



## Care Management: Principal Care Management

6/14/2023





#### Today's Presenter

## Provider Outreach and Education Consultants

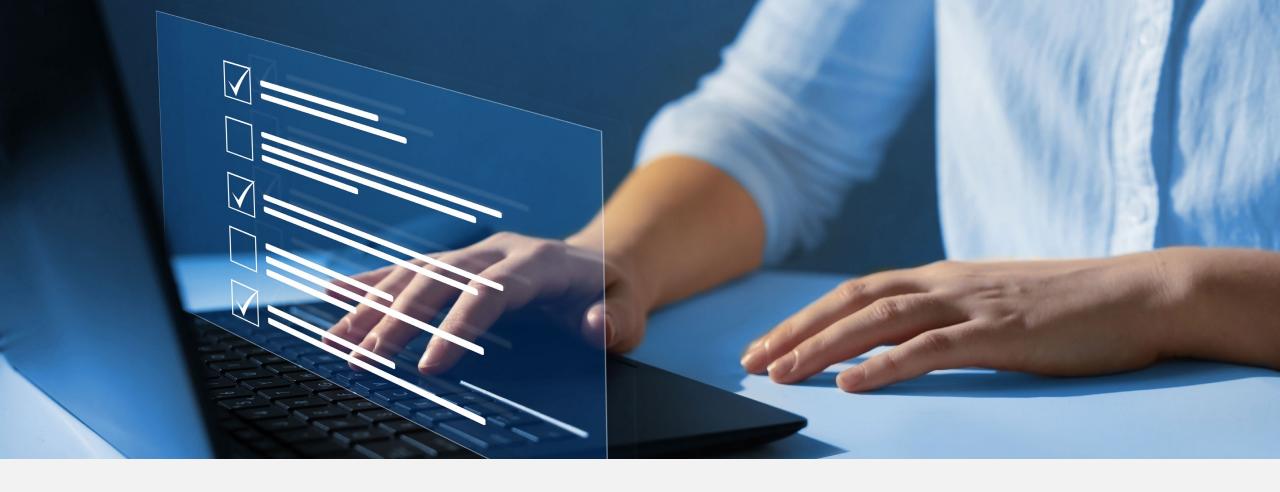
- Carleen Parker
- Care Management Team
  - Carleen Parker
  - Christine Obergfell
  - Jennifer Lee
  - Lori Langevin
  - Michelle Coleman
  - Nathan Kennedy









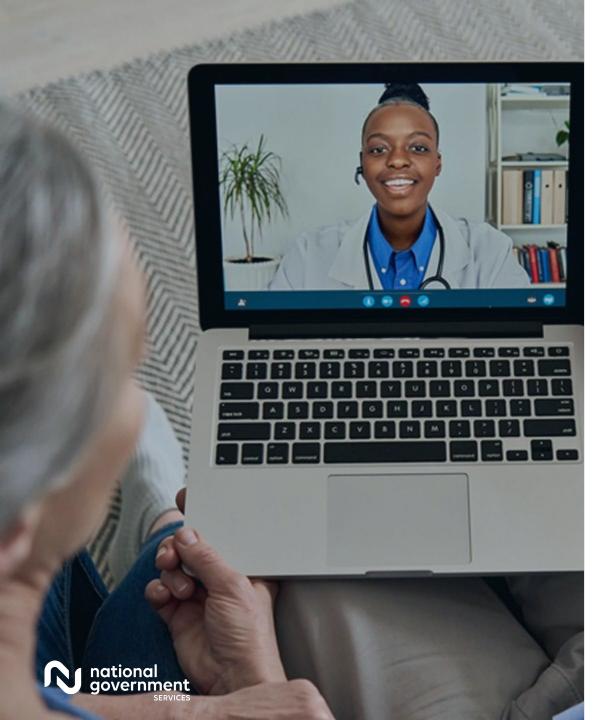


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#### **Objective**

 Care Management: Making all-inclusive care plan a reality and by offering these sessions, we hope that our J6 and JK providers have a better understanding on codes available that describe PCM



## Care Management Continued Series Agenda

Principal Care Management

General

Coding

Billing

Documentation

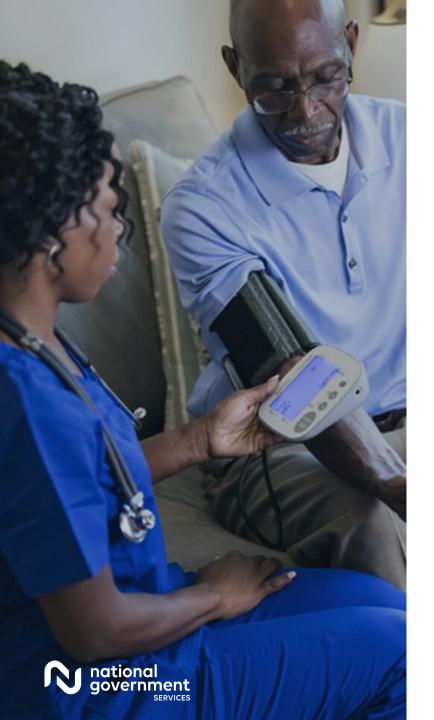
Resources







# Care Management: Principal Care Management Services



#### PCM Versus CCM

- Specialty care practitioners often care for patients with a single high-risk disease and do not meet the criteria for reporting other types of care management services that require management of multiple conditions
  - PCM: Single high-risk disease
  - CCM: Multiple (two or more) chronic conditions

#### PCM General

Treatment of beneficiaries with single, serious, chronic condition

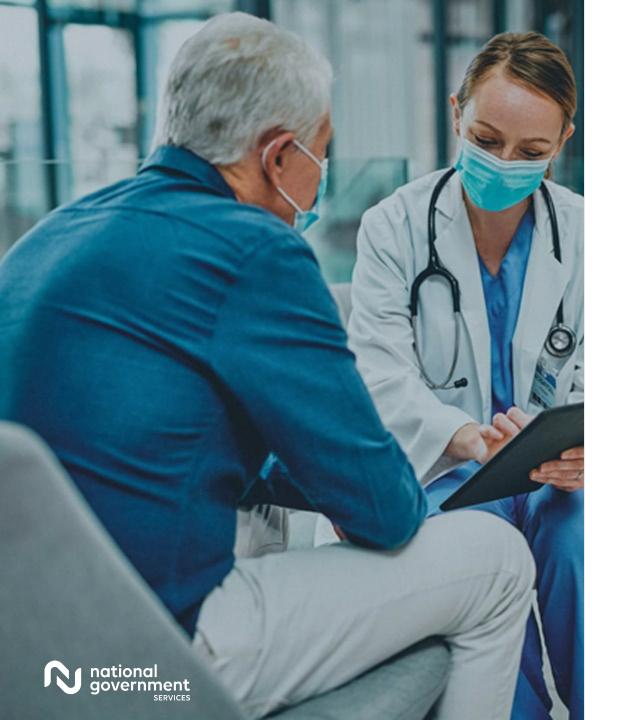
Diagnosis expected to last between three months, one year or until death of patient

- May have led to recent hospitalizations
- Places patient at significant risk of death, acute exacerbation, decompensation or functional decline

Establishing, implementing, revising, and monitoring care plan specific to single disease







### PCM Physicians, NPP, Clinical Staff

- Who can bill Part B PCM?
- Physicians and certain nonphysician practitioners
  - MD and DO
  - Physician assistants
  - Clinical nurse specialist
  - Nurse practitioners
  - Certified nurse midwives
- Clinical staff members
  - Under the supervision of physician/NPP who is allowed by law, regulation, and facility policy to perform or assist in performance of specified professional service, but who does not have an individual PTAN



#### PCM Benefits

- Improving patient quality of life, medical status and avoiding costly decompensations in patient's health
- Integral part of primary care, resulting in better health outcomes for patients while reducing overall healthcare costs
- Stabilization of patient's chronic condition by providing comprehensive care plan for single high-risk condition
- Prevention new diagnosis arising
- Provider reimbursement opportunities





### PCM Requirements

- Billing PCM codes requires practitioner to develop diseasespecific care plan
  - Consent
  - Documents dates and times
  - Educate patient on PCM and cost sharing
  - List care medical problem
  - Medications (allergies)
  - Patient's demographics
  - Requires documentation to substantiate time and patient facts







## PCM Billing Codes

Code	Description
99424	PCM services for a single high-risk disease first 30 minutes provided personally by a <b>physician or other qualified health care professional</b> , per calendar month
<b>+</b> 99425	PCM services for a single high-risk disease each additional 30 minutes provided <b>personally by a physician or other qualified health care professional,</b> per calendar month. List separately in addition to primary
99426	PCM for a single high-risk disease first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month
+99427	PCM services, for a single high-risk disease each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month. List separately in addition to primary



## PCM and E/M Billing

- Goal is to manage condition
- May initiate at AWV or other billable E/M visit
- 24/7 access to dedicated care team member
- Condition unusually complex due to comorbidities
- Timed services managing patients with single complex chronic condition
  - 99424 and 99425: physician/NPP
  - 99426 and 99427: clinical staff
- Time accumulates throughout month
  - Once threshold met, claim may be submitted





## Comprehensive Care Management for Single High-Risk Disease Elements

- Record patient's demographics, problems, medications, and allergies using certified Electronic Health Record (EHR) technology
  - Cognitive assessment
  - Develop problem list
  - Environmental evaluation
  - Expected outcome and prognosis
  - Frequent adjustments to medication
  - Measurable treatment goals
  - Medication symptom management
  - Planned interventions
  - Requirements for periodic review
  - Revision of care plan, when applicable







#### Principal Care Management: Resources

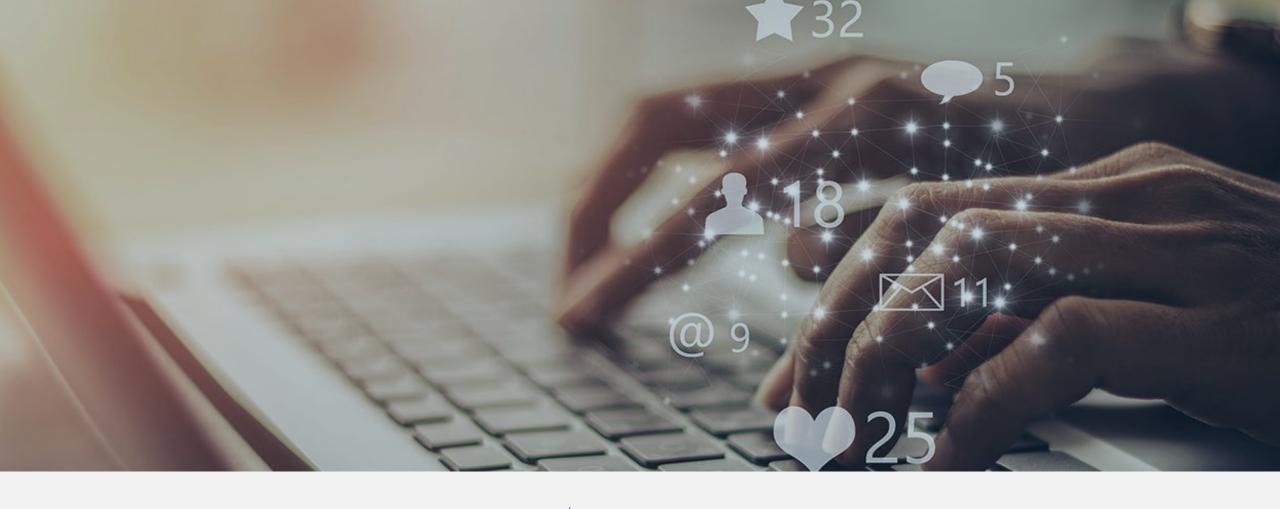
- NGSMedicare.com > Education > Medicare Topics > Care Management > Principal Care Management
- Calendar Year (CY) 2022 Medicare Federal register
- MLN Booklet®: <u>Chronic Care Management Services</u>





## Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.







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