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PAYMENT POLICY ID NUMBER 15-041

Original Effective Date: 06/01/2015

Revised: 02/13/2025

Care Coordination Services

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DESCRIPTION:

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

This policy applies to billing for services on a CMS-1500 or equivalent claim form. Same provider for the purposes of this policy includes all physicians and/or other health care professionals reporting under the same Federal Tax Identification number.

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

Code	Descriptor
G9003	Coordinated care fee, risk adjusted high, initial
G9004	Coordinated care fee, risk adjusted low, initial
G9005	Coordinated care fee, risk adjusted maintenance
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.
02/08/2024	Annual Review – References reviewed and updated.
02/13/2025	Annual Review – Clarifying language added to indicate this policy applies to billing for services on a CMS-1500 or equivalent claim form. References reviewed and updated.

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