



2024 Chronic Care Management (CCM) CPT Billing Codes

Chronic Care Management (CCM) and Principal Care Management (PCM) codes provide timely Medicare reimbursements and improve patient care coordination. A table of relevant CCM codes, along with eligibility requirements and reimbursement values, is provided here.

	CPT Code	# Chronic Conditions	Performed By	Offer Remotely	Time per Month	RVU	Reimbursement
Standard CCM	99490	2+	Clinical Staff	✓ Yes	Initial 20 mins	1.88	\$61.56
	99439	2+	Clinical Staff	✓ Yes	Each additional 20 mins	1.44	\$47.15
	99491	2+	Provider*	✓ Yes	Initial 30 mins	2.54	\$83.17
	99437	2+	Provider*	✓ Yes	Each additional 30 mins	1.79	\$58.61
Complex CCM	99487	2+	Clinical Staff	✓ Yes	Initial 60 mins	4.03	\$131.96
	99489	2+	Provider*	✓ Yes	Each additional 30 mins	2.17	\$71.05
CCM at RHCs & FQHCs	G0511	2+	Clinical Staff	✓ Yes	≥ 20 mins	2.41	\$78.91
Comprehensive Assessment & Care Planning	G0506	2+	Provider*	✗ No	Not Time-Based	1.88	\$61.56
Standard PCM	99424	1	Provider*	✗ No	Initial 30 mins	2.48	\$81.21
	99425	1	Provider*	✗ No	Each additional 30 mins	1.8	\$58.94
Complex PCM	99426	1	Clinical Staff	✓ Yes	Initial 30 mins	1.86	\$60.90
	99427	1	Clinical Staff	✓ Yes	Each additional 30 mins	1.42	\$46.50

*Provider is defined as physician or other qualified healthcare professional.

Standard CCM

Routine chronic care management services

Category Requirements:

- 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 already established, implemented, revised, or monitored

CPT 99490

For the first 20 minutes of clinical staff time directed by the provider, per calendar month.

CPT 99439 (in addition to CPT 99490)

For each additional 20 minutes of clinical staff time directed by the provider, per calendar month.

CPT 99491

For the first 30 minutes of CCM services personally conducted by the provider.

CPT 99437 (in addition to CPT 99491)

For each additional 30 minutes of CCM services personally conducted by the provider.

Complex CCM

Complex chronic care management services

Category Requirements:

- 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 comprehensive care plan
- Moderate or high complexity medical decision making

CPT 99487

For the first 60 minutes of clinical staff time directed by the provider, per calendar month.

CPT 99489 (in addition to CPT 99487)

For each additional 30 minutes of clinical staff time directed by the provider, per calendar month.

CCM at RHCs & FQHCs

Category Requirements:

- 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
- **Services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM)**

G0511

For **at least 20 minutes of clinical staff time** spent on chronic care management services or behavioral health integration services, directed by an RHC or FQHC practitioner, per calendar month.

Comprehensive Assessment & Care Planning

Category Requirements:

- 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 assessment of and care planning by the provider for patients requiring CCM services**

G0506

For **any duration of time spent on comprehensive assessment and care planning, conducted personally by the provider**. Billed separately from monthly care management services.

(Listed separately in addition to code for primary procedure)

Standard PCM

Principal care management for a single high-risk disease, conducted by clinical staff

Category Requirements:

- 1 complex chronic condition expected to last at least 3 months
- Patient at significant risk of death, acute exacerbation/decompensation, functional decline, or death
- Disease-specific care plan requires development, monitoring, or revision
- Frequent adjustments in medication regimen required
- Management of the condition is unusually complex due to comorbidities
- Ongoing communication and care coordination between relevant practitioners furnishing care
- **Conducted by clinical staff**

CPT 99424

For the first 30 minutes of PCM services **personally conducted by the provider**, per calendar month.

CPT 99425 (in addition to CPT 99424)

For each additional 30 minutes of PCM services **personally conducted by the provider**, per calendar month.

(Listed separately in addition to code for primary procedure)

Complex PCM

Principal care management for a single high-risk disease, conducted by the provider

Category Requirements:

- 1 complex chronic condition expected to last at least 3 months
- Patient at significant risk of death, acute exacerbation/decompensation, functional decline, or death
- Disease-specific care plan requires development, monitoring, or revision
- Frequent adjustments in medication regimen required
- Management of the condition is unusually complex due to comorbidities
- Ongoing communication and care coordination between relevant practitioners furnishing care
- **Conducted by the provider**

CPT 99426

For the first 30 minutes of **clinical staff time** directed by the provider, per calendar month.

CPT 99427 (in addition to CPT 99426)

For each additional 30 minutes of **clinical staff time** directed by the provider, per calendar month.

(Listed separately in addition to code for primary procedure)