CHRONIC CARE MANAGEMENT

THIS MODULE COVERS

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❶ CHRONIC CARE MANAGEMENT DEFINITION

CCM is a care coordination service completed outside of the regular office visit (non-face-to-face) for patients with **two or more chronic conditions.**

○ CCM is time focused on a patient between in-person visits, and must be:
- ✓ Non face-to-face
- ✓ A minimum of at least 20 minutes per month
- ✓ Billed by one provider, in one clinic once per month

○ Must Provide patients with 24-7 access to education, psychosocial support and care coordination.

○ All of the following are considered non-face-to-face care coordination components:
- ✓ Phone
- ✓ Email
- ✓ EHR communication
- ✓ Coordination with health-care team

❷ CHRONIC CARE MANAGEMENT ELIGIBILITY

Patients must have two or more chronic conditions to be eligible for CCM. There are a number of chronic conditions that may qualify for CCM, including:

- Alzheimer's disease and related dementia
- Arthritis
- Asthma
- Cancer
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes
- Heart Failure
- Hypertension
- Osteoporosis

○ These conditions must also be expected to last <u>at least 12 months</u>, or until the death of the patient.

○ Must place the patient at significant risk of death, acute exacerbation or decompensation or functional decline.

❸ WHO CAN PERFORM CHRONIC CARE MANAGEMENT?

- Registered Nurses
- Licensed Practical Nurses
- Medical Assistants
- Medical Doctors or Doctors of Osteopathic Medicine
- Physician Assistant - Certified
- Advanced Practice Registered Nurses
- Contracted third-party vendors

Note: *The RN, LPN or MA must be employed in the same clinic as the billing clinician. MD, DO, PA-C and APRNs can only perform CCM services under billing code 99491.*
- *Clerical Staff (reception)* **cannot perform** *CCM services*
- *Only* **one person can bill** *for* **each patient each month** *for CCM services*

❹ CHRONIC CARE MANAGEMENT BILLING

The following actions are required to bill for CCM:
- ✓ Patient consent
- ✓ Development of a comprehensive care plan
- ✓ Providing continuity of care
- ✓ Recording data through a certified EHR
- ✓ Providing patients a way to contact your practice around-the-clock for urgent care management

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4 CHRONIC CARE MANAGEMENT BILLING

CODING

There are two main codes for CCM:

Non-complex CCM: 99490

- Care does not require significant changes to the comprehensive care plan
- Care provided is of low complexity regarding medical decision making
- Minimum of 20 minutes of non-face-to-face time
- Non-complex CCM can only be billed once per month
- Average reimbursement (2019): $43

Complex CCM: 99487

- Must include establishment or substantial revision to a comprehensive care plan
- Requires moderate or highly complex medical decision making
- Minimum of 60 minutes of non-face-to-face time
- Complex CCM can only be billed once per month
- Average Reimbursement (2019): $93

Note: *Keep in mind that you cannot bill for complex CCM and non-complex CCM in the same calendar month.*

Other Codes to Consider

99489

- Add on code to account for each additional 30 minutes of additional time spent beyond the initial 60 minutes of complex CCM
- Cannot be billed with Non-complex CCM
- Average Reimbursement (2019): $47

99491

- CCM services that are provided by an MD, DO, PA-C or APRN
- Minimum of 30 minutes of CCM services must be completed
- Average Reimbursement (2019): $83

G0506

- Add-on code to CCM initiating visit
- Can only be billed once
- Average reimbursement is (2019): $64
- This code can only be billed once per CCM billing practitioner
- Can be billed for in the same month as 99490

5 CHRONIC CARE MANAGEMENT BENEFITS

CCM services offer personal support to patients with complex needs.

○ This enhanced level of care leads to:
- Better patient outcomes
- Improved patient satisfaction
- Improved care coordination, and
- Increased revenue

6 CHRONIC CARE MANAGEMENT EXAMPLE

Sample Patient: Liam **| Age:** 67 years old

Liam has been diagnosed with Type 2 diabetes and hypertension. Liam began CCM services at his Medicare Annual Wellness Visit.

Activity Log	Time Spent
A nurse calls Liam two days after his E&M visit and discusses lab results	❌ **10** minutes
Liam calls his CCM nurse with blood sugar levels and questions	✅ **20** minutes
CCM Billing • Bill **99490** (non-complex CCM)	✔ **20 minutes**

Note: *The 20-minute phone call Liam makes to his nurse counts for CCM. However, the 10-minute phone call from Liam's nurse does not count because it was directly related to the E&M visit.*

7 KEY STATISTICS
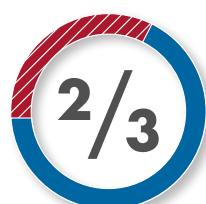
2/3 2/3 of Medicare beneficiaries have **two or more chronic conditions**

90% 90% of the **$3.3 Trillion** spent on health care in the United States each year is attributed to individuals with chronic and mental health conditions.