

Summary of New HCPCS Codes for Primary Care Practices

Code	Description	Time	Notes	Who performs	National non facility payment amount	National facility payment amount
G0502	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional,	70 minutes	First calendar month	Behavioral health care manager directed by physician or qualified health care professional in consultation with psychiatric consultant. Requires initiating visit with physician/NPP and informed consent.	142.84	90.08
G0503	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	60 minutes	Subsequent month	Behavioral health care manager directed by physician or qualified health care professional in consultation with psychiatric consultant. Requires initiating visit with physician/NPP and informed consent.	126.22	81.11
G0504	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure) (Use G0504 in conjunction with G0502, G0503). G0502, G0503, G0504 will be replaced with CPT codes in 2108.	30 minutes	Add on code to G0502 or G0503	Behavioral health care manager directed by physician or qualified health care professional in consultation with psychiatric consultant. Requires initiating visit with physician/NPP and informed consent.	66.04	43.43
G0507	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month.	20 minutes	Per calendar month	Behavioral health care manager directed by physician or qualified health care professional in consultation with psychiatric consultant. Requires initiating visit with physician/NPP and informed consent.	47.73	32.30

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G0505	Cognition and functional assessment using standardized instruments with development of recorded care plan for the patient with cognitive impairment, history obtained from patient and/or caregiver, by the physician or other qualified health care professional in office or other outpatient setting or home or domiciliary or rest home. G0505 will be replaced with a CPT code in 2018.			Physician or other qualified health care professional who has E/M services in scope of practice <ul style="list-style-type: none"> - May be reported with 99358 and 99359 on the same or different day - May not be billed on the same day as certain other services (office visits, home, domiciliary, psychiatric diagnostic interview, ACP, some psych testing) - May not be billed with care plan oversight or G0506 - Requires patient consent to initiate 	238.3	178.01
G0506	Comprehensive assessment of and care planning by the physician or other qualified health care professional for patients requiring chronic care management services, including assessment during the provision of a face-to-face service (billed separately from monthly care management services) (Add-on code, list separately in addition to primary service).		Add on code to E/M	Physician or other qualified health care professional <ul style="list-style-type: none"> - Cannot be reported with non-face-to-face prolonged services, 99358, 99359 - Only billable one time at outset of CCM 	63.88	46.30
G0501	Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lifts, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient evaluation and management visit (Add-on code, list separately in addition to primary procedure).			No payment in 2017		

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99358	(Prolonged evaluation and management service before and/or after direct patient care, first hour);	60 minutes		Time of physician or qualified health care professional, not staff time - Do not report in place of care plan oversight - Same or different day of E/M, but related to E/M - Per CPT, do not report in same month of complex CCM 99487, 99489 or during service time of TCM 99495, 99496 - May be reported with G0505 but don't double count time - May not be reported with G0506 - Follows CPT time rule: report when over half of stated time is met (31 minutes, 46 minutes)	113.41	113.41
99359	(Prolonged evaluation and management service before and/or after direct patient care, each additional 30 minutes (List separately in addition to code for prolonged service).	30 minutes			54.55	54.45
99487	Complex chronic care management services	60 minutes	Per calendar month	See CPT book for complete description Clinical staff time directed by physician or other qualified health care professional	93.67	52.76
99489	Complex chronic care management services	30 minutes	Add on code, per calendar month	See CPT book for complete description Clinical staff time directed by physician or other qualified health care professional	47.01	26.56
99490	Chronic care management	20 minutes	Per calendar month	See CPT book for complete description Clinical staff time directed by physician or other qualified health care professional	42.71	32.66

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