

Subject:	Principal and Chronic Care Management		
Policy Number:	PO-RE-104v2		
Effective Date:	6/01/2024	Last Approval Date:	03/17/2026

I. Policy Description

This policy outlines Healthfirst reimbursement guidelines for Principal and Chronic Care Management (PCM and CCM) services in an outpatient setting. Consistent with Center for Medicare and Medicaid Services (CMS), Healthfirst will cover Principal and Chronic Care Management services ordered by a physician or licensed healthcare professional when furnished to Medicare Members with multiple chronic conditions according to the requirements below.

The information below applies to the following lines of business.

- Medicare PPO
- Medicare Advantage
- Integrated Benefits Dual Connection Plan
- Medicaid Advantage Plus/MAP (CompleteCare)

Definition

Chronic Care Management (CCM) represents extensive services, with requirements including structured recording of patient health information, maintenance of a comprehensive electronic care plan, provision of transitions of care and other care management services, and coordination and sharing patient health information timely within and outside the practice.

Comprehensive Care Plan is a living document that includes a list of chronic care problems with individual assessments (e.g., prognosis, symptom management, treatment goals and interventions planned), surgeries and tests/procedures, current medications, preventive care, psychosocial and functional factors (e.g., work activities, environmental evaluation), and follow-up activities.

Principal Care Management (PCM) represents extensive services, with requirements including the development, monitoring, or revision of a disease-specific care plan and ongoing communication and care coordination between the relevant practitioners furnishing care.

Reimbursement Guidelines

Chronic Care Management services are eligible for coverage when the following criteria are met:

- A. The Chronic Care Management (CCM) services are delivered as part of a Chronic Care Management Program with the following components:
 1. Structured recording of patient health information using certified Electronic Health Record (EHR) technology.
 2. A comprehensive care plan.
 3. 24-hour-a-day, 7-day-a-week (24/7) access to physicians or other qualified healthcare professionals or clinical staff.
 4. Comprehensive care management, including care transitions and home/community care coordination.
 5. Documented patient consent.

- B. Medical records must include documentation of the required elements of each code (see code descriptions below).
 1. Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient.
 2. Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline.
 3. Comprehensive care plan established, implemented, revised, or monitored.

Principal Care Management (PCM) services are eligible for coverage when the following criteria are met:

- A. The Principal Care Management services are delivered as part of a Care Management Program with the following components:
 1. A comprehensive care plan.
 2. Comprehensive care management, including care transitions and home/community care coordination.
 3. Documented patient consent.

- B. Medical records must include documentation of the required elements of each code (see code descriptions below).
 1. One chronic condition expected to last at least 3 months, or until the death of the patient.
 2. The chronic condition places the patient at significant risk of death, acute exacerbation/decompensation, or functional decline.
 3. Comprehensive care plan established, implemented, revised, or monitored

CPT CODES for Chronic Care Management (CCM) and Principal Care Management (PCM)

Chronic Care Management (CCM)

1. CPT 99437 - Chronic care management services 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
 - comprehensive care plan established, implemented, revised, or monitored; each additional **30** minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
2. CPT 99439 - Chronic care management services 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
 - comprehensive care plan established, implemented, revised, or monitored; each additional **20** minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
3. CPT 99490 - Chronic care management services 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
 - comprehensive care plan established, implemented, revised, or monitored; first **20** minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.
- Assumes 15 minutes of work by the billing practitioner per month.
4. CPT 99491 - Chronic care management services 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
 - comprehensive care plan established, implemented, revised, or monitored; first **30** minutes provided personally by a physician or other qualified health care professional, per calendar month.

Complex Chronic Care Management (CCM)

1. CPT 99487 - Complex chronic care management services 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
 - comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first **60** minutes of clinical

staff time directed by a physician or other qualified health care professional, per calendar month.

2. CPT 99489 - Complex chronic care management services 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,
 - comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional **30** minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

Complex CCM services of less than **60** minutes in duration, in a calendar month, are not reported separately. Report 99489 in conjunction with 99487. Do not report 99489 for care management services of less than **30** minutes additional to the first **60** minutes of complex CCM services during a calendar month.

Principal Care Management (PCM)

1. CPT 99424 - Principal care management services, for a single high-risk disease, with the following required elements:
 - one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,
 - the condition requires development, monitoring, or revision of disease-specific care plan,
 - the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,
 - ongoing communication and care coordination between relevant practitioners furnishing care; first **30** minutes provided personally by a physician or other qualified health care professional, per calendar month.
2. CPT 99425 - Principal care management services, for a single high-risk disease, with the following required elements:
 - one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,
 - the condition requires development, monitoring, or revision of disease-specific care plan,
 - the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,

- ongoing communication and care coordination between relevant practitioners furnishing care; each additional **30** minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure).
3. CPT 99426 - Principal care management services, for a single high-risk disease, with the following required elements:
- one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,
 - the condition requires development, monitoring, or revision of disease-specific care plan,
 - the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,
 - ongoing communication and care coordination between relevant practitioners furnishing care; first **30** minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.
4. CPT 99427 - Principal care management services, for a single high-risk disease, with the following required elements:
- one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death,
 - the condition requires development, monitoring, or revision of disease-specific care plan,
 - the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,
 - ongoing communication and care coordination between relevant practitioners furnishing care; each additional **30** minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

Limitations and Exclusions

While reimbursement is considered, payment determination is subject to, but not limited to:

- Individual benefit
- Provider Participation Agreement
- Routine claim editing logic, including but not limited to incidental or mutually exclusive logic, payment integrity edits and medical necessity

Adjudication and Appeal Process

1. Reimbursement for Principal and Chronic Care Management services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.
2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.
3. This policy applies only to the line(s) of business (LOB) identified at the beginning of the policy and does not apply to other LOBs. For policies applicable to other lines of business, please visit www.hfproviders.org.
4. This policy is a provider resource for understanding Healthfirst's reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.
5. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

Please be advised that all services provided are subject to the members' individual benefit coverage.

II. Applicable Codes

Code	Description	Comment
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	
99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the	

	condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	
99437	Chronic care management services 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	
99439	Chronic care management services 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	
99487	Complex chronic care management services 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	
99489	Complex chronic care management services 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	
99490	Chronic care management services 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	
99491	Chronic care management services 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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	

III. Definitions

Term	Meaning

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

MLN909188 – Chronic Care Management (cms.gov)

VI. Revision History

Revision Date	Summary of Changes
01/01/2026	Removed the following lines of business: Medicaid Managed Care, Child Health Plus, Essential Plan, and Qualified Health Plan

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage

Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.