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| **Patient Last Name:**  **Patient First Name:**  **Patient DOB:**  **Insurance Carrier:** | **Practice Name**  Tax Identification Number  Organizational NPI 2  **Allergist Name and Credentials**  Allergy/Immunology  Individual NPI  State 1 License #  State 2 License # |

**Principal Care Management Services**

* One complex chronic condition, expected to last at least 3 months.
* Significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death.
* Condition requires development, monitoring, or revision of disease-specific care plan.
* Condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually. complex due to co-morbidities.
* Ongoing communication and care coordination between relevant practitioners furnishing care.

Service Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Service for Billing (last calendar date of service month): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ICD-10** | **CPT** | **Description** | **Units** |
|  | **99424** | principal care management services, first 30 minutes provided personally by physician or other qualified health care professional, per calendar month |  |
|  | **99425** | each additional 30 minutes provided personally by physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure) |  |
|  | **99426** | principal care management services, first 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month |  |
|  | **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) |  |