

## Side-by-Side Comparison — CPT Codes 99490, 99491, and 99487

In 2015, the Centers for Medicare & Medicaid Services (CMS) began paying for chronic care management (CCM) services. There are three categories of chronic care management services:

- CCM provided by clinical staff and directed by a physician or other qualified health care professional (CPT code 99490)
- CCM provided personally by a physician or qualified health care professional (CPT code 99491)
- Complex CCM, which requires medical decision making of moderate or high complexity (CPT code 99487)

	CPT Code 99490	CPT Code 99491	CPT Code 99487
<b>Medical Decision Making</b>	No requirement under CPT	No requirement under CPT	Complex CCM requires moderate- to high-complexity medical decision making (as defined by CPT in relation to evaluation and management) by the billing physician or another billing health care professional
<b>Personalized Care Plan</b>	Comprehensive care plan established, implemented, revised, or monitored	Comprehensive care plan established, implemented, revised, or monitored	Comprehensive care plan established, implemented, revised, or monitored
<b>Time Requirement</b>	First 20 minutes per calendar month of clinical staff time (directed by a physician or other qualified health care professional) spent providing CCM services for the patient	At least 30 minutes per calendar month of the physician's or other qualified health care professional's time is personally spent in care management activities for the patient	First 60 minutes per calendar month of clinical staff time (directed by a physician or other qualified health care professional) spent providing CCM services for the patient
<b>Add-on Codes</b>	Add-on code 99439 can be used for each additional 20 minutes of clinical staff time (directed by a physician or other qualified health care professional) spent providing CCM services for a patient during a calendar month.	None	Add-on code 99489 can be used for each additional 30 minutes of clinical staff time (directed by a physician or other qualified health care professional) spent providing complex CCM services during a calendar month after the threshold of 60 minutes has been met for CPT code 99487.
<b>HCPCS Code G0506</b>	Healthcare Common Procedure Coding System (HCPCS) code G0506 is an add-on code and may be reported with another code for a patient encounter during which the physician or other qualified health care professional initiates CCM with a patient and personally performs an extensive assessment and CCM care planning outside the usual effort described by the initiating visit code. This add-on code may only be used one time by the billing physician or other qualified health care professional for a given beneficiary at the onset of CCM services and may not be billed as an add-on code to any of the patient's subsequent visits.		