January 2020

Chronic Care Management

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In 2015, the Centers for Medicare and Medicaid Services (CMS) launched Chronic Care Management (CCM) fee-for-service billing codes to reimburse providers for coordinating care outside of traditional office visits for patients with multiple chronic diseases.[1] Through a team-based strategy involving physicians and other clinical staff to deliver CCM services, providers can support care management while increasing revenue.[2] Addressing patient concerns and education through CCM can improve patient satisfaction and treatment adherence.[3]

What is Chronic Care Management?

CCM seeks to incentivize clinicians to provide non-face-to-face longitudinal care coordination for patients with multiple chronic diseases. Prior to initiating CCM, patients must provide verbal or written consent to participate in CCM and acknowledge applicable cost-sharing. CCM services are reimbursed per calendar month and divided into non-complex (99490, 99491) and complex (99487, 99489) CCM. Per guidance from CMS[4], providers can bill for CCM services for patients with (a) "multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient"; (b) "chronic conditions [that] place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline"; and (c) a "comprehensive care plan [that is] established, implemented, revised, or monitored". In addition, complex CCM must also include (d) "moderate or high complexity medical decision-making" and (e) "establishment or substantial revision of a comprehensive care plan". Of note, Medicare continues to use the terms "CCM" and "Complex CCM" to refer to non-complex and complex CCM, respectively.

CCM Service Eligibility

CPT	Time*	Reimbursement for Physician Work RVUs**	Details
99490	≥ 20 minutes	$42.17	Non-complex CCM reflecting services performed by the billing practitioner or clinical staff under the

			supervision of the billing practitioner***. Cannot be reported in the same month as 99491, 99487, or 99489.
99491	≥ 30 minutes	$83.97	Non-complex CCM reflecting services performed directly by the billing practitioner***. Cannot be reported in the same month as 99490, 99487, or 99489.
99487	≥ 60 minutes	$92.98	Complex CCM reflecting services performed by the billing practitioner or clinical staff under the supervision of the billing practitioner***. Cannot be reported in the same month as 99490 and 99491.
99489	Each additional ≥ 30 minutes	$46.49	Add-on code denoting additional clinical staff time on complex CCM. Can be reported in conjunction with 99487.
G0506	-	$63.43	One-time add-on code for care planning activities associated with initiating CCM during another patient encounter. No minimum time requirement.
Notes: *Per calendar month; **Approximate values per calendar month in CY 2019, reimbursements vary by geographic region[5]; ***Physicians, nurse practitioners, physician assistants, clinical nurse specialists, and certified nurse midwives are eligible to bill for CCM services.[6]			

CY 2020 Policy Updates

The CY 2020 Physician Fee Schedule[4] introduces a new code (G2058) that can be added onto 99490 to reimburse providers for each additional 20 minutes spent on non-complex CCM, reportable a maximum of two times within a given calendar year for a given beneficiary. CMS also plans to broaden reimbursement criteria for complex CCM by removing requirements for substantial patient care plan revisions, instead including monitoring within the scope of "establishment or substantial revision of a comprehensive care plan". Finally, CMS plans to introduce Principal Care Management codes in CY 2020 to support care management for patients with a single, high-risk disease or complex chronic condition, with the expectation that these services will primarily be billed by subspecialists.

More research is needed to understand the degree to which CCM impacts health outcomes, as well barriers to implementation. Adoption of these billing codes remains low,[7] in part due to reimbursement rates that are too low to cover upfront infrastructure and technology costs.[3]

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