

PDCM VBR Claims Criteria Methodology

PDCM-related services are defined as:

- 1 of the 12 PDCM codes
- 1111F Medication Reconciliation
- 99495 Transitional Care Management w/face-to-face encounter w/in 14 days
- 99496 Transitional Care Management w/face-to-face encounter w/in 7 days

Service	Provider Type		
	Care Manager	Other Care Team Members	Physician
Initial assessment	G9001*	--	G9008*
Face-to-face encounter		G9002*	**
Phone	98966*, 98967*, 98968*		--
Group	98961*, 98962*		**
Team conference		--	G9007*
Complex care coordination	99487*, 99489*		--
Advance directives or end of life care planning		S0257*	S0257*

PDCM Analyses Methodology

PDCM Analyses	Practice Unit Level Results	
	2018 PDCM VBR - Analysis of 2017 Claims	2019 PDCM VBR – Analysis of 2018 Claims
Data Included		
PDCM Codes, Transitional Care <u>Mgmt</u> Codes (99495 and 99496), Med Rec Code (1111F)	X	X
Michigan Member Paid Claims from PCPs	X	X
MI Member Denied Claims (except for those denied due to late filing or member lack of PDCM benefit)	X	
Hosted Member Paid Claims (numerator only)	X	
Hosted Member Denied Claims (numerator only)	X	
MA Member Paid Claims		X
Michigan Member Paid Claims from PDCM-Eligible Specialists		
Criteria – At Least 3% of PDCM-Eligible Members Engaged	X	X
Engaged member = 2 services (claim lines) (in practice with at least one PDCM claim submitted)	X	X
Services can be on same date	X	