

Billing for CCM Services in a Primary Care Setting: Scenario and Fact Sheet

Jason Fox, General Pediatrics Division Manager

October 12, 2016



UNIVERSITY OF UTAH
SCHOOL OF MEDICINE

Disclaimer

- This is my explanation of these codes and how to use them based on my understanding and interaction with our medical billing team, compliance department, and our division and department.
- Please also research and use at your own risk 😊.



CMS Language – CPT 99490

- CPT 99490 is defined as follows: Chronic Care Management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
- Translation: CPT 99490 allows you to bill monthly for care coordination if:
 - You spend 20 minutes of non-face-to-face time in calendar month doing care coordination, AND,
 - Patient has 2 or more chronic conditions,
 - Care plan is established and maintained.



Considerations

- Medicare (and now Utah Medicaid) reimburse for CPT Code 99490
- This doesn't mean commercial payers have to pay, but they typically follow suit with CMS (Eventually)
- CMS requires signed consent, of which includes:
 - Inform patient of what you are doing, obtain written agreement
 - Document discussion and patient decision to accept/decline
 - Explain how to revoke service
 - Inform patient only one provider can bill during a calendar month
- Patient could be subject to co-pay/co-insurance



Example of Consent Form

PEDIATRIC CHRONIC CARE MANAGEMENT CONSENT

Your Insurance now offers a new benefit for patients with multiple chronic conditions. By consenting to this agreement; you designate your Pediatrician _____ "Provider", to provide chronic care management (CCM) services under the new rule.

A chronic condition is a condition which is expected to last at least 12 months. Only patients with more than one chronic condition are eligible for this benefit and the provider agrees not to bill your Insurance for this service if your child doesn't have more than one chronic condition. As part of this new benefit, the Provider agrees to make available the following services:

- 24/7 access to a healthcare provider to address your child's urgent chronic care needs
- Use of certified electronic medical records software to document your child's care
- Provide a written or electronic version of your child's care plan
- Perform medication reviews and oversight
- Assist in the management of transitions of care from one provider to another

In connection with this new benefit, the provider agrees to bill only one time per each 30-day billing cycle, and if you revoke this Agreement, provide you with a written confirmation of the revocation, stating the effective date of the revocation.

By signing this Agreement, you agree to the following terms:

- You consent to the Provider providing CCM services to your child.
- You acknowledge that only one practitioner can provide CCM Services to your child during the same calendar month. Additional practitioners will be billed to you directly.
- You authorize electronic communication of your child's medical information with other treating providers to facilitate the coordination of your care.
- You understand that your Co-Insurance amount applies to CCM Services.
- You have the right to stop CCM Services at any time by revoking this Agreement effective at the end of the stated month by notifying our practice in writing.

Beneficiary or Caregiver

Signature: _____ Print Name: _____ Date: _____

Print Name of the Patient: _____



Coordinated Care for a Typical PCP

Assumption: Average panel size of 2300*, 13% of which qualify as CSHCN*

- Coordinated Care effort would be an Annual WCC where care plan is established, plus quarterly update of care plan
- $2300 \times 13\% = 300$ kiddos per year, at once every 4 quarters = 1200 Encounters annually
- 1200 encounters annually = 100 encounters per month = 25 encounters per week
- 25 per week at 20 minutes = 500 minutes, or 8.33 hours per week
- Essentially 1 billable day a week that could be done multiple ways, 1-2 hours a day, 1 dedicated day a week, etc.



Reimbursement

In our setting we have a charge factor of close to \$90.00. For Medicaid we are getting reimbursed \$30.21, for Commercial Payers it has been an average of \$20.08

- Assuming a patient mix of 75/15/10(Com/Mcaid/SP) we come up with a reimbursement rate of \$22.00.
- At 100 encounters a month we come out to $\$22.00 \times 100 = \$2,200.00$ a month.
- At 1200 encounters per year we come out to $\$2,200 \times 12 = \$26,400.00$ annually.



Suggestion

Before starting a structured coordinated care effort for your whole practice, PDSA it in real time

- Go back to your practice and identify a few patients to try it on (you already know who you spend the most time on)
- Establish how you would create an encounter in the EMR to bill for the service (in our setting the physician just needs to initiate/drop the charge)
- Try it and see what happens.
- If it really is of value to your practice you can then develop a language and script of how to communicate this with your families so they see the value in it as well



Reference Information

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf>
- <http://www.childhealthdata.org/learn/NS-CSHCN>
- <https://www.medicalhomeportal.org/clinical-practice/building-a-medical-home/children-and-youth-with-special-health-care-needs>



Questions?

Thank You!

Jason Fox – Division Manager, General
Pediatrics

jason.fox@hsc.Utah.edu

(801)587-1621



CCM Services Fact Sheet

- CPT 99490 allows you to bill monthly for care coordination if:
 - You spend 20 minutes of non-face-to-face time in calendar month doing care coordination, AND,
 - Patient has 2 or more chronic conditions,
 - Care plan is established and maintained.
- Medicare (and now Utah Medicaid) reimburse for CPT Code 99490
- This doesn't mean commercial payers have to pay, but they typically follow suit with CMS (Eventually)
- CMS requires signed consent
- Patient could be subject to co-pay/co-insurance
- Coordinated Care effort could be an Annual WCC where care plan is established, plus quarterly update of care plan
- Average panel size 2300 X 13% CSHCN= 300 kiddos per year, at once every 4 quarters = 1200 Encounters annually, 100 encounters monthly, 25 encounters per week, 500 minutes, essentially 1 billable day a week
- Assuming a patient mix of 75/15/10(Com/Mcaid/SP) we come up with a reimbursement rate of \$22.00 per encounter based off a charge factor of \$90.00
- At 100 encounters a month we come out to $\$22.00 \times 100 = \$2,200.00$ a month, or at 1200 encounters per year = \$26,400.00 annually
- Before heading down the structured path, PDSA it in your current structure and see what happens

