Principal Care Management (PCM) Billing Guide

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BILLING

Eligible PCM Providers:

- Certified Nurse Midwives (CNMs)
- Clinical Nurse specialists (CNSs)
- Nurse Practitioners (NPs)
- Physician Assistants (PA's)

Note: Primary care providers most often bill PCM services, but some specialty providers may furnish and bill them as well. PCM services are not within the scope of practice of limited-license providers like psychologist, podiatrists, or dentist, but PCM providers may refer or consult with these providers to coordinate and manage care.

Billing Codes:

- 99424 – Principal Care Management Services: first 30 minutes provided personally by a **physician** or other qualified health care professional, per calendar month
- 99425 – Principal Care Management Services: each additional 30 minutes provided personally by a **physician** or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
- 99426 – Principal Care Management Services: first 30 minutes of **clinical staff** time directed by physician or other qualified health care professional, per calendar month
- 99427 – Principal Care Management Services: 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)

Note:

- **Do not report 99424, 99425 in the same calendar month with 90951-90970, 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99426, 99427, 99437, 99439, 99487, 99489, 99490, 99491, 99605, 99606, 99607**
- **Do not report 99424, 99425 for service time reported with 93792, 93793, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99441, 99442, 99443, 99605, 99606, 99607**
- **You can't bill PCM during the same service period by the same practitioner as HCPCS codes G0181 or G0182 (home health care supervision, hospice care supervision) or CPT codes 90951–90970 (certain ESRD services)**
- **You can report PCM codes 99424, 99425, 99426 and 99427 by the same practitioner for services furnished during the 30-day TCM service period (CPT 99495, 99496)**
- **Consult CPT instructions for other codes you can't bill concurrently with PCM**
- **Other practitioner billing restrictions may apply if you're taking part in a CMS-sponsored model or demonstration program**
- **You can't count time toward the PCM service code for any other billed code**
- **Beginning CY 2022, RHCs and FQHCs can bill CCM, PCM and TCM services for the same patient during the same time period**

BILLING CODES

We at PQA understand you are concerned regarding the cost to your patient. Below each code is broke down. If a patient has a secondary insurance, it is likely the coinsurance will be picked up by that secondary.

***Code 99424* – MINUTES**
NON-FACE-TO-FACE SERVICES

Medicare Allowable rate - $78.00

Medicare Reimburses $63.00

Patient is liable for $15.00

***Code 99426* – MINUTES**
NON-FACE-TO-FACE SERVICES

Medicare Allowable rate - $59.00

Medicare Reimburses $47.00

Patient is liable for $12.00

***Code 99425* – MINUTES**
NON-FACE-TO-FACE SERVICES

Medicare Allowable rate - $56.00

Medicare Reimburses $45.00

Patient is liable for $11.00

***Code 99427* - MINUTES**
NON-FACE-TO-FACE SERVICES

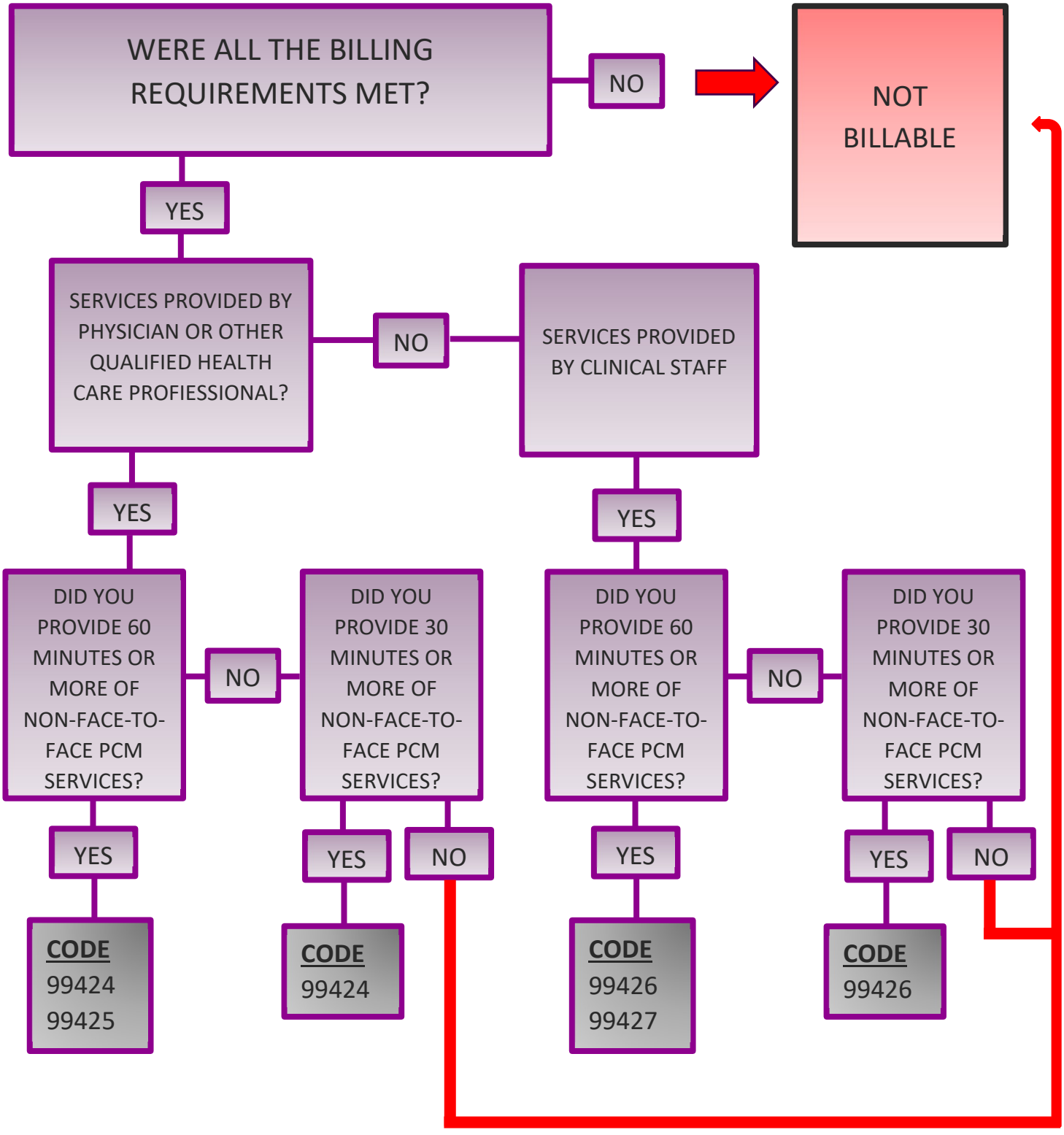
Medicare Allowable rate - $45.00

Medicare Reimburses $36.00

Patient is liable for $9.00

ALL MONETARY FIGURES ARE APPROXIMATIONS

BILLING DECISION TREE



CODES TO AVOID

Certain CPT codes already have care management services factored into reimbursement. These codes are listed below.

SERVICE	BILLING CODE
• Home Health	- G0181
• Hospice	- G0182
• End Stage Renal Disease	- 90951 – 90970
• Other Home Health	-99374-99375
• Other Hospice	-99377-99378
• Other Nursing Facility	-99379-99380
• Chronic Care Management	-99437,99439,99490,99491
• Self-measured BP monitoring	-99473-99474
• Complex Care Management	-99487-99489
• Medication Therapy Management	-99605-99607

- This is not an all-inclusive list. For complete list please refer to the CPT Book.

*If a patient is receiving any of the above services, you **CANNOT** bill the patient for the principal care services in the same month.*

REPORTING PCM SERVICES TOOL

Total Duration Principal Care Management Services	Staff Type	Principal Care Management
Less than 30 minutes	Not reported separately	Not reported separately
30-59 minutes	Physician or other qualified health care professional	99424 X 1
30-59 minutes	Clinical staff	99426 X 1
60-89 minutes	Physician or other qualified health care professional	99424 X 1 and 99425 X 1
60-89 minutes	Clinical staff	99426 X 1 and 99427 X 1
90-119 minutes	Physician or other qualified health care professional	99424 X 1 and 99425 X 2
90-119 minutes	Clinical staff	99426 X 1 and 99427 X 2
120 minutes or more	Physician or other qualified health care professional	99424 X 1 and 99425 X 3, as appropriate (see illustrated reporting examples above)
120 minutes or more	Clinical staff	99426 X 1 and 99427 X 2

Chronic Care Management Reference Sheet

Service	Code	Who/Time	Care Planning	Billing Practitioner Work
Chronic Care Management (CCM)	99490	Clinical Staff 20 Minutes	Established, implemented, revised, or monitored	• Ongoing oversight Direction and management • Work done under the direction of provider
CCM	+99439	Add. Clinical Staff 20 Minutes		• Same as 99490
CCM	99491	**Provider** 30 Minutes	Provider Provides the services	• Personally, performs the service
CCM	+99437	Add. **Provider** 30 minutes		• Personally, Performs the service
CCM	+G0506		Establish Care Plan	• Personally, performs extensive assessment and CCM care planning beyond the usual effort described by the separately billable CCM initiating visit
***Complex Chronic Care Management (CCCM)**	99487	Clinic Staff 60 Minutes	Established or substantially revised	• Ongoing oversight, direction, and management • Medical decision making of moderate-high complexity • Work done under the direction of the provider
***CCCM**	+99489	Add. Clinical Staff 30 minutes	Established or substantially revised	• Ongoing oversight, direction, and management • Medical decision making of moderate-high complexity • Work done under the direction of the provider
RHC – Chronic Care Management (CCM)	G0511	Clinical Staff time 20 minutes	Established, implemented, revised, or monitored	• Ongoing oversight Direction and management • Work done under the direction of provider
Principal Care Management (PCM)	99424	**Provider** 30 Minutes	Development, monitoring or revision	• Personally, performs the service
PCM	+99425	Provider Each Add. 30 minutes	Development, monitoring or revision	• Personally, Performs the service
PCM	99426	Clinical Staff 30 minutes	Development, monitoring or revision	• Ongoing oversight Direction and management • Work done under the direction of provider
PCM	+99427	Clinical Staff Each Add. 30 minutes	Development, monitoring or revision	• Ongoing oversight Direction and management • Work done under the direction of provider

CMS assumes the billing provider will spend time in CCM services, but the billing providers time in the chart above do not need to be tracked. Track and document clinical staff time.