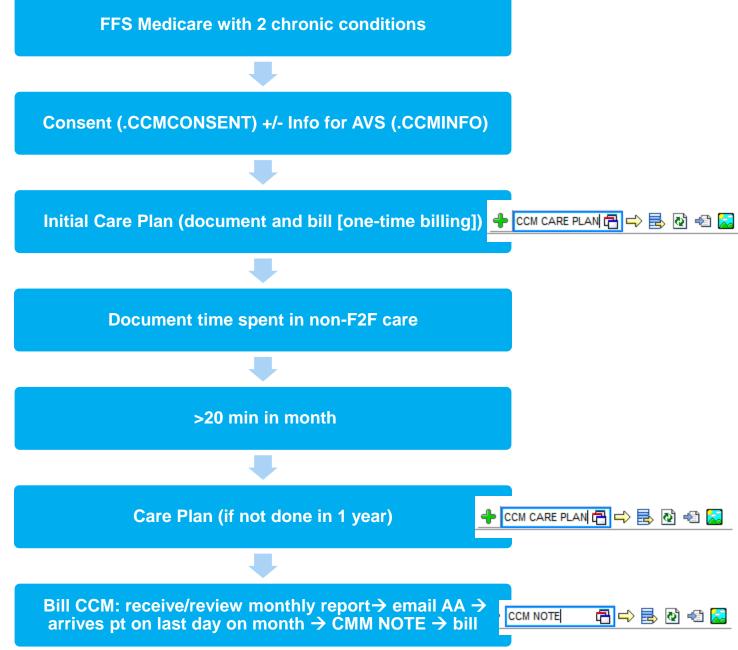
FLOW



Chronic Care Management (CCM) Billing

2017

Jonathan Arend, MD



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

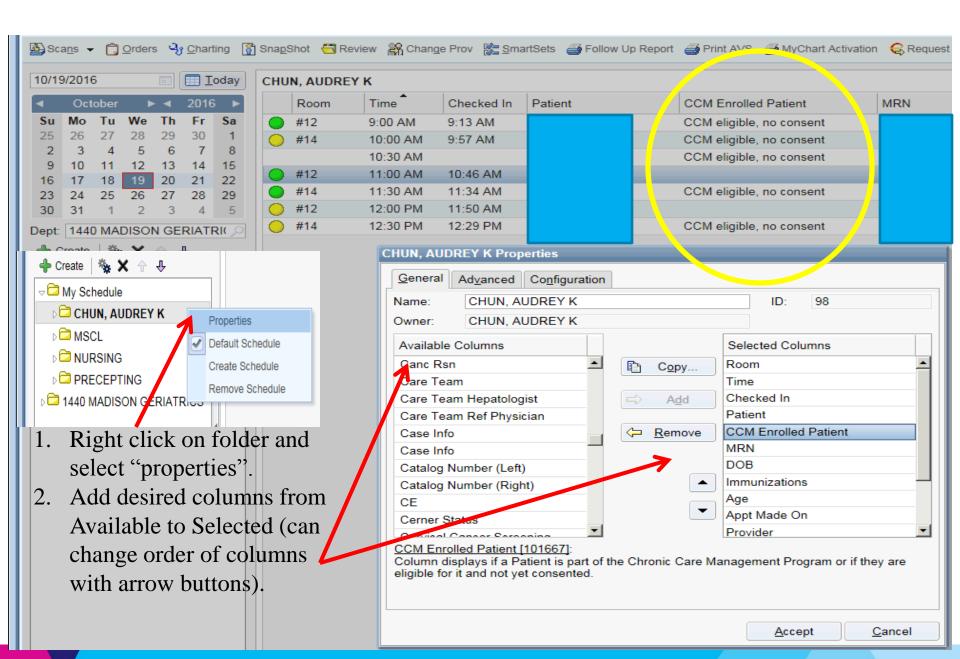
Code	Description	Payment (non-facility)	20% Patient Copay* (non-facility/facility)
99490	CCM (20 Min)	\$42.21 (\$90 w/facility fee)	\$8/ <u>\$18</u>
99487	Complex CCM (60 Min)	\$92.64	\$18/TBD (~ <u>\$30</u> ?) - \$50?
99489	Complex CCM Additional 30 Min (add-on to 99487)	\$46.86	\$ 9/TBD (~ <u>\$20</u> ?)
G0506	Compr Asses Care Plan CCM SVC (for initial care plan; add- on to primary service; only once per pt)	\$64.67 *NO COP	PAY FOR DUAL ELIGIBLES

Reimbursements

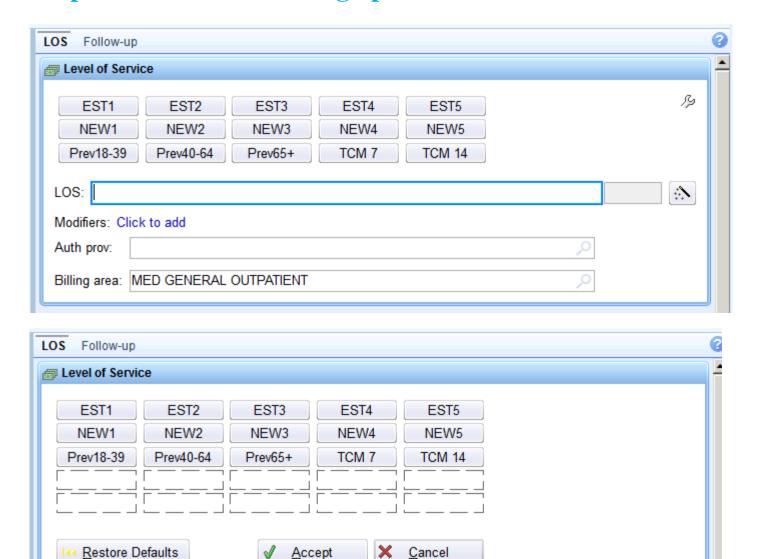
Description				AVERAGE
		СРТ	wRVU	~\$ payment rate (non-facility)
CCM (Chronic Care Management)		99490	0.61	\$40
	\perp	99487	1.0	\$93
	\perp	99489	0.5	\$47
CCM develop first care plan		G0506	0.87	\$64
TCM - 14 days (Transitional Care Management)		99495	2.11	\$165
TCM - 7 days		99496	3.05	\$233
ACP - 1st 30 min (Advance Care Planning)		99497	1.50	\$85
ACP - subs 30 min		99498	1.40	\$75
Home Care Re-certification		G0179	0.45	541
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
		00212	0.07	\$73
Est, outpatient		99214	1.50	\$108
				\$145
		99203	1.42	\$77
New, outpatient		99204 2.43		\$131
		99205	3.17	\$171

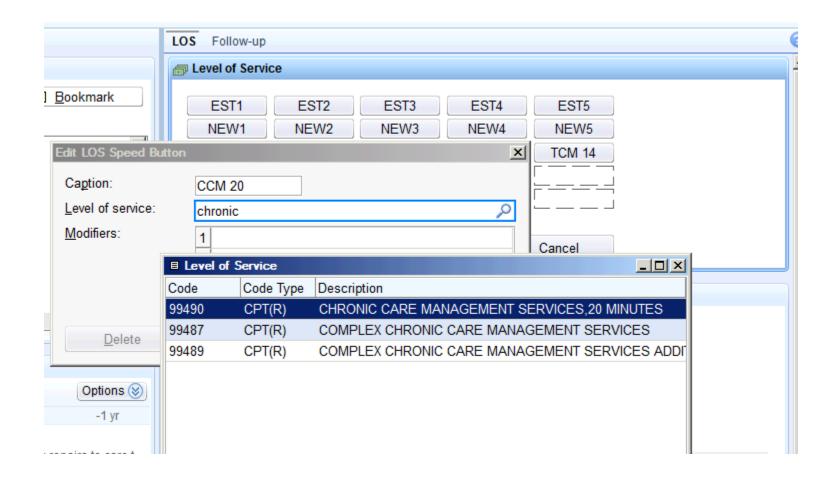
https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx

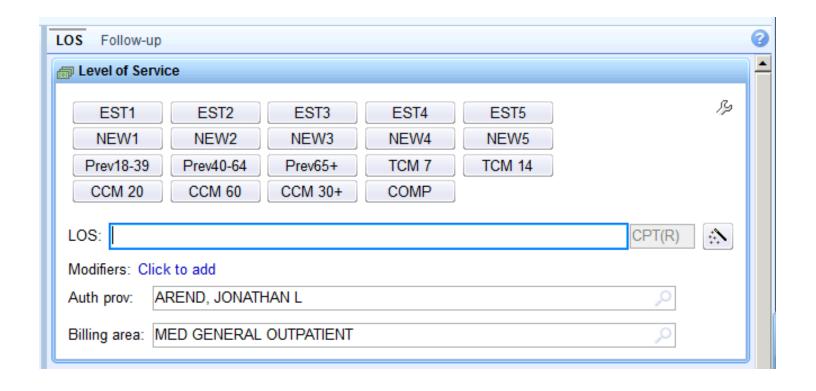
Step 1: Identifying Eligible MCR FFS Patients: Customizing Schedule View



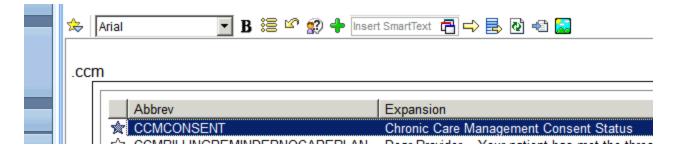
Step 2: Create CCM Billing Speedbuttons

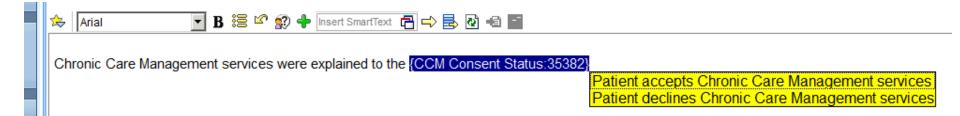






Step 3: Consent (Verbal) – Smart*PHRASE*





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.

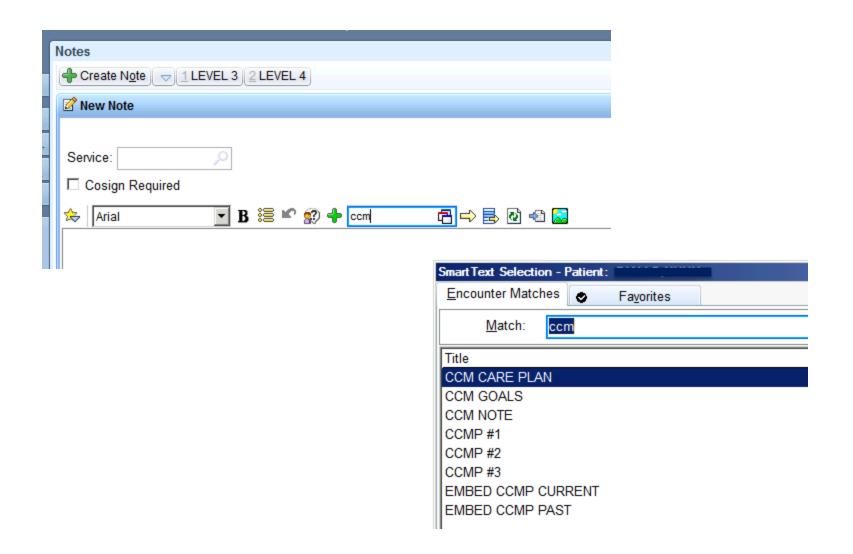
MEDICARE CHRONIC CARE MANAGEMENT SERVICES

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) – Smart*TEXT*





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

Benazepril Hcl

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	
Allergen Reactions	

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

Swelling

- 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 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 [110]

Medications

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Simothicana 125 matablet chawable			
atorvastatin (LIPITOR) 20 mg tablet			
hydroCHLOROthiazide (HYDRODIURIL) 25 r	ng tablet		
Allergies			
Benazepril Hcl		Swelling	

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

1. Urge incontinence of urine

Plan: *** Goals: *** Outcome/Prognosis: *** Provider responsible: *** (if outside of Mount Sinai please indicate how coordination will occur)

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Care Plan

Patient Active Problem List

Pa	itient Active Problem List Diagnosis			
	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 [10]			
M	Medications			

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

19

traMADOL (ULTRAM) 50 mg tablet	eman
TYLENOL EXTRA STRENGTH 500 mg tablet	
metoprolol succinate XL (TOPROL XL) 50 mg tablet extended release 24 hr	
Simethicone 125 mg tablet,chewable	
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Allergies	
Allergies	

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

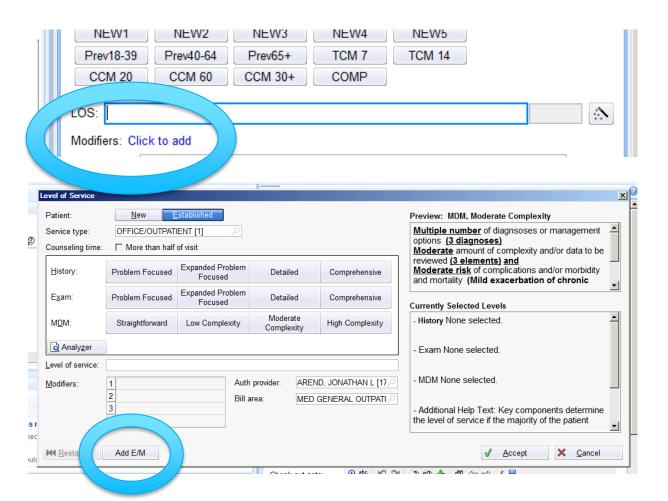
1. Urge incontinence of urine

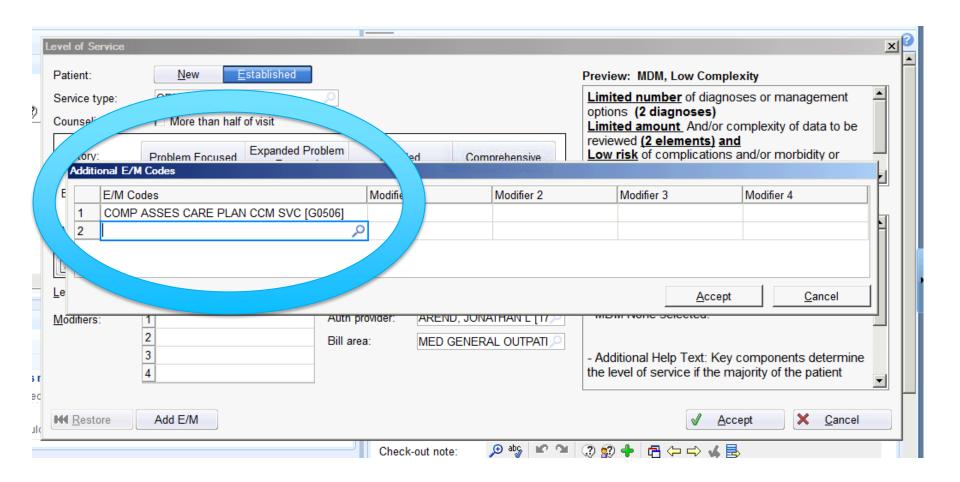
Plan: *** Goals: *** Outcome/Prognosis: *** Provider responsible: *** (if outside of Mount Sinai please indicate how coordination will occur)

Swelling

Step 5: Bill for initial care plan

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





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.

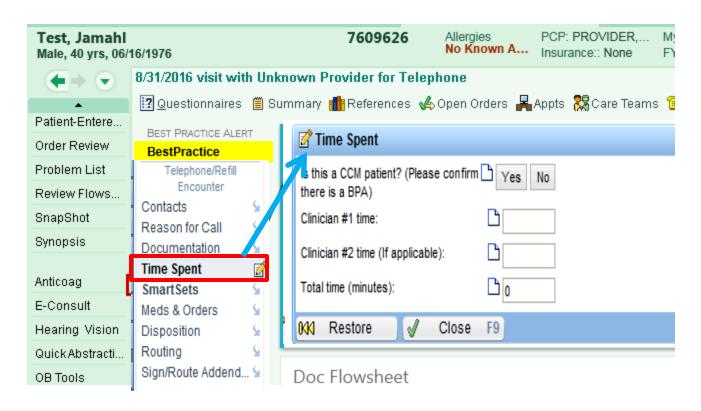
This patient is enrolled in Chronic Care Management, please do the following documentation for CCM:

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

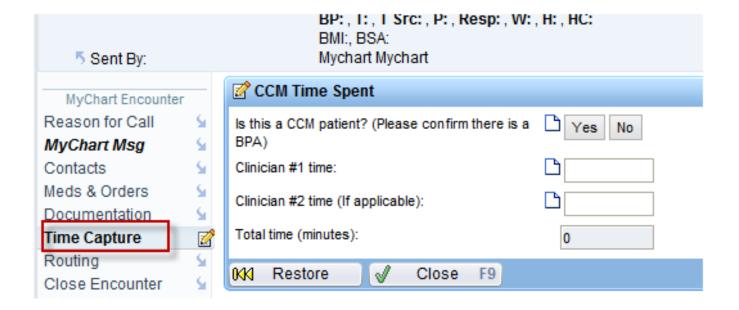
Document call as normal. MyChart encounters and email correspondences are also eligible. Emails, however, need to be pasted into a telephone enocounter.

Step 7: CCM Time Capture (Telephone encounter)

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



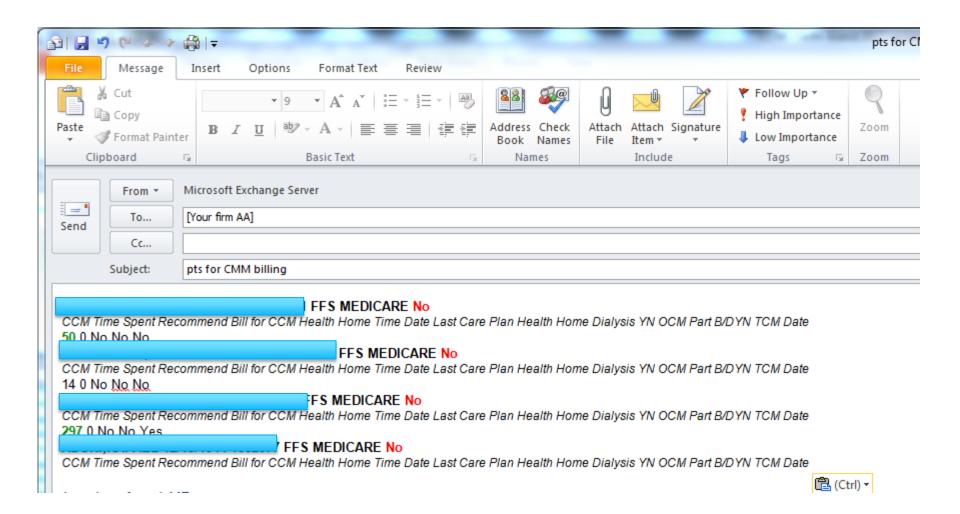
Step 7: CCM Time Capture (MyChart encounter)



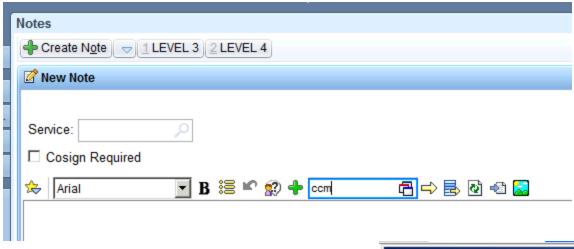
Step 8: Billing for CCM

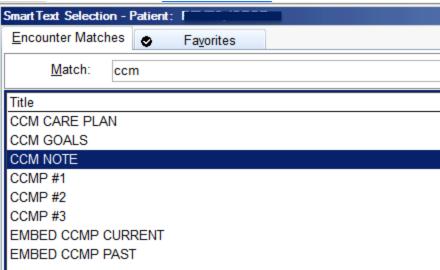
- Practice manager emails monthly report to providers
- Provider identifies patients for CCM billing
- Provider emails firm AA with names of patients
- Firm AA schedules/arrives the patients on the last day of the month
- Once arrived in Epic schedule, provider opens encounter.
 - Document CCM NOTE(Smart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

Patient Name PCP: DECHERRIE, LIN	<u>DOB</u> MRN IDA V	<u>Payor</u>	Consent YN Consent Department Consent Date from Flowsher	et/Scan
	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 TC	M Date
28		0	Yes No No	
	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 TC	M Date
79	Yes		No No No	
DEDAOU ANN	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 TC	M Date
5			07/31/2016 No No No	
	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 TC	M Date
192	Yes	0	08/31/2016 No No No	
	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 TC	M Date
32	Yes	0	02/07/2016 No No No	
	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 TC	M Date
190		0	No No No 01/1	0/2017
	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 TC	M Date
179	Yes	0	No No No	
	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 TC	M Date
9			No No No	
	08/09/1930 7012016	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 TC	M Date
25			No No No	



Document CCM NOTE





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.

Patient Active Problem List	····· <u>·</u>
Diagnosis	
Cirrhosis of liver without ascites	
Major depression	
Chronic hepatitis C	
HTN (hypertension)	

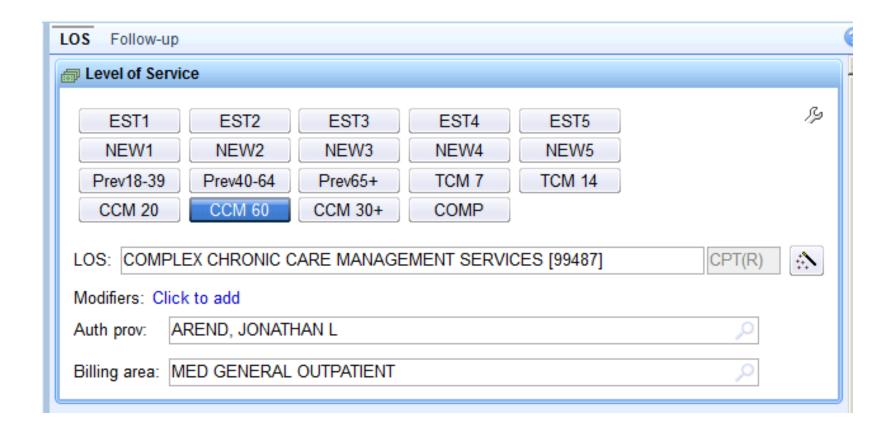
These chronic conditions place the patient at significant risk for death, exacerbation, decompensation, or functional decline.

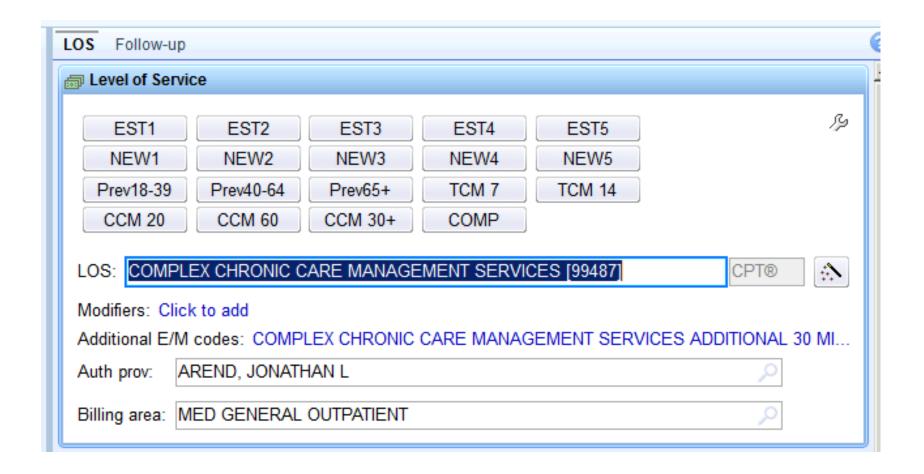
Care plan was last provided to the patient on ***

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

DM type 2 (diabetes mellitus, type 2)

Bill CCM





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