

Example Reimbursement Scenarios

#	Scenario* (for given calendar month)	Billing Codes Applicable	National Reimbursement Amount** (non-facility rate)
1	Patient receives 10 minutes of CCM services in that month from clinical staff directed by a physician or other qualified health care professional	N/A	\$0
2	Patient receives 20 minutes of CCM services in that month from clinical staff directed by a physician or other qualified health care professional	99490	\$42.71
3	Patient receives 45 minutes of CCM services in that month from clinical staff directed by a physician or other qualified health care professional	99490	\$42.71
4	Patient requiring moderate or high complexity medical decision making receives 60 minutes of CCM services in that month from clinical staff directed by a physician or other qualified health care professional	99487	\$93.67
5	Patient requiring moderate or high complexity medical decision making receives 80 minutes of CCM services in that month from clinical staff directed by a physician or other qualified health care professional	99487	\$93.67
6	Patient requiring moderate or high complexity medical decision making receives 90 minutes of CCM services in that month from clinical staff directed by a physician or other qualified health care professional	99487 + 99489	\$140.68
7	Patient requiring moderate or high complexity medical decision making receives 120 minutes of CCM services in that month from clinical staff directed by a physician or other qualified health care professional	99487 + 99489	\$140.68
8	Existing patient, who has been seen by practitioner within past 12 months and is therefore eligible to enroll in CCM without an office visit , has a phone conversation with a CCM staff member or physician and opts in via verbal consent. Patient goes on to receive 20 minutes of CCM services in that month from clinical staff directed by a physician or other qualified health care professional.	99490	\$42.71
9	New patient, who has never been seen by practitioner and is eligible to enroll in CCM with an office visit , has a face-to-face conversation with a CCM staff member or physician and opts in via verbal consent. Patient goes on to receive 20 minutes of CCM services in that month from clinical staff directed by a physician or other qualified health care professional.	99490 + G0506***	\$106.59****
10	Existing patient, who has not been seen by practitioner within past 12 months and is eligible to enroll in CCM with an office visit , has a face-to-face conversation with a CCM staff member or physician and opts in via verbal consent. Patient goes on to receive 120 minutes of CCM services in that month from clinical staff directed by a physician or other qualified health care professional.	99487 + 99489 + G0506***	\$204.56****

*All scenarios assume patient has: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; and a comprehensive care plan has been established, implemented, revised, or monitored

** National Reimbursement Averages

*** G0506 can only be billed once for each patient by the billing practitioner when a comprehensive assessment and care planning is required for patients requiring CCM services.

Extensive assessment and care planning outside of the usual effort described by the billed E/M code is performed by the billing practitioner.

**** Reimbursement Amount minus \$63.88 is billable every calendar month. \$63.88 is billed once per patient for the G0506 code.