

FREQUENTLY ASKED QUESTIONS

Medicare Chronic Care Management 99490



Q What is CMS billing code 99490 for Chronic Care Management?

A CMS recognizes care management as one of the critical components of primary care that contributes to better health and care for individuals, as well as reduced spending. 99490 pays physicians for implementing processes to manage patients outside of the clinical setting.

Q How much is the reimbursement for 99490?

A The amount varies by state but the national average is \$42.60 per patient per month.

Q Are there specific requirements for a patient to be eligible for CCM?

A A patient is eligible to receive CCM if they have been diagnosed with 2+ chronic conditions that place them at significant risk of death, acute exacerbation / decompensation, or functional decline, that is expected to persist at least 12 months, or until death.

Q Are there specific requirements that must be followed?

A Yes, the following requirements apply:

- Patient has 2 or more chronic conditions
- Medical practice provides at least 20 minutes of non-face-to-face care of the patient per month
- The patient must sign a consent form agreeing to participate in the CMS CCM program
- The medical practice must utilize a certified EHR
- The medical practice must maintain a care plan for patients enrolled in CCM
- The patient must have 24 x 7 access to medical care

Q Are there certain medical conditions that apply?

A CMS maintains a Chronic Condition Warehouse (CCW). The CCW includes information on 22 specified chronic conditions. However, the CCW list is not an exclusive list of chronic conditions; CMS may recognize other conditions for purposes of providing CCM. Conditions listed include:

- Alzheimer's Disease and Related Dementia
- Depression
- Arthritis (Osteoarthritis and Rheumatoid)
- Diabetes
- Asthma
- Heart Failure
- Atrial Fibrillation
- Hyperlipidemia
- Autism Spectrum Disorders
- Hypertension
- Cancer
- Ischemic Heart Disease
- Chronic Kidney Disease
- Osteoporosis
- Chronic Obstructive Pulmonary Disease
- Schizophrenia and Other Psychotic Disorders
- Stroke

Q What are the benefits to CCM for the patient?

A The patient will experience many benefits from participating in the program:

- 24 x 7 access to care coordination
- Monthly consultations via non face to face communication such as telephone
- Care Plan progress reviews
- The potential to identify escalating conditions before an emergency event occurs
- Improved quality of health by consistent monitoring

Q How do patients get enrolled into CCM?

A The patient must enroll through a face-to-face office visit. The program must be explained to the patient and the patient must sign a consent form.

Q How do I bill the initial appointment?

A CMS requires the billing practitioner to furnish a comprehensive evaluation and management (E/M) visit, Annual Wellness Visit, or Initial Preventive Physical Examination (IPPE) to the patient prior to billing the CCM service, and to initiate the CCM service as part Patient Agreement of this visit/exam.

The Annual Wellness Visit is preferred because it does not require patient copay.

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Q How often do CCM patients come in for office visits?

A The Medical Practice should continue the standard practice for face to face visits.

Q Is there a patient copay for CCM?

A Yes, the standard copay of 20% for CMS applies. Supplemental insurance may cover the cost of the copay.

Q What is the recommended process for enrollment?

- A**
1. The patient receives a notification that he/she may be due for an Annual Wellness Visit.
 2. The patient is transferred to the office to set the Annual Wellness Visit appointment.
 3. The patient is reminded of the upcoming appointment as well as informed of what to bring to the appointment to make it more productive.
 4. During the Annual Wellness Visit, the patient is educated on the CCM program and signs the consent form to enroll.

Turn learn more about West's solutions or Chronic Care Management, visit us at www.west.com/healthcare.

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West helps healthcare providers, payers, employers, pharmacy organizations, and ACOs optimize communications, drive better patient activation, and lower the overall cost of delivering care. Whether you want to increase immunization and screening rates, reduce hospital re-admissions for patients with chronic disease, or improve the patient experience and operational efficiency in your patient access centers, the West Engagement Center™ is the communication linchpin for engaging and activating patient populations across the entire care continuum.

