

Code Name	Description	Code Purpose	Maximum Frequency	Length	Documentation Needed	Important Notes
G9001	Initiation of Care Management	Document a comprehensive assessment and development of a care plan with a patient	Once/year	> 30 minutes	Date of service Date, duration, modality Formal indication of enrollment in care management Name/credentials of care manager Physician coordination and agreement	Length requirement can be met through a combination of a telephone call and a face-to-face visit Provider cosign and note of agreement is required - route the encounter to Provider
G9002	In-person Encounter	Document any care management or coordination service provided	Once/day (based on need)	Any	Review patient's care plan Date, duration, modality Pertinent details (progress made, changes, etc.) Name/credentials of care manager	Should occur in-person Use quantity billing when necessary <i>Quantity of 1: 1-45 minutes</i> <i>Quantity of 2: 46-75 min</i> <i>Quantity of 3: 76-105 min</i> <i>Quantity of 4: 106-135 min</i>
G9007	Scheduled Team Conference	Document meetings between a patient's PCP, care manager, etc. Formal discussion of a patient's care plan must occur	Once/day (based on need)	Any	Discuss patient care plans (changes, interventions, target dates) Outcomes/next steps should be agreed upon Attendees, date, and duration	Should be a scheduled meeting Provider cosign and note of agreement is required - route the encounter to provider Review 2nd tier risk stratification
G9008	Physician Coordinated Care Oversight Services	Document comprehensive assessment and care plan developed with patient	Once/lifetime	Any	Written care plan that is accepted by all parties (patient, provider, care manager)	Must have an established relationship with the referring provider Only billable by the provider Provider cosign and note of agreement is required - route the encounter to provider
98966	Telephone Assessment	Document any care management or coordination service provided via telephone	Once/day	5-10 minutes	Discuss patient care plan (care plan and/or goal modification)	Patient should agree to receive phone contact from the care manager Should not be used to report appointment reminders or test results
98967	Telephone Assessment	Document any care management or coordination service provided via telephone	Once/day	11-20 minutes	Discuss patient care plan (care plan and/or goal modification)	Patient should agree to receive phone contact from the care manager
98968	Telephone Assessment	Document any care management or coordination service provided via telephone	Once/day	21-30 minutes	Discuss patient care plan (care plan and/or goal modification)	Patient should agree to receive phone contact from the care manager

99497	Advanced Care Planning	Document shared care plan developed in conjunction with patient	Once/day (based on need)	31-60 minutes	Who was present during the encounter and their relationship to the patient Patient wishes Active diagnoses	Must be initiated by the provider If charge is billed more than once, there should be a documented change in the patient's care plan If the conversation is < 30 minutes, do not drop this code ACP flowsheet and note should be filled out
99498	Advanced Care Planning	Document shared care plan developed in conjunction with patient	Once/day (based on need)	Additional 30 minutes	Who was present during the encounter and their relationship to the patient Patient wishes Active diagnoses	Must be initiated by the provider If charge is billed more than once, there should be a documented change in the patient's care plan

General Notes:

Change the billing and service provider to the provider before closing the encounter
If for some reason you are not dropping a code for an encounter, make a note to indicate why