On November 1,2019 CMS released its proposed changes for Chronic Care Management 2020. Here's Sargas International's take on the changes.
Overall there are some great new rules that we think our healthcare clients will really like.

1. Chronic Care Management (CCM):

- CPT 99490 for 20 minutes of CCM time ($42)
- CPT G2058 each additional 20 minutes billed maximum of two times per month ($42)
- CPT 99487 for 60 minutes of Complex CCM time ($94)
- CPT 99489 for each 30 minutes of additional Complex CCM time ($47)

Care plan is established, implemented, revised or monitored will mean the same as establishment or substantial revision of comprehensive care plan for these two codes.

- CPT 99491 CCM services provided by physician or by QHP for 30 minutes ($84)

With these new codes, spending 40 minutes of CCM time would pay around $84. G2058 can be billed two times per month. When reaching 60-minutes, it might make sense to bill the Complex Chronic Codes (if appropriate).

2. Principle Care Management (PCM):

We all know that CCM requires at least two chronic conditions. But what about the patients who have a single, serious and high-risk condition?

- G2064: 30 minutes of physician time per month – one complex chronic condition ($84)

(Comprehensive care management services for a single high-riskdisease, e.g., Principal Care Management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: One complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities).

- G2065: 30-minutes of clinical staff time per month – one complex chronic condition ($56)

(Comprehensive care management for a single high-risk disease services, e.g. Principal Care Management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities). General Supervision is allowed.

TABLE 24: Principal Care Management Services Summary
PCM Service Summary*
Verbal Consent

• Inform regarding availability of the service; that only one practitioner can bill per month; the right to stop services effective at the end of any service period; and that cost sharing applies (if no supplemental insurance).
• Document that consent was obtained.
Initiating Visit for New Patients (separately paid)
Certified Electronic Health Record (EHR) Use
• Structured Recording of Core Patient Information Using EHR (demographics, problem list, medications, allergies).
24/7 Access ("On Call" Service)
Designated Care Team Member
Disease Specific Care Management
Disease Specific Care Management may include, as applicable:
• Systematic needs assessment (medical and psychosocial).
• Ensure receipt of preventive services.
• Medication reconciliation, management and oversight of self-management.
Disease Specific Electronic Care Plan
• Plan is available timely within and outside the practice (can include fax).
• Copy of care plan to patient/caregiver (format not prescribed).
• Establish, implement, revise or monitor the plan.
Management of Care Transitions/Referrals (e.g., discharges, ED visit follow up, referrals, as applicable).
• Create/exchange continuity of care document(s) timely (format not prescribed).
Home- and Community-Based Care Coordination
• Coordinate with any home- and community-based clinical service providers, and document communication with them regarding psychosocial needs and functional deficits, as applicable.
Enhanced Communication Opportunities
• Offer asynchronous non-face-to-face methods other than telephone, such as secure email.
*All elements that are medically reasonable and necessary must be furnished during the month, but all elements do not necessarily apply every month. Consent need only be obtained once, and initiating visits are only for new patients or patients not seen within a year prior to initiation of PCM.

Restrictions:

Cannot be billed with CCM by same physician, BHI, ESRD payments and also during the surgical global period. RPM can be billed by the same physician as long the times are separate.

3. Remote Patient Monitoring (RPM):

For 2020, there are two significant changes that is to add another add on twenty minute code for monitoring and allow for general supervision.

- 99453 Initial enrollment ($21)
- 99454 Device Monthly code ($64)
- 99457 first 20 minutes of monitoring clinical staff($54) (Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care

professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; initial 20 minutes)

New Code for "additional 20 minutes of RPM time" – 99458 ($54) (Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; additional 20 minutes).

- RPM codes 99457 and 99458 are furnished under General Supervision rather than the currently required, direct Supervision.

4. Transitional Care Management (TCM):

While there are no significant changes to this program, there are two impactful changes:

- Increased payment for TCM (proposed):
  - 99495 (Moderate) = Increased to 2.36 work RVUs
  - 99496 (Complex) = Increased to 3.10 work RVUs

CMS is allowing to bill 16 codes concurrently with TCM (99358, 99359, 93792, 93793, 90960, 90961, 90962, 90966, 90970, 99091, 99487, 99489, 99490, 99491, G0181, G0182)