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Webinar Series:
Product Updates and Demo

January 28, 2025

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Agenda:

- Consent Updates - UI support of multiple consent types
- APCM (Advanced Primary Care Management)
  - Overview and Demo in Software
  - ChronicCareIQ support for APCM and Components
- Custom Rules Settings: Options for Improved Compliance
- CMS 2025 PFS Reimbursement/RVU Updates

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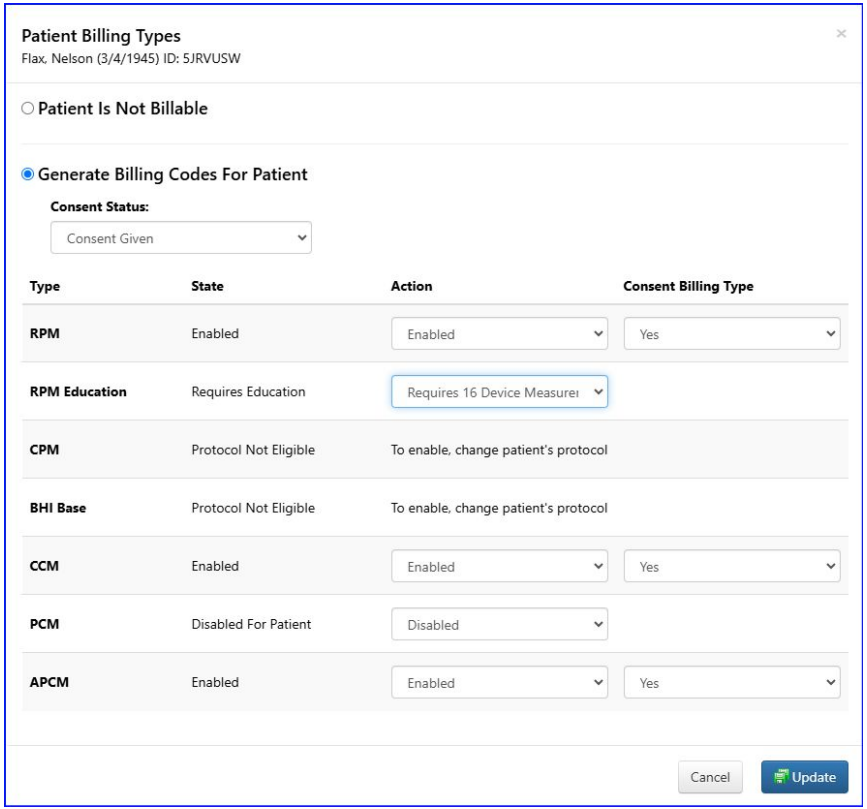
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Consent:

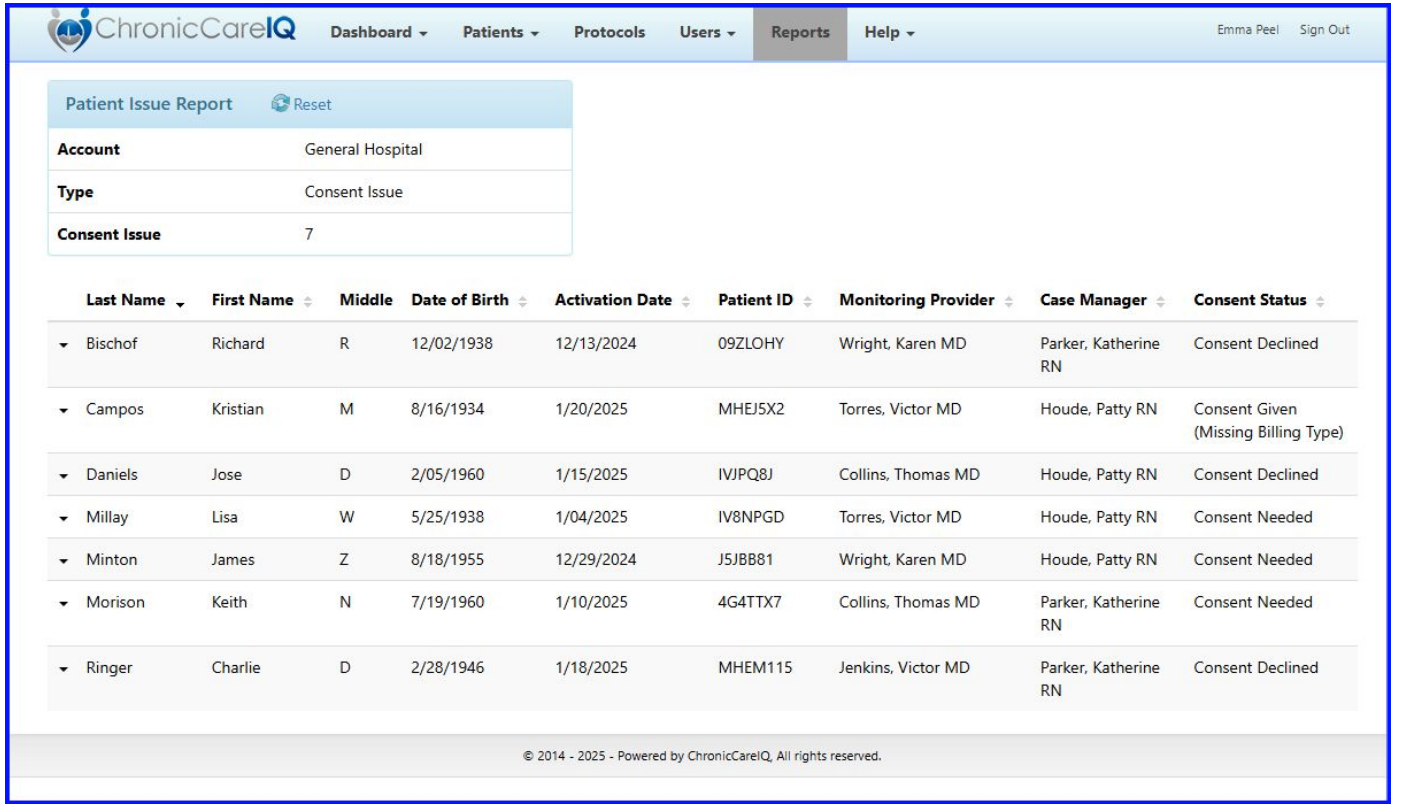
UI Updates to Support Multiple Consents and Tracking of Consent

Consent Updates

- Individualized consent now supported
- As add services or billing types to patients, consent will be tracked separately
- APCM requires this and now clients can customize consents as needed for patients
- Audit logs will reflect each consent
- Tracked on the patient audit export as well



Consent: Reports Updated



Consent Updates

Demo in Product of Consent Updates

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APCM Demo:

Advanced Primary Care Management

APCM - New Codes for 2025

"APCM services for use by practitioners who are providing services under this specific model of advanced primary care, when the practitioner is the ***continuing focal point*** for all needed health care services and ***responsible for all primary care services*** for a patient"

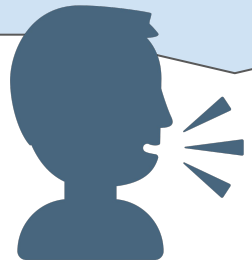


TABLE 24: Patient-Centered Risk Stratification for Billing APCM Codes

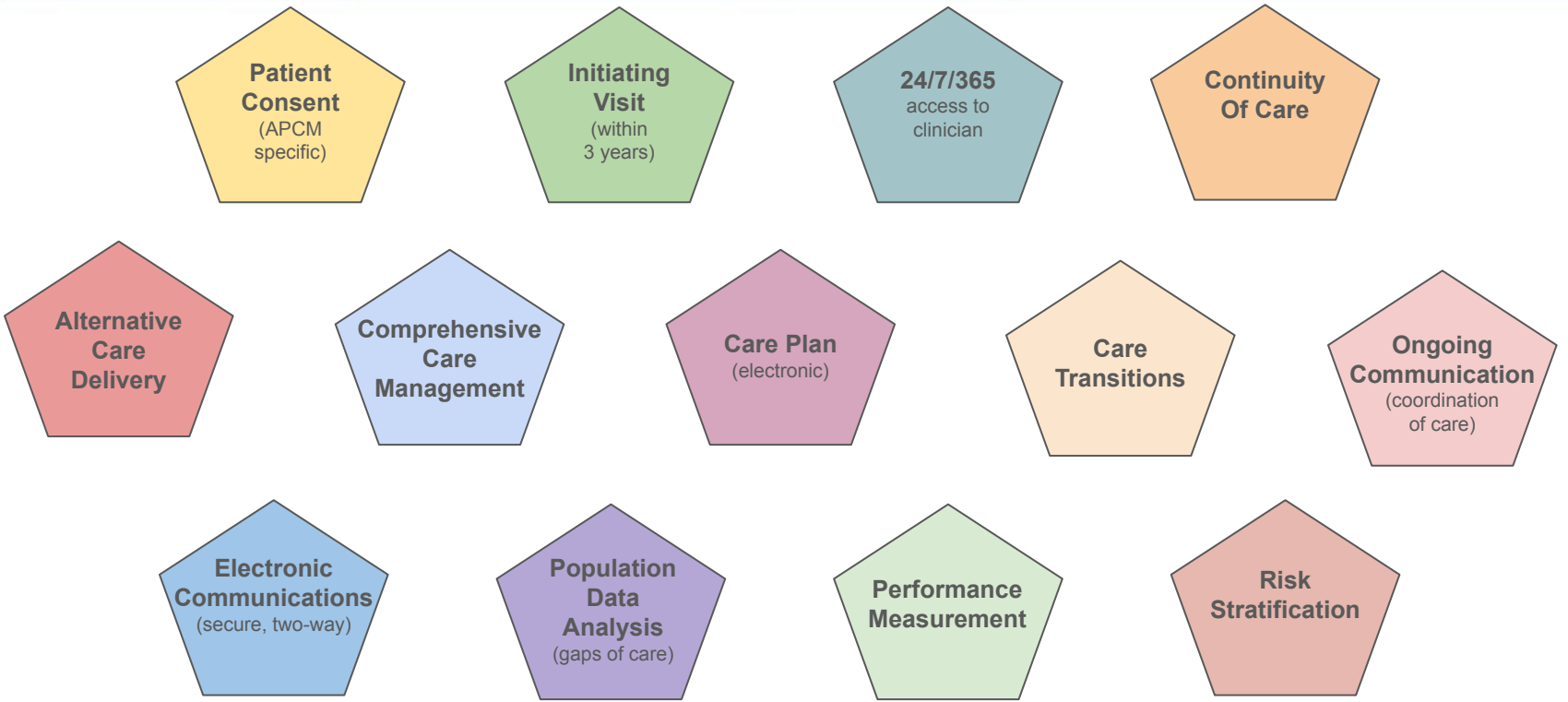
Level 1 [G0556]	Level 2 [G0557]	Level 3 [G0558]
Patients with one or fewer chronic conditions.	Patients with two or more chronic conditions.	Patients with two or more chronic conditions and who are Qualified Medicare Beneficiaries.
$15	$50	$110

Federal Register: CY 2025 PFS Medicare Final Rule (Section II, G, #2 - page 97859, 97869)

QMB eligible is for QMB-Only patients (not all dual eligible):

https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareEnrpts/Downloads/Buy-InDefinitions.pdf

APCM - Service Elements



CMS Medicare and Medicaid CY 2025 PFS Final Rule: Section II, G, #2, Table 25.

APCM - Co-billing of Codes

APCM was designed to incorporate value of care for patients that do not get 20 minutes - it is NOT a replacement for CCM. It is a way to bill for care without time needed and to help identify patient for future services as needed.

APCM **is NOT** co-billable in the same month as:

- CCM
- PCM (by SAME provider)
- TCM (by SAME provider)

APCM **is** co-billable in the same month as:

- RPM
- RTM
- BHI

CMS Medicare and Medicaid CY 2025 PFS Final Rule: Section II, G, #2, Table 26.

APCM - New Codes for 2025

Demo in Product of APCM and Co-billing

Federal Register: CY 2025 PFS Medicare Final Rule (Section II, G, #2)

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Account Billing Settings:

Available for Enhanced Compliance

New Custom Rules Available

- Additional custom rules available for enhanced compliance
- #1 - Required 2+ diagnosis codes in CCIQ for billing drop:

Pending Billing Codes

Actions	Billing Changes
Patient needs at least two billable diagnosis codes	Add 99490

- #2 - Require a Care Plan in CCIQ for billing drop:

Pending Billing Codes

Actions	Billing Changes
Review or modify care plan for patient	Add 99490

https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=4&HT=0&CT=0&H1=99454&M=5

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CMS PFS Updates:

2025 Code Reimbursements and RVUs

CMS Code Reimbursements

- 2025 Physician Fee Schedule was published and has been integrated into ChronicCareIQ as of Jan 24, 2025

- 2025 monthly projections are now based on 2025 PFS:
  - Non-facility rate
  - National Average rate

- On average, most codes for CCM/RPM/PCM saw a slight decrease
  - 1-3% in line with overall CMS valuation notice
  - Notable exceptions: 99454 (7%) and G0511 (24%)

https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=4&HT=0&CT=0&H1=99454&M=5

Thank You!

CONTACT US

If you need product support or help with your account, please contact support

· Email at support@chroniccareiq.com

· Call at (855) 999-8089 option 3