



ChronicCareIQ Dashboard Patients Protocols Users Reports Help Emma Peel Sign Out

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Patients [Add Patient](#) 23 patients

Full Name	Date of Birth	Status	Score	Δ Day	Blood Pressure	Billing Type	Protocol	Timer	Case Manager
Capra, Lisa	7/29/1963	🔴	88	32	107 / 68	RPM, PCM	Atrial Fibrillation	57m 48s	Peel, Emma RN
Devine, Amy	12/14/1945	🔴	84	83	n/a	RPM, PCM	Asthma	38m 59s	Houde, Patty RN
Houston, Terry	7/8/1932	🟡	72	22	161 / 98	RPM, PCM	Atrial Fibrillation	1h 20m 15s	Peel, Emma RN
Conley, Eva	10/9/1925	🟡	69	45	165 / 91	RPM, PCM	Atrial Fibrillation	58m 10s	Peel, Emma RN
White, Lynn	6/22/1923	🟢	65	9	122 / 84	RPM, PCM	Atrial Fibrillation	9m 52s	Parker, Katherine RN
Gribble, Stephen	10/19/1923	🟢	57	1	121 / 85	RPM, PCM	Atrial Fibrillation	7m 02s	Parker, Katherine RN
Bridges, Christopher	5/1/1939	🟢	56	2	123 / 81	RPM, PCM	Atrial Fibrillation	19m 39s	Houde, Patty RN
Clifton, Lori	11/11/1925	🟢	50	4	124 / 80	RPM, PCM	Atrial Fibrillation	58m 45s	Peel, Emma RN
Erdmann, Timothy	11/1/1929	🟢	46	2	123 / 83	RPM, PCM	Atrial Fibrillation	13m 06s	Houde, Patty RN
Baca, Elia	8/28/1928	🟢	44	-3	121 / 85	RPM, PCM	Atrial Fibrillation	19m 08s	Foster, Nadine RN
Perkins, Floyd	5/30/1939	🟢	41	-15	119 / 81	RPM, PCM	Atrial Fibrillation	16m 22s	Houde, Patty RN

2024 CONNECTED CARE CODES AND WORK RVUS



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ANALYSIS



SCHEDULE
A DEMO

CHRONIC CARE MANAGEMENT (CCM)

99490 – \$61

WORK RVU – 1.00

Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified healthcare 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.

99439 – \$47 (EXTENSION OF 99490)

WORK RVU – 0.70

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 (limit to two instances per calendar month).

99487 – \$133

WORK RVU – 1.81

Complex chronic care management services, at least 60 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
- ✓ 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 – \$70 (EXTENSION OF 99487)

WORK RVU – 1.00

Complex chronic 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)

99491 – \$85

WORK RVU – 1.50

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

99437 (EXTENSION OF 99491) – \$60

WORK RVU – 1.00

Chronic care management services; each additional 30 minutes by a physician or other qualified health care professional, per calendar month; (limit to two instances per calendar month) (List separately in addition to code for primary procedure)

G0506 – \$62**WORK RVU – 0.87**

Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to code for primary procedure). This code is to be billed in conjunction with initializing E/M visit and cannot be billed separately on its own.

REMOTE PHYSIOLOGIC MONITORING (RPM)**99457 – \$48****WORK RVU – 0.61**

Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; initial 20 minutes

99458 – \$38**WORK RVU – 0.61**

Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; additional 20 minutes (limit to two instances per calendar month).

99453 – \$19**WORK RVU – N/A**

Remote monitoring of physiologic parameters (e.g., weight, blood pressure, pulse oximetry, etc) initial; setup and patient education on use of equipment once per episode of care.

99454 – \$46**WORK RVU – N/A**

Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

- Requires 16 days of device measurement submissions per 30 days (not monthly calendar based)

99091 – \$52**WORK RVU – 1.10**

Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time

BEHAVIORAL HEALTH INTEGRATION (BHI) AND COLLABORATIVE CARE MANAGEMENT (COCM) CPT BILLING CODES

99484 – \$54

WORK RVU – 0.93

Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month, with the following required elements:

- ✓ Initial assessment or follow-up monitoring, including the use of applicable validated rating scales
- ✓ Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes
- ✓ Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation
- ✓ Continuity of care with a designated member of the care team

99492 – \$150

WORK RVU – 1.88

Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional

- ✓ Outreach to and engagement in treatment of a patient directed by the treating physician or other qualified healthcare professional
- ✓ Initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan
- ✓ Review by the psychiatric consultant with modifications of the plan if recommended
- ✓ Entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant
- ✓ Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies

99493 – \$137

WORK RVU – 2.05

Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional

- ✓ Tracking patient follow-up and progress using the registry, with appropriate documentation.
- ✓ Participation in weekly caseload consultation with the psychiatric consultant
- ✓ Ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers
- ✓ Additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant
- ✓ Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies
- ✓ Monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment

99494 – \$46**WORK RVU – 0.82**

Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral healthcare manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional (List separately in addition to code for primary procedure)

- ✓ Listed separately and used in conjunction with 99492 and 99493

TRANSITIONAL CARE MANAGEMENT (TCM)**99495 – \$203****WORK RVU – 2.78**

Transitional care management services with moderate medical decision complexity.

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
- At least moderate level of medical decision making during the service period
- Face-to-face visit, within 14 calendar days of discharge

99496 – \$275**WORK RVU – 3.79**

Transitional care management services with high medical decision complexity.

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
- High level of medical decision making during the service period
- Face-to-face visit, within 7 calendar days of discharge

PRINCIPAL CARE MANAGEMENT (PCM)**99424 – \$81****WORK RVU – 1.45**

Principal care management services for a single high-risk disease, at least 30 minutes of physician or other qualified healthcare professional time per calendar month requiring the following elements:

- One complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death
- The condition requires development, monitoring, or revision of disease-specific care plan
- The condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities
- Ongoing communication and care coordination between relevant practitioners furnishing care

99425 (EXTENSION OF 99424) - \$58**WORK RVU – 1.00**

Principal care management services, each additional 30 minutes of physician or other qualified health care professional time per calendar month. Limit to two instances per calendar month. (List separately in addition to code for primary procedure)

99426 – \$60**WORK RVU – 1.00**

Principal care management services for a single high-risk disease, at least 30 minutes of clinical staff time directed by a physician or other qualified healthcare professional, per calendar month, requiring the following elements:

- One complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death
- The condition requires development, monitoring, or revision of disease-specific care plan
- The condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities
- Ongoing communication and care coordination between relevant practitioners furnishing care.

99427 (EXTENSION OF 99426) – \$46**WORK RVU – 0.71**

Principal care management services for a single high-risk disease, each additional 30 minutes of clinical staff time directed by a physician or other qualified healthcare professional, per calendar month. Limit to two instances per calendar month. (List separately in addition to code for primary procedure)

CHRONIC PAIN MANAGEMENT**G3002 – \$81****WORK RVU – 1.45**

Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g. physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. Required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified healthcare professional, per calendar month. (When using G3002, 30 minutes must be met or exceeded).

G3003 – \$29**WORK RVU – 0.50**

Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified healthcare professional, per calendar month. (List separately in addition to code for G3002. (When using G3003, 15 minutes must be met or exceeded).

FQHC/RHC Only Billing Codes

G0511 – \$71

Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) general care management, 20 minutes or more of clinical staff time for chronic care management directed by an RHC or FQHC provider per calendar month. (Multiple instances allowed starting 2024)

G0512 – \$144

Rural health clinic or federally qualified health center (RHC or FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric co-ccm services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month as maintained by CMS falls under Other Services .

WORK RVUS FOR CHRONIC CARE MANAGEMENT

Code	Short Descriptor	Work RVU
99490	Non complex CCM, 20 mins	1.0
99439	Non complex CCM, add'l 20 mins	0.7
99487	Complex CCM, 60 mins	1.81
99489	Complex CCM, add'l 30 mins	1.0
99491	Provider CCM, 30 mins	1.5
99437	Provider CCM, add'l 30 mins	1.0
G0506	CCM Initiating Visit and Care Planning	0.87

WORK RVUS FOR REMOTE PATIENT MONITORING

Code	Short Descriptor	Work RVU
99457	RPM, 20 mins	0.61
99458	RPM, add'l 20 mins	0.61
99453	RPM setup, patient education	N/A
99454	RPM setup, device supply/readings	N/A
99091	Physiological Data Collection 30 minutes	1.1

WORK RVUS FOR BEHAVIORAL HEALTH INTEGRATION AND COLLABORATIVE CARE MANAGEMENT

Code	Short Descriptor	Work RVU
99484	BHI Services 20 minutes	0.93
99492	Initial CoCM services 70 minutes	1.88
99493	Subsequent CoCM 1st 60 minutes	2.05
99494	Additional 30 minutes CoCM services	0.82

WORK RVUS FOR TRANSITIONAL CARE MANAGEMENT

Code	Short Descriptor	Work RVU
99495	TCM Moderate Complexity	2.78
99496	TCM High Complexity	3.79

WORK RVUS FOR PRINCIPAL CARE MANAGEMENT

Code	Short Descriptor	Work RVU
99424	Provider PCM, 30 mins	1.45
99425	Provider PCM, add'l 30 mins	1.0
99426	PCM, 30 mins	1.0
99427	PCM add'l 30 mins	0.71

WORK RVUS FOR CHRONIC PAIN MANAGEMENT

Code	Short Descriptor	Work RVU
G3002	CPM, 30 mins	1.45
G3003	CPM, add'l 15 mins	0.50



ChronicCareIQ is comprehensive, award-winning technology that enables doctors, hospitals and health systems to build high-performing care management into their practices or service lines without excessive costs or third parties. With independently documented outcomes of 29% reduction in hospitalizations, 87% patient retention at one-year, and average net-new revenue exceeding \$6,800 per provider per month with 91% patient satisfaction, you too can be clinically, financially and operationally successful with chronic care management, principal care management, transitional care management, remote patient monitoring, and behavioral health integration.

Schedule Your Demo of ChronicCareIQ

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