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## CHRONIC CARE MANAGEMENT TIME PERIOD

**Q** Medicare denied a chronic care management (CCM) claim because the time period listed was not more than 30 days from the prior CCM claim. What can we do to correct this?

**A** CCM is reported per calendar month, not per 30 days, so make sure your claims contain CCM start and end dates within the same calendar month. If the prior claim included an end date in the same month as the denied claim, your staff should review the time in each calendar month and, if necessary, submit a corrected claim. If you appropriately reported all claims with start and end dates within the same calendar month, appeal any incorrect denial.

## MDM FOR HYPERTENSION WITH NO MEDICATION CHANGE

**Q** Can I report moderate complexity medical decision-making (MDM) when I see a patient whose hypertension is not at goal, and the patient and I together form a plan that includes lifestyle changes and continuing current medication rather than adding or changing medications?

**A** Yes, as long as your documentation supports the service as described. Your question describes evaluation and management of a chronic illness that is

### ABOUT THE AUTHOR

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### EDITOR'S NOTE

Reviewed by the *FPM* Coding & Documentation Review Panel. Some payers may not agree with the advice given. Refer to current coding manuals and payer policies.

progressing (i.e., not stable), which constitutes a moderate complexity of problems addressed. Through shared decision making with the patient, you decided to continue the current medication, which counts as prescription drug management and constitutes moderate risk from treatment. Because two of three MDM elements are moderate, your overall MDM level is moderate.

## TELEHEALTH VISIT WITH MULTIPLE PATIENTS

**Q** How do I report a telehealth visit with more than one patient (e.g., separately evaluating two family members during the same videoconference session)?

**A** Report each service separately, but if you bill based on time, you cannot count any amount of time toward more than one of the services (i.e., “double counting” minutes). You must document each encounter separately (create two notes), and each note should include only what you evaluated, discussed, and planned for that individual patient.

## TOBACCO CESSATION COUNSELING WITH E/M

**Q** Is it appropriate to report codes 99406 or 99407 when I provide tobacco cessation counseling to an adult on the same date as a preventive E/M service reported with codes 99384-99387 or 99394-99397?

**A** Yes. Codes 99406 and 99407 for tobacco cessation counseling are behavior change interventions, which are not bundled into preventive medicine E/M services. Behavior change intervention codes require documentation of the total time spent providing the service and the specific vali-

dated interventions (e.g., assessing readiness for change and barriers to change, advising a change in behavior, providing specific suggested actions and motivational counseling, and arranging for services and follow up). The time you spent providing other services is not included in the time of the behavior change intervention services. Some payers may require you to add modifier 25 (significant, separately identifiable E/M service) to the preventive medicine E/M code (e.g., “99395-25”) when you report it in conjunction with codes 99406 or 99407.

This guidance also applies when you report codes 99408 or 99409 for alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention services in conjunction with a preventive medicine E/M service.

## ADVANCE CARE PLANNING FREQUENCY

**Q** How often does Medicare allow payment for advance care planning?

**A** You may report advance care planning services (99497-99498) as frequently as indicated by changes in the patient’s health or desired management options (include the indications for any repeat service in your documentation). However, Medicare only covers advance care planning as a preventive service (with no out-of-pocket expense to the patient) when you provide it during an annual wellness visit, and you should make sure patients understand this. **FPM**

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