Although the Centers for Medicare & Medicaid Services (CMS) hasn’t published anything regarding the final rule as of press date, the Medicare Physician Fee Schedule updates and revisions contain several positive changes to chronic care management (CCM) services.

The most significant change is a newly-developed Healthcare Common Procedure Coding System (HCPCS) code effective January 1, 2017.

Here are some specific guidelines regarding G0506:

- When a billing practitioner initiating CCM personally performs extensive assessment and care planning outside the usual effort described by the evaluation and management (E/M), annual wellness visit (AWV) or initial preventive physical exam (IPPE) code, the practitioner may also bill G0506.

G0506 can also be billed in addition to CCM services (99490) or complex CCM (99487 or 99489) if requirements are also met.

- Code G0506 is specifically for additional work of the billing practitioner in personally performing a face-to-face assessment of a beneficiary requiring CCM services, and personally performing CCM care planning not performed in the initial visit or in the CCM codes for that month.

- CMS indicated that G0506 might be particularly appropriate to bill when the initiating visit is a less complex visit (such as a level 2 or 3 E/M visit). However, G0506 could be billed along with a higher-level visit if the billing practitioner’s effort and time exceeds the usual effort described by the initial E/M, AWV or IPPE.

It also may be appropriate to bill G0506 when the initiating visit addresses problems unrelated to CCM, and the CCM work is not counted toward the level of service.

- G0506 is only allowed to be billed once per patient by the billing practitioner.

- In order to ensure the practitioner’s involvement at the outset of the CCM services, G0506 is to be billed as an add-on code to the CCM-initiating visit.

- There are no requirements to “re-initiate” CCM, so there is no add-on code.
Here are some other revisions for CCM services, effective as of January 1, 2017:

- **Initiating visit**
  Initiation during an AWV, IPPE or face-to-face E/M visit (Level 4 or 5 visit not required) for new patients or patients not seen within one year.

- **Structured recording of patient information using certified EHRs:**
  Structured recording of demographics, problems, medications and medication allergies using certified EHR technology. A full list of problems, medications and medication allergies in the EHR must inform the care plan, care coordination and ongoing clinical care.

- **24/7 access to Care:**
  Provide 24/7 access to physicians or other qualified health professionals or clinical staff including providing patients/caregivers with a means to make contact with healthcare professionals in the practice to address urgent needs regardless of the time of day or day of week.

For more on the final revisions for CCM services, please visit MedicalEconomics.com.