

Cheat Sheet: Medicare reimbursements for managing patient care through technology

This document describes the two types of reimbursable reviews available for Medicare patients that offer the most revenue potential for healthcare providers ⁽¹⁾.

Reimbursement type:	Collecting and interpreting physiologic data from patient devices	Chronic Condition Management (CCM)
CPT Code:	99091	99490 ⁽²⁾
Minimum required time spent on related activities:	15 minutes	10 minutes
2018 Baseline Reimbursement (GCPI)	\$58.68	\$42.84
Maximum reimbursable frequency:	Monthly	
Common patient eligibility requirements:	<ul style="list-style-type: none"> • The overseeing provider must have seen the patient in-person within the last year • The patient must have agreed to receive the service 	
Review-type specific eligibility requirements:	Patient must have submitted physiologic data from a device	Patient must have long term chronic conditions that place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline.

These reviews are not mutually exclusive; a provider organization may be reimbursed for both types of reviews for the same patient during the same period.

Notes

- (1) There are also codes for reimbursement for transition care management that are only valid with 14 days of discharge
- (2) There is another CCM code, 99487, that requires at least 30 minutes time and "complex medical decision making" that provides for a reimbursement of approximately \$100.

Disclaimer: This is only a high-level summary and is not intended as legal advice. CMS can and will change these codes in the future. For example, code 99091 is anticipated to be replaced in 2019 with a new code that requires less time but mandates the use of FDA-approved medical devices.