

## 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:

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