

Chronic Care & Principal Care Management

Connected care between office visits



Chronic Care Management (CCM) and Principal Care Management (PCM) provide Medicare-covered support for eligible patients between visits. Our care team works under the treating provider's direction to support medication adherence, care coordination, and ongoing follow-up, extending your practice's care beyond the office.

Why CCM/PCM matters

Proactive support

Proactive outreach helps identify symptom changes, medication concerns, and care gaps for provider review.

Patient engagement

Education and follow-up help patients understand care plans and follow provider recommendations.

Practice support

Our team supports outreach, care coordination, and documentation to help reduce your practice's administrative workload.

Reimbursement

Medicare may reimburse eligible, medically necessary monthly services when coverage and billing requirements are met. Payment is not guaranteed.

How CCM/PCM works

1 Confirm patient eligibility

CCM: Two or more chronic conditions expected to last at least 12 months or until death, with significant risk of death, acute worsening, or functional decline.

PCM: Care focused on one complex, high-risk chronic condition expected to last at least 3 months, with significant risk of hospitalization, acute worsening, functional decline, or death. Additional condition-specific care and complexity criteria apply.

2 Enroll & establish a care plan

Document informed consent, potential cost sharing, and the right to stop services. Complete an initiating visit when required. Develop a comprehensive care plan for CCM or a condition-specific plan for PCM.

3 Coordinate care each month

Our clinical team provides outreach, medication-adherence support, coordination with other clinicians, and documented care-plan follow-up based on each patient's needs.

Common clinical-staff base codes:

CCM 99490: at least 20 minutes per calendar month.

PCM 99426: at least 30 minutes per calendar month.

Count only qualifying time; time alone does not establish billability.

4 Keep the provider informed

We share concerns and care updates with the treating provider, who retains responsibility for treatment decisions. Clinical staff work under the billing practitioner's required supervision.

Extend your practice's reach. Keep your patients connected to care.

Program and payer requirements apply, including medical necessity, consent, care plans, documentation, and supervision. CCM requires 24/7 access for urgent care needs through the practice or its coverage arrangements. The billing practice remains responsible for compliant claims. Do not duplicate time or services across claims. Coverage, patient costs, and reimbursement vary. Overview only, not a complete billing guide. References: CMS MLN909188, Chronic Care Management Services; Medicare.gov CCM coverage; current CPT and payer guidance.