



**Blue Cross
Blue Shield**
of Michigan

Provider Delivered Care Management

Eligibility

- What is MOS? MOS stands for Michigan Operating System . This eligibility system houses our Local BCBSM groups such as the State of Michigan, BCBSM employee's and the majority of our school and government systems just to name a few. When checking WebDenis for a MOS group, you will be directed to Explainer, then you have to click on topic and key in the HCPCS code and then search to determine if the member has the PDCM benefit.
- What is NASCO? NASCO eligibility houses our National NASCO groups such as General Motors, Ford Motor Company and Lear Corporation, just to name a few. When checking WebDenis for a NASCO group, you will not be directed to Explainer, rather under the "Message" section it will indicate if the member is participating in the PDCM program. Additionally,
- BCBSM's Medicare Advantage population is included in the PDCM program; however, there are four groups which are excluded and they are MPERS, URMBS, BCBSM retiree's and Accident Fund retiree's.



PDCM Procedure Codes

- G9001* - Coordinated Care Fee – Initial
- G9002* - Coordinated Care Fee – Maintenance
- 98961* - Group Education 2–4 patients for 30 minutes
- 98962* - Group Education 5–8 patients for 30 minutes
- 98966* - Phone Services 5-10 minutes
- 98967* - Phone Services 11-20 minutes
- 98968* - Phone Services 21-30 minutes
- 99487* - Care Management Services 31-75 minutes per month
- 99489* - Care Management Services, every additional 30 minutes per month
- G9007* - Team Conference
- G9008* - Physician Coordinated Care Oversight Services (Enrollment Fee)
- S0257* - End of Life Counseling

• **HCPCS Level II and CPT codes, descriptions and two-digit numeric modifiers only copyright 2019 American Medical Association. All rights reserved*



Changes to the PDCM Program

- There is no longer a distinction between lead care managers and qualified health professionals; both are part of the care team. Licensed professionals who want to bill the G9001 code must attend complex care management training to do so.
- The onus is now on the provider to assess the types of health care professionals best suited for their care team and to ensure health care professionals are working within their scope of practice.
- Both community health workers and medical assistants can bill the *98966, along with *99487 and *99489. These professionals must now also complete the same training requirements as other care team members who are billing the non-G9001 codes.
- Quantity limits on G9001 have been removed.
- Quantity limits on G9008 have been removed; the rendering provider may use that code for patient engagement into care management, coordinating care with a paramedic for emergency department diversion, or coordinating care with other physician specialties.
- Paramedics are now able to bill the G9001, G9002, *98966, *98967 and *98968 codes when working in conjunction with a PDCM physician to prevent patients from being transported to the emergency room.



Questions?

