

SPECIAL eBULLETIN

FOR PROFESSIONAL PROVIDERS

NOV. 30, 2018

NEW POLICY EXPLAINS REIMBURSEMENT GUIDELINES FOR VARIOUS CARE MANAGEMENT SERVICES

Highmark Delaware's new Care Management reimbursement policy, RP-043, includes reimbursement guidelines and documentation requirements for the following care management services for Commercial members:

- Transitional care management (TCM) services
- Advance care planning (ACP) services
- Chronic care management (CCM) services

TCM services, codes 99495 and 99496, are for new or established patients whose medical and/or psychosocial problems require moderate or high complexity medical decision making during transitions in care from an inpatient hospital setting (including an acute hospital, rehabilitation hospital, or long-term acute care hospital), partial hospital, observation status in a hospital, or skilled nursing facility or nursing facility to the patient's community setting (home, domiciliary, rest home, or assisted living facility). TCM commences upon the date of discharge and continues for the next 29 days.

Note: Coverage for TCM services is subject to the specific terms of the member's benefit plan.

Please remember to always verify the member's eligibility and benefits before delivering care. NaviNet[®] is available to help you check member benefits.

An ACP service, codes 99497 and 99498, is a face-to-face service between a physician or other qualified health care professional and a patient, family member, or surrogate in counseling and discussing advance directives, with or without completing relevant legal forms.

Note: Coverage for ACP services is subject to the specific terms of the member's benefit plan.

CCM services, codes 99487, 99489, 99490, and 99491, are management and support services provided by clinical staff, under the direction of a physician or other qualified health care professional to a patient residing at home or in a domiciliary, rest home, or assisted living facility. Services may include establishing, implementing, revising, or monitoring the care plan, coordinating the care of other professionals and agencies, and educating the patient or caregiver about the patient's condition, care plan, and prognosis.



Note: Coverage for CCM services is subject to the specific terms of the member's benefit plan.

CARE MANAGEMENT REIMBURSEMENT POLICY AVAILABLE ONLINE ON NOV. 30, 2018

Highmark Delaware's complete version of Reimbursement Policy RP-043, Care Management, will be available on Nov. 30, 2018, for your review on the Provider Resource Center as an option under **Claims, Payment & Reimbursement**. Select **Reimbursement Policy**, and then search for RP-043.

As new reimbursement policies are developed, they will be added to the **Reimbursement Policy** page.