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**Enhanced Care Management and Community Supports
Coding Options
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Encounter Data Submission Process

The Department of Health Care Services (DHCS) requires Medi-Cal Managed Care Health Plans (MCP) to submit encounter data in accordance with requirements in the MCP contract and All Plan Letter 14-019, or any subsequent updates. For Enhanced Care Management (ECM) and Community Supports, MCPs are required to submit encounter data for these services through the existing encounter data reporting mechanisms for all covered services for which they have incurred any financial liability, whether directly or through subcontracts or other arrangements, using ASC X12 837 version 5010 x223 Institutional and Professional transactions and the new ECM and Community Supports coding requirements outlined in this document, to the Post Adjudicated Claims and Encounters System (PACES) effective January 1, 2022.

Enhanced Care Management – Coding Options

MCPs must use the Healthcare Common Procedure Coding System (HCPCS) codes listed in the table to report ECM services. The HCPCS code and modifier combined define the service as ECM. As an example, HCPCS code G9008 by itself does not define the service as an ECM service. HCPCS code G9008 must be reported with modifier U1 for the care coordination service to be defined and categorized as an ECM service. MCPs may utilize alternative payment approaches with ECM Providers, but must use the below HCPCS codes and modifiers for reporting applicable encounters to DHCS. **If an ECM service is provided through telehealth, an additional modifier GQ must be used. All telehealth services must be provided in accordance with DHCS policy.**¹

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 by Managed Care with HCPCS code G9008 to indicate Enhanced Care Management services
G9008	ECM Phone/Telehealth: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services.	U1, GQ	Used by Managed Care with HCPCS code G9008 to indicate Enhanced Care Management services.

¹ For more information refer to the DHCS [Medi-Cal Provider Manuals](#)

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 by Managed Care with HCPCS code G9008 to indicate a single in –person Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management.
G9008	ECM Outreach Telephonic/Electronic: Provided by Clinical Staff. Other specified case management service not elsewhere classified.	U8, GQ	Used by Managed Care with HCPCS code G9008 to indicate a single telephonic/electronic Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management. 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.
G9012	ECM In-Person: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U2	Used by Managed Care with HCPCS code G9012 to indicate Enhanced Care Management services
G9012	ECM Phone/Telehealth: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U2, GQ	Used by Managed Care with HCPCS code G9012 to indicate Enhanced Care Management services.
G9012	ECM Outreach In Person: Provided by Non-Clinical Staff. Other specified case management service not elsewhere	U8	Used by Managed Care with HCPCS code G9012 to indicate a single in –person Enhanced Care Management outreach attempt for an

HCPCS Level II Code	HCPCS Description	Modifiers	Modifier Description
	classified.		individual member, for the purpose of initiation into Enhanced Care Management.
G9012	ECM Outreach Telephonic/Electronic: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U8, GQ	<p>Used by Managed Care with HCPCS code G9012 to indicate a single telephonic/electronic Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management.</p> <p>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.</p>

Community Supports (ILOS) – Coding Options

MCPs must use the HCPCS codes listed in the table to report Community Supports services. The HCPCS code and modifier combined define the service as a Community Supports service. As an example, HCPCS code H0043 by itself does not define the service as a Housing Transition/Navigation Community Supports service. HCPCS code H0043 must be reported with modifier U6 for the supported housing services to be defined and categorized as a Community Supports service. MCPs may utilize alternative payment approaches with Community Supports providers, but must use the below HCPCS codes and modifiers for reporting applicable encounters to DHCS. For example, an MCP might opt to pay a provider for Housing Transition and Navigation Services as a per member per month (PMPM) payment. That MCP must still report encounters to DHCS as a per diem for every service rendered by that provider, using the HCPCS codes and modifiers below. MCPs may use either the per diem or per 15 minutes HCPCS codes for Community Support services that have both options available. **If a Community Supports service is provided through telehealth, the additional modifier GQ must be used. All telehealth services must be provided in accordance with DHCS policy.**²

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
Housing Transition/Navigation Services			
H0043	Supported housing; per diem	U6	Used by Managed Care with HCPCS code H0043 to indicate Community Supports Housing Transition/Navigation Services
H2016	Comprehensive community support services; per diem	U6	Used by Managed Care with HCPCS code H2016 to indicate Community Supports Housing Transition/Navigation Services
Housing Deposits			
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 by Managed Care with HCPCS code H0044 to indicate Community Supports Housing Deposit

² For more information refer to the DHCS [Medi-Cal Provider Manuals](#)

HCPSC Level II Code	HCPSC Description	Modifier	Modifier Description
Housing Tenancy and Sustaining Services³			
T2040	Financial management, self-directed; per 15 minutes	U6	Used by Managed Care with HCPSC code T2040 to indicate Community Supports Housing Tenancy and Sustaining Services
(New) T2050	Financial management, self-directed; per diem	U6	Used by Managed Care with HCPSC code T2050 to indicate Community Supports Housing Tenancy and Sustaining Services
T2041	Support brokerage, self-directed; per 15 minutes	U6	Used by Managed Care with HCPSC code T2041 to indicate Community Supports Housing Tenancy and Sustaining Services
(New) T2051	Support brokerage, self-directed; per diem	U6	Used by Managed Care with HCPSC code T2051 to indicate Community Supports Housing Tenancy and Sustaining Services
Short-Term Post-Hospitalization Housing			
(New) H0043	Supported housing; per diem. Modifier used to differentiate Short-Term Post Hospitalization Housing from Housing Transition/ Navigation Services.	U3	Used by Managed Care with HCPSC 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 by Managed Care with HCPSC code H0044 to indicate Community Supports Short-Term Post-Hospitalization Housing
Recuperative Care (Medical Respite)			
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	U6	Used by Managed Care with HCPSC code T2033 to indicate Community Supports Recuperative Care (Medical Respite)

³ MCPs may use either the per diem or per 15 minutes code to indicate the provision of the Housing Tenancy and Sustaining Services Community Support.

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
Respite Services			
H0045	Respite care services, not in the home; per diem	U6	Used by Managed Care with HCPCS code H0045 to indicate Community Supports Respite Services
S5151	Unskilled respite care, not hospice; per diem	U6	Used by Managed Care with HCPCS code S5151 to indicate Community Supports Respite Services
S9125	Respite care, in the home; per diem	U6	Used by Managed Care with HCPCS code S9125 to indicate Community Supports Respite Services
Day Habilitation Programs			
T2012	Habilitation, educational; per diem	U6	Used by Managed Care with HCPCS code T2012 to indicate Community Supports Day Habilitation Programs
T2014	Habilitation, prevocational; per diem	U6	Used by Managed Care with HCPCS code T2014 to indicate Community Supports Day Habilitation Programs
T2018	Habilitation, supported employment; per diem	U6	Used by Managed Care with HCPCS code T2018 to indicate Community Supports Day Habilitation Programs
T2020	Day habilitation; per diem	U6	Used by Managed Care with HCPCS code T2020 to indicate Community Supports Day Habilitation Programs
H2014	Skills training and development; per 15 minutes ⁴	U6	Used by Managed Care with HCPCS code H2014 to indicate Community Supports Day Habilitation Programs

⁴ MCPs may also use the provided per diem code for Day Habilitation Programs - Skills Training.

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
Day Habilitation Programs (Continued)			
(New) H2038	Skills training and development; per diem	U6	Used by Managed Care with HCPCS code H2038 to indicate Community Supports Day Habilitation Programs
H2024	Supported employment; per diem	U6	Used by Managed Care with HCPCS code H2024 to indicate Community Supports Day Habilitation Programs
H2026	Ongoing support to maintain employment; per diem	U6	Used by Managed Care with HCPCS code H2026 to indicate Community Supports Day Habilitation Programs
Nursing Facility Transition/Diversion to Assisted Living Facilities⁵			
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 by Managed Care with HCPCS code T2038 to indicate Community Supports Nursing Facility Transition/ Diversion to an Assisted Living Facility
H2022	Community wrap-around services, per diem. Requires billed amount(s) to be reported on the encounter.	U5	Used by Managed Care with HCPCS code H2022 to indicate Community Supports Community Transition Services/Nursing Facility Transition to a Home

⁵ Multiple encounters may be submitted for a single transition if different services are involved. A transition can also be indicated on a single encounter with a Begin and End date.

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
Community Transition Services/Nursing Facility Transition to a Home			
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 by Managed Care with HCPCS code T2038 to indicate Community Supports Community Transition Services/Nursing Facility Transition to a Home
Personal Care/Homemaker Services			
S5130	Homemaker services; per 15 minutes	U6	Used by Managed Care with HCPCS code S5130 to indicate Community Supports Personal Care/Homemaker Services
T1019	Personal care services; per 15 minutes	U6	Used by Managed Care with HCPCS code T1019 to indicate Community Supports Personal Care/Homemaker Services
Environmental Accessibility Adaptations			
S5165	Home modifications; per service. Requires billed amount(s) to be reported on the encounter.	U6	Used by Managed Care with HCPCS code S5165 to indicate Community Supports Environmental Accessibility Adaptations/Home Modifications
Medically-Supportive Food/Medically Tailored Meals			
S5170	Home delivered prepared meal	U6	Used by Managed Care with HCPCS code S5170 to indicate Community Supports Medically-Supportive Food/Medically Tailored Meals
S9470	Nutritional counseling, diet	U6	Used by Managed Care with HCPCS code S9470 to indicate Community Supports Medically-Supportive Food/Medically Tailored Meals

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
Medically-Supportive Food/Medically Tailored Meals (Continued)			
S9977	Meals; per diem, not otherwise specified	U6	Used by Managed Care with HCPCS code S9977 to indicate Community Supports Medically-Supportive Food/Medically Tailored Meals
Sobering Centers			
H0014	Alcohol and/or drug services; ambulatory detoxification	U6	Used by Managed Care with HCPCS code H0014 to indicate Community Supports Sobering Centers
Asthma Remediation			
S5165	Home modifications; per service	U5	Used by Managed Care with HCPCS code S5165 to indicate Community Supports Asthma Remediation