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PAYMENT POLICY ID NUMBER – 15-041

Original Effective Date: 06/01/2015

Revised: 02/09/2023

Care Coordination Services

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DESCRIPTION:

This policy identifies specific care coordination services reported on claims that are not separately reimbursable.

REIMBURSEMENT INFORMATION:

Florida Blue reimburses care coordination services within payment for specific programs or other procedures and does not reimburse care coordination services separately reported with procedure codes listed in the “Billing/Coding Information” section.

BILLING/CODING INFORMATION:

The following codes may be used to describe care coordination services:

HCPCS Coding/Modifiers:

| Code | Descriptor |
|-------------|---------------------------------------------------|
| G9001 | Coordinated care fee, initial rate |
| G9002 | Coordinated care fee, maintenance rate |
| G9003 | Coordinated care fee, risk adjusted high, initial |
| G9004 | Coordinated care fee, risk adjusted low, initial |
| G9005 | Coordinated care fee, risk adjusted maintenance |

| Code | Descriptor |
|-------|-----------------------------------------------------------------------------------------|
| G9006 | Coordinated care fee, home monitoring |
| G9007 | Coordinated care fee, scheduled team conference |
| G9008 | Coordinated care fee, physician coordinated care oversight services |
| G9009 | Coordinated care fee, risk adjusted maintenance, level 3 |
| G9010 | Coordinated care fee, risk adjusted maintenance, level 4 |
| G9011 | Coordinated care fee, risk adjusted maintenance, level 5 |
| G9012 | Other specified case management services not elsewhere classified |
| S0280 | Medical home program, comprehensive care coordination and planning, initial plan |
| S0281 | Medical home program, comprehensive care coordination and planning, maintenance of plan |
| S0315 | Disease management program; initial assessment and initiation of the program |

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

N/A

REFERENCES:

1. American Medical Association, *Current Procedural Terminology (CPT®), Professional Edition*.
2. Centers for Medicare & Medicaid Services (CMS), HCPCS Release and Code Sets, <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

GUIDELINE UPDATE INFORMATION:

| | |
|------------|--------------------------------------------------|
| 05/08/2015 | Policy approved by Payment Policy Committee |
| 06/01/2015 | Effective date of new payment policy |
| 10/27/2016 | Annual Review |
| 02/14/2019 | Annual Review |
| 02/13/2020 | Annual Review |
| 02/11/2021 | Annual Review |
| 03/17/2022 | Annual Review – References updated |
| 02/09/2023 | Annual Review – References reviewed and updated. |

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