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HIFINITE HEALTH

Reimbursements Simplified

Looking to buy a care management software that covers multiple CPT codes and simplifies the entire Medicare reimbursement process?

This reimbursement guide walks you through the CPT codes Hifinite's hiCare Management Solution covers, and the features offered by hiCare Chronic that simplify the reimbursement flow, allowing you to accurately choose the most comprehensive tool for your business.

You can focus on delivering the best qualitative care to your patients, and we'll make sure you get reimbursed for all your remote care services.

We focus our efforts on four elements – usability, simplicity, operational efficiency, and feature completeness.

Hifinite's hiCare Chronic Disease Management Solution is really that amazing!

hiCare™ Chronic
Disease Management Solution

Table of Contents

Introduction

Though the Centers for Medicare and Medicaid Services (CMS) launched CPT billing codes to reimburse providers for their remote care services in 2015, most providers have not taken advantage of them.

Providers have been unable to benefit from the newly available opportunities for either a lack of understanding of the new codes and requirements with them for successful reimbursement, or for not having the technology needed to provide these services. Providers have also found it challenging to track their activities due to lack of tools, support, and resources, both internal and external, to accomplish their goals. In addition, providers have a challenge finding staff and resources to manage their remote patient monitoring and chronic care management programs. This leaves tens of billions of dollars untapped.

Fortunately, Hifinite can help with its full-stack solution and back-end support with personnel to manage the entire program for providers. Every provider requires an adaptable, comprehensive, and robust tool set that covers multiple telehealth and remote monitoring CPT codes, and simplifies the entire reimbursement process.

This whitepaper presents a concise overview on two main topics:

- A list of reimbursement codes that providers can take advantage of through our comprehensive hiCare Chronic Disease Management Solution.

- An overview of the features offered by hiCare Chronic that can fulfill the requirements of various Medicare programs. Using this, providers can implement relevant CPT codes and submit claims to CMS, getting the most reimbursements possible.

Calculate Your Minimum Additional Annual Revenue Potential (CCM+RPM)

Total number of physicians in the practice	Average number of patients per physician per year
− 3 +	− 2,500 +

Total number of patients	Total number of months
7,500	**12**

Average percentage of Medicare patients	Number of Medicare patients
21.8 %	**1,635**

Percentage of chronically ill adult Medicare/Medicaid beneficiaries	Number of chronically ill adult Medicare/Medicaid beneficiaries
68.6 %	**1,122**

Percentage of patients eligible for CCM and RPM services	Number of patients eligible for CCM and RPM services
50.0 %	**561**

For 60 minutes, you can avail CCM (99490) + RPM (99453, 99454, 99457, 99458)

Average monthly payment per patient
$ 235

Your Minimum Additional Annual Revenue Potential

$ 1,581,470.10

* Reimbursement amount varies based on geography

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*Reimbursement rates taken from: https://www.cms.gov/medicare/physician-fee-schedule/search

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List of CPT Code Reimbursements Supported by Hifinite

1. Chronic Care Management (CCM) - For patients with >1 serious chronic condition

CPT Code	Time (min)	Monthly Reimbursement Per Patient	Description	Key Points
99487	≥ 60	$134	Clinical staff directed by a physician or a qualified health care professional	- Initial visit code is used - Cannot be reported in the same month as 99490 and 99491 - Only for complex chronic condition
99489	Add-on ≥ 30	$71	Add-on code - Clinical staff time directed by a physician or a qualified health care professional	- Can be reported in conjunction with CPT code 99487 - Only for complex chronic conditions
99490	≥ 20	$65	Clinical staff directed by a physician or a qualified health care professional	- Initial visit code is used - It cannot be reported in the same month as 99491, 99487, or 99489
Strategy: It comes down to whether you have clinical staff at your disposal and if you want to use them. If you do, you can train them to do your monthly outreach electronically and use CPT code 99490.				
99491	≥ 30	$87	Physician or a qualified health care professional	- Initial visit code is used - It cannot be reported in the same month as 99490, 99487, or 99489
Strategy: If physicians or qualified healthcare professionals were to involve themselves, then CPT code 99491 would be preferred. Yes, it would take away valuable time, but that is why compensation is higher.				
99437	Add-on 30	$59.47	Physician or a qualified health care professional	Used in conjunction with 99491
99439	Add-on 20	$50	Clinical staff directed by a physician or a qualified health care professional	- It can be billed at the same time as 99490 - Can be used twice at most per month
G2058	Add-on 20	$63	Physician or a qualified health care professional	Comprehensive assessment & care planning. Billed only once with AWV to initiate CCM

* Qualified healthcare professional (QHCP): Physician, advanced practice registered nurse, certified nurse midwives, clinical nurse specialists, nurse practitioners, physician assistant.
* Licensed clinical staff: APRN, PA, RN, LSCSW, LPN, clinical pharmacists, and "medical technical assistants" or CMAs.

2. Remote Patient Monitoring (RPM)

CPT code	Time (min)	Monthly Reimbursement per patient	Description	Key points
99091	≥ 30, every 30 days	$58	Physician or a qualified health care professional	Collection and interpretation of physiologic data. This is outdated. CMS has now unbundled it into four different codes.
99453	-	$19	Physician/a qualified health care professional/clinical staff	Meant for the initial set-up of medical devices and patient education. Has a one-time pay requirement.
99454	-	$50	Physician/a qualified health care professional/clinical staff	Daily transmission of vitals - every 30 days, minimum of 16 days of readings per month
99457	≥ 20 per calendar month	$48	Physician/a qualified health care professional/clinical staff	Interactive communication. Can be billed with CCM (99490), TCM, & BHI
99458	additional ≥ 20	$39	Add-on code - Physician/a qualified health care professional/clinical staff	- Can be reported in conjunction with CPT code 99457 - Can be used twice at most

3. Remote Therapeutic Monitoring (RTM)
(Respiratory system status, musculoskeletal system status, therapy adherence, therapy response)

CPT code	Duration	Monthly Reimbursement per patient	Description	Key points
98975	-	$25.15	Physician or a qualified health care professional who cannot independently order and bill for E/M services	Initial set-up and patient education; onetime payment
98976	≥ 30	$68.60		Daily recording & transmission of vitals - every 30 days, minimum of 16 days of readings to monitor respiratory system
98977	≥ 30	$68.60		Daily recording & transmission of vitals - every 30 days, minimum of 16 days of readings to monitor musculoskeletal system
98978	≥ 30	$68.60		Daily recording & transmission of vitals - every 30 days, minimum of 16 days of readings to monitor cognitive behavioral therapy (CBT)
98980	First 20 minutes	$60.08		Interactive communication per calendar month
98981	each additional 20 minutes	$47.44		Interactive communication per calendar month

4. Principal Care Management (PCM) - For patients with 1 serious chronic condition

CPT code	Time (min)	Monthly Reimbursement per patient	Description	Key points
99424	≥ 30	$95.18	Physician or QHP	- Initial visit code is used
99426	≥ 30	$73.03	Clinical staff directed by a physician or QHP	- PCM can be billed concurrently with RPM but not with CCM for the same patient/calendar month - Disease-specific care plan is created, unlike CCM's comprehensive care plan
99425	Add-on 30	$68.89	Physician or QHP	
99427	Add-on 30	$56.69	Clinical staff directed by a physician or QHP	

5. Annual Wellness Visit (AWV)

CPT code	Time (min)	Monthly Reimbursement per patient	Description
G0438	-	$170	For new first-time patients for the clinic who have been enrolled with Medicare for more than one year
G0439	-	$137	For returning patients who have had a visit before

6. Transitional Care Management (TCM)

CPT code	Time (min)	Monthly Reimbursement per patient	Description	Key points
99495	-	$216	Face-to-face visit with moderately complex patients, within 14 calendar days of discharge.	- TCM becomes a funnel for new CCM enrolment via face-to-face visit - Any new Medicare patients meeting the CCM criteria that come to the office for TCM can be signed up for CCM as well during the same visit - You can bill TCM in the same month as CCM & RPM
99496	-	$282	Face-to-face visit with highly complex patients, within 7 calendar days of discharge	CPT 99496 cannot be used in the second year if there isn't a discharge or transfer.

7. Chronic Pain Management (CPM)

CPT code	Time (min)	Monthly Reimbursement per patient	Description
G3002	30 min	$170	initial face-to-face visit by a physician or QHP/calendar month
G3003	Each 15 min	$137	For returning patients

8. Psychiatric Collaborative Care Management (CoCM)

Psychiatric consultants are individuals capable of prescribing the full range of psychiatric medications

CPT code	Time (min)	Monthly Reimbursement per patient	Description	Key points
99492	70	$160	Initial consultation with a psychiatric consultant, & directed by the treating physician or a qualified health care professional	Initial assessment (administration of validated rating scales), care plan development, review, brief intervention using behavioral activation, motivational interviewing, and other strategies
99493	60	$149	Subsequent consultation	Tracking patient follow-up and progress
99494	Each add-on 30 any month	$66	Initial or subsequent	Can be used in conjunction with CPT 99492 & 99493
G2214	First 30 in a month	$64	Initial or subsequent	Consultation with a psychiatric consultant, & directed by the treating physician or a qualified health care professional

9. Behavioral Health Integration (BHI) Services

CPT code	Time (min)	Monthly Reimbursement per patient	Description	Key points
99484	20	$46	BHI other than CoCM may include assessment and monitoring, care plan revision for patients whose outcome is not improving as desired, or promoting a continuous relationship with a designated care team member	- Can be billed more than once in a month. - Patients may, but are not required to have, co-morbid, chronic, or other medical condition(s) that are being managed by the billing practitioner, enabling concurrent billing of those services.

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10. Virtual Services

a. E-Visits

CPT code	Time (min)	Monthly Reimbursement per patient	Description
99421	5-10	$16	Online digital E/M service for an established patient, cumulative up to 7 days by a physician or a qualified healthcare professional
99422	11-20	$34	
99423	≥ 21	$55	
98970	5-10	$12	Online digital E/M service for an established patient, cumulative up to 7 days by a qualified nonphysician healthcare professional
98971	11-20	$21	
98972	≥ 21	$33	

b. Virtual Check-Ins

CPT code	Time (min)	Monthly Reimbursement per patient	Description	Key points
G2250	-	$12.11	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation & follow-up with the patient within 24 (business) hours	Not originating from a related E/M serviceprovided within the previous 7 days, or leading to an E/M service or procedure within the next 24 hours, or earliest available appointment
G2251	5-10	$15	Virtual check-in by a physician or a QHP who can report evaluations and management services, provided to an established patient (5-10 minutes).	

c. Remote Prolonged Evaluation & Management Services

CPT code	Time (min)	Monthly Reimbursement per patient ($)	Description
99358	First 60	113	Cannot be reported with CCM, TCM, & E/M services. Used only by the physician & not clinical staff
99359	add-on 30	55	
G2212	Each additional 15	37	Cannot be reported with other E/M services on the same date of service

d. General Telehealth Visits

CPT code	Time (min)	Monthly Reimbursement per patient	Description
99202	15-29	$87.60	Office or other outpatient visits – new patients
99203	30-44	$132.24	
99204	45-59	$170	
99205	60-74	$258	
99211	5	$29.40	Office or other outpatient visits – established patients
99212	10-19	$40.54	
99213	20-29	$108	
99214	30-39	$152.11	
99215	40-54	$212.55	
G0425	30	$110.76	Telehealth consultations, emergency department or initial inpatient
G0426	50	$150.44	
G0427	70	$221.13	
G0406	15	$43	Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs
G0407	25	$79.61	
G0408	35	$114.47	
99231	15	$42.77	- Hospital inpatient services. - Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days.
99232	25	$79.61	
99233	35	$114.47	
99446	5-10	$20.58	Interprofessional telephone / internet assessment/EHR & management service by a consultative physician including a verbal and written report to the patient's treating/requesting physician or a QHP.
99447	11-20	$40.54	
99448	21-30	$61.26	
99449	> 31	$82.44	
99451	≥5	$40.68	Interprofessional telephonic/online/electronic health record assessment and management services provided by a consulting physician, including a written report to the patient's treating/requesting physician or a qualified healthcare professional.
99452	16 min; billed every 14 days	$41	Interprofessional telephonic/online/electronic health record referral service(s) provided by a treating/ requesting physician or a QHP.
98966	5-10	$15	Same as above, but the service was provided by a qualified, nonphysician health care professional
98967	11-20	$27.23	
98968	21-30	$35.03	
G0316	Each add-on 15 min.	$36.48	Prolonged hospital inpatient or observation care E/M beyond the total time for the primary service by the physician or a QHP
G0317		$36.48	Prolonged nursing facility E/M beyond the total time for the primary service by the physician or a QHP
G0318		$35.55	Prolonged home or residence E/M beyond the total time for the primary service by the physician or a QHP

* Nonphysician healthcare professionals include speech language pathologists, physical therapists, occupational therapists, social workers, and dieticians

e. Specialized Telehealth Visits

i. Psychotherapy

CPT code	Time (min)	Monthly Reimbursement per patient	Description	Key points
90832	30	$86.55	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, 30 minutes with the patient and/or family members	-
90833	30	$79.55	Individual psychotherapy + E/M services	Add-on code with 90832
90834	45	$114.35	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, 45 minutes with the patient and/or family members	-
90836	45	$100.60	Individual psychotherapy + E/M services	Add-on code with 90834
90837	60	$168.34	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, 60 minutes with the patient and/or family members	-
90838	60	$132.48	Individual psychotherapy + E/M services	Add-on code with 90837
90839	60	$160.87	Psychotherapy for crisis	Time range: 30-74 minutes
90840	Add-on 30	$79.27	- Psychotherapy for crisis - Each additional 30 minutes beyond the first 74 minutes	Add-on code with 90839
90845		$108.21	Psychoanalysis	-
90846	50	$106.97	Family or couple psychotherapy (without the patient present)	-
90847	50	$110.70	Family or couple psychotherapy (with the patient present)	-

ii. Psychiatric Related

CPT code	Time (min)	Monthly Reimbursement per patient	Description	Key points
90791	16-60	$200.67	Psychiatric diagnostic evaluation without medical services	An integrated biopsychosocial assessment, including history, mental status, and recommendations
90792	60-120	$224.89	Psychiatric diagnostic	Initial diagnostic interview

			evaluation with medical services	exam for an adult or adolescent patient that includes medical services
90785	-	$16.60	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreters, or other mechanisms of communication	Add-on code with 90791 or 90792

iii. Behavior Counseling Therapy

CPT code	Time (min)	Monthly Reimbursement per patient	Description	Key points
G0445	30	$31.66	Behavior counselling therapy to prevent STDs	Individual, semi-annually
G0446	15	$30.28	Behavior counselling therapy for preventing cardiovascular diseases	Individual annually
G0447	15	$30.28	Behavior counselling therapy for preventing obesity	-
96116	First 60	$108.46	Neurobehavioral status examination by a physician or a qualified healthcare professional	-
G0444	15	$22.96	Annual depression screening	-

iv. ESRD: End Stage Renal Disease Management

CPT code	Time (min)	Monthly Reimbursement per patient	Description	Key points
90951	60	$1,340.46	ESRD: Remote clinical assessment from their nephrologist. Includes monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents by a physician or OQHCP	4 visits per month (patients aged < 2)
90954	60	$1149.48		4 visits per month (patients aged 2-11)
90955	60	$599.90		2-3 visits per month (patients aged 2-11)
90956	60	$399.31		1 visit per month (patients aged 2-11)
90957	60	$884.10		4 visits per month (patients aged 12-19)
90958	60	$513.56		2-3 visits per month (patients aged 12-19)
90959	60	$375.32		1 visit per month (patients aged 12-19)
90960	60	$361.29		4 visits per month (patients aged 20+)
90961	60	$299.69		2-3 visits per month (patients aged 20+)

90962	60	$205.91		1 visit per month (patients aged 20+)
90963		$620.14	ESRD management for home dialysis – monthly once	Patients aged < 2
90964	60	$531.90		Patients aged 2-11
90965		$575.15		Patients aged 12-19
90966		$339.90		Patients aged 20+
90967		$20.26	ESRD management for home dialysis - less than a full month of service	Patients aged < 2
90968	per day	$19.89		Patients aged 2-11
90969		$19.52		Patients aged 12-19
90970		$9.69		Patients aged 20+

*CCM cannot be billed during the same service period by the same practitioner as ESRD services
*For ESRD services, at least one "hands on" visit (not telehealth) must be furnished each month to examine the vascular access site by a physician, NP, PA, or CNS

v.   Smoking/Alcohol/Tobacco/Substance/Opioid Related

CPT code	Time (min)	Monthly Reimbursement per patient	Description	Key points
99406	3-10	$18	Smoking and tobacco use cessation counselling visit	By a physician or non-physician practitioner (NPP)
99407	> 10	$32.61		
G0396	15-30	$40.66	Alcohol/substance abuse assessment screening& brief intervention	By a physician or other qualified healthcare professional
G0397	> 30	$77.33		
G0442	15	$23.42	Annual alcohol misuse screening	
G0443	15	$30.28	Brief face-to-face behavioral counselling for alcohol misuse	
G2086	70	$457.09	Opioid Use Disorder (OUD) (for individuals & group) remote therapy and counselling, and care coordination. Office setting similar to the services covered under the Opioid Treatment Program benefit for clinics.	First calendar month
G2087	60	$392.15		Subsequent calendar month
G2088	Add-on 30	$73.97		

*NPP: Physician Assistants, Certified Nurse Practitioners, Certified Nurse Midwives, and Certified Nurse Anesthetists

vi.   Medical Nutrition Therapy

CPT code	Time (min)	Monthly Reimbursement per patient	Description	Key points
97802	15 Each	$37.38	Single	Individual - initial assessment and intervention
97803	15 Each	$32.53	Single	Subsequent assessment
97804	30 Each	$17.30	Group	

vii.   Critical Care Consultation

CPT code	Time (min)	Monthly Reimbursement per patient	Description
G0508	60	$210.41	Initial
G0509	50	$193.10	Subsequent

viii.   Kidney Disease Education Services

CPT code	Time (min)	Monthly Reimbursement per patient	Description
G0420	60	$113.51	Individual
G0421	60	$27.34	Group

ix.   Diabetes Self-Management Training Services

CPT code	Time (min)	Monthly Reimbursement per patient	Description
G0108	60	$56.06	Individual
G0109	60	$15.92	Group

x.   Advanced Care Planning

CPT code	Time (min)	Monthly Reimbursement per patient	Description
99497	30	$97.50	Physician or other qualified healthcare providers
99498	Add-on 30	$83.50	

We strongly recommend consulting your billing specialist and/or your Medicare Administrative Contractor (MAC) to determine the specifics for your practice.

Medical Professional Designations

Possible QHPs

Depending on state scope of practice, licensing, and the Centers for Medicare & Medicaid Services' (CMS), or other payers', guidelines are:

- NursePractitioner (NP)

- Certified Nurse Specialist (CNS)

- Physician Assistant (PA)

- Certified Nurse Mid-Wife (CNM)

- Certified Registered Nurse Anesthetist (CRNA)

- Clinical Social Worker (CSW)

- Physical Therapist (PT)

Clinical Staff

The clinical staff is comprised of employees (leased or contracted staff) who work under the supervision of a physician or other QHP to perform, or assist in the performance of, a specified professional service as allowed by law, regulation, and facility policy; but who do not individually report that professional service (payer-specific policies may also affect who may report specific services). Clinical staff includes:

- Medical Assistants (MA)

- Licensed Practical Nurses (LPN)

- Registered Nurses, and the like (RN)

CHOOSE THE BEST POSSIBLE SOLUTION

Choose a reliable partner with a proven technology platform, knowhow of the CPT codes, resources and skillset at their disposal to get additional answers, and experience needed to get the job done.

HOW HIFINITE HELPS YOU MAXIMIZE REVENUE

Our cloud-based, turnkey solution automates the entire remote care workflow from patient enrollment to billing report generation, including relevant CPT code documentation.

With our hiCare Chronic Disease Management Solution, you get:

1. Simplified risk stratified patient dashboards
2. Up to date tracking of vitals and medication adherence
3. Individualized care plan built from the provider's assessment
4. Automated time tracking for every patient interaction
5. Secure HIPAA compliant patient engagement including calls, texts, chats, and secure mail
6. Provider curated library for patient education
7. Surveys & feedback modules
8. Easy care transition among providers and care circle
9. Billing analytics and report generation including reimbursement codes
10. Data analytics to identify eligible patients for remote care
11. Seamless integration with your existing certified EHR
12. Electronic consent forms for patient enrollment
13. Provider (physician/nurse/clinical staff) designation for each identified patient
14. 24/7 access to data and care management platform

Our most comprehensive feature set, which is available on all modalities (web, mobile, wearables, voice, TV), is highly configurable to meet your specific needs, offers the best value with no initiation costs, and is easy to get started with.

ACT NOW!

Implement Hifinite's hiCare Chronic Care Management Solution to work for you.
Start generating more revenue while making care accessible for your patients!

THANK YOU FOR READING

To learn more about Hifinite and our offerings,
visit our website at www.hifinite.com