CCM Eligibility Cheat Sheet

Eligibility criteria:
1. LifeLong patient
2. Insured by Medicare (as primary or secondary payer, includes Medi-Medi or dual patients)
3. Two or more chronic conditions documented in their patient record
4. Not enrolled with another practitioner

- Determine if the patient meets the criteria and if they are likely to benefit from care management services.
- The diagnosed chronic conditions that are used to bill for CCM are up to the provider’s discretion.
- Medicare defines a chronic condition as a diagnosis expected to last at least 12 months, or until the death of the patient, and place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline.
- Care management services are not limited to specific conditions as long as the specific requirements for the type of care management service are met.

The CMS Chronic Conditions Data Warehouse is a good, non-exhaustive starting point for qualifying conditions:

- Acquired hypothyroidism
- Acute myocardial infarction
- Alzheimer’s disease
- Anemia
- Asthma
- Atrial fibrillation
- Benign prostatic hyperplasia
- Cancer (colorectal, endometrial, breast lung, prostate)
- Cataract
- Chronic kidney disease
- COPD
- Depression
- Diabetes
- Fibromyalgia
- Glaucoma
- Heart failure
- Hepatitis C
- Hip/pelvic fracture
- HIV/AIDS
- Hyperlipidemia
- Hypertension
- Ischemic heart disease
- Leukemia
- Liver disease
- Lymphoma
- Obesity
- Osteoporosis
- Osteoarthritis
- Rheumatoid arthritis
- Senile dementia
- Stroke
- Transient ischemic attack

Initiative visit
- Before enrolling a patient and billing for CCM, the patient must have an initiating provider visit within the last 12 months.
- The initiating visit must be an evaluation and management (E/M) visit, annual wellness visit (AWV), or an initial preventive physical exam (IPPE).
- Care management services do not need to have been discussed during the E/M, AWV, or IPPE visit in order to begin care management services.
- Care management services can begin if the patient has had an initiating visit within one year and consent for care management services has been obtained.
- If the billing provider of an enrolled patient is no longer the patient’s PCP (ex: provider resigns) then they should have an initiating visit with their new PCP and enrolled in CCM under the new provider.