

# Care Management: Principal Care Management

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# Today's Presenter

- Provider Outreach and Education Consultant
  - 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/JK providers have a better understanding with services that describe PCM and requirements.



# Agenda

- Principal Care Management
  - [General](#)
  - [Coding](#)
  - [Billing](#)
  - [Documentation](#)
  - [Interactive PCM](#)

General

# PCM General

- Treatment for 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
- Goal is to manage condition





# Specialty Care

- Practitioners often care for patients with single high-risk disease and do not meet criteria for reporting other types of care management services that require management of multiple conditions



# PCM Versus CCM



## PCM

Single high-risk disease

PCM and CCM cannot be billed by the same practitioner for the same patient in the same month



## CCM

Multiple (two or more) chronic conditions

# PCM Benefits

- Improving patient quality of life, medical status and avoiding costly decompensations in patient's health
- PCM is 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 Practitioners

- PCM Physicians, NPP, and Clinical Staff
  - 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
    - Clinical staff that is certified, allowed by law, regulation, and practice policy to perform or assist in performance of specified professional service, but one that does not have an individual PTAN

The background is a solid dark blue color with several overlapping, semi-transparent geometric shapes in lighter shades of blue. These shapes include triangles, rectangles, and rounded rectangles, some of which are oriented diagonally, creating a layered, abstract effect.

Coding

# PCM Codes

Codes	Descriptions
99424	PCM services for a single high-risk disease first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month
+99425	PCM services for a single high-risk disease each additional 30 minutes provided personally by a physician or other qualified health care professional, 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
99424	PCM services for a single high-risk disease first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month

# PCM Coding

- Rendered to established patients
- PCM services may be expected to last six months–one year or until patient’s death
  - PCM services require 30 minutes before billing
- Physician/NPP: 99424 and 99425
  - Codes describing PCM services furnished by physicians
- Clinical staff: 99426 and 99427
  - Codes describe PCM services furnished by clinical staff members under supervision of Physician/NPP



Billing

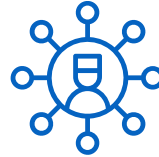
# PCM Billing



Lasted at least three months, which is focus of care plan



Be of sufficient severity to place patient at risk of hospitalization or have been cause of recent hospitalization



Requires development or revision of disease-specific care



Requires frequent adjustments in medication regimen and/or management of condition is unusually complex due to comorbidities



# PCM and E/M Billing

- May initiate at AWW or with another billable E/M visit if requirements met for both PCM and E/M
- Access to dedicated care team member 24/7
- 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

# PCM Concurrent Care

- CCM and PCM be billed concurrently, and can be billed for same practice in multispecialty group that has PCP and specialist
  - However, CMS notes (84 FR 62697), CCM and PCM cannot be billed by same practitioner for same patient in same month
  - It is allowable, for instance, for primary care practitioner to offer CCM and specialist to offer PCM
  - Note: conditions being addressed by CCM and PCM must be different
- Reference
  - [Frequently Asked Questions About Practitioner Billing for Chronic Care Management Services](#)





Documentation

# PCM Requirements

- Billing PCM codes requires practitioner to develop disease-specific 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





# Comprehensive Care Management Single High-Risk Disease Elements

- Record patient's demographics, problems, medications, and allergies using certified Electronic Health Record 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

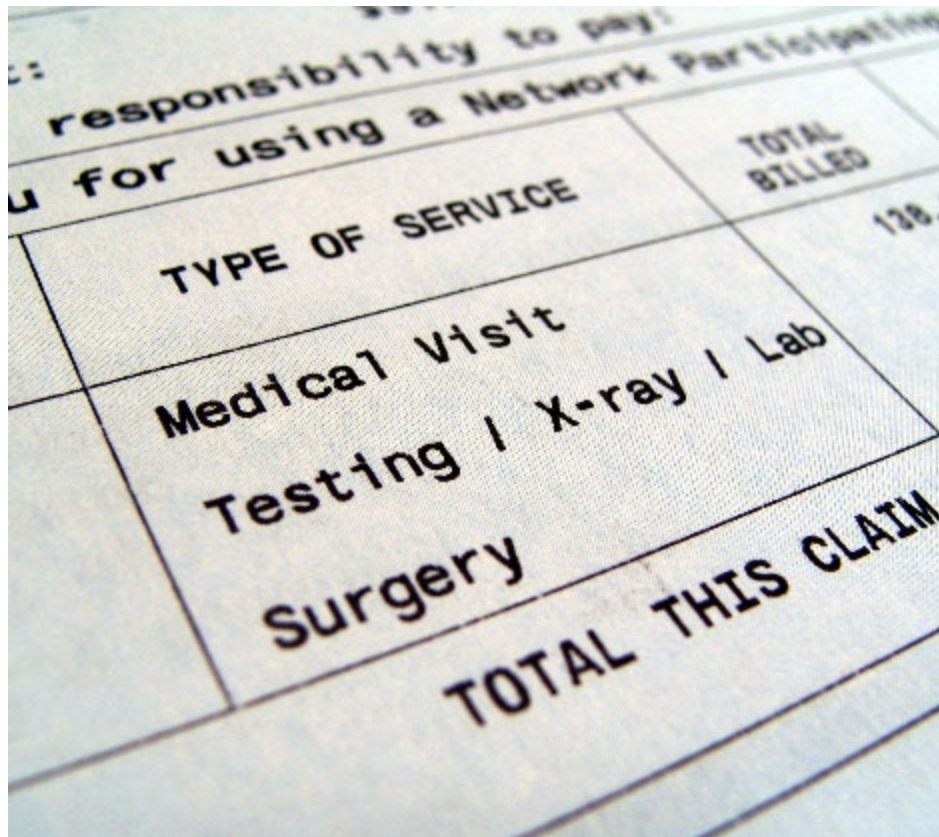
# Interactive PCM

# PCM Qualifications

- True or false
- To qualify for PCM, your patient must have multiple diagnoses that is expected to last between three months to a year or is life-long
  - False



# PCM Codes



The image shows a close-up of a medical claim form. The form is tilted and contains the following text:

- responsibility to pay
- u for using a Network Participation
- TYPE OF SERVICE
- Medical Visit
- Testing | X-ray | Lab
- Surgery
- TOTAL BILLED
- 138
- TOTAL THIS CLAIM

- True or false
- CPT codes 99424 and 99425 describe physician and NPP services
  - True
- CPT codes 99426 and 99427 describe clinical staff time directed by physician/NPP
  - True



# PCM Consent

- True or false
- Patient consent is required for principal care management?
  - True
- The same provider can bill both PCM and CCM concurrently?
  - False



# PCM or CCM



- What is the difference between principal care management and chronic care management?
  - Under CCM guidelines, patients must have two or more chronic conditions
  - Under PCM guidelines, treatment of patients with just one, single high-risk disease

# Documentation

- What should you document in medical records when performance of PCM is conducted?

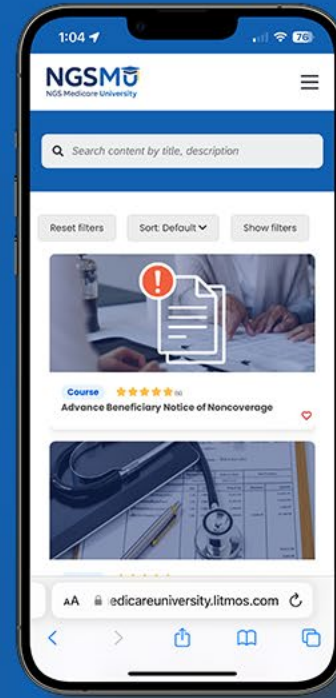
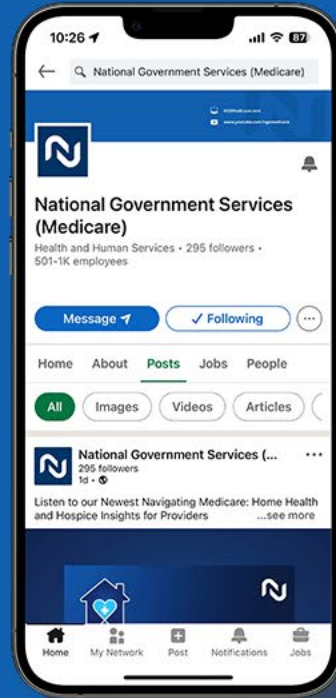
1. Consent
  2. Documents dates, times and facts
  3. Educate patient on PCM and cost sharing
  4. List care medical problem
  5. Medications (allergies)
  6. Patient's demographics
  7. Documentation to substantiate time and patient facts
- All of the above

# Principal Care Management Resources

- [NGSMedicare.com > Education > Medicare Topics > Care Management > Principal Care Management](#)
- [Calendar Year \(CY\) 2022 Medicare Federal register](#)
- MLN<sup>®</sup> Booklet: [Chronic Care Management Services](#)
- [Frequently Asked Questions About Practitioner Billing for Chronic Care Management Services](#)
- [Remote Physiological Monitoring](#)

# Questions?

Thank you!



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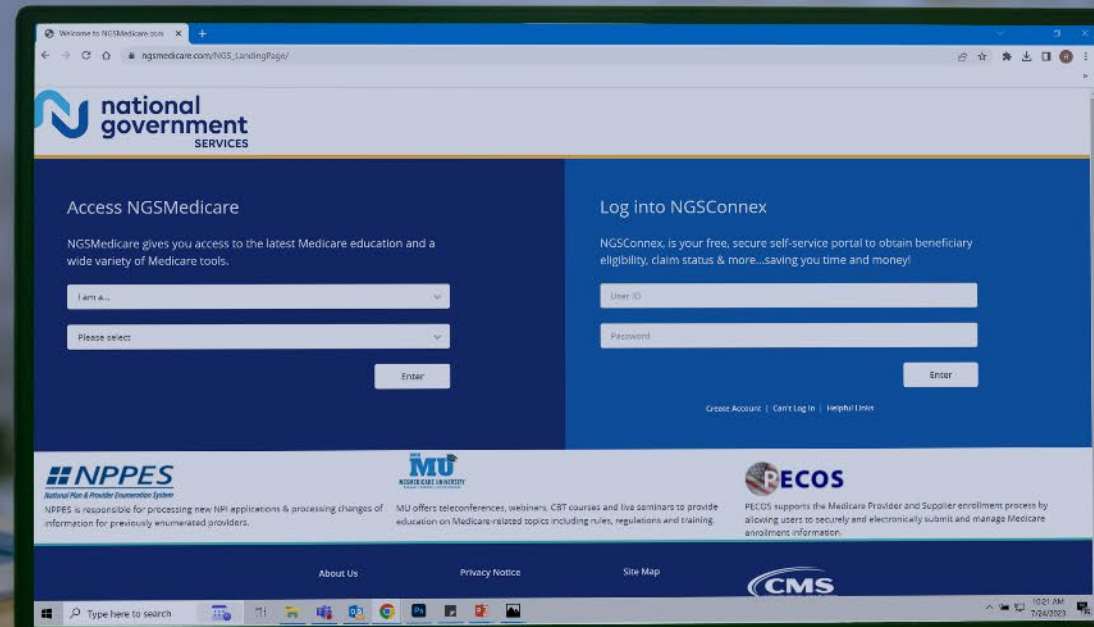


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