
New Coding Opportunity

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Chronic Care Management (CCM) services offer the opportunity to receive payment for the non-face-to-face services provided to patients by clinical staff. There are certain requirements for billing CCM, one of which is the establishment of a care plan that provides the foundation of the care provided by staff, often over the telephone.

Many physicians rejected this opportunity altogether, given the time and energy involved in creating the initial care plan. The Centers for Medicare & Medicaid Services (CMS) acknowledged this sentiment with the creation of a new CPT® code for the development and initiation of the patient's care plan, to be used by physicians and advanced practice providers. CMS' rationale? Allow the use of a code for "... the CCM initiating visit to account for the work of the billing practitioner in assessing the beneficiary and establishing the CCM care plan."

For use with Medicare patients, G0506 is the "comprehensive assessment of and care planning for patients requiring chronic care management services, including assessment during the provision of a face-to-face service." G0506 is an add-on code, that is listed separately from the primary service. For example, a G0506 can be billed in addition to a 99204. As of January 1, 2017, this CPT® code can be used; however, the code can only be billed once, per patient.

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