Neighborhood Health Plan OF RHODE ISLAND™

Clinical Medical Policy

Integrity Chronic Care Management- # I-002

Last reviewed: 06/07/2023

Benefit Coverage:

Covered Benefit for lines of business including:
Covered Benefit for lines of business including: For Medicare-Medicaid Plan (MMP) Integrity **Only**
Excluded from Coverage:
Extended Family Planning (EFP), Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE)

Description:
Care coordination services (non-face to face) As of January 1, 2015, Medicare has reimbursed this service defined as follows:

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 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.
- ☐ A comprehensive care plan is established, implemented, revised, or monitored.

Physicians and the following non-physician practitioners may bill the new CCM service:

- Certified nurse midwives, clinical nurse specialist, nurse practitioners, and physician assistants.

Note that eligible practitioners must act within their state licensure, scope of practice, and Medicare statutory benefit. The CCM service may be billed most frequently by primary care physicians, although specialty physicians who meet all the billing requirements may bill the service.
The CCM service is not within the scope of practice of limited license physicians and practitioners such as clinical psychologists, podiatrists, or dentist. Therefore, these practitioners cannot furnish or bill the service. However, CMS expects referral to or consultation with such positions and practitioners by the billing practitioner to coordinate and manage care.

Services provided directly by an appropriate physician or non-physician practitioner or by clinical staff incident to the billing physician or non-physician practitioner count toward the minimum amount of service time required to bill the CCM service each calendar month (20 minutes).

Nonclinical staff time cannot be counted. Please refer to the CPT definition of "clinical staff" and the Medicare PFS "incident to" rules to determine whether time by a specific individual may be counted towards the minimum time requirement. Practitioners may use individuals outside the practice to provide CCM services, subject to Medicare PFS "incident to" rules and regulations and all other applicable Medicare rules.

Coverage Determination:
A practitioner must inform eligible patients of the availability of and obtain consent for the CCM service before furnishing or billing the service. Informed consent must include:

- ☐ A written or verbal consent must be documented in the medical record stating that the patient agrees to have the services provided, including authorization for the electronic communication of medical information with other treating practitioners and providers.
- ☐ Documentation in the patient's medical record of a discussion explaining and offering the CCM service as well as noting the patients decision to except the service.
- ☐ Documentation of an explanation on how to revoke the service.
- ☐ Documentation informing the patient that only one practitioner can furnish and be paid for the service during a calendar month.

1. The scope of CCM service is extensive, including structured recording of patient health information, and electronic care plan addressing all health issues, access to care management services, managing care transitions, and coordinating and sharing patient information with practitioners and providers outside the practice. Please refer to the Department of Health and Human Services Chronic Care Management Services Guidelines, table 1.

2. It is required that the practitioner use a certified EHR technology to satisfy some of the CCM scope of service elements. These technology requirements are referred to as CCM certified technology. For more information visit http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms on the CMS website.

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at www.nhpri.org
1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

Prior Authorization Forms
For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.
Fax authorization forms to 401-459-6023.
Covered Codes: For information on Coding please reference the Authorization Quick Reference Guide

CMP Cross References:

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Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

References:

Department of Human Services Centers for Medicare and Medicaid Services. (01/01/2016). *Chronic Care Management (CCM) Services for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs).* MLN Matters® Number: MM9234. **Medicare Learning Network MLN Matters Articles MM9234**

Department of Human Services Centers for Medicare and Medicaid Services. (05/2015). *Chronic Care Management (CCM).*ICN 909188. **Chronic Care Management Services CMS**

Department of Human Services Centers for Medicare and Medicaid Services. (05/07/2015). *Frequently Asked Questions about Billing Medicare for Chronic Care Management Services.* PFS and OPPS Frequently Asked Questions on CCM

Centers for Medicare and Medicaid Services. *Chronic Conditions Overview.* CMS Statistic Trends and Reports Chronic Conditions

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