



## New options in chronic care management

Numbers reveal the need for CCM, as it eases the burden for patients and providers

According to the Centers for Disease Control and Prevention, more than 130 million Americans suffer from a chronic illness. In a 2013 study, the CDC found that one of every three Americans suffers from at least one chronic condition. More than two-thirds (69%) of the Medicare patients in the study suffered from two or more chronic conditions, and a third of all Medicare patients had four or more chronic conditions.

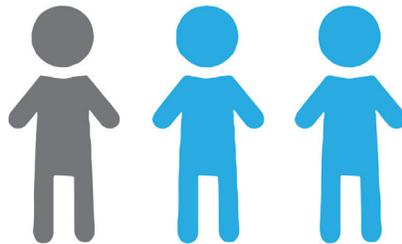
The cost of these illnesses is considerable. The CDC has estimated that about 85% of Federal healthcare dollars are allocated to the treatment of chronic conditions. For just the top seven most prevalent chronic diseases, the estimated cost of treatment is \$1.3 trillion.

As the U.S. population ages, the number of chronically ill is anticipated to increase, putting a growing burden on our healthcare system. Chronically

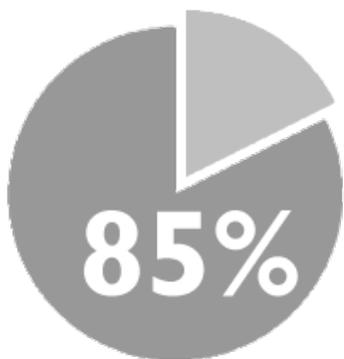
ill patients tend to be hospitalized more frequently, rely heavily on their primary care providers, and see specialists more often.

Care management for these chronically ill patients has been proven to improve outcomes and reduce costs. Services such as care plan development, medication reconciliation, coordination of care with other providers (such as specialists), arrangement for social services, and remote patient monitoring all have benefits to patients and help to contain overall costs.

And yet, until recently physicians were allowed by CMS to bill only for the time they spent with patients during office visits. The CMS view was that the cost in time, staff and technology required for care management was bundled into its payment for face-to-face encounters. While some practitioners accepted the CMS view and shouldered the cost themselves for non-office care, other providers focused on billable office-based care and did little or no chronic care management.



One of every three Americans has a chronic condition



of all U.S. healthcare \$\$\$ go to treatment of chronic diseases

This changed in January 2015, when CMS announced a new rule that finally allows healthcare providers to bill for chronic care management (CCM). It makes sense: more providers will conduct CCM if they are allowed to bill for it. This move by the CMS responds not only to cost concerns, but also to patients' expressed preference to receive as much care as possible in their homes rather than in hospitals or offices.

Now, Medicare patients with two or more chronic conditions have new care options that are billable under the new CPT code **99490**.

## What services are included in CCM?

CMS specifies that CPT code 99490 may be used to bill for "non-face-time follow-up care outside the office." There must be at least 20 minutes per month of non-face-time follow-up care provided to eligible

## What makes a patient eligible for coverage under CCM?

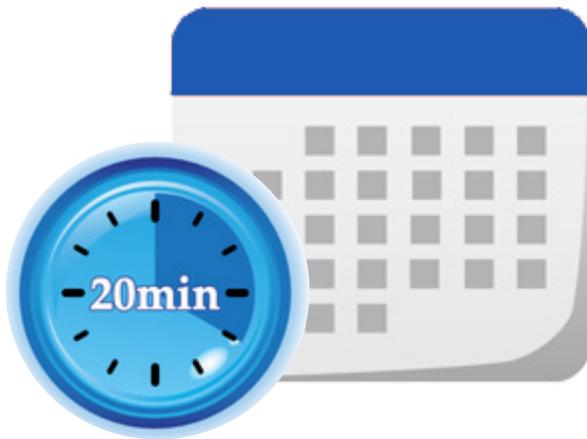
Medicare patients with two or more of the following chronic conditions are eligible under CPT code 99490. The list includes, but is not limited to:

- Acquired Hypothyroidism
- Alzheimer's Disease
- Alzheimer's Disease & related disorders
- Anemia
- Asthma
- Atrial Fibrillation
- Benign Prostatic Hyperplasia
- Cancer, Colorectal
- Cancer, Endometrial
- Cancer, Breast
- Cancer, Lung
- Cancer, Prostate
- Cataract
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease
- Depression
- Diabetes
- Glaucoma
- Heart Failure
- Hip / Pelvic Fracture
- Hyperlipidemia
- Hypertension
- Ischemic Heart Disease
- Osteoporosis
- Rheumatoid Arthritis / Osteoarthritis
- Stroke / Transient Ischemic Attack

Medicare patients outside the office each month, including such activities as:

- Discussing the care plan with the patient
- Reviewing medications and therapies
- Charting
- Scheduling phone-based and other non-office encounters.

The average reimbursement for 99490 is \$43 per patient per month. If in a given month, a patient is both seen at the office and receives non-face-to-face care management, both incidents are billable that month.



There are services for which a provider is *not* allowed to bill during the same calendar month as CCM. These include:

- Transitional care management (CPT 99495 and 99496)
- Home healthcare supervision (HCPCS G0181)
- Hospice care supervision (HCPCS G0182)
- Certain end-stage renal disease (ESRD) services (CPT 90951-90970)

## How does CCM benefit patients?

As a patient-engagement program, CCM builds “buy-in” with patients. The program and its various services enhance shared decision-making between the physician and patient around their health issues.

In addition, since monthly phone check ins occur more frequently than the typical schedule of office visits, CCM adds better visibility into patient compliance with the care plan. Because of the frequency, it is possible to identify issues earlier; if adjustments are needed to a patient’s care, the physician and care coordinator can intervene promptly.

## Who can provide CCM services?

While CPT code 99490 can only be billed by one provider per patient, the profile of those care providers is broadly defined and includes:

- Physicians (regardless of specialty)
- Advanced practice registered nurses
- Physician assistants
- Clinical nurse specialists
- Certified nurse midwives
- Certified medical assistants

Eligible practitioners must act within their State licensure, scope of practice and Medicare statutory benefit. Services provided directly by an appropriate physician or non-physician practitioner, or other clinical staff “incident to” the billing physician practitioner, counts toward the minimum service time required to bill for CCM services per calendar month.

Non-clinical staff time cannot be counted towards the minimum CCM monthly services; however, CCM services may be recorded by non-clinical staff.

Which providers are not eligible to bill Medicare for CCM? Other non-physician practitioners and limited-license practitioners (e.g., clinical psychologists, social workers) are precluded from billing 99490. Also, non-clinical staff time may not be counted toward billable hours of CCM.

## How does CCM benefit physicians and their practices?

As noted earlier, financial incentives for enrolling patients in CCM mean that practices are now compensated for time and care that they were previously delivering for free. Depending upon the number of eligible patients enrolled, CCM revenue can be a significant incremental revenue stream for a practice.



Monthly CCM calls also tend to reduce the number of calls coming into the office from patients each day; such inbound calls related to acute issues to nursing and other staff are not eligible for compensation, while adding up to a significant number of hours per week. On the other hand, the proactive outbound

monthly calls from the Chronic Care Coordinator help the provider get ahead of issues before they become crises, and have the advantage of being billable.

Monthly calls by the Chronic Care Coordinators into the patient's home allow more visibility into the patient's home environment and its effect on the patient's health. This helps the physician build more efficient and insightful care plans.

Finally, CCM facilitates the transition to outcomes-based compensation, the standard the CMS wants to apply in the near future. The time is coming when physicians will be reimbursed at a higher rate when they can demonstrate fewer patient hospitalizations, lower costs of care, more positive outcomes and greater patient satisfaction. CCM systems help a provider demonstrate outcomes.



 [ccm@hellohealth.com](mailto:ccm@hellohealth.com)

 877.610.0119

 [hellohealth.com](http://hellohealth.com)

The Wellbox™ solution from Hello Health provides an all-inclusive method for tracking and billing the Chronic Care Management code. Call or email today for an analysis of the specific implications of CCM for your practice.

## CCM patients in New Jersey practice now 'actively engage' in their healthcare

At Medical Associates of Westfield, a New Jersey-based internal medicine practice, eligible Medicare patients have been encouraged to enroll in chronic care management since shortly after it became an option. Those who have signed up have shown a marked improvement in their attitudes toward their care.



"Our patients who have enrolled in CCM are notably more engaged in thinking about their diseases and how they can proactively work with us to address

them. They are much less inclined to sit on the sidelines and passively receive medical care," says Peter Weigel, M.D., a partner in the practice (pictured).

Dr. Weigel has seen a benefit to his practice as well as his patients.

"Practices that offer CCM to their eligible patients really stand out from other providers," says Dr. Weigel. He notes that the patients in his practice prefer phone conversation, rather than emails or texts. "Patients appreciate the monthly phone call and extra services now available to them."

"The extra revenue from Wellbox CCM is a nice incentive also," Dr. Weigel adds.