

Chronic Care Management Overview

PATIENT SCENARIOS

NEBRASKA
HEALTH
NETWORK



Chronic Care Management (CCM) offers personal support to patients with complex needs. This added level of care and service leads patients to a healthier lifestyle by proactively managing their care and providing a trusted clinical resource they can reach around-the-clock.

CCM is designed for patients with two or more chronic conditions that are anticipated to last at least 12 months or until the patient's death. Patients enrolled in CCM services benefit from an entire care team focused on their needs, increased communication with their provider and improved care coordination.

The patient scenarios below help demonstrate how CCM services and billing work on a monthly basis. Reference the chart to find the correct billing code for each example. For additional information on each code, please reference CMS billing guidelines.

CCM Code	Description	Minimum Time	Average 2023 Reimbursement	
			NON-FACILITY	FACILITY
99490	Non-Complex CCM <i>(can only be billed once monthly)</i>	20 min.	\$59	\$48
99487	Complex CCM	60 min.	\$124	\$86
99489	Add-on for 99487	Additional 30 min.	\$66	\$47
99491	Services provided by an MD, DO, PA-C or APRN	30 min.	\$80	\$71
G0506	Add-on code to CCM initiating visit	N/A	\$58	\$42

SAMPLE PATIENT ONE: Liam • 67 years old • Medicare

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



Activity Log

A nurse calls Liam two days after his E&M visit and discusses lab results

Liam calls his CCM nurse with blood sugar levels and questions



Time Spent

✗ 10 minutes

✓ 20 minutes

✓ 20 minutes • **Bill 99490**

MONTH ONE



CCM Billing • Bill 99490 (non-complex CCM) for month one

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.

The CCM nurse calls Liam to discuss diet education

The CCM nurse calls Liam to discuss blood sugar review

✓ 10 minutes

✓ 7 minutes

✗ 17 minutes • **Cannot Bill**

MONTH TWO



CCM Billing • CANNOT BILL for month two

Note: Unable to bill for CCM because the time spent was less than 20 minutes.

The CCM nurse corresponds with Liam via email about his blood sugar

The CCM nurse calls Liam to discuss blood pressure review

✓ 25 minutes

✓ 10 minutes

✓ 35 minutes • **Bill 99490**

MONTH THREE



CCM Billing • Bill 99490 (non-complex CCM) for month three

SAMPLE PATIENT TWO: Amelia • 72 years old • Medicare

Amelia has been diagnosed with Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Diabetes and Hypertension. She recently was hospitalized with CHF and COPD exacerbation. Amelia's chronic issues and recent hospitalization requires moderate or high complexity medical decision making.



Activity Log



Time Spent

The CCM nurse calls Amelia to discuss diabetic supplies and alternative options for the plan of care

✓ 20 minutes

Transitional care management is provided to help Amelia after a hospital discharge before her 6-day follow-up appointment

✓ 10 minutes

MONTH ONE



CCM Billing • Bill 99490 for month one

Note: Bill for Code 99496 (transitional care management). TCM may be billed concurrently with CCM codes when relevant and medically necessary. Note that the minutes counted for TCM services cannot also be counted towards other services (including CCM).

✓ 30 minutes • Bill 99490 + 99496

Amelia calls her CCM nurse and discusses her questions concerning salt in her diet

✓ 10 minutes

The CCM nurse made calls coordinating Amelia's care with her PCP, Cardiology and Pulmonology providers. Once completed, the CCM nurse made changes to Amelia's comprehensive care plan

✓ 30 minutes

The CCM nurse calls Amelia and completes medication reconciliation

✓ 20 minutes

Amelia calls the CCM nurse to discuss care to prevent her having to go to the hospital

✓ 30 minutes

MONTH TWO



CCM Billing • Bill 99487 (complex CCM) for month two

Note: Since there was a total of 90 minutes of CCM services add 99489 when billing for the additional 30 minutes of complex CCM services

✓ 90 minutes • Bill 99487 + 99489

The CCM nurse runs and reviews several reports to schedule patients for immunizations and check ups.

- Amelia is on two of the lists for needed immunizations

✗ 30 minutes

The receptionist contacts Amelia and schedules immunizations

✗ 10 minutes

The CCM nurse calls Amelia and reviews her most recent blood pressure readings

✓ 15 minutes

MONTH THREE



CCM Billing • CANNOT BILL for month three

Note: CCM cannot be billed this month because only 15 minutes was by an appropriate CCM provider.

- The time spent running and reviewing reports to schedule patients for immunizations by the CCM nurse cannot be used as CCM time because it was not specific to Amelia.
- The time spent scheduling Amelia for immunizations does not count because receptionists cannot perform CCM services.

✗ 15 minutes • Cannot Bill

SAMPLE PATIENT THREE: José • 66 years old • Medicare

José has been diagnosed with Rheumatoid Arthritis (RA) and Asthma. José began CCM services at his Medicare Annual Wellness Visit.



Activity Log



Time Spent

The CCM nurse speaks with José over the phone about a new asthma inhaler

✓ 10 minutes

Dr. Smith calls José to discuss a new RA medication that she would like José to try

✓ 20 minutes

Dr. Smith coordinates the prescription, completes medication reconciliation and medication delivery with the pharmacist for the new RA medication for José

✓ 15 minutes

MONTH ONE



CCM Billing • Bill 99491 for month one

Note: 99491 is billed because the MD spent a minimum of 30 minutes on non-face-to-face CCM services in month one.

✓ 35 minutes • Bill 99491