Principal Care Management Primer For Capturing Pre-Optimization Care in Total Joint Arthroplasty

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Principal Care Management

- In 2020 CMS added 4 new codes to capture care provided to a patient with a “single, high-risk, chronic condition”
  - Osteoarthritis undergoing TJA is an acceptable single condition
- Services can be provided by MD/APP or by clinical staff under the supervision of a physician or qualified health professional
  - Can be face-to-face OR non-face-to-face encounters
  - Each code billed depends on the quantity of total time spent (continuous or discontinuous)
    - 1st code used for the first 30 minutes → 2nd code used as an up code for additional 30 minutes
- Cannot be:
  - Billed on the same day as a face-to-face visit with a typical E&M office code
  - Billed by more than one provider in a calendar month
- Timing of PCM
  - Starts after the clinic appointment, where the decision to undergo surgery is made
  - Ends at the global period = 24 hours prior to surgery

PCM Codes

	CPT CODE	DESCRIPTION (*see full descriptor in CPT book*)	TIMES	RVUs
MD/DO or APP	**99424**	Principal care management services, for a single high-risk disease, with 4 required elements; first 30 minutes provided personally by a **physician or other qualified health care professional**, per calendar month	1st 30 min	**1.45**
	99425	each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month	Add'l 30 min	**1.0**
Clinical Staff or Nurse	**99426**	Principal care management services, for a single high-risk disease, with 4 required elements; first 30 minutes of **clinical staff time** directed by physician or other qualified health care professional, per calendar month	1st 30 min	**1.0**
	99427	each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Add'l 30 min	**0.71**

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Visit Components

- Obtain consent for service (explanation of service, shared costs, can be stopped by patient at any time)
- Review/Update: PMH, PSxH, medications, allergies, social history
- Provide continuity of care with one care team member with 24 hours of access to care
- Assess medical, functional, social, and transitional needs
- Develop a comprehensive care plan for above needs
- Execute care coordination across providers and facilities
- Document care plan and time spent in EMR

Comprehensive Care Plan

A comprehensive care plan for all health issues typically includes, but isn't limited to:

- Problem list
- Expected outcome and prognosis
- Measurable treatment goals
- Cognitive and functional assessment
- Symptom management
- Planned interventions
- Medication management
- Environmental evaluation
- Caregiver assessment
- Interaction and coordination with outside resources, practitioners, and providers
- Requirements for periodic review
- When applicable, revision of the care plan

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Consent

Must have consent from the patient documented. Below is an example of consent included in the office visit note at the time of surgery decision-making:

Principal Care Management (PCM) services were recommended to this patient with a diagnosis of osteoarthritis who has failed conservative management and is indicated for, as well as undergone shared decision-making to undergo a total joint arthroplasty procedure. PCM services provided to the patient include but not limited to structured recording of patient health information within our electronic medical record system, 24/7 access and continuity of care to qualified practitioners and/or clinical staff, comprehensive care management and planning to optimize pre-surgical needs, choice of an appropriate surgical facility, preoperative patient education, and coordination of patient-specific peri-operative needs. This will be actively managed by the clinical staff with physician supervision throughout enrollment in the program. The clinical staff will help manage care transitions as well as coordinate home and community-based care as it pertains to the patient's needs. The patient expresses understanding and awareness of PCM services, including but not limited to potential cost-sharing responsibilities; only one practitioner can furnish and bill for PCM services during a calendar month, and the patient can stop these services at any time. The patient understands and has verbally consented to accept PCM services and has been provided a copy of a written explanation of this service today.

First PCM Visit Template

The first PCM visit must occur *after and **not** on the same day as the decision for surgery*. This could be done by MD/DO/APP or clinical staff via telehealth, phone call or in person. Below is an example template for the initial PCM encounter:

Procedure:

Principal Surgical Diagnosis: Osteoarthritis

Surgeon: Dr.

Facility:

Discharge plan:

Past Medical History:

Past Surgical History:

Medication List:

Allergies:

Pre-surgical management plan:

1. General pre-operative medical optimization

   a. Advised patient to see PCP

   b. Recommended standard pre op labs: CBC, BMP, EKG

2. [Medical problem 1]

   a. Referral to a specialist (name and phone number)

   b. Labs requested specific to this problem

3. [Medical problem 2]

   a. Referral to a specialist (name and phone number)

   b. Labs requested specific to this problem

Post Surgical Management plan:

Recommended DVT prophylaxis

Social support and Transportation plan:

PT scheduled:

Facility education complete:

Institution Education Enrollment:

Special needs:

Surgical scheduling considerations:

Time spent during this encounter was necessary for: review of relevant records to include PMH and available EMR notes, to navigate this patient toward the correct facility for surgical care, to determine necessary referrals and pre-operative testing, to provide education regarding surgery and recovery, to establish peri-operative social support needs, and to optimize the patient's surgical outcome. The total time spent providing care coordination and education services for this patient was 30 minutes or greater.

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Other Encounters

- Telephone calls with patients or care coordination undertaken on the patient's behalf should be documented in the EMR; describe the services provided AND the number of minutes spent.
- These services can be performed and documented by multiple different staff members (ie. RN, MA, Scheduler) along the preoperative course.
- This documentation will be necessary to calculate the total minutes spent by the clinical staff on PCM within each calendar month billing period.
- Below is an example of a template used at the end of each of these documents:

“This call is related to PCM outreach that was initiated on ***. *** minutes were spent discussing pre surgical management.”

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Billing the Visits

- The first PCM visit will typically satisfy the initial 30-minute PCM code either 99424 (if by MD/DO/APP) or 99426 (if by clinical staff)
- Time spent via following encounters will be calculated at the end of each month, and a 2nd code either 99425 (if by MD/DO/APP) or 99427 (if by clinical staff) will be added if an additional 30 minutes were spent
- Monthly billing: All time is calculated per patient, and charges are billed at the end of each calendar month
  - Time spent is calculated on a month-to-month basis and does not cross over into the next month
- If using the PCM billing codes associated with clinical staff (99426/99427), any time spent and documented by the physician (i.e.. reviewing notes, templating) can be added to the total minutes to help reach the 30-minute threshold. Note: this must stay at the clinical staff billing code level

Conclusion

- Principal Care Management is a new CPT code that arthroplasty surgeons can use to account for pre-operative work not captured in the global period
- Can be performed as face-to-face or non-face-to-face encounters beginning after the decision for surgery and up to the global period
- All time spent must be clearly documented, and charges billed on overall time during each calendar month
- Will need to identify and work with your practice and EMR provider to most effectively document and bill

Other Resources

- AAOS Preoperative Webinar
  - https://www.aaos.org/videos/video-detail-page/26815__Videos
- CMS Chronic Care Management Brochure
  - https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/chroniccaremanagement.pdf
- AAHKS YAG Podcast
  - https://www.aahks.org/yag-augment-coding-tips-and-tricks-part-2-capturing-pre-optimization-work/