

3 Things You Need to Know about CPT 99490 and the Patient Agreement



To bill Medicare's Chronic Care Management (CCM) reimbursement code, CPT 99490, you're required to first have a valid patient agreement in place. There are several critical components to the patient agreement that you must include to comply with Medicare's guidelines for reimbursement. If you don't follow these rules, it can result in non-reimbursement of fees billed and potential legal consequences.

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What is the CCM patient agreement?

The patient agreement is written authorization from your patient allowing you to bill Medicare for services rendered under CPT code 99490. The patient's consent must be included as a part of the medical record, whether that is an electronic or paper-based system.

- 1. *Written consent for participation in the program* must first be obtained before any CCM services can be billed to Medicare. In the patient's medical record, document your initial discussion with the patient regarding their eligibility for CCM services and if they chose to participate. Explain your CCM services, how patients can access services, and how their medical information will be shared.
- 2. As a part of the <u>patient agreement</u>, patients must agree to electronic communication of *healthcare information among all providers involved in their care*. It's also important to explain that patients can revoke their agreement for participation in CCM service at any time, but their withdrawal from the program must be in writing and their signature is required.
- **3.** *Patients also need to know they can choose only one provider* to furnish them with CCM services each calendar month. If they are offered CCM services from multiple providers, they'll have to choose who they'd like to coordinate their care and bill Medicare for providing the service. The patient should be informed that they can change providers at any time, but that changing providers will require a new, signed patient agreement.

Co-pays, Deductibles and Co-insurance

As a part of the initial discussion for services, be sure to explain that patients will still be responsible for their deductibles and co-insurance requirements as determined by their individual Medicare coverage. Patients will be responsible for copayments and deductibles when providers bill Medicare for CCM services every month. The patient's secondary insurance may cover these balances.

Vendor Toolkits

In order to maximize your success with CPT code 99490, there are a few options for toolkits and templates for CCM documentation. There are no standardized patient agreement forms, but you can access a patient agreement form template that the Capture Billing team created just for

you here. One toolkit is provided by the <u>American College of Physicians</u> free of charge. Another toolkit is provided by the <u>American Academy of Family Physicians</u> (AAFP) at a cost of \$69 for AAFP members (\$199 for non-members).

Your practice can use the templates provided here, or you can take a template and use it as a guide for creating your own document. Looking for a Chronic Care Management software partner to assist you? You will want to check out our recent post: <u>"6 Chronic Care Management Software Companies that can Help Your Practice"</u>

As long as you adhere to Medicare's requirements, you should have no trouble getting reimbursed for your CCM services to patients.

Do you still have unanswered questions? We're here to help!

About the Author



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Manny Oliverez, CPC, is a 20-year healthcare veteran and the CEO and cofounder of Capture Billing, a medical billing services company located outside

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