GETTING PAID FOR CHRONIC CARE MANAGEMENT

AND

OTHER CHANGES IN CPT FOR 2015

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Evaluation and Management Changes

- Advanced Care Planning
- Military History to Social History Listing
- E/M-Prenatal Visit Guidance Clarification
- Care Management Services
Advance Care Planning

New section in E/M

Guidelines

Two new codes – 99497, 99498
Advance Care Planning

Face-to-face between physician/QHP and patient, family, surrogate

Counseling and discussing Advance Directives

With or without the completion of relevant legal forms
What is an Advance Directive?

A document appointing an agent and/or recording the wishes of a patient pertaining to his/her medical treatment at a future time should he/she lack decisional capability at that time.
Advance Care Planning

No active management of the problem(s) is undertaken during the time period reported.
Advance Care Planning

An E/M may be reported separately on the same day except for these services:

- Critical Care (99291, 99292)
- Inpatient Neonatal and Pediatric Critical Care (99468-99476)
- Initial and Continuing Intensive Care Services (99477-99480)
Advance Care Planning

- The RUC recommends review of 99497 and 99498 in 3 years (September 2017).

<table>
<thead>
<tr>
<th>CPT Code (●New)</th>
<th>Work RVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>●99497</td>
<td>1.50</td>
</tr>
<tr>
<td>+●99498</td>
<td>1.40</td>
</tr>
</tbody>
</table>
MILITARY HISTORY TO SOCIAL HISTORY
Social History

- Marital status and/or living arrangements
- Current employment
- Occupational History
- **Military History**
- Use of drugs, alcohol, and tobacco
- Level of education
- Sexual History
- Other relevant social factors
E/M-PRENATAL VISIT GUIDELINE CLARIFICATION
Maternity Care and Delivery Guidelines

Guideline Revisions:

- Pregnancy confirmation during a problem-oriented or preventive visit is not considered a part of antepartum care - Report using the appropriate Evaluation and Management (E/M) code for that visit
- Antepartum care includes the initial prenatal history and physical examination.
Care Management Services
Care Management Services

Complex Chronic Care Coordination codes 99487, 99488, 99489 added to CPT 2013.

CY 2013 MPFS Part B Final Rule - CMS assigned codes 99487, 99488, 99489 a status indicator B to indicate bundling into existing E/M services.

CY 2014 MPFS Part B Final Rule - CMS indicated an intention to pay for Chronic Care Management in 2015 - proposed a G code citing the narrow eligible population included in the CPT codes.

Determinations that further revisions of existing CPT codes and guidelines would be required for consistency with CMS proposed G code.
Care Management Services

2014 Complex Chronic Care Coordination Services

- 99487 – no face-to-face visit, first hour
- 99488 – one face-to-face visit, first hour
- 99489 – each additional 30 minutes
Care Management Services

2015

New Section heading
Two new subsections
Deletion of code 99488
Addition of code 99490
Care Management Services

- Complex Chronic Care Management Services
  - 99487
  - 99489
- Chronic Care Management Services
  - 99490
Care Management Services

Revisions:

“Coordination” editorially changed to “Management” throughout headings, guidelines and code descriptors.

New general section with guidelines to better describe the intent of these services – “Care Management Services”.

Paragraphs describing the “typical patient” for each type of Care Management revised and relocated under the new subsection headings.
Care Management Services Guideline Revisions

Two bullets added to list of care management activities typically performed by clinical staff:

- management of care transitions not reported as part of transitional care management (99495, 99496);
- ongoing review of patient status, including review of laboratory and other studies not reported as part of an E/M service, noted above;
Care Management Services Guideline Revisions

One revision and three bullets added to office/practice capabilities:

• provide 24/7 access to physicians or other qualified health care professionals or clinical staff including providing patients/caregivers with a means to make contact with health care professionals in the practice to address urgent needs regardless of the time of day or day of week;
• provide continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments;
• provide timely access and management for follow-up after an emergency department visit or facility discharge;
• utilize an electronic health record system so that care providers have timely access to clinical information;
Chronic Care Management Services

New code 99490 (resequenced)

Provided when medical and/or psychosocial needs of patient require establishing, implementing, revising or monitoring the care plan.

New code allows reporting for patients receiving at least 20 minutes of clinical staff time spent per calendar month.
Chronic Care Management Services Required Elements

- Two or more chronic conditions expected to last at least 12 months or until the death of the patient;
- Chronic conditions place patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
- Comprehensive care plan established, implemented, revised, or monitored.
Chronic Care Management Services
99490 code descriptor

#● 99490 Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
- comprehensive care plan established, implemented, revised, or monitored.
Proposed G code - pending Final Rule

Chronic care management services furnished to patients with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; 20 minutes or more; per 30 days.
Complex Chronic Care Management Services

Complex Chronic Care Management codes 99487 and 99487 include all of the criteria for chronic care management services plus additional criteria.
**Complex Chronic Care Management Services**

Revised codes 99487 and 99489 – Time based

Services of less than 60 minutes in a calendar month are not reported separately

Includes criteria for chronic care management services
Requirements for codes 99487, 99489

Two or more chronic conditions expected to last at least 12 months or until the death of the patient;

Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;

Establishment or substantial revision of a comprehensive care plan;

Moderate or high complexity medical decision making;

60 minutes of clinical staff time directed by a physician or QHP per calendar month.
**Complex Chronic Care** Management Services

Patients may be identified by practice-specific or other published algorithms that recognize:

- Multiple illnesses,
- Multiple medication use,
- Inability to perform activities of daily living,
- Requirement for a caregiver, and/or
- Repeat admissions or ER visits
Complex Chronic Care Management Services

Typical patients demonstrate one or more of the following:

- need for the coordination of a number of specialties and services;
- inability to perform activities of daily living and/or cognitive impairment resulting in poor adherence to the treatment plan without substantial assistance from a caregiver;
- psychiatric and other medical comorbidities (e.g., dementia and chronic obstructive pulmonary disease or substance abuse and diabetes) that complicate their care; and/or
- social support requirements or difficulty with access to care.
Complex Chronic Care Management Services

Typical Adult Patient:
- Treated with 3 or more prescription medications
- May be receiving other types of therapeutic interventions (e.g., physical therapy, occupational therapy)

Typical Pediatric Patient:
- Receive 3 or more therapeutic interventions, for example — Medications, Nutritional support, Respiratory therapy.
Complex Chronic Care Management Services

Deleted for 2015

• **99488** Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month

To report one or more face-to-face visits by the physician or other qualified health care professional performed in the same month as 99487 – use the appropriate E/M code(s).
Chronic Care Management

• RUC determined that CPT code 99490 will be added to the new technology/new services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

<table>
<thead>
<tr>
<th>CPT Code (●New)</th>
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<tbody>
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<td>●99490</td>
<td>1.00</td>
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Comparison of Chronic Care Management and Complex Chronic Care Management Services
<table>
<thead>
<tr>
<th>Condition</th>
<th>Chronic Care 99490</th>
<th>Complex Chronic Care 99487, 99489</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two or more chronic conditions</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Comprehensive care plan established, implemented, revised, or monitored.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic conditions place patient at significant risk of death, acute</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>exacerbation/decompensation, or functional decline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishment or <strong>substantial revision</strong> of a comprehensive care plan</td>
<td>N/A</td>
<td>✓</td>
</tr>
<tr>
<td>Moderate or high complexity medical decision making</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Clinical staff time</td>
<td>20 minutes</td>
<td>60 minutes</td>
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**Example 1-Which Code will it be?**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>Two or more chronic conditions</td>
<td>✔</td>
</tr>
<tr>
<td>Comprehensive care plan established, implemented, revised, or monitored.</td>
<td>✔</td>
</tr>
<tr>
<td>Chronic conditions place patient at significant risk of death, acute exacerbation/decompensation, or functional decline</td>
<td>✔</td>
</tr>
<tr>
<td>Establishment or substantial revision of a comprehensive care plan</td>
<td>✔</td>
</tr>
<tr>
<td>Moderate or high complexity medical decision making</td>
<td>✔</td>
</tr>
<tr>
<td>Clinical staff time</td>
<td>60+</td>
</tr>
</tbody>
</table>
Example 2-Which Code will it be?

<table>
<thead>
<tr>
<th>Two or more chronic conditions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive care plan established, implemented, revised, or monitored.</td>
<td></td>
</tr>
<tr>
<td>Chronic conditions place patient at significant risk of death, acute exacerbation/decompensation, or functional decline</td>
<td></td>
</tr>
<tr>
<td>Establishment or <strong>substantial revision</strong> of a comprehensive care plan</td>
<td>✓</td>
</tr>
<tr>
<td>Moderate or high complexity medical decision making</td>
<td>✓</td>
</tr>
<tr>
<td>Clinical staff time</td>
<td><strong>60+</strong></td>
</tr>
</tbody>
</table>

No Code
## Example 3-Which Code will it be?

<table>
<thead>
<tr>
<th>Two or more chronic conditions</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive care plan established, implemented, revised, or monitored.</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic conditions place patient at significant risk of death, acute exacerbation/decompensation, or functional decline</td>
<td>✓</td>
</tr>
<tr>
<td>Establishment or substantial revision of a comprehensive care plan</td>
<td></td>
</tr>
<tr>
<td>Moderate or high complexity medical decision making</td>
<td></td>
</tr>
<tr>
<td>Clinical staff time</td>
<td>60+</td>
</tr>
</tbody>
</table>

99490
### Example 4-Which Code will it be?

<table>
<thead>
<tr>
<th>Two or more chronic conditions</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive care plan established, implemented, revised, or monitored.</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic conditions place patient at significant risk of death, acute exacerbation/decompensation, or functional decline</td>
<td>✓</td>
</tr>
<tr>
<td>Establishment or <strong>substantial revision</strong> of a comprehensive care plan</td>
<td></td>
</tr>
<tr>
<td>Moderate or high complexity medical decision making</td>
<td></td>
</tr>
<tr>
<td>Clinical staff time</td>
<td><strong>20-59 minutes</strong></td>
</tr>
</tbody>
</table>

**99490**
### Example 5 - Which Code will it be?

<table>
<thead>
<tr>
<th>Two or more chronic conditions</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive care plan established, implemented, revised, or monitored.</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic conditions place patient at significant risk of death, acute exacerbation/decompensation, or functional decline</td>
<td>✓</td>
</tr>
<tr>
<td>Establishment or <strong>substantial revision</strong> of a comprehensive care plan</td>
<td></td>
</tr>
<tr>
<td>Moderate or high complexity medical decision making</td>
<td></td>
</tr>
<tr>
<td>Clinical staff time</td>
<td>18 minutes</td>
</tr>
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</table>

**No Code**
### Example 6-Which Code will it be?

<table>
<thead>
<tr>
<th>Condition Description</th>
<th>Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two or more chronic conditions</td>
<td>✓</td>
</tr>
<tr>
<td>Comprehensive care plan established, implemented, revised, or monitored.</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic conditions place patient at significant risk of death, acute exacerbation/decompensation, or functional decline</td>
<td>✓</td>
</tr>
<tr>
<td>Establishment or <strong>substantial revision</strong> of a comprehensive care plan</td>
<td>✓</td>
</tr>
<tr>
<td>Moderate or high complexity medical decision making</td>
<td>✓</td>
</tr>
<tr>
<td>Clinical staff time</td>
<td>1 hr 45 minutes</td>
</tr>
</tbody>
</table>

**99487 &99489**