



## Care Management Services Consent Form

Cascade Pediatrics is committed to providing excellent medical care to our patients. Our care managers have all received certification through the MI Center in Clinical Systems Improvement (MI-CCSI). Our asthma care managers have also been certified through the National Asthma Education Certification Board. Our care managers connect with patients using a combination of telephone calls, office visits and virtual visits.

- Care management services are a true collaboration between the patient/parent, the care manager and the pediatrician and are only available as a ‘full-service’ package
- Families not interested in all care management services may choose to decline care management services and work directly with their child’s pediatrician for any/all medication changes and discussions related to their condition
  - Any medication changes and/or concerns will require a scheduled office visit with the child’s pediatrician
- The cost of care management services is covered by many insurance companies. Below is the coding and pricing information for our patient families interested in contacting their insurance carrier to check on policy benefits

CPT Code	Description	Fee (04/2026)
98966	Telephone assessment & management Services: 5-10 min.	\$35
98967	Telephone assessment & management Services: 11 -20 min.	\$55
98968	Telephone assessment & management Services: 21 -30 min.	\$75
G9007	Coordinated Care, Team Conference	\$55
G9001	Coordinated Care, Comprehensive Assessment	\$245
G9002	Coordinated Care, Maintenance (shorter/follow up Assessment)	\$125
G9008	Coordinated Care, Physician Oversight	\$145
99487	Care Coordination, clinical staff, 1 <sup>st</sup> hour/monthly	\$185
99489	Care Coordination, clinical staff, additional 30 min	\$100

\_\_\_ (initial) I **UNDERSTAND and AGREE** to the Services and Fees associated with Care Management. I understand the fees are subject to change without written notice but available upon inquiry by myself. I understand all care management services listed above may/will be provided by the clinical care team (PCP and CM) for the benefit of:

Patient Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**OR**

\_\_\_ (initial) I **DECLINE** to receive the Services and Fees associated with Care Management *at this time*. I understand my child will need to have scheduled appointments with their pediatrician for any/all medication changes and discussions related to their condition.

Patient Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**For Office Use Only**

Problem List:  CMS decision  DX  CM name  CM initials  Scanned to chart VO/CP/CM – CP shared/CM 04/20/26