Summary BCBSM and Priority Health Billable Procedure codes – Care Management applicable CPT codes and HCPCS Codes v9
This multi-payer table offers a high level summary for BCBSM Provider Delivered Care Management and Priority Health

Code	Description	Delivery Method	Licensed Care Team	Unlicensed Care Team*	Physician	Quantity Limits	Modifier	Notes
G9001 **BCBSM**	Coordinated care fee — initial	Individual, face to face or video	X			One per patient per day		Initiation of Care Management (Comprehensive Assessment) Appropriate for licensed staff engaging in care management. Must have completed training in complex care management.
G9001 **Priority Health**	Coordinated care fee — initial	Individual, face to face Can be provided virtually; bill with 02 Place of Service (POS)	**QHP** -RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP			May be billed once annually for patients with ongoing care management		Must have completed required care management training Documentation: 1. Date(s) of visit(s) Appointment duration 2. Care manager name and credentials Comprehensive patient assessment 3. Name of the caregiver and relationship to patient, if caregiver is included with the visit 4. Diagnoses discussed 5. Treatment plan, medication therapy, risk factors, unmet care, physical status, emotional status, community resources, readiness to change 6. Care plan, including challenges and interventions Patient understanding and agreement with care plan 7. Physician coordination activities and approval of care plan 8. Name of member's PCP
G9002 **BCBSM**	Coordinated Care fee — maintenance	Individual, face to face or video	X			For visits >45 minutes may quantity bill	2P Payable when PDCM program is discussed with patient and patient declines engagement. Billable once per condition per year	Individual face to face visit. Appropriate for licensed staff engaging in care management. After 45 minutes, you can quantity bill in 30-minute increments
G9002 **Priority Health**	Coordinated Care fee — Individual face to face visit	In person visit with patient, may include caregiver involvement Can be provided virtually; bill with 02 POS	**QHP**: RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP	**QHP:** CDE, CAE		Code may be billed one time per day		Documentation: 1. Date(s) of visit(s) Appointment duration 2. Care manager name and credentials 3. Name of the caregiver and relationship to patient, if caregiver is included with the visit 4. Diagnoses discussed 5. Treatment plan, self-management education, medication therapy, risk factors, unmet care, physical status, emotional status, community resources, readiness to change 6. Care plan update 7. Patient understanding and agreement with care plan 8. Physician coordination activities and approval of care plan Name of member's PCP

Summary BCBSM and Priority Health Billable Procedure codes – Care Management applicable CPT codes and HCPCS Codes v9
This multi-payer table offers a high level summary for BCBSM Provider Delivered Care Management and Priority Health

Code	Description	Delivery Method	Licensed Care Team	Unlicensed Care Team*	Physician	Quantity Limits	Modifier	Notes
G9007 **BCBSM**	Team conference	Face to face, video, telephone or secure web conf. between physician, physician assistant, or advance practice nurse and care team			X	1 per patient per practitioner per day		Team conference does not include patient; email communication doesn't apply.
G9007 **Priority Health**	Coordinated care fee, scheduled team conference	Scheduled care team meetings: physician, care manager and other QHPs	**Physician, QHP** -RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP		X	One time per day		Documentation: 1. Date(s) of conference(s) Conference duration 2. Care team names and credentials Diagnoses discussed 3. Treatment plan, self-management education, medication therapy, risk factors, unmet care, physical status, emotional status, community resources, readiness to change 4. Care plan updates Physician coordination activities and approval of care plan
G9008 **BCBSM**	Physician coordinated care oversight services	Face to Face, video or by telephone; physician discussion with Paramedic, patient, or other health care professionals not part of the care team			X	None		This is a physician-delivered service, commonly used when the physician engages patient into PDCM, physician is actively coordinating care with the team or interacting with another health care provider seeking guidance or background information to coordinate and inform the care process.
G9008 **Priority Health**	Coordinated care fee, scheduled conference, physician oversight service	Service must include patient face-to-face: Either face-to-face with PCP, patient and care manager, OR face-to-face with patient and care manager, with care manager/PCP direct involvement on a separate occasion			X	This code may only be billed one time, per practice, during the time that patient is a member of the practice		Documentation: 1. Date(s) of visit Appointment duration 2. Care team member names and credentials 3. Name of the caregiver and relationship to patient, if caregiver is included with the visit 4. Diagnoses discussed 5. Treatment plan, self-management education, medication therapy, risk factors, unmet care, physical status, emotional status, community resources, readiness to change 6. Preparation of shared care plan written by care manager PCP approval of care plan Patient understanding and agreement with care plan Physician coordination activities and approval of care plan
S0257 **BCBSM**	End of Life Counseling	Individual face to face, video or telephone	X		X	One per patient per day		An evaluation and management service may be billed on the same day and interaction may be with the patient or "surrogate."

Summary BCBSM and Priority Health Billable Procedure codes – Care Management applicable CPT codes and HCPCS Codes v9

This multi-payer table offers a high level summary for BCBSM Provider Delivered Care Management and Priority Health

Code	Description	Delivery Method	Licensed Care Team	Unlicensed Care Team*	Physician	Quantity Limits	Modifier	Notes
S0257 **Priority Health**	Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service) Not included in the care management incentive program	Individual face to face, video, or telephone	**QHP:** RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP		X	None		Documentation: 1. Enumeration of each Encounter including: a. Date of Service b. Duration of Contact c. Name and credentials of the allied professional delivering service d. Other individuals in attendance (if any) and their relationship with the Patient e. All active Diagnoses 2. Pertinent details of the discussion (and resulting Advance Care Plan decisions), which, at a minimum, must include the following: a. A person designated to make decisions for the Patient if the Patient cannot speak for him or herself b. The types of medical care preferred c. The comfort level that is preferred 3. Advance Care Planning discussions/decisions may also include: a. How the Patient prefers to be treated by others b. What the Patient wishes others to know c. Indication of whether or not an Advance Directive or Physician Orders for Life-Sustaining Treatment (POLST) document has been completed
98961 **BCBSM**	Group education 2-4 patients for 30 minutes	Face to face with patient and caregivers	X			Quantity bill per 30-minute increments		
98961 **Priority Health**	Group education and training, 2-4 patients, each 30 min.	Face to face with patient and caregivers	**QHP:** RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP	**QHP:** CDE, CAE		Quantity bill per 30-minute increments		Documentation: 1. Name, Licensure of Group Visit Facilitator(s) Primary Care Physician 2. Date of Class 3. Total Number of Patients in Attendance: 2-4 patients or 5-8 patients 4. Group Visit Duration: 30 min 60 min 90 min if >90 min, indicate total minutes 5. Diagnoses Relevant to the Group Visit 6. Location of Class 7. Nature and Content of Group Visit 8. Objective(s) of the Training 9. Status Update: Medical Condition, Care Needs, Progress to Goal, Interventions, and Target Dates 10. Have some level of individualized interaction(BCBSM) All active diagnosis

Summary BCBSM and Priority Health Billable Procedure codes – Care Management applicable CPT codes and HCPCS Codes v9
This multi-payer table offers a high level summary for BCBSM Provider Delivered Care Management and Priority Health

Code	Description	Delivery Method	Licensed Care Team	Unlicensed Care Team*	Physician	Quantity Limits	Modifier	Notes
98962 **BCBSM**	Group education 5-8 patients for 30 Minutes	Face to face with patient and caregivers	X			Quantity bill per 30-minute increments		
98962 **Priority Health**	Group education and training, 5-8 patients, each 30 min.	Face to face with patient and caregivers	**QHP:** RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP	**QHP:** CDE, CAE		Quantity bill per 30-minute increments		Documentation: 1. Name, Licensure of Group Visit Facilitator(s) Primary Care Physician 2. Date of Class 3. Total Number of Patients in Attendance: 2-4 patients or 5-8 patients 4. Group Visit Duration: 30 min 60 min 90 min if >90 min, indicate total minutes 5. Diagnoses Relevant to the Group Visit 6. Location of Class 7. Nature and Content of Group Visit 8. Objective(s) of the Training 9. Status Update: Medical Condition, Care Needs, Progress to Goal, Interventions, and Target Dates 10. Have some level of individualized interaction(BCBSM) All active diagnosis
98966 **BCBSM**	Phone services 5-10 minutes	Call with patient or caregiver	**X**	**X**		No quantity billing	2P Payable when PDCM program is discussed with patient and patient declines engagement Billable once per condition per year	Not appropriate for appointment reminders or delivering lab results. Generally used to discuss care issues, such as progress toward goals, update of patient's condition, follow up to emergency department visit or hospitalization when not part of transition of care service.
98966 **Priority Health**	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent or guardian; 5-10 minutes of medical discussion	Call with established patient, parent or guardian	**QHP:** RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP	**QHP:** CDE, CAE				Documentation: 1. Date(s) of contacts 2. Contact duration 3. Care team names and credentials 4. Diagnoses discussed 5. Development and/or maintenance of a shared care plan 6. Care team coordination activities 7. Names of providers contacted in the course of coordinating care 8. Discussion notes for each contact

Summary BCBSM and Priority Health Billable Procedure codes – Care Management applicable CPT codes and HCPCS Codes v9
This multi-payer table offers a high level summary for BCBSM Provider Delivered Care Management and Priority Health

Code	Description	Delivery Method	Licensed Care Team	Unlicensed Care Team*	Physician	Quantity Limits	Modifier	Notes
98967 **BCBSM**	Phone services 11-20 minutes	Call with patient or caregiver	**X**	**X**		No quantity billing	2P Payable when PDCM program is discussed with patient and patient declines engagement Billable once per condition per year	Appropriate for licensed staff performing care management functions by phone. Not appropriate for appointment reminders or delivering lab results.
98967 **Priority Health**	Telephone assessment (see above), 11-20 minutes of medical discussion	Call with established patient, parent or guardian	**QHP:** RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP	**QHP:** CDE, CAE				Documentation: 1. Date(s) of contacts 2. Contact duration 3. Care team names and credentials 4. Diagnoses discussed 5. Development and/or maintenance of a shared care plan 6. Care team coordination activities 7. Names of providers contacted in the course of coordinating care 8. Discussion notes for each contact
98968 **BCBSM**	Phone services 21-30 minutes	Call with patient Or caregiver	**X**	**X**		No quantity billing	2P Payable when PDCM program is discussed with patient and patient declines engagement. Billable once per condition per year	Appropriate for licensed staff performing care management functions by phone. Not appropriate for appointment reminders or delivering lab results.
98968 **Priority Health**	Telephone assessment (see above), 21-30 minutes of medical discussion	Call with established patient, parent or guardian	**QHP:** RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP	**QHP:** CDE, CAE				Documentation: 1. Date(s) of contacts 2. Contact duration 3. Care team names and credentials 4. Diagnoses discussed 5. Development and/or maintenance of a shared care plan 6. Care team coordination activities 7. Names of providers contacted in the course of coordinating care Discussion notes for each contact
99078 **Priority Health**	Physician educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)	Group setting	Physician		X			

Summary BCBSM and Priority Health Billable Procedure codes – Care Management applicable CPT codes and HCPCS Codes v9

This multi-payer table offers a high level summary for BCBSM Provider Delivered Care Management and Priority Health

Code	Description	Delivery Method	Licensed Care Team	Unlicensed Care Team*	Physician	Quantity Limits	Modifier	Notes
99484 **Priority Health**	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional	Face to face	Physician, **QHP:** RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP		X directed by a physician or other qualified health care professional	Once per calendar month		Required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team. General behavioral health integration care management services are provided face-to-face by clinical staff, under the direct supervision of a qualified clinician, to a patient with a diagnosed health care condition, including substance abuse issues requiring care management services for a minimum of 20 minutes per month.
99487 **BCBSM**	Care management services 31-75 minutes per month	Non-face-to-face clinical coordination	X	X		Once per patient per calendar month		Care Coordination
99487 **Priority Health**	Complex chronic care management services, 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, 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 other qualified health care professional, per calendar month	Care must be coordinated by a physician and the care team. Patient does not need to be present	Physician, **QHP:** RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP			Once per patient per calendar month		Documentation: 1. Date(s) of contacts Contact duration 2. Care team names and credentials Diagnoses discussed 3. Development and/or maintenance of a shared care plan Care team coordination activities 4. Names of providers contacted in the course of coordinating care Discussion notes for each contact
99489 **BCBSM**	Care management services every additional 30 minutes per month	Non-face-to-face clinical coordination	X	X		Time-based quantity billing		After 75 minutes, this code can be quantity billed in 30 minute increments.
99489 **Priority Health**	Complex chronic care management services, 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, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 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 code for primary procedure)	Care must be coordinated by a physician and the care team. Patient does not need to be present	Physician, **QHP:** RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP		X	Billed in cases where the cumulative time exceeds 90 minutes. Multiple units may be billed		Documentation: 1. Date(s) of contacts Contact duration 2. Care team names and credentials Diagnoses discussed 3. Development and/or maintenance of a shared care plan Care team coordination activities 4. Names of providers contacted in the course of coordinating care Discussion notes for each contact

Summary BCBSM and Priority Health Billable Procedure codes – Care Management applicable CPT codes and HCPCS Codes v9
This multi-payer table offers a high level summary for BCBSM Provider Delivered Care Management and Priority Health

Code	Description	Delivery Method	Licensed Care Team	Unlicensed Care Team*	Physician	Quantity Limits	Modifier	Notes
99490 **Priority Health**	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.	Face to face/non face to face Available to Medicare Advantage and Medicaid members only	Physician, **QHP:** RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP			Once per calendar month		Time spent face-to-face or non-face-to-face with clinical staff communicating with the patient, family, caregivers, other health care professionals, and agencies revising, documenting, and putting into action the care plan or teaching the patient self-management skills or techniques may be used to determine the care management staff time for that one-month time period. Time with clinical staff is reported only when there are two or more staff members meeting regarding the specific patient. Additionally, time with clinical staff should not be counted if the clinician has reported an E/M service for that same date. For members with Medicare or Medicaid coverage
99492 **Priority Health**	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Non-face-to-face	Physician, **QHP:** RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP					The required elements include outreach and engagement; initial patient assessment that involves the administration of a validated rating scale; development of an individual patient care plan; psychiatric consultant review and modifications, as needed; input of patient data into a registry and tracking of patient progress and follow-up; and provision of brief interventions using evidence-based techniques

Summary BCBSM and Priority Health Billable Procedure codes – Care Management applicable CPT codes and HCPCS Codes v9
This multi-payer table offers a high level summary for BCBSM Provider Delivered Care Management and Priority Health

Code	Description	Delivery Method	Licensed Care Team	Unlicensed Care Team*	Physician	Quantity Limits	Modifier	Notes
99493 **Priority Health**	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	Non-face-to-face	Physician, **QHP:** RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP					The required elements include tracking patient follow-up and progress via registry; weekly caseload participation with a psychiatric consultant; working together and coordinating with the qualified clinician on a regular basis; additional ongoing review of the patient's progress and recommendations for treatment changes, including medications with the psychiatric consultant; provision of brief interventions with the use of evidence-based techniques; monitoring patient outcomes using validated rating scales; and relapse prevention planning
99494 **Priority Health**	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	Non-face-to-face	Physician, **QHP:** RN, RD, MSW, CDE, CAE, Pharmacist, PA, NP			2 per day		99494 for each additional 30 minutes of initial or subsequent care in a calendar month.
99495 **Priority Health**	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	One face-to-face encounter in addition to other services performed within the specific timeframe by licensed clinical staff; can be provided virtually; bill with 02 POS	Physician			May only be reported one time within 30 days of discharge and by only one provider		Transitional care management services are reported for patients requiring moderate to high complex medical decision making who are transitioning from an inpatient facility to a home or community type setting, such as a domiciliary or assisted living facility
99496 **Priority Health**	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	one face-to-face encounter in addition to other services performed within the specific timeframe by licensed clinical staff; can be provided virtually; bill with 02 POS	Physician			May only be reported one time within 30 days of discharge and by only one provider		Transitional care management services are reported for patients requiring moderate to high complex medical decision making who are transitioning from an inpatient facility to a home or community type setting, such as a domiciliary or assisted living facility

Summary BCBSM and Priority Health Billable Procedure codes – Care Management applicable CPT codes and HCPCS Codes v9
This multi-payer table offers a high level summary for BCBSM Provider Delivered Care Management and Priority Health

BCBSM Note: It is expected that all team members act within their scope of licensure, certification, or authorization by the Physician, Physician Assistant or Advanced Practice Nurse.

BCBSM: To access BCBSM PDCM Billing guidelines and resources https://micmt-cares.org/bcbsm-billing
Eligible providers: The following provider and practice types can bill Blue Cross Blue Shield of Michigan for PDCM services within the context of an ongoing established physician-patient relationship:

- PCMH-designated providers, including physician assistants and advanced practice nurses within PCMH practices
- Comprehensive Primary Care Plus (CPC) - participating practices that are not PCMH designated
- BCBSM Physician Group Incentive Program Specialty practices that have the following six Patient-Centered Medical Home Neighbor (PCMH-N) capabilities in place and actively in use within six months of starting to bill PDCM codes. For more information, please refer to the PCMH Interpretive Guidelines.
    - Evidence-based guidelines used at point of care (4.3)
    - Action plan and self-management goal setting (4.5)
    - Medication review and management (4.10)
    - Identify candidates for care management (4.19)
    - Systematic process to notify patients of availability of care management (4.20)
    - Conduct regular case reviews, update complex care plans (4.21)

PRIORITY HEALTH online resources:

- Log in online at *priorityhealth.com/provider*. You'll find care management information and more at https://www.priorityhealth.com/provider/center/incentives/pip/care-management
- Eligible providers: Primary Care practices and Specialist practices can bill Priority Health for care management services within the context of an ongoing established physician-patient relationship.

Reference: This document is produced by the Michigan Institute for Care Management and Transformation **Questions:** micmt-requests@med.umich.edu