



# DoD Coding Guidance for Case Management (CM) Services

**There are three specific areas that involve coding in relationship to CM documentation:**

**1. Establishing the case manager's provider profile in the Composite Health Care System (CHCS):** The provider specialty codes and Health Insurance Portability and Accountability Act (HIPAA) taxonomy codes in Table 1 are used in the case manager's provider profile. These new provider specialty codes are used to separately identify social worker case managers and nurse case managers.

Table 1. HIPAA Taxonomy and Provider Specialty Codes for CM Services

Service	Description	CHCS Provider Specialty Code
163WC0400X	Registered Nurse Case Manager	613
1041C0700X	Social Worker Case Manager	714

**2. Clinical CM Medical Expense and Reporting System (MEPRS) Codes:** MEPRS are the MHS cost accounting method. The MEPRS codes in Table 2 should be used to identify case manager time and expenses.

Table 2. MEPRS Codes for CM Services

HIPAA Taxonomy	Using Special Funds for: Global War On Terror (GWOT)/Warrior in Transition	Using Military Treatment Facility (MTF) Funds: All Others (Active Duty (AD) & Non-AD)
Army MTF	FAZ2	ELAN
Navy MTF	ELA2	ELAN
Air Force MTF	ELA2	ELAN

**3. Actual CM activity codes using ICD-9, Evaluation and Management Codes (E & M) and Healthcare Common Procedure Coding System codes (HCPCS):**

**A. Diagnoses and Procedure Codes used for CM Services.** (see International Classification of Diseases – 9th Revision – Clinical Modifications (ICD-9-CM) Diagnosis Codes (Reference (i))). Table 3 lists the ICD-9 Codes used by case management.

Table 3. Case Management ICD-9 Codes and Code Description

Case Management ICD-9 Codes	Code Description
V49.89	Case management primary diagnoses code—for initial encounter
V49.89_2	Case management start-extender code
V49.89_3	Case management continue-extender code
V49.89_4	Case management end-extender code
V49.89_9	Case management, other and unspecified
V70.5_G	Secondary diagnoses code-use if patient is a wounded warrior or in CM due to a deployment related problem

**B. Secondary Diagnoses Coding:** If the patient is a wounded warrior or in CM due to a deployment related problem, assign V70.5\_G as the secondary diagnosis.

**C. Evaluation and Management (E&M) Codes:** CM services are “non-count” and will be assigned 99499 as the E&M code for all encounters. (If the appointment was correctly set to a non-count visit, CHCS and AHLTA should only allow for a 99499 visit.)

**D. HCPCS Codes:** The HCPCS Codes in Table 4 are used to assign one G code per patient per month. HCPCS G codes are used to assign a level of acuity for monthly reporting purposes as outlined in DTM 08-033 in paragraph 2.f. of attachment 3. Reporting requirements:

- CM services are reported monthly between first and fifth business day of the month.
- Use Code V49.89\_2 Start, E&M 99499, and the appropriate G code to represent the acuity the first time a new patient is seen by a new case manager.
- Use Code V49.89\_3 Continue, E&M 99499, and the appropriate G acuity code for each subsequent reporting period for that patient.
- Use Code V49.89\_4 End, E&M 99499, and the appropriate G acuity code when the patient will end management with the current case manager.
- Restart the reporting process by use of the start V code, if patient returns after services are ended.

Table 4. HCPCS Codes for Case Management Services

HCPCS Code	Acuity Level	Description
G9002	1	Contact: At least once a month Interventions: 0-2 Examples: Patients: rehabilitation, extended convalescent leave periods, disability evaluation process, or awaiting further surgical intervention or medical treatment.
G9005	2	Contact: 3-4 times per month Interventions: 1-4 Examples: Patients requiring further coordination and follow-up for: pharmacotherapy, home health, social resources, transportation, and occasional assistance with authorizations or appointments. May also include coordination communications with the interdisciplinary health care team and patient and/or family.
G9009	3	Contact: 1-2 times per week Interventions: 1-4 Examples: Patients requiring further coordination and/or follow-up for: pharmacotherapy, DME and/or home health, social resources, and transportation. Complex psychosocial issues.
G9010	4	Contact: 3 times per week Interventions: 1-6 Examples: Patients requiring further coordination and follow-up for: episodic crises cases, transfers based on the appropriate level of care requirements, and other high visibility cases
G9011	5	Contact: Minimum of 3 times per week Interventions: 1-6 or more These are acute complex cases that require significant coordination and follow-up and who will involve daily contact.

For additional information see **DTM 08-033** August 26, 2009: Attachment 3, Section 2 <http://www.dtic.mil/whs/directives/corres/dir3.html>