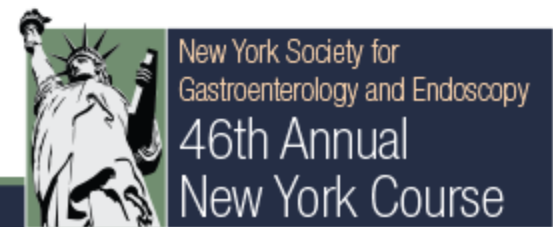


Billing, Coding, & Documentation: Getting the Credit You Deserve

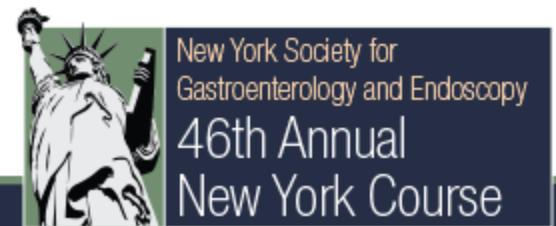
Edward Sun, MD, MBA, FASGE
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Associate Medical Director
Peconic Bay Medical Center
Northwell Health

Member, ASGE Reimbursement Committee
Alternate ASGE CPT Advisor



Disclosures

I have no financial relationships with commercial support to disclose



LOADING...

2022

2023

Agenda:

- Changes to the Physician Fee Schedule
- E&M Visit Updates
- ICD-10 and Risk Adjustment Updates
- Documenting Tips for Advanced Procedures
- Coding & Billing Opportunities: Thinking Outside the Box

Changes to the 2023 Physician Fee Schedule

$$\text{Total RVU} = (\text{Work RVU} \times \text{Work GPCI}) + (\text{PE RVU} \times \text{PE GPCI}) + (\text{MP RVU} \times \text{MP GPCI})$$

$$\text{Payment} = \text{Total RVU} \times \text{Conversion Factor}$$

GPCI = Geographic Practice Cost Index (variations in wages, cost of living, overhead, malpractice premiums in different parts of the country)

Work RVUs: time spent providing a service and the intensity with which that time is spent

The final CY 2023 PFS conversion factor is **\$33.06**

CY 2022 PFS conversion factor was \$34.61 (↓ of 1.55)

8.5% cut to
Physician Payment

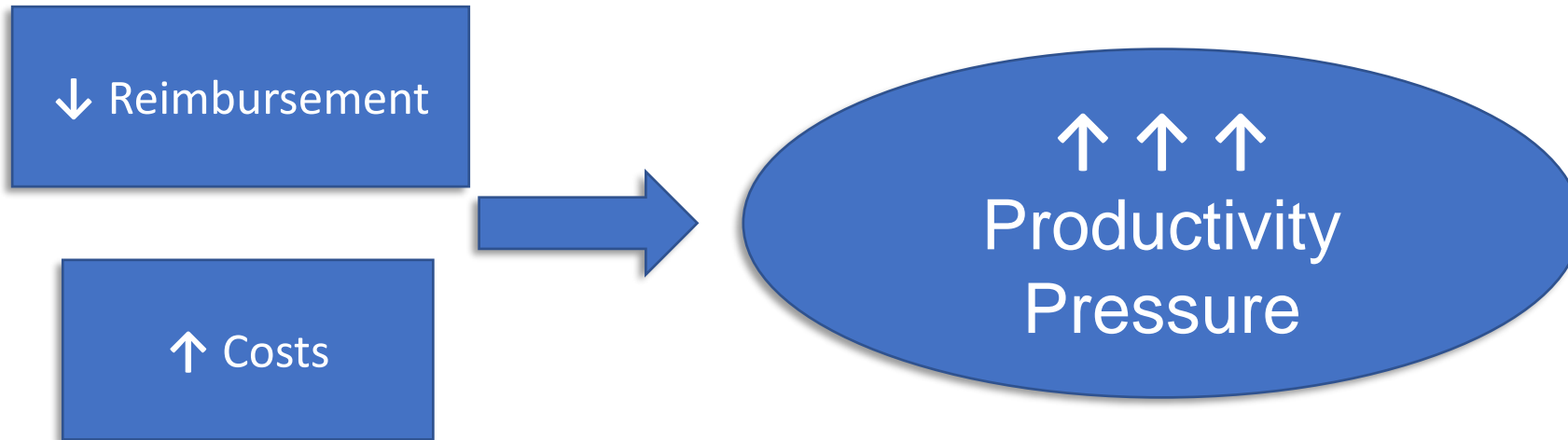
Expiration of the 3% supplemental increase to PFS payments for CY 2022

4% statutory Pay-As-You-Go sequester (Sequestration)



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The Practice of Gastroenterology in 2023



Greater Need for Physicians to:

- Understand the basics of Coding and Billing
- Stay abreast of changes in Coding and Reimbursement rules

Bill Accurately to receive Full Payment

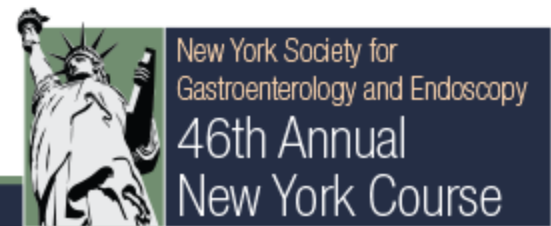
Bill Effectively to make more for the work done



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2023 E&M Visit Updates

- ❑ Patients over Paperwork Act of 2021 → Reduced Documentation
- ❑ Major changes in Coding and Documentation for Hospital Inpatient, Hospital Observation, and Emergency Department visits effective January 1st, 2023
- ❑ CPT Code Definition changes:
 - ❑ Revised interpretive guidelines for levels of medical decision making
 - ❑ Choice of Medical Decision Making or Time to select Code Level
 - ❑ Elimination of the use of history and exam to determine code level



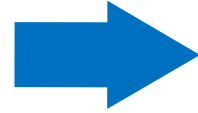
Evaluation & Management in 2022

History <i>Chief Complaint is required in ALL documentation</i>		Criteria					
Components							
HPI (History of Present Illness) Status of 3 chronic problems <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 OR Choose Elements 4 <input type="checkbox"/> Quality <input type="checkbox"/> Location <input type="checkbox"/> Duration <input type="checkbox"/> Severity <input type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Modifying factors <input type="checkbox"/> Associated Signs/Symptoms	<input type="checkbox"/> Status of 1-2 Chronic Conditions OR <input type="checkbox"/> Brief 1-3 Elements	<input type="checkbox"/> Status of 1-2 Chronic Conditions OR <input type="checkbox"/> Brief 1-3 Elements	Limited to affected body area or organ system (one body area or system related to problem)	PROBLEM FOCUSED EXAM			
			Affected body area or organ system and other symptomatic or related organ system(s) (additional systems)	EXPANDED PROBLEM FOCUSED EXAM			
			Extended exam of affected area(s) and other symptomatic or related organ system(s) (additional systems up to total of 7 (more depth and elaboration than above))	DETAILED EXAM			
			General multi-system exam (8 or more systems) or complete exam of a single organ system (Body areas do not count)	COMPREHENSIVE EXAM			
ROS (Review of Systems) <input type="checkbox"/> Constitutional <input type="checkbox"/> ENT <input type="checkbox"/> Eyes <input type="checkbox"/> CV <input type="checkbox"/> Skin/Breast <input type="checkbox"/> Resp <input type="checkbox"/> Endo 10 <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Heme/lymph <input type="checkbox"/> MS <input type="checkbox"/> Neuro <input type="checkbox"/> Psych <input type="checkbox"/> Allergy/Immunology	NA	<input type="checkbox"/> Pertinent to Problem 1	EXAM 8 Body area: <input type="checkbox"/> Head, including face <input type="checkbox"/> Chest, including breasts and axillae <input type="checkbox"/> Abdomen <input type="checkbox"/> Neck <input type="checkbox"/> Back, including spine <input type="checkbox"/> Genitalia, groin <input type="checkbox"/> Each extremity Organ systems: <input type="checkbox"/> Constitutional (e.g., vitals, gen app) <input type="checkbox"/> Ears, nose, mouth, throat <input type="checkbox"/> Respiratory <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Psych <input type="checkbox"/> Eyes <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Skin <input type="checkbox"/> Hem/lymph/imm <input type="checkbox"/> GU <input type="checkbox"/> Neuro	<input type="checkbox"/> 1 body area or <input type="checkbox"/> organ system	<input type="checkbox"/> 2 – 4 body areas or <input type="checkbox"/> organ systems	<input type="checkbox"/> 5 – 7 body areas or organ systems WITH MORE DEPTH	<input type="checkbox"/> 8 or more organ systems or <input type="checkbox"/> comprehens. single organ system exam
PFSH (Past Medical, Surgical, Social History) <input type="checkbox"/> Past History (Illnesses, Injuries) <input type="checkbox"/> Past Family (Diseases, Hereditary illnesses) <input type="checkbox"/> Social (Review of current, past activities)	NA	NA	Exam Score – (_____)	PROBLEM FOCUSED	EXP. PROB FOCUSED	DETAILED	COMPRE HENSIVE
*Complete PFSH 3 history areas for ALL NEW Patients 2 history areas for ALL Follow Up/Established Visits OR Patients seen in Emergency Department	<input type="checkbox"/> PROBLEM FOCUSED	<input type="checkbox"/> EXPANDED PROBLEM FOCUSED					
ALL Criteria for selected level MUST be MET or EXCEEDED							



Evaluation & Management in 2023 Billing by Medical Decision Making

Documentation



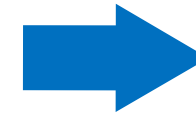
Reimbursement

Medically appropriate history and/or exam -- Include only what is Pertinent

Number and Complexity of Problems Addressed at the Encounter

Amount and/or Complexity of Data Reviewed and Analyzed

Risk of Complications and/or Morbidity or Mortality of Patient Management



Level of Billing

<https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf>

<https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf>



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Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management	<u>Level of MDM</u>
<ul style="list-style-type: none"> ➤ Minimal ➤ Low ➤ Moderate ➤ High 	<ul style="list-style-type: none"> ➤ Minimal or none ➤ Limited ➤ Moderate ➤ Extensive 	<ul style="list-style-type: none"> ➤ Minimal ➤ Low ➤ Moderate ➤ High 	Straightforward Low Moderate ← High ←

<u>E&M Code</u>	<u>Office or outpatient visit for E&M of a New Patient</u>
99202	Straightforward MDM
99203	Low MDM
99204	Moderate MDM
99205	High MDM

<u>E&M Code</u>	<u>Initial Hospital Inpatient or Observation Care</u>
99221	Low level of MDM
99222	Moderate level of MDM
99223	High level of MDM

<u>E&M Code</u>	<u>Office or outpatient visit for E&M of an Established Patient</u>
99211	May not require presence of a physician or other qualified hcp
99212	Straightforward MDM
99213	Low MDM
99214	Moderate MDM
99215	High MDM

<u>E&M Code</u>	<u>Subsequent Hospital Inpatient or Observation Care</u>
99231	Low level of MDM
99232	Moderate level of MDM
99233	High level of MDM



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Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making	Risk of Complications and/or Morbidity or Mortality of Patient Management
			Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis



E&M 2023: Number and Complexity of Problems Addressed

Low (99203, 99213) (Inpatient: 99221, 99231)	Moderate (99204, 99214) (Inpatient: 99222, 99232)	High (99205, 99215) (Inpatient: 99223, 99233)
<ul style="list-style-type: none"> ➤ 2 or more self-limited or minor problems ➤ 1 stable chronic illness; or ➤ 1 acute, uncomplicated illness or injury ➤ 1 stable, acute illness ➤ 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level care 	<ul style="list-style-type: none"> ➤ 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or ➤ 2 or more stable chronic illnesses; or ➤ 1 undiagnosed new problem with uncertain prognosis; or ➤ 1 acute illness with systemic symptoms; or ➤ 1 acute complicated injury 	<ul style="list-style-type: none"> ➤ 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or ➤ 1 acute or chronic illness or injury that poses a threat to life or bodily function



E&M 2023: Amount/Complexity of Data Reviewed and Analyzed

Limited (99203, 99213) (Inpatient: 99221, 99231)	Moderate (99204, 99214) (Inpatient: 99222, 99232)	High (99205, 99215) (Inpatient: 99223, 99233)
<p>➤ Category 1: Tests and documents Any combination of 2 from the following:</p> <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source; • review of the result(s) of each unique test; • ordering of each unique test <p>➤ Category 2: Assessment requiring an independent historian(s)</p> <p>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</p>	<p>➤ Category 1: Tests, documents, or independent historian(s) Any combination of 3 from the following:</p> <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test • Ordering of each unique test • Assessment requiring an independent historian(s) or <p>➤ Category 2: Independent interpretation of tests Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)</p> <p>➤ Category 3: Discussion of management or test interpretation Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</p>	<p>➤ Category 1: Tests, documents, or independent historian(s) Any combination of 3 from the following:</p> <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; • Assessment requiring an independent historian(s) <p>➤ Category 2: Independent interpretation of tests Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</p> <p>➤ Category 3: Discussion of management or test interpretation Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</p>

E&M 2023: Risk of Complications and/or Morbidity or Mortality

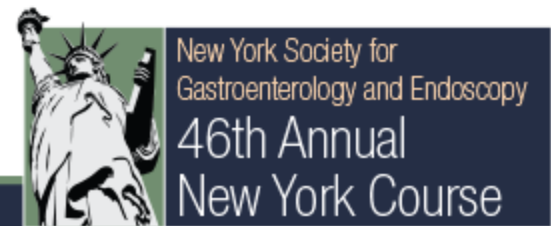
Low (99203, 99213) (Inpatient: 99221, 99231)	Moderate (99204, 99214) (Inpatient: 99222, 99232)	High (99205, 99215) (Inpatient: 99223, 99233)
<p>➤ Low risk of morbidity from additional diagnostic testing or treatment</p>	<p>➤ Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples:</p> <ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health 	<p>➤ High risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples:</p> <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis



New ICD-10 Codes for 2023 relevant to GI

- Owned and maintained by the World Health Organization (WHO)
- Currently > 70,000 codes for diseases, signs, symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases

<u>2023 ICD-10 Code</u>	<u>Code Description</u>
K76.81	Hepatopulmonary Syndrome
K76.82	Hepatic encephalopathy



E&M 2023: Risk of Complications and/or Morbidity or Mortality

Low (99203, 99213) (Inpatient: 99221, 99231)	Moderate (99204, 99214) (Inpatient: 99222, 99232)	High (99205, 99215) (Inpatient: 99223, 99233)
<p>➤ Low risk of morbidity from additional diagnostic testing or treatment</p>	<p>➤ Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples:</p> <ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health 	<p>➤ High risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples:</p> <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

Z59.87	Insecurity; unable to obtain basic needs (clothes, childcare, utilities)
Z59.86	Insecurity; financial
Z59.41	Insecurity; food
Z59.82	Insecurity; transportation
Z91.190	Nonadherence to medical treatment; financial hardship
Z91.198	Nonadherence to medical treatment; other specified reason
Z91.110	Noncompliance with dietary regimen; financial hardship

Z91.A4	Medication underdosing, intentional; by caregiver
Z91.A20	Medication underdosing, intentional; by caregiver due to financial hardship
Z91.A28	Medication underdosing, intentional; by caregiver, other specified reason
Z91.A3	Medication underdosing, unintentional; by caregiver
Z79.620	Long term/current use: immunosuppressive biologic agents



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E&M 2023: Billing by *Time* for Office or Outpatient Visits

<u>E&M Code</u>	<u>Office or outpatient visit for E&M of a New Patient</u>	<u>Time (min)</u>
99202	Straightforward MDM	15-29
99203	Low MDM	30-44
99204	Moderate MDM	45-59
99205	High MDM	60-74
<u>E&M Code</u>	<u>Office or outpatient visit for E&M of an established patient</u>	<u>Time (min)</u>
99211	May not require presence of a physician or other qualified hcp	Not applicable
99212	Straightforward MDM	10-19
99213	Low MDM	20-29
99214	Moderate MDM	30-39
99215	High MDM	40-54

99415 is used to report the first hour of prolonged clinical staff service on a given date

99416 to report each additional 30 min beyond the first hour

Total Time on the Day of the Visit

- Reviewing tests, performing the history, exam, time spent ordering medications, time spent writing the note (documenting), coordinating care
- Reviewing records the night before does not count)

No longer face-to-face time

99417 for each additional 15 minutes of total time



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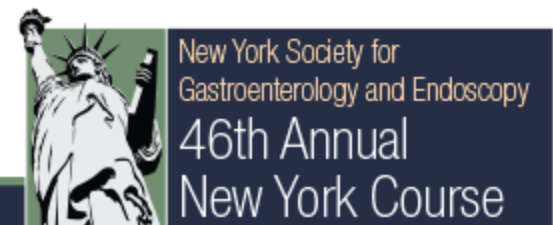
E&M 2023: Billing by *Time* for Inpatient Hospital Care

<u>E&M Code</u>		<u>Initial Hospital Inpatient or Observation Care</u>	<u>Time (min)</u>
99221	99253	Low level of MDM	≥ 40 min
99222	99254	Moderate level of MDM	≥ 55 min
99223	99255	High level of MDM	≥ 75 min
		993X0 For services ≥ 90 minutes	
<u>E&M Code</u>		<u>Subsequent Hospital Inpatient or Observation Care</u>	<u>Time (min)</u>
99231		Low level of MDM	≥ 25 min
99232		Moderate level of MDM	≥ 35 min
99233		High level of MDM	≥ 50 min

993X0 For services ≥ 65 minutes

99418 for each additional 15 minutes of total time

- Total Time on the Day of the Visit
 - Reviewing tests, performing the history, exam, time spent ordering medications, time spent writing the note (documenting), coordinating care
 - Reviewing records the night before does not count)
- No longer face-to-face time



E&M 2023: Strategies for Getting the Credit you Deserve



- ❑ Let's do the math:

$$\frac{\$40}{\text{visit}} \times 10 \frac{\text{visits}}{\text{week}} \times 48 \frac{\text{weeks}}{\text{year}} = \$19,200/\text{year}$$

- ❑ Avoid making excuses

“I don't want to get audited”

“If I just bill in the middle of the road for everything, I'll be fine”

“I make more from my procedures so what's the point”

[https://mtelehealth.com/cms-cpt-codes-99490-99491-99487-99489-g0506-a-guide-to-chronic-care-management-ccm-codes-in-2022/#:~:text=What%27s%20the%20reimbursement%20amount%20for,non%2Dfacility%20national%20average\).](https://mtelehealth.com/cms-cpt-codes-99490-99491-99487-99489-g0506-a-guide-to-chronic-care-management-ccm-codes-in-2022/#:~:text=What%27s%20the%20reimbursement%20amount%20for,non%2Dfacility%20national%20average).)



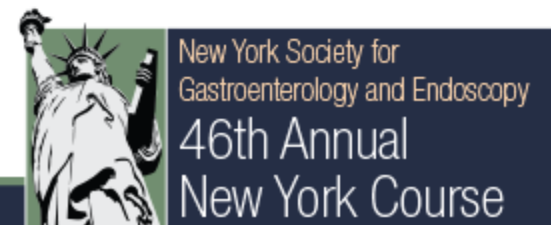
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Proper Documentation and Coding for Advanced Procedures

43290: EGD with deployment of intragastric bariatric balloon
43291: EGD with removal of intragastric bariatric balloon

<u>CPT Code</u>	<u>Code Description</u>
43237	Endoscopic Ultrasound visualizing < 3 areas of the GI tract
43259	EUS with examination of All 3 areas of the upper GI tract with U/S
Modifier 59	When a biopsy (43239) is performed separate from the EUS site
43254	EGD with EMR
45390	Colonoscopy with EMR
45349	flexible sigmoidoscopy with EMR

- ✓ The term EMR should be used in the endoscopy procedure note
 - ✓ Document that submucosal injection was used to demarcate the lesion
 - ✓ A snare, banding or other special device such as a cap was involved in removing tissue
 - ✓ Hemostasis by fulguration using a snare tip, APC, or clips was performed
- Communicate with your coder that EMR was performed; payers will often request records before payment is made to ensure that an EMR was actually performed

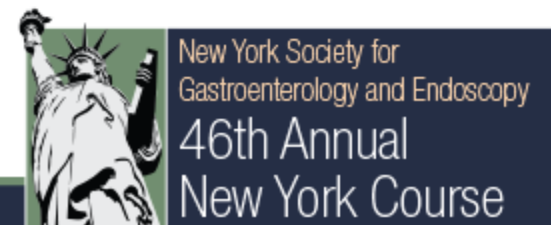


Proper Documentation and Coding for Advanced Procedures

<u>Procedure</u>	<u>CPT Code</u>	<u>Comparable wRVUs</u>
ESD colon	45399: unlisted procedure of the colon	44110 (14 wRVUs in 2021)
ESD esophagus	43499: unlisted procedure of the esophagus	43100 (9.66 wRVUs)
ESD stomach	43999: unlisted procedure of the stomach	43610 (16.34) or 43611 (20.38)

✓ Tip: Add the time it took to do the procedure: “It took 1.5 hours to perform the procedure”

Endoscopic Pancreatic Necrosectomy	48999: unlisted procedure, pancreas	48105 (49.26)
Endoscopic Closure of a Fistula	Stomach (43999), small intestine (44799), Colon (45399), rectum (45999)	Stomach (43870); Smal Intestine or Colon (44640); Rectum (57300)
EDGE (Endoscopic Ultrasound- Assisted Transgastric ERCP)	47999: unlisted procedure bile tract	43240 (7.15 wRVUs)



E&M 2023: Thinking Outside the Box

99490: Chronic Care Management

20 minutes of non-face-to-face time
spent per calendar month by clinical staff (under the direction of a physician or QHP)
managing 2 or more chronic conditions; single condition as of 2022

\$64.02 per patient per month × N patients × 12 months = \$\$\$

99491; 30 min spent directly by a physician or QHP → **\$86.17 PPM**

99487: Complex Chronic Care Management **\$134.27 PPM**

60 minutes of non-face-to-face time
Spent per calendar month by clinical staff (under the direction of a physician or QHP)
Managing 2 or more chronic conditions who require “moderate or high complexity medical decision making”

[https://mtelehealth.com/cms-cpt-codes-99490-99491-99487-99489-g0506-a-guide-to-chronic-care-management-ccm-codes-in-2022/#:~:text=What%27s%20the%20reimbursement%20amount%20for,non%2Dfacility%20national%20average\).](https://mtelehealth.com/cms-cpt-codes-99490-99491-99487-99489-g0506-a-guide-to-chronic-care-management-ccm-codes-in-2022/#:~:text=What%27s%20the%20reimbursement%20amount%20for,non%2Dfacility%20national%20average).)



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E&M 2023: Thinking Outside the Box

- ✓ One complex chronic condition expected to last ≥ 3 months, and that places the patient at significant risk of death, hospitalization, acute exacerbation/ decompensation, or functional decline
- ✓ A condition that requires the active, specialized “development, monitoring, or revision of disease-specific care plan”
- ✓ A condition that requires “frequent adjustments in the medication regimen,” and/or management that’s “unusually complex due to comorbidities”
- ✓ Communication and care coordination “between relevant practitioners furnishing care”
This can be carried out via telehealth or virtual/remote devices

<u>CPT Code</u>	<u>Code Description</u>	<u>Time</u>	<u>Value</u>
99424	Creation of the Initial care plan by Chronic Care Specialist	Initial 30 min per calendar month	\$83.40
99425	Ongoing revisions (eg active management of medications)	each additional 30 min per month	\$60.22
99426	Clinical Staff under direction and guidance of a Physician/QHP	First 30 min	\$63.33
99427	Clinical Staff time	each additional 30 min per month	\$48.45

[https://mtelehealth.com/cms-cpt-codes-99490-99491-99487-99489-g0506-a-guide-to-chronic-care-management-ccm-codes-in-2022/#:~:text=What%27s%20the%20reimbursement%20amount%20for,non%2Dfacility%20national%20average\).](https://mtelehealth.com/cms-cpt-codes-99490-99491-99487-99489-g0506-a-guide-to-chronic-care-management-ccm-codes-in-2022/#:~:text=What%27s%20the%20reimbursement%20amount%20for,non%2Dfacility%20national%20average).)

