

Chronic Care MANAGEMENT (CCM)

Care Coordination for Value-Based Care Success

CCM is the care coordination that is outside of the regular office visit for patients with multiple chronic diseases. Two-thirds of Medicare patients are eligible, which means many of your patients can benefit from our CCM services.

- Automate and optimize clinical workflow
- Develop care plans for personalized care, aligned with patient's health goals
- Connect patients and care teams digitally to foster better engagement and outcomes
- Meet or exceed value-based performance metrics and maximize payment incentives

PROGRAM	CODE	PAYS
20-minutes per month	99490	\$61.56
20-additional minutes per month (limit 2)	99439	\$47.15
60-minutes per month (Complex)	99487	\$131.96
30-additional minutes per month (Complex)	99489	\$71.06
30-minutes of provider time	99491	\$83.17
30-additional minutes of provider time	99437	\$58.61
20-minutes per month	G0511	\$71.68