

Chronic care management and advanced care planning service benefits

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We began providing benefits for chronic care management (CCM) and advanced care planning (ACP) services for our commercial members effective for claims with service dates of February 23, 2019 and forward.

- 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 one (1) practitioner can bill a CCM per service period (month). Three CCM codes are included in this payment policy change: 99490, 99487 and 99489.
- 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.

We require patient consent prior to CCM or ACP service(s) being provided. Please refer to the current [Claims Requiring Additional Documentation](#) policy for more information. See the attached FAQ document and flyer to learn more, and review our Bundled Services and Supplies policy by visiting the [Reimbursement Policy](#) page at anthem.com/provider.

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