Get paid what you deserve —

**bill for CCM services outside the exam room**

100 patients = $51,500 per year in revenue

Consider the time you spend providing non-face-to-face care for chronic care management (CCM). Until now, you couldn’t get paid for that time — but things have changed.

The Centers for Medicare & Medicaid Services (CMS) has implemented payment for a new CPT code, 99490, specifically intended for non-face-to-face chronic care management services. Now, all the time the clinicians in your practice spend outside the exam room — on the phone or online — providing chronic care management can now be captured and billed.

To facilitate tracking and billing, HealthSystems has designed a CCM module for Centricity. Available for practices with CPS PM/EMR, our CCM module allows you to track clinician time spent on CCM and automatically bill for the time each month.

**Capture:** To qualify for CCM, patients must opt-in, and receive and sign a CCM care plan. Our easy-to-use encounter form quickly captures this information.

**Track:** Our tool lets you easily track CCM time spent in minutes. You need to provide at least 20 minutes of clinical staff time in CCM services for an individual patient in a calendar month. The time doesn’t need to be consecutive — it just needs to add up to 20 minutes per month.

**Post:** Our charge-posting tool automatically bills patients who meet the CCM criteria. One click displays the specific services provided and associated time. You can also see time pending and billing status.

**Report:** For ease of reporting, analysis and printing, the module provides a CCM detail analysis report, located within the Centricity Reports module. A Microsoft Excel-based analytical tool is also provided for deep-dive analyses.
Don’t Leave Money on the Table

Depending on your location and a few other factors, CCM payment is in the range of $42.91 per patient per month, which is approximately $515 per patient per year. So, if you provide CCM to 100 patients per year, your practice can earn up to $51,500 in additional revenue annually. CMS estimates that 68% of Medicare patients will mostly likely meet these conditions.

**Who qualifies?** To qualify for CCM, patients must have two or more chronic health conditions that are expected to last at least 12 months or until death. These conditions must place the patient at significant risk of death, acute exacerbation, decompensation or functional decline. The patient must also have an established care plan.

**What do you need to do?** Many CCM requirements are also part of other programs such as Meaningful Use, so your practice may already be incorporating these requirements into its workflow. To bill for CCM, CMS requires practices to provide:
- 24/7 access to address the condition
- Continuity of care with a provider the patient can see routinely
- Systematic assessment of the patient’s needs
- A well-documented care plan
- Care transition management
- Enhanced patient communication options — beyond the phone

Want to learn more about our Chronic Care Management module? Contact Janine Job at 404-207-1292 or via email at JJob@HealthSystems.net.