



Payment for Chronic Care Management and Advanced Care Planning

Anthem is committed to investing in primary care, to rewarding coordinated, patient-centered care, and to promoting proactive chronic care management.

In recognition of the time-intensive nature of this work, Anthem will pay claims for Chronic Care Management and Advanced Care Planning services for individuals covered under commercial plans, effective for claims with service dates of Feb. 23, 2019 and forward. Both of these services are already paid under Medicare plans.

Chronic Care Management (CCM) services is care rendered by a physician or non-physician health care provider and their clinical staff, once per calendar month, for patients with multiple (two or more) chronic conditions expected to last at least 12 months or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline.

Only 1 practitioner can bill a CCM per service period (month).

Three CCM codes are included in this payment policy change: 99490, 99487 and 99489.

Anthem requires patient consent prior to CCM services being provided.*

Advance Care Planning (ACP) is a face-to-face service between a physician or other qualified health care professional and a patient discussing advance directives with or without completing relevant legal forms. An advance directive is a document in which a patient appoints an agent and/or records the wishes of a patient pertaining to their medical treatment at a future time if they cannot decide for themselves at that time. No specific diagnosis is required for the ACP codes to be billed. It would be appropriate to report a condition for which you are counseling the beneficiary.

Two ACP codes are included in this payment policy change: 99497 and 99498.

Anthem requires patient consent prior to ACP services being provided*

*Please refer to the current CPRP_0053 Claims Requiring Additional Documentation policy for more information.

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