

# Memorandum

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**To:** Bureau for Children with Medical Handicaps (BCMh) eligible Managing Physicians  
**CC:** Public Health Nurses and Visiting Nurses, BCMh Case Management Staff  
**From:** James Bryant, M.D., Chief *J. Bryant*  
**Date:** 09/01/02  
**Re:** Physician Care Management

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The Bureau for Children with Medical Handicaps (BCMh) recognizes the importance of coordinated care for children with special health care needs (CSHCN). Therefore, in July 2000, the Bureau began a two year pilot project to compensate BCMh physicians who provide care management services for CSHCN and their families.


The pilot project has been evaluated and it has been determined these services can be of a great value to children and their families; therefore the Bureau will continue to authorize and pay for physician care management. The BCMh "Physician Care Management" policy is included with this memorandum.

If you have questions regarding this policy, please call Susan Boelcskev, R.N., Michele Donohue, R.N., or Carol Kraus, R.N., the Bureau's Nurse Case Manager Supervisors.

Encl:1

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# **BUREAU FOR CHILDREN WITH MEDICAL HANDICAPS**

## **Physician Care Management**

### **Preamble:**

Children with special health care needs (CSHCN) require more specialized care from a variety of providers and more time related to this care than other children. This complexity of care and the additional time factor have resulted in the BCMH developing a project to compensate BCMH physicians who provide prolonged physician services for CSHCN and their families. This project is designed to promote the Medical Home Concept for CSHCN.

### **Goals:**

To increase physician involvement with the BCMH program and children served by this program.

To increase the number of children referred to and served through the BCMH program.

To increase the satisfaction of families regarding the care provided to their CSHCN.

To recognize the value of physicians' care for CSHCN.

To promote the Medical Home for CSHCN.

### **Eligibility:**

**Children:** Children with conditions that require care from a team of providers (spina bifida, cystic fibrosis, craniofacial anomalies, hemophilia); and children with cerebral palsy, asthma, diabetes, oncologic conditions, arthritis, Prader Willi, or selected complex conditions with medical information that supports the complex care and care management being provided.

**Physicians:** BCMH physicians involved in the coordination and delivery of care required by the eligible children. These physicians may be specialists within a team, primary care physicians, or other specialty physicians.

**Eligible Billable Codes:** See Appendix A

### **Description of Care Management Services:**

These services include, but are not limited to, the conferencing with other physicians, agencies, service providers and the family in planning, implementing, and monitoring the services that are needed by the child with the complex medically handicapping condition. These services are expected to increase the understanding of the family and others involved with the child's care needs; to prevent fragmentation of services; and to assure that the proper services are identified, given timely by the appropriate provider, and monitored or evaluated for effectiveness.

**Evaluation:**

BCMh will monitor the number/types of physicians who bill for the care management services to determine the extent of participation by the physicians.

BCMh will monitor the number/diagnoses categories of children for whom care management services have been billed to determine the population of children for whom care management services have been most utilized.

BCMh will audit case records of physicians participating in the care management pilot to verify:

1. Documentation of face-to-face physician contacts with the family on an outpatient basis or phone calls to improve the family's understanding of the child/young adult's care.
2. Documentation of physician time spent performing the aforementioned contacts.
3. Documentation of communication/correspondence between the physician and other providers of service. (e.g. primary care, specialty care, other community and/or public agencies for the child.)
4. Documentation of the child's primary care provider/medical home and communication with that physician.
5. Documentation/monitoring of the child's immunization status.

BCMh will monitor its internal client records for documentation of written reports from BCMh physician providers.

BCMh will perform yearly surveys of the family and the participating physicians to determine the extent of satisfaction with the care management process.

**Outcomes – Hospitalization – Length of stay – Pharmacy Management:**

BCMh will monitor hospitalizations and length of stay where appropriate.

BCMh will utilize the Pharmacy Point of Sale System (POS) to monitor pharmacy management where appropriate.

  
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James Bryant, M.D., Chief

9/9/02  
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Date

**APPENDIX A**  
**- PHYSICIAN CARE MANAGEMENT -**

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**Payable Service Codes**

Prolonged Services (Direct Patient Contact)

90887	50.00
99354	100.00
99355	50.00
99356	75.00
99357	50.00

Prolonged Services (Without Direct Patient Contact)

99358	125.00
99359	75.00

Case Management Services (Team Conferences)

99361	75.00
99362	125.00

(Telephone Calls)

99371	20.00
99372	40.00
99373	60.00

Care Plan Oversight

99374	75.00
99375	125.00

Refer to the American Medical Association Current Procedural Terminology CPT 1999 Standard Edition for additional explanation regarding these codes.