Chronic Care Management eQGuide

CPT Code 99490

Navigate Your Way To Chronic Care Management Program Success
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STATE OF POPULATION HEALTH & CHRONIC CARE MANAGEMENT

According to the Center for Disease Control (CDC), about half of all adults—117 million people—have one or more chronic health conditions. And one of four adults has two or more chronic health conditions. Seven of the top 10 causes of death in 2010 were chronic diseases. Two of these chronic diseases—heart disease and cancer—together accounted for nearly 48% of all deaths. And 84% percent of all health care spending in 2006 was for 50% of the population who have one or more chronic medical conditions.

Because of these staggering statistics, CMS recognized chronic care management (CCM) as one of the critical components of primary care that contributes to better health for individuals and reduced expenditure growth. To help cover the costs of chronic care management, CMS established CPT code 99490 in January 2015.

Now, a year after CPT Code 99490 has been established, only an estimated 100,000 total claims were submitted in 2015 for chronic care management services which equates to only 0.2% of the 55 million Medicare population.

Opportunity for improved patient care and a new revenue stream is still on the table.

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Federally Qualified Health Centers and Rural Health Clinics

Beginning January 1, 2016, Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) may now receive an additional payment from CMS for the costs of services that are not already captured in the RHC all inclusive rate (AIR) or the FQHC prospective payment system (PPS) for chronic care management services to Medicare beneficiaries that qualify to receive such services (a qualified Medicare beneficiary is defined on page four of this eQGuide). In 2015, when this new CMS program was introduced, FQHCs and RHCs were excluded from participating.

The chronic care management service payment for FQHCs and RHCs will be based on the Medicare physician fee schedule (PFS) national average non-facility rate when CPT code 99490 is billed alone or with other payable services on a RHC or FQHC claim. The rate will be updated annually and has no geographic adjustment, unlike all other health providers and entities that qualify to bill.

If you are a FQHC or RHC, read on to learn more about what requirements must be met to participate in billing for CPT code 99490.

Federally Qualified Health Centers (FQHCs)

Click here to visit the CMS CCM Fact Sheet and here to visit FQHC/RHCs specific FAQs.
One of the main components of chronic care management (CCM), as defined by CMS to bill for CPT Code 99490, involves non-face-to-face services that must be performed by a physician or other qualified healthcare professionals to patients with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. In addition to the above service requirement, there are also technology requirements and additional service elements that must be met.

To learn more about all the necessary provisions that must be satisfied to bill CMS for CPT Code 99490, follow our four-step guide that will help navigate your organization to CCM program success.
**TECHNOLOGY REQUIREMENTS**

**EHR Technology Requirements**
- Must be certified - satisfying either the 2011 or 2014 edition of the certification criteria for the EHR Incentive Programs
- Include the following patient data: demographics, problems, medications, and medication allergies (consistent with 45 CFR 170.314(a)(3)-(7))
- Allow for the creation of a structured clinical summary record (consistent with 45 CFR 170.314(e)(2))
- Provider must be able to transmit the summary record for purposes of care coordination
- House the beneficiary consent of CCM services
- House the beneficiary receipt of care plan (electronic/hard copy)
- Document communication to and from home and community-based providers

**Electronic Care Plan Requirements (available 24/7)**
- Allow provider to create an electronic care plan based on the physical, mental, psychosocial, cognitive, functional and environmental assessment of beneficiary
- Ability to update and share care plan with other practitioners and care members on a 24/7 basis
- Opportunities for beneficiary and any caregiver to communicate with the practitioner
- Care plan copy available to beneficiary (electronic or paper)

**MEDICARE BENEFICIARY REQUIREMENTS**

1. **Qualify Medicare Beneficiary**
   A patient who has been diagnosed with two or more chronic conditions expected to last for at least 12 months (or until death of the patient) and place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline

2. **Obtain Medicare Beneficiary Consent**
   Provider must inform beneficiary of the following at an Annual Wellness visit (AWV), Evaluation and Management visit (E/M) or an Initial Preventive Physical Examination (IPPE) visit and obtain written consent:
   - CCM program description
   - Manner in which CCM services will be provided
   - The right to stop the CCM services at any time
   - Only one practitioner can provide these services during a calendar month
   - Health information will be shared with other practitioners
   - Beneficiary will be responsible for associated copays or deductibles

To learn more, click [here](#) to visit the CMS CCM Fact Sheet.
CPT CODE 99490 - NAVIGATE THE REQUIREMENTS

CHRONIC CARE MANAGEMENT SERVICE REQUIREMENTS

• Provide 20+ minutes of non-face-to-face care management services
• Beneficiary access to care management services 24/7
• Continuity of care with a designated practitioner/care team member – ability to get successive routine appointments
• Monitor beneficiary’s condition - care management of chronic conditions
• Ensure beneficiary receipt of preventive care services
• Medication reconciliation
• Oversight of beneficiary self-management of medications
• Follow up after ER visits
• Help coordinate transition of care

BILLING REQUIREMENTS

Once all the CCM technology and service requirements to bill have been met, note the following to ensure accuracy in billing for timely reimbursement:
• The service period for CPT Code 99490 is one calendar month
• The date that the 20 minute non-face-to-face CCM services requirement is met is the date of service used on the physician claim
• The claim does not need be held to the end of the month when the 20 minute service threshold has been met
• The place of service (POS) reported on a physician claim for the non-face-to-face services should be the location the billing practitioner would furnish a face-to-face visit with a patient
• CPT Code 99490 cannot be billed in conjunction with transition care management, home health management, hospice care management, or certain ESRD services
• If both an E/M visit and the CCM code are billed on the same day, modifier-25 must be reported on the CCM claim

Click here for more guidance on CCM billing.
### CMS CCM Scope of Service Element/Billing Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>EHR CCM Certified</th>
<th>eQSuite® Software</th>
<th>eQCare® Services*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiation during an AWV, IPPE, or comprehensive E/M visit ( billed separately).</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Structured recording of demographics, problems, medications, medication allergies, and the creation of a structured clinical summary record. A full list of problems, medications and medication allergies in the EHR must inform the care plan, care coordination and ongoing clinical care.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Access to care management services 24/7 (providing the beneficiary with a means to make timely contact with healthcare providers in the practice to address his or her urgent chronic care needs regardless of the time of day or day of week).</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Continuity of care with a designated practitioner or member of the care team with whom the beneficiary is able to get successive routine appointments.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Care management for chronic conditions including systematic assessment of the beneficiary’s medical, functional, and psychosocial needs; system-based approaches to ensure timely receipt of all recommended preventive care services; medication reconciliation with review of adherence and potential interactions; and oversight of beneficiary self-management of medications.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Creation of a patient-centered care plan based on a physical, mental, cognitive, psychosocial, functional and environmental (re)assessment and an inventory of resources and supports; a comprehensive care plan for all health issues. Share the care plan as appropriate with other practitioners and providers.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Provide the beneficiary with a written or electronic copy of the care plan document and document its provision in the electronic medical record. Management of care transitions between and among health care providers and settings, including referrals to other clinicians; follow-up after an emergency department visit; and follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities. Coordination with home and community-based clinical service providers.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Enhanced opportunities for the beneficiary and any caregiver to communicate with the practitioner regarding the beneficiary’s care through not only telephone access, but also through the use of secure messaging, internet or other asynchronous non-face-to-face consultation methods.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Beneficiary consent - Inform the beneficiary of the availability of CCM services and obtain his or her written agreement to have the services provided, including authorization for the electronic communication of his or her medical information with other treating providers. Document in the beneficiary’s medical record that all of the CCM services were explained and offered, and note the beneficiary’s decision to accept or decline these services.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Beneficiary consent - Inform the beneficiary of the right to stop the CCM services at any time (effective at the end of the calendar month) and the effect of a revocation of the agreement on CCM services.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Beneficiary consent - Inform the beneficiary that only one practitioner can furnish and be paid for these services during a calendar month.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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*Collaborative effort between provider(s) and eQHealth Solutions. To learn more about the mandated requirements, click [here](#) to visit the CMS CCM Fact Sheet.
Provider Practice Revenue Potential

Based on national data, the table below calculates the revenue potential for a single provider billing for CPT code 99490. If a provider performs chronic care management services for their population of qualifying Medicare patients, their additional annual revenue potential is $251,000. The revenue potential grows with the number of providers per physician group. The greater number of physicians, the higher revenue potential for the physician practice.

### Potential Gross Revenue Per Physician

<table>
<thead>
<tr>
<th>Description</th>
<th>Average</th>
</tr>
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<tbody>
<tr>
<td>Annual Number of Unique Patients¹</td>
<td>3279</td>
</tr>
<tr>
<td>% Patients Covered by Medicare¹</td>
<td>21.85%</td>
</tr>
<tr>
<td>Annual Number of Unique Medicare Patients</td>
<td>716</td>
</tr>
<tr>
<td>Medicare Patients with 2+ Chronic Conditions²</td>
<td>68.6%</td>
</tr>
<tr>
<td>Annual Number of Unique CCM Patients</td>
<td>491</td>
</tr>
<tr>
<td>CCM Monthly Payment³</td>
<td>$42.60</td>
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**Estimated Annual Gross Revenue for Family Medicine Physician**

$251,000⁴

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²CMS.gov – County Level Multiple Chronic Conditions (MCC) Table: 2012 Prevalence, National Average.

³Reimbursement amount from the CY 2015 Physician Fee Service Final Rule; assumes 100% of unique patients are covered by Medicare A/B. Medicare Advantage reimbursement may vary.

⁴Potential Annual Gross Revenue Per Physician; Actual revenue potential is dependent upon number of patients enrolled in a chronic care management program.

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CLICK [HERE](#) TO UTILIZE OUR INTERACTIVE CCM REVENUE POTENTIAL CALCULATOR
eQSuite®

**eQSuite® Chronic Care Management Technology** is a cloud-based, modular platform. It is tailored to meet all the electronic care plan requirements for CPT code 99490. The intuitive design helps providers, care teams and administrators leverage a sophisticated engine to identify and manage patients with 2+ chronic conditions. **eQSuite® CCM Technology** is the ideal platform to create and manage care plans for these identified patients. It includes feature rich capabilities beyond typical electronic care plan software.

**Key Features/Benefits:**
- 24/7 care plan access
- Claims/billing (medical & pharmacy) data integrations necessary for CCM
- Healthcare analytics to identify CCM qualified members
- Comprehensive assessments
- Individualized plan of care (issues, goals, and interventions)
- Secure messaging
- Health Education Material
- Satisfaction surveys
- Patient Portals
- Reporting
  - Population health
  - Productivity (used for billing for CPT code 99490 activities)
- Care coordinators/care managers workflow engine
  - Daily work queue
  - Patient dashboards
  - Patient level claims history (if applicable)
  - Patient level comprehensive clinical profile
  - Clinical tracker (for biometrics data)
  - Session notes
  - Correspondence
  - Attachments
  - Drug alerts (Drug-Drug Interactions, Duplication, Drug-Food Interactions)
  - Provider channeling (if applicable)

**eQCare® Services and eQSuite® Technology** help you meet **ALL the requirements for Chronic Care Management CPT Code 99490**.
**eQHEALTH CCM SOLUTION - eQCARE® SERVICES**

**eQCare®**

**eQCare® Chronic Care Management Services**, which is inclusive of **eQSuite® Technology**, support providers by administering a full turnkey solution to meet all requirements to bill for CPT Code 99490. Our goal is to help improve the health of patients while growing practice revenue and profitability. **eQCare® Chronic Care Management Services** allow providers to oversee the program, while we take on the burden of hiring, staffing, and operating this program with experienced clinicians to give the best care to your patients. Our experience in providing the right care management team along with advanced care coordination software will give providers the confidence that their patients are well cared for, along with the opportunity to increase practice revenue.

**Key Features/Benefits:**
- Embedded care coordinators provide care management to identified members for 20+ minutes a month
- Care management staff is hired within the community and works closely with the providers’ staff
- Experienced in complex care coordination assessments
- Monitor beneficiary’s condition and update chronic care management activities as needed
- Perform ongoing medication adherence and reconciliation
- Ensure beneficiaries schedule preventative services
- Educate beneficiaries regarding their conditions
- Facilitate routine appointment scheduling and reminders
- 24/7 care management access
- URAC certified in Disease Management

**eQCare® Services and eQSuite® Technology** help you meet **ALL** the requirements for Chronic Care Management CPT Code 99490.
# CASE STUDY

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<td><strong>BUSINESS CHALLENGE</strong></td>
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<tr>
<td>Dr. Jones has a family medicine practice with several thousand Medicare patients.</td>
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<tr>
<td>The practice does not have enough time or staff to perform the required 20 minutes of service to get reimbursement for Chronic Care Management (CCM) under the CPT code 99490 program.</td>
</tr>
<tr>
<td>Dr. Jones is interested in the CCM opportunity but has some concerns that the $40 per month reimbursement per beneficiary is not worth the technology investment or the additional work.</td>
</tr>
<tr>
<td><strong>KEY ACTIONS</strong></td>
</tr>
<tr>
<td>The practice selected eQHealth’s full turnkey CCM Program for their two-pronged, high-tech and high-touch solution that includes a robust cloud-based technology (eQSuite®) and community-based care management team (eQCare®) to support and execute the CCM program.</td>
</tr>
<tr>
<td>The eQCare® CCM Services team helps with obtaining patient consent to CCM program enrollment, customizing a care plan for each enrollee and performing 20 minutes of CCM service for each patient in the program.</td>
</tr>
<tr>
<td>The eQSuite® CCM Technology tracks all interactions with the beneficiary and produces a monthly billing report of services to be submitted to CMS for reimbursement.</td>
</tr>
<tr>
<td><strong>RESULTS</strong></td>
</tr>
<tr>
<td>The Medicare patients that elect to enroll in the CCM program receive extra care management; Dr. Jones’ staff is not overburdened with additional work.</td>
</tr>
<tr>
<td>Dr. Jones is able to bill CMS for reimbursement for enrolled Medicare beneficiaries and begins to receive a new, continuous revenue stream.</td>
</tr>
<tr>
<td>The practice is able to realize a profit margin on the reimbursements and add extra dollars to the practice’s bottom line.</td>
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## CASE STUDY

### PHYSICIAN GROUP WITH LARGE MEDICARE POPULATION

#### BUSINESS CHALLENGE

Dr. Smith oversees a 50 member physician group and has goals to generate additional revenue within the next 90 days.

The practice has a 24/7 nurse line in place already but does not have additional staff to execute the 20 minutes per month telephonic care management that CPT code 99490 requires.

Dr. Smith likes the potential clinical and financial benefits of the chronic care management program but has very little management time and budget for a large scale-up effort.

#### KEY ACTIONS

Dr. Smith partners with eQHealth for their turnkey solution including a high-tech cloud-based technology (eQSuite®) and a high-touch community-based nursing services (eQCare®) to support and execute the CCM program.

The upfront time for implementation is efficient, allowing for the beginning of a new revenue generation within a 60 day time frame.

**eQSuite®** completes an initial analysis of the practice’s patient population and identifies which Medicare patients qualify for the CCM Program.

The **eQCare®** care management staff use the cloud-based technology platform to record and track care management activities, including the 20 minutes per month required for CPT code 99490 reimbursement.

Monthly billing reports are generated to make billing easy for reimbursements for CCM activities.

#### RESULTS

Within 90 days, the qualified Medicare beneficiary enrollment process is generating new revenue.

Dr. Smith is forecasting additional revenue for the year, while maintaining profit margins.

Both patients and providers are satisfied with the **eQCare® Services** care team; providers see improved care management while patients have improved health.
Q: Can more than one physician bill for chronic care management services for an individual patient?
A: No, only one physician can bill for CCM services each month.

Q: Is the CCM Program customizable?
A: Yes, eQHealth offerings can be modified to fit your practice needs, filling in the gaps of care for any services or technology you need to meet CMS requirements.

Q: How do you identify patients eligible for the CPT code 99490 CCM program?
A: The eQSuite® Technology stratifies all of your patients, identifies Medicare beneficiaries with two or more chronic diseases, and classifies members by chronic condition. Once identified, these patients can then be enrolled to receive monthly chronic care management services.

Q: What is the implementation timeline for eQHealth’s Chronic Care Management Program, including software and services?
A: eQSuite® Technology, a cloud-based platform for CCM, is deployed in conjunction with eQCare® Services. Community-based care coordination staff can be hired, trained and ready to engage in care management activities for your practice within a 60 day time frame.

Q: How will eQHealth help my practice bill CMS for services rendered?
A: As chronic care management services are provided, eQSuite® Technology documents all interactions with beneficiaries providing an audit trail for all CCM services. At the end of each month, your practice generates a report that identifies all patients who have received 20 minutes or more of chronic care management services. This report can then be used to bill CMS.

Q: Are Medicare beneficiaries who qualify for chronic care management services required to pay a co-pay?
A: Yes, CMS requires a 20% coinsurance payment, but if the member has supplemental insurance or is a dual-eligible (Medicare and Medicaid) recipient, the co-payment will likely be covered.

Q: Where can I find more FAQs regarding CPT Code 99490?
A: Click Here.
WHY CHOOSE eQHEALTH?

- 30 Years Experience with Medicare Populations
- Improve Patient Outcomes
- Cloud-Based Technology
- Clinically Focused
- Local Care Management Team, No Matter Where You Are

For more information, contact us at:

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