community Supports Day Habilitation Programs

[11] For skills training and development services, MCPs may opt use either the H2014, U6 combination to indicate “per 15 minutes” billing increments or the H2038, U6 combination to indicate "per diem" billing increments. MCPs may not submit or allow the use of both code/modifier combinations for an individual on the same day.

Nursing Facility Transition/Diversion to Assisted Living Facilities

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
T2038	Community transition; per service. Requires billed amount(s) to be reported on the encounter. Modifier used to differentiate from Community Transition Services/Nursing Facility Transition to a Home.	U4	Used with HCPCS code T2038 to indicate Community Supports Nursing Facility Transition/ Diversion to an Assisted Living Facility
H2022 ***(Updated January 2024)***	Community wrap-around services, assisted living services, per diem. Requires billed amount(s) to be reported on the encounter.	U5	Used with HCPCS code H2022 to indicate Community Supports Nursing Facility Transition/Diversion to an Assisted Living Facility

Community Transition Services/Nursing Facility Transition to a Home

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
T2038	Community transition; per service. Requires billed amount(s) to be reported on the encounter. Modifier used to differentiate from Nursing Facility Transition/Diversion to Assisted Living Facilities.	U5	Used with HCPCS code T2038 to indicate Community Supports Community Transition Services/Nursing Facility Transition to a Home

Personal Care/Homemaker Services

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
S5130	Homemaker services; per 15 minutes	U6	Used with HCPCS code S5130 to indicate Community Supports Personal Care/Homemaker Services
T1019	Personal care services; per 15 minutes	U6	Used with HCPCS code T1019 to indicate Community Supports Personal Care/Homemaker Services

Environmental Accessibility Adaptations (Home Modifications)

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
S5165	Home modifications; per service. Requires billed amount(s) to be reported on the encounter.	U6	Used with HCPCS code S5165 to indicate Community Supports Environmental Accessibility Adaptations/Home Modifications

Medically Tailored Meals/Medically-Supportive Food

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
S5170	Home delivered prepared meal	U6	Used with HCPCS code S5170 to indicate Community Supports Medically-Supportive Food/Medically Tailored Meals
S9470	Nutritional counseling, diet	U6	Used with HCPCS code S9470 to indicate Community Supports Medically-Supportive Food/Medically Tailored Meals
S9977	Meals; per diem, not otherwise specified	U6	Used with HCPCS code S9977 to indicate Community Supports Medically-Supportive Food/Medically Tailored Meals

Sobering Centers

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
H0014	Alcohol and/or drug services; ambulatory detoxification	U6	Used with HCPCS code H0014 to indicate Community Supports Sobering Centers

Asthma Remediation

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
S5165	Home modifications; per service	U5	Used with HCPCS code S5165 to indicate Community Supports Asthma Remediation

(Added January 2024) Coding Guidance – To Capture the Outreach Efforts Involved in Initiating Service Delivery of Select Community Support Services

DHCS recognizes the challenge Community Supports Providers face with finding and engaging individuals who are experiencing, or at risk of, homelessness who are eligible for and could benefit from Community Supports. As such, to inform future policy refinements, DHCS seeks additional information on the outreach efforts conducted by Community Supports Providers to support the initiation of the following services:

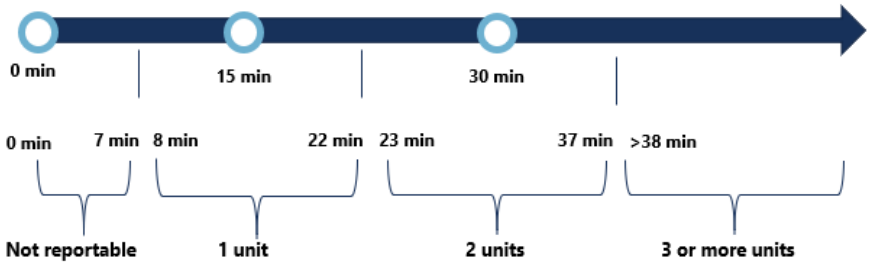
- Housing Transition and Navigation
- Housing Deposits
- Housing Tenancy and Sustaining Community Support Services.

MCPs must report the HCPCS code and modifier combinations in the table below for outreach efforts for these housing services, **including for both successful and unsuccessful outreach efforts**. MCPs must also require their Community Supports Providers who are contracted to deliver these services to submit these HCPCS code and modifier combinations.

The HCPCS codes and modifiers listed should only be used to track the outreach efforts involved in engaging a Member to initiate service delivery; they should **not** be used to record the ongoing outreach efforts to keep a Member engaged in service delivery.

Community Supports Providers must utilize the HCPCS codes and modifiers below to track outreach efforts. In accordance with the "Rule of Eights" (mentioned above), providers must spend at least eight minutes conducting successful or unsuccessful outreach efforts to report the first 15-minute unit of outreach. Successful and unsuccessful outreach **efforts that last for seven minutes or less** would not meet the "Rule of Eights" threshold and are therefore not reportable.

Figure 1: Time Unit Increments for Reporting Housing Outreach Codes



- 0-7 minutes – Not reportable
- 8-22 minutes – Equals 1 unit *(following the "rule of eights")*
- 23-37 minutes – Equals 2 units *(following the "rule of eights")*
- >38 minutes – Equals 3 or more units *(continuing to follow "rule of eights")*

Please note that these claims/encounter data coding requirements do not presently represent a change in DHCS' reimbursement policy or how payment arrangements are

established between MCPs and Community Supports Providers. **MCPs are <u>not</u> required to reimburse Community Supports Providers for these outreach efforts**. However, DHCS encourages MCPs and Community Supports Providers to work together to develop payment models that incorporate reimbursement for outreach to initiate the delivery of Community Supports services. In addition, the data submitted will be critical for the Department's future policy development efforts.

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
T1016 ***(Added January 2024)***	Community Supports In-Person Outreach per 15 minutes for the following services: • Housing Transition and Navigation • Housing Deposits • Housing Tenancy and Sustaining Services	U8	Used with HCPCS code T1016 to indicate in-person outreach efforts in 15 minutes increments for the purpose of connecting with a Member for the initiation of housing Community Supports services indicated. **Must be used for both successful and unsuccessful outreach efforts.**
T1016 ***(Added January 2024)***	Community Supports Telephonic/Electronic Outreach per 15 minutes for the following services: • Housing Transition and Navigation • Housing Deposits • Housing Tenancy and Sustaining Services	U8, GQ	Used with HCPCS code T1016 to indicate Telephonic/Electronic outreach efforts in 15 minutes increments for the purpose of connecting with a Member for the initiation of housing Community Supports services indicated. Telephonic/electronic methods can include text messaging or secure email individualized to the Member. However, mass communications (e.g., mass mailings, distribution emails, and text messages) do not count as outreach and should not be included. **Must be used for both successful and unsuccessful outreach efforts.**

Appendix A. Version Updates

Version 1.2

Listed below are the substantive edits made to this data guidance document in June 2024.

- Corrected footnote reference on page 8 (Housing Tenancy & Sustaining Services).
- Corrected footnote reference on page 9 (Short-Term Post-Hospitalization Housing).
- Updated document layout and style; tables are now ADA-accessible.

Version 1.1

Listed below are the substantive edits made to this data guidance document in January 2024.

General Update About the Process for Updating the HCPCS Coding Guidance

- Added brief description of DHCS' process to update the HCPCS Coding Guidance and commitment to periodically make updates moving forward.

Overview of the Encounter Data Submission Process

- Added concept clarifying that MCPs must use the DHCS-established HCPCS codes with modifiers and cannot add or use any additional HCPCS codes or modifiers other than those presented in this document.

ECM Coding Options

- Added footnotes 4, 5 and 6 to define clinical and non-clinical staff and clarify the purpose of the distinction.
- Clarified that codes used to indicate ECM Outreach can be used for both successful and unsuccessful outreach attempts.
- Included a new HCPCS code to capture ECM multidisciplinary team conferencing when a Member is not present.

Community Supports Coding Options

- Added language confirming that MCPs have discretion to determine which HCPCS codes to use, for those Community Supports that have multiple codes associated with them.
- Added clarifying guidance about how to bill using the 15-minute time increment when the service is less than 15 minutes.

- Added in assisted living payments to the code description and corrected a typo in H2022, U5 to correctly indicate that the services is for Nursing Facility Transition/Diversion to an Assisted Living Facility
- Indicated the effective start dates for per diem codes/modifiers alternatives requested by stakeholders that were added after 1/1/2022
    - Housing Tenancy and Sustaining Services, Financial management, T2050 U6
    - Housing Tenancy and Sustaining Services, Support brokerage, T2051 U6
    - Short-Term Post-Hospitalization Housing, Supported Housing, H0043 U3
    - Day Habilitation Programs, Skills training and development, H2038 U6

Coding Guidance – Outreach for Initiation of Housing Transition and Navigation, Housing Deposits, and Housing Tenancy and Sustaining Community Support Services

- New required HCPCS code and modifier combinations added to capture outreach efforts to Members for the initiation of Housing Transition and Navigation, Housing Deposits, and Housing Tenancy and Sustaining Community Supports services.