

Enhanced Care Management (ECM) Billing Codes and Rates

*PEPM = Per enrollee / per month

HCPCS	HCPCS Description	Modifiers	Modifier Description	Rate	Frequency	Conditions
G9008	In-person ECM: provided by clinical staff, coordinated care fee, physician coordinated care oversight services.	U1	Used with G9008 to indicate ECM services.	\$400	PEPM*	TAR required.
G9008	Phone and telehealth ECM: provided by clinical staff, coordinated care fee, physician coordinated care oversight services.	U1, GQ	Used with G9008 to indicate ECM services	\$400	PEPM*	TAR required.
G9008	In-person ECM outreach: provided by clinical staff, other specified case management service not elsewhere classified.	U8	Used with G9008 to indicate a single in-person ECM outreach attempt for an individual member. For the purpose of initiation into ECM.	\$5	Up to 5 unsuccessful outreach attempts will be reimbursed within a rolling 30-day period per eligible member	No TAR required. Must occur prior to the date of ECM enrollment. maximum outreach attempts before successful engagement is five (5).
G9008	Telephonic and electronic ECM outreach: provided by clinical staff, other specified case management service not elsewhere classified.	U8, GQ	Used with G9008 to indicate a single telephonic or electronic ECM outreach attempt for an individual member, for the purpose of initiation into ECM. Telephonic and electronic methods can include text messaging or secure email individualized to	\$5	Up to 5 unsuccessful outreach attempts will be reimbursed within a rolling 30-day period per eligible member	No TAR required. Must occur prior to the date of ECM enrollment. maximum outreach attempts







Enhanced Care Management (ECM) Billing Codes and Rates

			the member. Mass			before
			communication (e.g. mass			successful
			mailings/emails/text messages)			engagement is
			do not count as outreach and			five (5).
		Ş	should not be included.			
HCPCS	HCPCS Description	Modifier	Modifier Description	Rate	Frequency	Conditions
G9012	In-person ECM:	U2	Used with G9012 to	\$400	PEPM*	TAR
	provided by		indicate ECM services			required.
	non-clinical staff.					
	Other unspecified case management service.					
G9012	Phone and	U2, GQ	Used with G9012 to	\$400	PEPM*	TAR
	Telehealth ECM:		indicate ECM services.	•		required.
	provided by non-					
	clinical staff, other					
	specified as					
	management					
	service					
	not elsewhere					
22212	classified.					
G9012	In-person ECM	U8	Used with G9012 to	\$5	Up to 5	No TAR
	outreach: provided		indicate a single in-person ECM outreach attempt for		unsuccessf ul outreach	required. Must occur prior to
	by		an individual member, for		attempts	the date of
	non-clinical staff,		the purpose of initiation		will be	ECM
	other specified case		into ECM.		reimbursed	enrollment.
	management				within a	maximum
	services				rolling 30-	outreach
	not elsewhere				day period per eligible	attempts before
	classified.				member	successful
						engagement is
						five (5).
G9012	Telephonic or	U8, GQ	Used with G9012 to	\$5	Up to 5	No TAR
	electronic		indicate a		unsuccessf ul outreach	required. Must
	ECM outreach:		single telephonic or electronic		attempts	occur prior to the date of
	provided		ECM outreach attempt for		will be	ECM
	by non-clinical		an individual member.		reimbursed	enrollment.
	staff,		Mass communications		within a	maximum





Enhanced Care Management (ECM) Billing Codes and Rates

	other specified case		(e.g. mass		rolling 30-	outreach
	management		mailings/emails/text messages) do not count as outreach attempts and should not be counted.		day period	attempts
	service				per eligible member	before successful engagement is
	not elsewhere					
	classified.					five (5).

HCPCS	HCPCS Description	Modifier	Modifier Description	Rate	Frequency	Conditions
G9007	Multidisciplinary Team Conference: Provided/Initiated by ECM Provider's Clinical Staff		Used by Managed Care with HCPCS code G9007 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.	\$0	Optional	No TAR required. Information only; must be billed amount.



