

# FLOW

FFS Medicare with 2 chronic conditions



Consent (.CCMCONSENT) +/- Info for AVS (.CCMINFO)



Initial Care Plan (document and bill [one-time billing])



Document time spent in non-F2F care



>20 min in month



Care Plan (if not done in 1 year)



Bill CCM: receive/review monthly report → email AA → arrives pt on last day on month → CMM NOTE → bill



# Chronic Care Management (CCM) Billing

2017

Jonathan Arend, MD



**Mount  
Sinai**

## Cognitive Codes

- ▶ Prolonged E/M before and or after direct patient care- 2017
- ▶ Advance Care Planning (ACP) – 2016
- ▶ **Chronic Care Management (CCM) – 2015; 2017 updates**
- ▶ Transitional Care Management (TCM) – 2014 (2016 change in ruling to drop 30-day charge hold)
- ▶ Care Plan Oversight (CPO)
- ▶ Home Care Certification/Recertification

## CCM - Overview

- ▶ **Non face-to-face** Care management (communication with patient, family, other providers)
- ▶ Applies to Medicare Fee-for-Service Program
- ▶ Beneficiaries with 2 or more chronic conditions (conditions place beneficiary at risk of death, acute exacerbation/decompensation or functional decline)
- ▶ 20 minutes of qualifying time/month
- ▶ Consent to the services (one time, verbal)
- ▶ Care plan every 12 months
- ▶ Time can be any certified team member
  - MD, NP, PA, RN, LPN, MA, SW, Pharm, PT/OT; not AA

# CCM exceptions

- Transitional Care Management, Care Plan Oversight and certain ESRD services payments cannot be billed the same month
- For Health Home patients, cannot include time by social worker/care coordinator
- Only one designated practice (patient identifies) and one practitioner from that practice can bill for CCM monthly
- CCM may be billed in the same month as ACP and home care certification/re-certifications

# What does count for CCM?

- Acute problems handled over the phone
- Talking with visiting nurse, specialists, family, patient, etc.
- Forms
- Prior authorizations
- Proactive management (e.g. nurse care manager in your office)
- Labs not associated with office visit (e.g. INRs)
- Trainee (resident level or higher) with cosigned telephone encounters

# What doesn't count for CCM?

- Pre-visit work (i.,e. work that results or associated with a subsequent visit)
- Post visit work (e.g. Time spent calling patient regarding normal or abnormal labs after visit does not count towards CCM)
- Med refills

# CCM Fees

Code	Description	Payment (non-facility)	20% Patient Copay* (non-facility/facility)
99490	CCM (20 Min)	\$42.21 (\$90 w/facility fee)	\$8/ <u>\$18</u>
99487	Complex CCM (60 Min)	\$92.64	\$18/TBD (~ <u>\$30?</u> )
99489	Complex CCM Additional 30 Min (add-on to 99487)	\$46.86	\$ 9/TBD (~ <u>\$20?</u> )
G0506	Compr Asses Care Plan CCM SVC (for initial care plan; add- on to primary service; only once per pt)	\$64.67	

} \$50?

**\*NO COPAY FOR DUAL ELIGIBLES**



# Reimbursements

Description			AVERAGE ~\$ payment rate (non-facility)
	CPT	wRVU	
CCM (Chronic Care Management)	99490	0.61	\$40
	99487	1.0	\$93
	99489	0.5	\$47
CCM develop first care plan	G0506	0.87	\$64
TCM - 14 days (Transitional Care Management)	99495	2.11	\$165
TCM - 7 days	99496	3.05	\$233
ACP - 1st 30 min (Advance Care Planning)	99497	1.50	\$85
ACP - subs 30min	99498	1.40	\$75
Home Care Re-certification	G0179	0.45	\$41
Home Care Certification	G0180	0.67	\$54
CPO (Care Plan Oversight)	G0181	1.73	\$108
CPO-hospice	G0182	1.73	\$109
Prolonged Service	99358	2.10	\$114
	99359	1.00	\$54
Est, outpatient	99212	0.87	\$73
	99214	1.50	\$108
	99215	2.22	\$145
New, outpatient	99203	1.42	\$77
	99204	2.43	\$131
	99205	3.17	\$171

<https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>

# Step 1: Identifying Eligible MCR FFS Patients: Customizing Schedule View

10/19/2016 Today

CHUN, AUDREY K

	Room	Time	Checked In	Patient	CCM Enrolled Patient	MRN
	#12	9:00 AM	9:13 AM		CCM eligible, no consent	
	#14	10:00 AM	9:57 AM		CCM eligible, no consent	
		10:30 AM			CCM eligible, no consent	
	#12	11:00 AM	10:46 AM		CCM eligible, no consent	
	#14	11:30 AM	11:34 AM		CCM eligible, no consent	
	#12	12:00 PM	11:50 AM		CCM eligible, no consent	
	#14	12:30 PM	12:29 PM		CCM eligible, no consent	

Dept: 1440 MADISON GERIATRI

Create

- My Schedule
  - CHUN, AUDREY K
    - Properties
    - Default Schedule
    - Create Schedule
    - Remove Schedule
  - MSCl
  - NURSING
  - PRECEPTING
  - 1440 MADISON GERIATRI

CHUN, AUDREY K Properties

General Advanced Configuration

Name: CHUN, AUDREY K ID: 98

Owner: CHUN, AUDREY K

Available Columns	Selected Columns
Canc Rsn	Room
Care Team	Time
Care Team Hepatologist	Checked In
Care Team Ref Physician	Patient
Case Info	CCM Enrolled Patient
Case Info	MRN
Catalog Number (Left)	DOB
Catalog Number (Right)	Immunizations
CE	Age
Cerner Status	Appt Made On
Clinical Cancer Screening	Provider

CCM Enrolled Patient [101667]: Column displays if a Patient is part of the Chronic Care Management Program or if they are eligible for it and not yet consented.

Accept Cancel

1. Right click on folder and select "properties".
2. Add desired columns from Available to Selected (can change order of columns with arrow buttons).

## Step 2: Create CCM Billing Speedbuttons

LOS Follow-up

**Level of Service**

EST1	EST2	EST3	EST4	EST5
NEW1	NEW2	NEW3	NEW4	NEW5
Prev18-39	Prev40-64	Prev65+	TCM 7	TCM 14

LOS:

Modifiers: [Click to add](#)

Auth prov:

Billing area:

LOS Follow-up

**Level of Service**

EST1	EST2	EST3	EST4	EST5
NEW1	NEW2	NEW3	NEW4	NEW5
Prev18-39	Prev40-64	Prev65+	TCM 7	TCM 14

LOS Follow-up

Level of Service

EST1 EST2 EST3 EST4 EST5  
 NEW1 NEW2 NEW3 NEW4 NEW5  
 TCM 14

Bookmark

Edit LOS Speed Button

Caption: CCM 20  
 Level of service: chronic  
 Modifiers: 1

Cancel

Delete

Options  
 -1 yr

Code	Code Type	Description
99490	CPT(R)	CHRONIC CARE MANAGEMENT SERVICES, 20 MINUTES
99487	CPT(R)	COMPLEX CHRONIC CARE MANAGEMENT SERVICES
99489	CPT(R)	COMPLEX CHRONIC CARE MANAGEMENT SERVICES ADDI

LOS Follow-up

Level of Service

EST1	EST2	EST3	EST4	EST5
NEW1	NEW2	NEW3	NEW4	NEW5
Prev18-39	Prev40-64	Prev65+	TCM 7	TCM 14
CCM 20	CCM 60	CCM 30+	COMP	

LOS:  CPT(R) 

Modifiers: [Click to add](#)

Auth prov:  

Billing area:  

### Step 3: Consent (Verbal) – SmartPHRASE

Abbrev	Expansion
★ CCMCONSENT	Chronic Care Management Consent Status
★ COMPLIANCEMINDE...	Data Provider Management has not been...

Chronic Care Management services were explained to the [CCM Consent Status:35382]

Patient accepts Chronic Care Management services  
Patient declines Chronic Care Management services

### Step 3: Consent (written information)

- ▶ To facilitate the consent process, you may provide the patient with information about the service using “.CCMINFOENGLISH” and “.CCMINFOSPANISH.” This is NOT mandatory.

#### **MEDICARE CHRONIC CARE MANAGEMENT SERVICES**

As of January 1, 2015, Medicare covers chronic care management services provided by physician practices. As discussed with your primary care provider, you have agreed to receive these services. Chronic care management services will help your provider care for you in between your visits to the office and include the following:

Telephone access to your care team 24-hours-a-day, 7-days –a-week, in addition to other non-face –to face means of communication

(e.g., MyChart)

The ability to get successive routine appointments with your designated primary care physician or member of your care team...

## Step 4: Document Care Plan (once every 12 months) – SmartTEXT

Notes

+ Create Note   1 LEVEL 3   2 LEVEL 4

New Note

Service:

Cosign Required

Arial   **B**           +  

Smart Text Selection - Patient:

Encounter Matches    Favorites

Match:

Title
CCM CARE PLAN
CCM GOALS
CCM NOTE
CCMP #1
CCMP #2
CCMP #3
EMBED CCMP CURRENT
EMBED CCMP PAST



## Care Plan

### Patient Active Problem List

#### Patient Active Problem List

Diagnosis
• Osteoarthritis of both knees [M17.0]
• Abnormality of gait [R26.9]
• Prediabetes [R73.03]
• CKD (chronic kidney disease) stage 3, GFR 30-59 ml/min [N18.3]
• Osteoarthritis [M19.90]
• Asthma [J45.909]
• Urinary incontinence [R32]
• Obesity [E66.9]
• Essential hypertension [I10]

#### Medications

traMADOL (ULTRAM) 50 mg tablet
TYLENOL EXTRA STRENGTH 500 mg tablet
metoprolol succinate XL (TOPROL XL) 50 mg tablet extended release 24 hr
Simethicone 125 mg tablet, chewable
atorvastatin (LIPITOR) 20 mg tablet
hydroCHLORothiazide (HYDRODIURIL) 25 mg tablet

#### Allergies

Allergies	Reactions
Allergen	
• Benazepril Hcl	Swelling

(For each diagnosis list plan, goals, outcome/prognosis, and person responsible. “.cmdiagnoteplan)

### 1. Urge incontinence of urine

\*\*\*

### 2. Other secondary osteoarthritis of multiple sites

\*\*\*

### 3. Mild intermittent asthma without complication

\*\*\*

### 4. CKD (chronic kidney disease) stage 3, GFR 30-59 ml/min

\*\*\*

## Care Plan

### Patient Active Problem List

Patient Active Problem List
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### Allergies

Allergies	Reactions
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• Benazepril Hcl	Swelling

(For each diagnosis list plan, goals, outcome/prognosis, and person responsible. ".cmdiagnoteplan)

#### 1. Urge incontinence of urine

**Plan:** \*\*\*

**Goals:** \*\*\*

**Outcome/Prognosis:** \*\*\*

**Provider responsible:** \*\*\* (if outside of Mount Sinai please indicate how coordination will occur)

\*\*\*

## Care Plan

### Patient Active Problem List

Patient Active Problem List	
Diagnosis	
• Osteoarthritis of both knees [M17.0]	
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Allergies	
Allergen	Reactions
• Benazepril Hcl	Swelling

Provide a copy of the care plan to the patient (via MyChart, email, mail, in-person)

(For each diagnosis list plan, goals, outcome/prognosis, and person responsible. ".cmdiagnoteplan)

### 1. Urge incontinence of urine

**Plan:** \*\*\*

**Goals:** \*\*\*

**Outcome/Prognosis:** \*\*\*

**Provider responsible:** \*\*\* (if outside of Mount Sinai please indicate how coordination will occur)

\*\*\*

## Step 5: Bill for initial care plan

- ▶ Initial care plan: add G0506 to encounter LOS where Care Plan developed.

The screenshot displays a medical software interface for selecting a Level of Service. At the top, there are buttons for various visit types: NEW1, NEW2, NEW3, NEW4, NEW5, Prev18-39, Prev40-64, Prev65+, TCM 7, TCM 14, CCM 20, CCM 60, CCM 30+, and COMP. Below these is a text input field for 'LOS:' and a link that says 'Modifiers: Click to add'. A blue circle highlights this 'LOS:' field and the link.

The main part of the interface is a 'Level of Service' dialog box. It includes fields for Patient (New/Established), Service type (OFFICE/OUTPATIENT [1]), and Counseling time (More than half of visit). There are three rows of selection buttons: History (Problem Focused, Expanded Problem Focused, Detailed, Comprehensive), Exam (Problem Focused, Expanded Problem Focused, Detailed, Comprehensive), and MDM (Straightforward, Low Complexity, Moderate Complexity, High Complexity). An 'Analyzer' button is also present. Below these are fields for 'Level of service:', 'Modifiers:' (a list with 1, 2, 3), 'Auth provider:' (AREN, JONATHAN L [17]), and 'Bill area:' (MED GENERAL OUTPATI). A 'Preview' section on the right shows 'MDM, Moderate Complexity' with a detailed description: 'Multiple number of diagnoses or management options (3 diagnoses), Moderate amount of complexity and/or data to be reviewed (3 elements) and Moderate risk of complications and/or morbidity and mortality (Mild exacerbation of chronic)'. A 'Currently Selected Levels' section lists: '- History None selected.', '- Exam None selected.', and '- MDM None selected.' There is also an 'Additional Help Text' section. At the bottom of the dialog box, there are 'Accept' and 'Cancel' buttons. A blue circle highlights the 'Add E/M' button at the bottom left of the dialog box.

Level of Service

Patient:

Service type:

Counsel:  More than half of visit

Category:

**Additional E/M Codes**

E	E/M Codes	Modifier 1	Modifier 2	Modifier 3	Modifier 4
1	COMP ASSES CARE PLAN CCM SVC [G0506]				
2	<input type="text" value=""/>				

Preview: MDM, Low Complexity

**Limited number** of diagnoses or management options (**2 diagnoses**)

**Limited amount** And/or complexity of data to be reviewed (**2 elements**) and

**Low risk** of complications and/or morbidity or

Accept Cancel

Modifiers: 

1	
2	
3	
4	

Auth provider: AREND, JONATHAN L [17]

Bill area: MED GENERAL OUTPAT

MDM None Selected.

- Additional Help Text: Key components determine the level of service if the majority of the patient

Restore Add E/M

Accept Cancel

Check-out note:

## Step 6. Documentation in Telephone Encounter

- When opening a telephone encounter, provider will be prompted with a BPA, identifying the patient as CCM eligible and providing instructions on time documentation.

**This patient is enrolled in Chronic Care Management, please do the following documentation for CCM:**

- Document a Reason for Call
- Identify time as CCM/Non-CCM in Time Capture tab
- Document necessary time

- Document call as normal. MyChart encounters and email correspondences are also eligible. Emails, however, need to be pasted into a telephone encounter.

## Step 7: CCM Time Capture (Telephone encounter)

- In the “Time Spent” tab, confirm that this is a CCM patient, and document the # minutes spent

The screenshot displays a medical software interface for a patient named Test, Jamahl (7609626). The patient's information includes gender (Male), age (40 yrs), and birth date (06/16/1976). The visit is dated 8/31/2016 and is a telephone encounter with an unknown provider. The interface shows a navigation menu on the left with options like Patient-Enter..., Order Review, Problem List, Review Flows..., SnapShot, Synopsis, Anticoag, E-Consult, Hearing Vision, QuickAbstracti..., and OB Tools. A 'BestPractice' alert is visible, highlighting 'Telephone/Refill Encounter'. The 'Time Spent' tab is selected and highlighted with a red box. A blue arrow points to the 'Time Spent' tab. The 'Time Spent' form contains the following fields:

- Is this a CCM patient? (Please confirm there is a BPA) with Yes and No buttons.
- Clinician #1 time: with a text input field.
- Clinician #2 time (If applicable): with a text input field.
- Total time (minutes): with a text input field containing the value 0.

At the bottom of the form, there are buttons for Restore and Close (F9). The 'Doc Flowsheet' section is visible at the bottom of the screen.

## Step 7: CCM Time Capture (MyChart encounter)

BP: , I: , I Src: , P: , Resp: , W: , H: , HC:  
BMI: , BSA:  
Mychart Mychart

Sent By:

MyChart Encounter

- Reason for Call
- MyChart Msg**
- Contacts
- Meds & Orders
- Documentation
- Time Capture**
- Routing
- Close Encounter

### CCM Time Spent

Is this a CCM patient? (Please confirm there is a BPA)

Clinician #1 time:

Clinician #2 time (If applicable):

Total time (minutes):

F9



## Step 8: Billing for CCM

- ▶ **Practice manager emails monthly report to providers**
- ▶ Provider identifies patients for CCM billing
- ▶ Provider emails firm AA with names of patients
- ▶ Firm AA schedules/arrives the patients on the last day of the month
- ▶ Once arrived in Epic schedule, provider opens encounter.
  1. Document CCM NOTE(SmartTEXT)
  2. Document care plan if not done in last 12 months
  3. Enter CPT = 994990, 99487 +/-99489 in LOS.
  4. Close encounter.

Patient Name	DOB	MRN	Payor	Consent YN	Consent Department	Consent Date from Flowsheet/Scan		
<b>PCP: DECHERRIE, LINDA V</b>								
[REDACTED]	05/12/1939	1750238	FFS MEDICARE	Yes	FPA VISITING DOCTORS	09/15/2015		
CCM Time Spent	Recommend Bill for CCM	Health Home Time	Date Last Care Plan	Health Home	Dialysis YN	OCM Part B/DYN	TCM Date	
28		0		Yes	No	No		
[REDACTED]	04/13/1939	2080349	FFS MEDICARE	Yes	FPA VISITING DOCTORS	08/24/2015		
CCM Time Spent	Recommend Bill for CCM	Health Home Time	Date Last Care Plan	Health Home	Dialysis YN	OCM Part B/DYN	TCM Date	
79	Yes			No	No	No		
[REDACTED]	12/06/1932	8315180	FFS MEDICARE	Yes	FPA VISITING DOCTORS	06/02/2016		
CCM Time Spent	Recommend Bill for CCM	Health Home Time	Date Last Care Plan	Health Home	Dialysis YN	OCM Part B/DYN	TCM Date	
5			07/31/2016	No	No	No		
[REDACTED]	02/05/1944	803976	FFS MEDICARE	Yes	FPA VISITING DOCTORS	06/10/2015		
CCM Time Spent	Recommend Bill for CCM	Health Home Time	Date Last Care Plan	Health Home	Dialysis YN	OCM Part B/DYN	TCM Date	
192	Yes	0	08/31/2016	No	No	No		
[REDACTED]	02/06/1926	6567306	FFS MEDICARE	Yes	FPA VISITING DOCTORS	10/06/2015		
CCM Time Spent	Recommend Bill for CCM	Health Home Time	Date Last Care Plan	Health Home	Dialysis YN	OCM Part B/DYN	TCM Date	
32	Yes	0	02/07/2016	No	No	No		
[REDACTED]	04/13/1923	441042	FFS MEDICARE	Yes	FPA VISITING DOCTORS	06/18/2015		
CCM Time Spent	Recommend Bill for CCM	Health Home Time	Date Last Care Plan	Health Home	Dialysis YN	OCM Part B/DYN	TCM Date	
190		0		No	No	No	01/10/2017	
[REDACTED]	06/22/1921	272431	FFS MEDICARE	Yes	FPA VISITING DOCTORS	11/28/2016		
CCM Time Spent	Recommend Bill for CCM	Health Home Time	Date Last Care Plan	Health Home	Dialysis YN	OCM Part B/DYN	TCM Date	
179	Yes	0		No	No	No		
[REDACTED]	01/27/1924	6568965	FFS MEDICARE	Yes	FPA VISITING DOCTORS	06/17/2015		
CCM Time Spent	Recommend Bill for CCM	Health Home Time	Date Last Care Plan	Health Home	Dialysis YN	OCM Part B/DYN	TCM Date	
9				No	No	No		
[REDACTED]	08/09/1930	7012016	FFS MEDICARE	No	FPA VISITING DOCTORS			
CCM Time Spent	Recommend Bill for CCM	Health Home Time	Date Last Care Plan	Health Home	Dialysis YN	OCM Part B/DYN	TCM Date	
25				No	No	No		

pts for CI

File Message Insert Options Format Text Review

Cut Copy Paste Format Painter Clipboard

9 A A

B I U ab A

Basic Text

Address Book Check Names Names

Attach File Attach Item Include

Signature

Follow Up High Importance Low Importance Tags

Zoom Zoom

Send

From Microsoft Exchange Server

To [Your firm AA]

Cc

Subject: pts for CMM billing

[Redacted] **FFS MEDICARE No**  
 CCM Time Spent Recommend Bill for CCM Health Home Time Date Last Care Plan Health Home Dialysis YN OCM Part B/DYN TCM Date  
 50 0 No No No

[Redacted] **FFS MEDICARE No**  
 CCM Time Spent Recommend Bill for CCM Health Home Time Date Last Care Plan Health Home Dialysis YN OCM Part B/DYN TCM Date  
 14 0 No No No

[Redacted] **FFS MEDICARE No**  
 CCM Time Spent Recommend Bill for CCM Health Home Time Date Last Care Plan Health Home Dialysis YN OCM Part B/DYN TCM Date  
 297 0 No No Yes

[Redacted] **FFS MEDICARE No**  
 CCM Time Spent Recommend Bill for CCM Health Home Time Date Last Care Plan Health Home Dialysis YN OCM Part B/DYN TCM Date

(Ctrl)

# Document CCM NOTE

Notes

+ Create Note    1 LEVEL 3    2 LEVEL 4

New Note

Service:

Cosign Required

Arial    **B**             +   

Smart Text Selection - Patient:

Encounter Matches     Favorites

Match:

Title
CCM CARE PLAN
CCM GOALS
<b>CCM NOTE</b>
CCMP #1
CCMP #2
CCMP #3
EMBED CCMP CURRENT
EMBED CCMP PAST

# CMM NOTE

Please see all telephone and Social work encounters for the month of \*\*\*, year \*\*\*, with a total time >\*\*\* minutes

Patient has the following chronic medical conditions that are expected to last 12 months or greater.

Diagnosis
• Cirrhosis of liver without ascites
• Major depression
• Chronic hepatitis C
• HTN (hypertension)
• DM type 2 (diabetes mellitus, type 2)

These chronic conditions place the patient at significant risk for death, exacerbation, decompensation, or functional decline.

Care plan was last provided to the patient on \*\*\*

Consent was obtained from patient or their agent on \*\*\*

# Bill CCM

**LOS** Follow-up

**Level of Service**


EST1	EST2	EST3	EST4	EST5
NEW1	NEW2	NEW3	NEW4	NEW5
Prev18-39	Prev40-64	Prev65+	TCM 7	TCM 14
CCM 20	<b>CCM 60</b>	CCM 30+	COMP	

LOS:

Modifiers: [Click to add](#)

Auth prov:

Billing area:

 Level of Service

EST1	EST2	EST3	EST4	EST5
NEW1	NEW2	NEW3	NEW4	NEW5
Prev18-39	Prev40-64	Prev65+	TCM 7	TCM 14
CCM 20	CCM 60	CCM 30+	COMP	



LOS: **COMPLEX CHRONIC CARE MANAGEMENT SERVICES [99487]**

CPT®



Modifiers: [Click to add](#)

Additional E/M codes: [COMPLEX CHRONIC CARE MANAGEMENT SERVICES ADDITIONAL 30 MI...](#)

Auth prov: AREND, JONATHAN L



Billing area: MED GENERAL OUTPATIENT



# CCM Quick Guide

## ▶ **Smartphrases**

- .CCMCONSENT (for documenting explanation of services for consent)
- .CCMDIAGNOTE (use within care plan)

## ▶ **Smarttexts**

- CCM CARE PLAN smart text (for documenting care plan)
- CCM NOTE smart text (for billing documentation)

## ▶ **Other**

- CPT=994990, **99487 +/-99489 in LOS**
- Reason for Call/Visit/Encounter = Chronic Care Management (#1094)
- Slides, consent, articles: <http://geripal.careteamapp.com/home>



## CMS resources

### ▶ CCM

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf>
- FAQ: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1516.pdf>