



2022



**New Chronic Care Management (CCM),
Complex Chronic Care Management,
Principal Care Management (PCM), and
Remote Patient Monitoring (RPM)
Reimbursement Codes for 2022**

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CMS released their [2022 Medicare Physician Fee Schedule Final Ruling](#) last month and it has some really good news for Chronic Care Management, Complex Chronic Care Management, and Principal Care Management for the year 2022 while some not-so-good news for Remote Patient Monitoring reimbursement. Below is the overview of the codes that have been added as well as their national average rates as compared to 2021. As usual, make sure to check with your local geographic area adjustments, [MAC's](#) and your billing department for guidance.

1: Expanded set of codes for chronic care management and increased reimbursement

CMS [explanation](#) of CCM is as follows:

Chronic care management services, at least 20 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
- Comprehensive care plan established, implemented, revised, or monitored

Code	Description	2021 Allowed Amount	2022 Allowed Amount
99490	20 min Clinical Staff CCM	\$41.17	\$62.16
99439	Add 20 min Clinical Staff CCM	\$37.69	\$47.04
99491	30 min, Phy/NP CCM	\$82.53	\$83.66
99437	Add 30 min, Phy/NP CCM	N/A	\$59.47

Chronic Care Management reimbursement comparison 2021 vs 2022

2: Complex Chronic Care Management reimbursement

Complex Chronic Care Management includes everything from CCM + Moderate or highly complex decision making. It is interesting to note that if you spend 60 min of clinical staff time with a patient, you can either bill for 99487 or a combination of 1 unit of 99490 and 2 units of 99439. The former pays ~\$130 while the latter pays ~\$156 so with a ~\$26 difference, there is little reason to bill for Complex Chronic Care Management.

Code	Description	2021 Allowed Amount	2022 Allowed Amount
99487	60 min, Clinical Staff CCCM	\$91.77	\$130.37
99489	Add 30 min, Clinical Staff CCCM	\$43.97	\$68.51

Complex Chronic Care Management reimbursement comparison 2021 vs 2022

3: Principal Care Management

A qualifying condition for Principal Care Management (PCM) services may be expected to last between three months to one year or until the death of the patient. The initiation of a PCM service will typically be triggered by an exacerbation of the patient's chronic condition or recent hospitalization. The patient's primary care physician will still supervise the patient's overall care, but a specialist will manage services for the specific chronic condition.

This code is a great opportunity for specialists to manage their patient's disease-specific condition(s) while removing the burden of managing additional chronic conditions the patients have that are not relevant to the physician's specialty.

Code	Description	2021 Allowed Amount	2022 Allowed Amount
99424	30 min, Physician/NPP, PCM.	\$90.37	\$80.95
99425	Add. 30 min, Physician/NPP, PCM.	N/A	\$58.46
99426	30 min, Clinical Staff, PCM.	\$38.73	\$61.49
99427	PCM, Clinical Staff, +30 min.	N/A	\$47.04

Principal Care Management reimbursement comparison 2021 vs 2022

4: Remote Patient Monitoring

Remote patient monitoring has seen explosive growth in adaption especially after the outbreak of Covid-19. VA is set to spend \$1 billion to expand its roll-out of RPM. Unfortunately, CMS has decided to cut down the reimbursement of the device code 99454 by about 9\$ in spite of stakeholders' complaints that the original fee schedule was not enough to pay for these hi-tech devices. RPM can be a tricky roll-out and practices that have worked with companies like mTelehealth have benefitted tremendously from the deep experience of patient engagement and interactions.

Code	Description	2021 Allowed Amount	2022 Allowed Amount
99453	Patient Education & Setup.	\$19.19	\$18.48
99454	RPM Device Supply & Data Transmissions (30 Days).	\$63.16	\$54.10
99091	30 min, Data Analysis, and Interpretation.	\$56.88	\$54.77
99457	20 min, Clinical Staff, Treatment Management Services.	\$50.94	\$48.72
99458	Add. 20 min, Clinical Staff, Treatment Management Services.	\$41.17	\$39.65

Complex Chronic Care Management reimbursement comparison 2021 vs 2022