KERN HEALTH SYSTEMS

| KERN HEALTH SYSTEMS<br><br>POLICY AND PROCEDURES | | | | | |
|---|---|---|---|---|---|
| SUBJECT: Enhanced Care Management Coding and Payment to Providers | | | | POLICY #: 18.25-P | |
| DEPARTMENT: Enhanced Care Management | | | | | |
| Effective Date:<br>01/01/2022 | Review/Revised Date:<br>3/22/2023 | DMHC | | PAC | |
| | | DHCS | X | QI/UM COMMITTEE | |
| | | BOD | | FINANCE COMMITTEE | |

_____ Date _____
Emily Duran
Chief Executive Officer

_____ Date _____
Chief Financial Officer

_____ Date _____
Senior Director of Provider Network

_____ Date _____
Director of Claims

_____ Date _____
Administrative Director of ECM

**POLICY:**

KHS Enhanced Care Management (ECM) Providers will use the DHCS provided HCPCS codes and modifiers for ECM. This coding scheme uses HIPAA compliant HCPCS code and modifier combinations to identify clinical & non-clinical services, distinguish between in-person and telehealth 'visits', and identify ECM services.

**PURPOSE:**

For the Enhanced Care Management (ECM) Program, Kern Health Systems (KHS) will submit encounter data to capture ECM as required by the Department of Health Care Services (DHCS).

**DEFINITIONS:**

| Term | Definition |
|---|---|
| Clinical Staff | An ECM Team member that has direct patient care (e.g.: Provider, Nurse, Medical Assistant, Social Worker, Pharmacist, RD, etc.) |
| Non-clinical staff | An ECM Team member that does not have direct patient care (e.g.: receptionist, administrator, outreach specialist, intake / authorizations /referral clerk, etc.) |
| In-person | A Clinical or Non-Clinical ECM Team member having an in-person or face-to-face interaction with the HHP member /patient. |
| Phone/Telehealth | Interactions which occur via phone or telehealth with a Non-Clinical or Clinical ECM team member. |

**PROCEDURES:**

**A. Enhanced Care Management (ECM)– Coding Options for Kern Health Systems (KHS)**

Healthcare Common Procedure Coding System (HCPCS) codes will be used for ECM. 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 care coordination service fee. HCPCS code G9008 must be reported with modifier U1 or U8 for the care coordination services to be defined and categorized as an ECM service. *If a service is provided through telehealth, the additional* ***modifier GQ*** *must be used.* All telehealth services must be provided in accordance with DHCS policy.

*****The HCPCS code and modifier combined define the service as ECM. Both are required on claims submission in order for the ECM Services to be valid.***

**B. Payment of ECM Providers**

1. KHS will pay ECM Providers for the provision of authorized ECM to Members in accordance with established contracts.
2. KHS shall pay 90% of all clean claims from ECM Providers within 30 days of the date of receipt and 99% of all clean claims within 90 days. The date of receipt shall be the date KHS receives the claim, as indicated by its date stamp on the claim. The date of payment shall be the date of the check or other form of payment. ECM Providers will submit a claim for services rendered.

**REFERENCE:**

**Revision 2022-01:** Policy developed to outline processes regarding ECM coding and payment to providers.

1. Finalized ECM & CSS Coding Options
2. ECM Billing and Invoicing Guidance
3. KHS Claims Submission and Reimbursement Policy 6.01