WHAT IS CHRONIC CARE MANAGEMENT (CCM)?

- Implemented by Centers for Medicare and Medicaid Services (CMS)
- Comprehensive care management and care planning for patients with 2 or more chronic conditions
- Chronic conditions expected to last at least 12 months
- Clinical staff contractors, for example pharmacists or other non-physician health care professionals are permitted to create CCM notes
- Service for patient per month
CCM SERVICES

- Only 1 practitioner can bill per service period (month)
- Use of electronic data capture system that includes 17 touch-points
- Continuity of care with designated care team member
- Coordination with home and community based clinical service providers

CCM SERVICES CONT.

- 24/7 access to address urgent needs
- HIPPA compliant enhanced communication (ex. e-mail)
- Verbal advanced consent from patient or patient’s guardian
CCM PAYMENT

- Patient must have Medicare primary coverage
- 3 CCM codes with payment ranging from $43 - $141 depending on how complex it is
- A CCM can be categorized as “non-complex” or “complex”
- Assigning codes is directly associated with the extent of care planning and complexity of the problems addressed
- Can only be billed by physician or clinical staff (ex. physician assistant, nurse practitioner).

CCM PAYMENT CONT.

<table>
<thead>
<tr>
<th>CODE</th>
<th>PAYMENT</th>
<th>TIME</th>
<th>CARE PLANNING</th>
<th>BILLING WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Complex (CPT 99490)</td>
<td>$43</td>
<td>20 minutes or more of clinical staff time</td>
<td>Established, implemented, revised, or monitored</td>
<td>15 minutes of work</td>
</tr>
<tr>
<td>Complex (CPT 99487)</td>
<td>$94</td>
<td>60 minutes</td>
<td>Established or substantially revised</td>
<td>26 minutes of work</td>
</tr>
<tr>
<td>Complex Add-on (CPT 99489, with 99487)</td>
<td>$47</td>
<td>Each additional 30 minutes of clinical staff time</td>
<td>Established or substantially revised</td>
<td>13 minutes of work</td>
</tr>
<tr>
<td>CCM Initiating Visit</td>
<td>$44 - $209</td>
<td>---</td>
<td>---</td>
<td>Face to face work</td>
</tr>
<tr>
<td>Add-on to CCM Initiating visit (G0506)</td>
<td>$64</td>
<td>N/A</td>
<td>Established</td>
<td>Personally performs extensive assessment</td>
</tr>
</tbody>
</table>
WHAT IS BEHAVIORAL HEALTH INTEGRATION (BHI)?

- Focused behavioral health care management for patients on psychotropic agents
- Similar process to chronic care management services

BHI PAYMENT

<table>
<thead>
<tr>
<th>CODE</th>
<th>PAYMENT</th>
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<th>CARE PLANNING</th>
<th>BILLING WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPTG0507</td>
<td>$47</td>
<td>20 - 30 minutes</td>
<td>Established, implemented, revised, or monitored</td>
<td>15 minutes of work</td>
</tr>
</tbody>
</table>
CCM/BHI EXAMPLE NOTE

• Login to Ceuticare

QUESTIONS?
REFERENCES


CONTACT INFORMATION

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