

# Payment Policy: PCPCFM Care Coordination

Reference Number: NH.PP.26

Product Types: NH Medicaid

Effective Date: 10/01/2026

Last Review Date: 10/01/2026

[Coding Implications](#)

[Revision Log](#)

## Purpose

To establish a standardized approach that allows appropriately trained non-clinical staff to perform non-clinical care coordination activities in support of members' physical, behavioral health, and psychosocial needs, while ensuring that clinical functions remain under the direction of licensed clinical staff. This policy promotes efficient use of provider resources and supports members' access to social and community-based services.

## Policy Statement

Provider organizations participating in the Primary Care and Prevention Focused Care Model (PCPFCM) program may utilize non-clinical staff to perform non-clinical care coordination activities that address barriers to care, social drivers of health, and community resource needs. Non-clinical staff may support members through outreach, resource navigation, referral coordination, and follow-up activities that do not require clinical judgment, assessment, diagnosis, treatment planning, or other licensed clinical functions.

## Policy/Criteria

### I. Permitted Non-Clinical Care Coordination Activities

Non-clinical staff may:

- Identify and document social and community resource needs.
- Assist members with applications for community support services such as transportation, housing, utility assistance, food programs, and other social service resources.
- Coordinate referrals to community-based organizations.
- Conduct outreach and follow-up regarding resource connections.
- Facilitate communication between the member, provider, and community resource organizations.
- Document care coordination activities in the member record according to organizational requirements.

### II. Activities Requiring Clinical Oversight

The following activities must be completed by, or under the supervision of, appropriately licensed clinical staff:

- Clinical assessments.
- Development or modification of treatment plans.
- Medication management.
- Clinical decision-making.
- Activities requiring professional clinical judgment.
- Management of complex medical conditions that necessitate clinical intervention.
- Transitional Care Management
- Medication reconciliation

### III. Documentation Requirements

Provider organizations shall maintain documentation demonstrating:

- The care coordination activity performed.
- The member need addressed.
- Referrals and resources provided.

- Follow-up activities completed.
- Staff training and competency requirements.
- Clinical oversight when applicable.

#### IV. Compliance and Oversight

Provider organizations are responsible for developing internal procedures that ensure care coordination services are delivered appropriately and that non-clinical staff operate within the scope defined by this policy and within the scope of their practice. Organizations shall maintain processes for quality monitoring, staff training, and escalation of clinical concerns to licensed professionals.

#### V. Rationale

This policy recognizes that many care coordination activities related to social drivers of health and community resource navigation do not require clinical licensure and may be effectively performed by trained non-clinical staff. Allowing non-clinical staff to support these activities promotes efficient workforce utilization while maintaining appropriate clinical oversight and accountability.

#### VI. Codes included

##### Coding and Modifier Information

This policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted by the American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals, and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

##### Care Management Services

| CPT/HCPCS<br>Code | Descriptor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | <p>Care management services for a single high-risk disease, with the following elements:</p> <p>One complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death; the condition requires development, monitoring, or revision of a disease-specific care plan; the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities; ongoing communication and care coordination between relevant practitioners furnishing care. First 30 minutes provided personally by a qualified health care professional, per calendar month.</p> |

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| <b>99426</b> | First 30 minutes of clinical staff time directed by a health care professional, per calendar month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>99427</b> | Each additional 30 minutes of clinical staff time directed by a health care professional, per calendar month. List separately in addition to the code for the primary procedure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>99490</b> | Care management services for multiple (two or more) chronic conditions with the following required elements: Multiple chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; and a comprehensive care plan established, implemented, revised, or monitored. First 20 minutes of clinical staff time directed by a health care professional, per calendar month.                                                                                                                             |
| <b>99439</b> | Additional 20 minutes of clinical staff time directed by a health care professional, per calendar month. List separately in addition to the code for the primary procedure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>99487</b> | Complex chronic care management services with the following required elements: Multiple chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; a comprehensive care plan established, implemented, revised, or monitored; and moderate- or high-complexity medical decision making. First 60 minutes of clinical staff time directed by a health care professional, per calendar month.                                                                                                     |
| <b>99484</b> | Care management services for behavioral health conditions, with the following required elements: 20 minutes or more of clinical staff time directed by a health care professional; initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral or psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling, and/or psychiatric consultation; and continuity of care with a designated member of the care team. |

| Reviews, Revisions, and Approvals | Revision Date | Approval Date |
|-----------------------------------|---------------|---------------|
| Policy developed                  | 9/26          | 9/26          |
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