

Care Management for Medicare Beneficiaries

Medicare will reimburse for non-face to face care coordination services performed on behalf of eligible beneficiaries enrolled in one of the following programs:

Chronic Care Management (CCM): (99490, 99491, 99437, 99439/G2058)

- Eligible patients must have 2 or more chronic conditions expected to last 12 months or until death.
- 20 Minutes of CCM services, per month, is required before billing

Principal Care Management (PCM): (99424 -99427)

- Eligible patients must have a single chronic condition expected to last 6-12 months or until death
- 30 minutes of PCM services, per month, is required before billing
- Practices should have a process in place to track time for care coordination services to bill these codes
 - Only 1 practitioner can bill CCM/PCM codes per Medicare beneficiary per month.
 - Patient consent required as cost-sharing applies
- Program and billing code descriptions can be found: <https://www.cms.gov/outreach-and-education/medicare-learning-network-MLN/MLNproducts/downloads/chroniccaremanagement.pdf>