

CBR202104: Chronic Care Management

Guidance and Considerations



Caution

As you perform your internal compliance reviews, keep the following in mind:

Chronic care management Current Procedural Terminology® (CPT®) codes are vulnerable to improper payments, primarily as the result of insufficient documentation.

Source: [2020 Medicare Fee-for-Service Supplemental Improper Payment Data](#). U.S.

Department of Health and Human Services (HHS). CMS.gov.



Review

Review encounter documentation and choose your code carefully, according to the service provided to the patient and the services documented for the encounter. Remember, if it was not documented, it was not done!



Implement: Chronic Care Management Services

Help to reduce the possibility of improper payments by selecting the proper CPT® code based on the coding guidelines. The following information is from the *CPT® 2021 Professional Edition*:

Chronic Care Management Services

“Chronic care management services are provided when medical and/or psychosocial needs of the patient require establishing, implementing, revising, or monitoring the care plan. Patients who receive chronic care management services have two or more chronic continuous or episodic health conditions that are expected to last at least 12 months, or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline.”

Source: *CPT® 2021 Professional Edition*. American Medical Association.



Implement: Complex Chronic Care Management Services

Help to reduce the possibility of improper payments by selecting the proper CPT® code based on the coding guidelines. The following information is from the *CPT® 2021 Professional Edition*:

Complex Chronic Care Management Services

“Complex chronic care management services are provided during a calendar month that includes criteria for chronic care management services including establishing, revising, implementing, or monitoring the care plan; medical, functional and/or psychosocial problems requiring medical decision making of moderate or high complexity; and clinical staff care management services for at least 60 minutes, under the direction of a physician or other qualified health care professional.”

“Patients who require complex chronic care management services may be identified by practice-specific or other published algorithms that recognize multiple illnesses, multiple medication use, inability to perform activities of daily living, requirement for a caregiver, and/or repeat admissions or emergency department visits. Typical adult patients who receive complex chronic care management services are treated with three or more prescription medications and may be receiving other types of therapeutic interventions...All patients have two or more chronic conditions or episodic health conditions that are expected to last at least 12 months, or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. Typical patients have complex diseases and morbidities and, as a result, demonstrate at least one of the following:

- need for the coordination of a number of specialties and services;
- inability to perform activities of daily living and/or cognitive impairment resulting in poor adherence to the treatment plan without substantial assistance from a caregiver;
- psychiatric and other medical comorbidities (eg, dementia and chronic obstructive pulmonary disease or substance abuse and diabetes) that complicate their care; and/or
- social support requirements or difficulty with access to care.”

Source: *CPT® 2021 Professional Edition*. American Medical Association.