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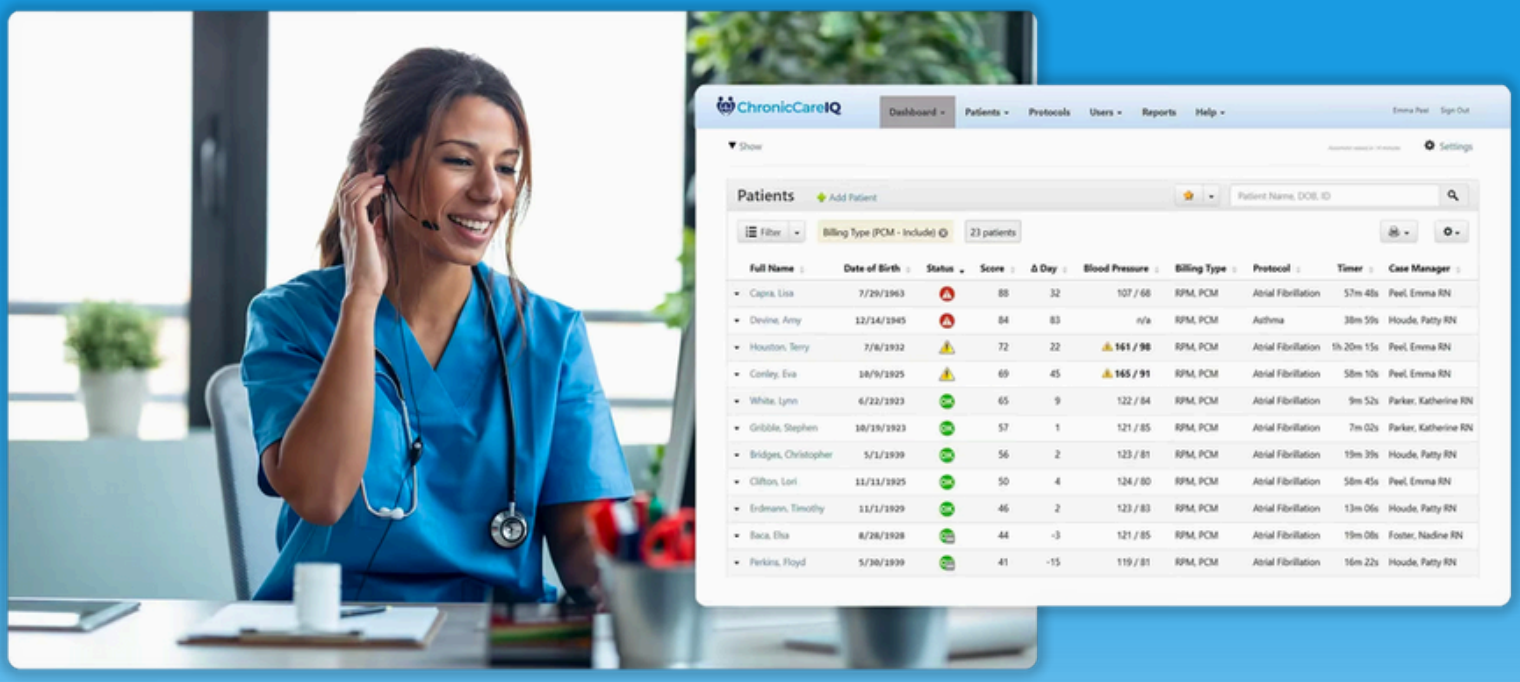

2025 CONNECTED CARE CODES AND WORK RVUS

GET A CUSTOM REIMBURSEMENT ANALYSIS

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CHRONIC CARE MANAGEMENT (CCM)

CCM allows healthcare professionals to be reimbursed for the time and resources used to manage the health of patients with two or more chronic conditions between face-to-face appointments.

99490 – $60 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 – $46 (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 healthcare professional, per calendar month (limit to two instances per calendar month).

99487 – $132 WORK RVU – 1.81

Complex chronic care management services, at least 60 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

✓ 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 healthcare professional, per calendar month

99489 – $71 (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 healthcare professional, per calendar month (List separately in addition to code for primary procedure)

99491 – $82 WORK RVU – 1.50

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.

99437 (EXTENSION OF 99491) – $58 WORK RVU – 1.00

Chronic care management services; each additional 30 minutes 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)

G0506 – $61 **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 evaluation & management (E/M) visit and cannot be billed separately on its own.

REMOTE PHYSIOLOGIC MONITORING (RPM)

Remote physiologic monitoring, also called remote patient monitoring (RPM), offers an early warning system to alert your staff when patients' vital signs require attention.

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 – $20 **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 – $43 **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 healthcare professional, qualified by education, training, licensure/ regulation (when applicable) requiring a minimum of 30 minutes of time

Advanced Primary Care Management (APCM)

Integrate population-based care management by segmenting all of the patients who don't meet other monthly CCM minimum billing thresholds for time spent.

13 Service Elements of APCM

- ✓ **Patient consent** — Specific to APCM, ensuring patients agree to care terms
- ✓ **Initiating visit** — Conducted within three years
- ✓ **24/7/365 access** — Provides round-the-clock access to clinicians
- ✓ **Continuity of care** — Ensures continuous and comprehensive care
- ✓ **Alternative care delivery** — Offers innovative approaches to care
- ✓ **Comprehensive care management** — Manages all aspects of patient care
- ✓ **Care plan (electronic)** — Develops and shares electronic care plans with patients
- ✓ **Care transitions** — Facilitates smooth transitions between care settings
- ✓ **Ongoing communication** — Maintains coordinated care with secure, two-way communication
- ✓ **Electronic communications** — Ensures secure, technology-driven exchanges
- ✓ **Population data analysis** — Identifies gaps in care
- ✓ **Performance measurement** — Evaluates care outcomes using metrics
- ✓ **Risk stratification** — Assesses and categorizes patient risks

G0556 – $15 WORK RVU – 0.25

(Level 1) - APCM services support a patient who has no chronic conditions, or one chronic condition (meaning a condition that puts the patient at significant risk of death, acute exacerbation or decompensation, or functional decline that is expected to last at least 12 months or until death). Clinical staff, under the direction of a physician or qualified healthcare professional, provide these services monthly as part of the patient's ongoing care. The provider and staff perform the elements outlined in the descriptor, as appropriate, and is responsible for the patient's primary care and serves as a continuing focal point for all their healthcare services.

G0557 – $50 WORK RVU – 0.77

(Level 2) - APCM services support a patient who has two or more chronic conditions (meaning a condition that puts the patient at significant risk of death, acute exacerbation or decompensation, or functional decline that is expected to last at least 12 months or until death). Clinical staff, under the direction of a physician or qualified healthcare professional, provide these services monthly as part of the patient's ongoing care. The provider and staff perform the elements outlined in the descriptor, as appropriate, and is responsible for the patient's primary care and serves as a continuing focal point for all their healthcare services.

G0558 – $110 WORK RVU – 1.67

(Level 3) - Patients who are a qualified Medicare beneficiary (QMB) with two or more chronic conditions as described for Level 2.

Principal Care Management (PCM)

While similar to Chronic Care Management (CCM) program, Principal Care Management (PCM) reimburses specialty providers for the care management services they provide to patients with a single, high-risk condition.

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) - $59 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 – $62 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) – $50 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.)

BEHAVIORAL HEALTH INTEGRATION (BHI) & COLLABORATIVE CARE MANAGEMENT (CoCM) CPT BILLING CODES

Behavioral Health Integration (BHI) and Collaborative Care Management (CoCM) codes support collaboration and coordination among those disciplines and primary care. When behavioral health patients need extra attention and even psychiatric services, the care coordination activities between primary and behavioral healthcare professionals qualify for reimbursement.

99484 – $53 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 healthcare 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 – $145 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 healthcare 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 – $134 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 healthcare 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

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BHI/CoCM 99493 – $134 WORK RVU – 2.05

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✓ 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 – $56 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)

By automatically receiving real-time discharge notifications, your practice can reach out to patients to ensure a smooth transition between care settings and eliminate gaps in care.

99495 – $201 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 two 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 – $273 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 two business days of discharge
✓ High level of medical decision making during the service period
✓ Face-to-face visit, within seven calendar days of discharge

REMOTE THERAPEUTIC MONITORING (RTM)

RTM allows the collection of non-vital data and managing patients with musculoskeletal and respiratory conditions.

98975 – $20 WORK RVU – N/A

RTM (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment once per episode of care.

98976 – $43 **WORK RVU – N/A**

RTM (e.g. respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g. daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days

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

98977– $43 **WORK RVU – N/A**

RTM (e.g. respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g. daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days

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

98980 – $50 **WORK RVU – 0.62**

RTM treatment, physician/other qualified healthcare professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes

98981 – $39 **WORK RVU – 0.61**

RTM treatment, physician/other qualified healthcare professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes

CHRONIC PAIN MANAGEMENT

Patients can be enrolled in Chronic Pain Management if they experience persistent or recurrent pain lasting longer than three months.

G3002 – $80 **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

This year, CMS sunsets the flat-rate multiple-instance code for federally qualified healthcare centers (FQHCs) and rural health centers (RHCs). In 2025, CMS has broadened the use of all of the care management codes for FQHCs and RHCs, so each patient is eligible for add-on time codes.

G0511 – $55 (SUNSETTING JULY 1, 2025) WORK RVU – N/A

Starting January 1, 2025, for care coordination services (previously care management services) provided in RHCs/FQHCs, facilities will report the individual CPT/HCPCS base codes and add-on codes for each of the care coordination services which will replace HCPCS code G0511. These services will be paid at the national non-facility PFS payment rates.

For those RHCs and FQHCs that need additional time to update their billing systems, they may continue to bill G0511 until July 1, 2025. For those that are ready, you may bill the individual HCPCS codes starting January 1, 2025. RHCs/FQHCs should do one or the other on a facility basis.

G0512 – $139 WORK RVU – N/A

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 .

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The ChronicCareIQ platform enables doctors, hospitals, and health systems to build high-performing care management into their practices or service lines quickly and efficiently. The solution supports clinical teams in tracking patients' changing health indicators so they can intervene before complications arise, helping to improve staff productivity by automating data capture and alerts. Independently documented ChronicCareIQ outcomes include an average 29% reduction in hospitalizations, 87 percent patient retention year over year, and average net-new revenue exceeding $9,490 per provider per month. Join them and be more successful with chronic care management, principal care management, transitional care management, remote patient monitoring, behavioral health integration, and more.

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