Chronic Care Management and Complex Chronic Care Management Services

CPT® Code Descriptions

Chronic Care Management Services

99490- 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.

99491- Chronic care management services, provided personally by a physician or other qualified healthcare professional, at least 30 minutes of physician or other qualified healthcare professional time, 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.

HCPCS Code Description

For calendar year 2020, CMS introduced HCPCS code G0258 which describes each additional 20 minutes of work provided by clinical staff. This code would be reported in addition to CPT® code 99490 at a maximum of two times within a service period per beneficiary. This code currently applies to Medicare patients only and may not be accepted by private payers.

G2058- Chronic care management services, each additional 20 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). (Do not report G2058 for care management services of less than 20 minutes additional to the first 20 minutes of chronic care management services during a calendar month). (Use G2058 in conjunction with 99490). (Do not report 99490, G2058 in the same calendar month as 99487, 99489, 99491)).
Complex Chronic Care Management Services

99487- 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.

99489- 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)

CPT® Coding Guidelines

Care Management Services (Chronic Care Management and Complex Chronic Care Management)

The CPT® coding guidelines for Chronic Care and Complex Care Management Services are published in the American Medical Association CPT® Professional Edition. CPT guidance may vary from payer reporting guidelines, so it is important to check each payer’s policies.

Both sets of codes describe the work of clinical staff (directed by a physician or other qualified healthcare professional) and physician or qualified healthcare professional time established, implementing, revising, or monitoring a care plan for a patient that has multiple (two or more) chronic conditions expected to last at least 12 months or until their death. The services may only be reported once per calendar month by the physician or qualified healthcare professional who is accountable for the care management role of the patient that month.

A practice providing care management services must have certain capabilities such as (but not limited to): providing 24/7 access to physicians, other qualified health care professionals, or clinical staff and having an internal care coordination process/function whereby a patient identified as meeting the requirements for these services starts receiving them in a timely manner (a full list is available in the AMA CPT® Professional Edition 2020).

Chronic Care Management Services (99490 and 99491)

CPT® code 99490 describes 20 minutes of clinical staff time directed by a physician or qualified healthcare professional provided to an eligible patient in a calendar month. Services of less than 20 minutes duration in a calendar month may not be reported separately.

CPT® code 99491 applies to the work personally performed by a physician or qualified healthcare provider (not clinical staff) per calendar month. To report 99491, at least 30 minutes of professional time must be provided.

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CPT codes 99490 and 99491 may not be reported in the same calendar month.

**Complex Chronic Care Management Services (99487 and 99489)**

Complex Chronic Care Management Services differ from Chronic Care Management Services as they describe at least 60 minutes (and each additional 30 minutes) of clinical staff time (directed by a physician or other qualified healthcare professional). Similar to Chronic Care Management services the patients have multiple chronic conditions, but are at significant risk of death, acute exacerbation/decompensation, or functional decline. The services involve moderate or high complexity decision-making.

Complex Chronic Care clinical staff time for the month is determined by the face-to-face and non-face-to-face work performed by clinical staff on the following activities: communicating with the patient and/or the patient's family, caregivers, other professionals and agencies; revising, documenting and implementing the care plan; or teaching self-management.

**Medicare Coverage and Reimbursement Guidelines**

For calendar year 2020, CMS has provided clarification on some elements of the Chronic and Complex Care Management Services. These updates do not reflect necessarily reflect current CPT guidance.

CMS interprets “establishment or substantial revision of a comprehensive care plan” in the code descriptors to mean that a comprehensive care plan is established, implemented, revised, or monitored. They have defined “comprehensive care plan” as including, but not limited to, the following elements:

- Problem list
- Expected outcome and prognosis
- Measurable treatment goals
- Cognitive and functional assessment
- Symptom management
- Planned interventions
- Medical management
- Environmental evaluation
- Caregiver assessment
- Interaction and coordination with outside resources and practitioners and providers
CMS also now allows CPT® code 99491 to be reported during the same service period as Transitional Care Management codes (CPT® codes 99495 and 99496).

As in prior years, only one physician, Non-Physician Practitioner, Rural Health Clinic or Federally Qualified Healthcare Center, and one hospital can bill for Complex/Chronic Care Management Services for a patient during a calendar month. If a new patient or patient that has not been seen within one year prior to the commencement of Complex/Chronic Care Management, CMS requires the initiation of Complex/Chronic Care Management services during a face-to-face visit with the billing practitioner. Obtaining advance consent for CCM services is also required (either verbally or written) and must be documented in the medical record.

Participants in the Oncology Care Model (OCM-FFS) (reporting the Oncology Care Model Per Beneficiary Per Month code) cannot report the Complex/Chronic Care Management services in the same month for the same beneficiary.

**Coverage, Coding, and Reporting Resources**

**American Medical Association**  


**Centers for Medicare and Medicaid Services**  
Connected Care: The Chronic Care Management Resource  
Chronic Care Management Services Fact Sheet  
Frequently Asked Questions about Physician Billing for Chronic Care Management Services  
Oncology Care Model Frequently Asked Questions and Application Overview Webinar


**Questions**  
Questions regarding Chronic Care or Complex Chronic Care Management Service can be sent to ASCO at billingandcoding@asco.org.