

Implementation of Chronic Care Management Billing for an Internal Medicine Practice at Atrium Health Cabarrus with Embedded Pharmacists

Authors: McDaniel, C. Burseson, C. Carson, P. Marlow, J. McKnight, K. Wilkins, N.

Practice Site: Atrium Health Cabarrus PGY1 Pharmacy Residency in the Ambulatory Care Setting
Ardsley Internal Medicine: Concord, NC

Background and Purpose:

An estimated 117 million adults have one or more chronic health conditions, and one in four adults have two or more chronic health conditions. The United States spends 3.3 trillion dollars annually in healthcare expenditures, 90% of which is spent for patients with chronic medical conditions. As the number of chronic medical conditions increase for a patient, so does the number of hospitalizations and healthcare utilization. The Centers for Medicare & Medicaid Services (CMS) recognizes management of chronic diseases as a critical component to primary care management. The goals of Medicare's Chronic Care Management (CCM) Program are to assist patients with accessing needed healthcare services, coordinating care, enhancing self-management skills and health behaviors, ensuring compliance with the plan of care, and maintaining the patient's health and functioning. In 2015, CMS began paying separately under the Medicare Physician Fee Schedule for CCM services provided to Medicare patients with 2 or more chronic disease states. CCM services are now reimbursable through billable service codes (CPT codes). Telephonic management of chronic disease states for Medicare beneficiaries is currently being provided in outpatient clinics within Atrium Health where clinical pharmacists are embedded into the practice model. However, these services are not being billed for reimbursement at this time.

Objective:

The primary objective of this study is to evaluate the benefits of CCM billable services in an Atrium Health Cabarrus internal medicine practice that utilizes embedded clinical pharmacists. This study was designed to assess the impact on healthcare cost savings and revenue as well as contributions to improving patient care.

Methods:

Referrals to CCM services came directly from the providers or were identified by an embedded clinical pharmacist through the electronic medical record (EMR) with subsequent referral by the providers if deemed appropriate. Patients were included if they were a Medicare beneficiary and had two or more chronic medical conditions expected to last at least 12 months, or until the death of the patient that placed the patient at significant risk of death, acute exacerbation or functional decline. For new patients or patients not seen within one year, an initial face-to-face visit with the billing practitioner must have been conducted prior to the referral and commencement of CCM services. Telephone based care was then provided to enrolled patients by a clinical pharmacist via phone or electronic communication to create a comprehensive care plan. CPT code 99490 was billed for patients who had non-complex CCM and at least 20 minutes of pharmacist time. CPT code 99487 was billed for patients who had complex CCM and 60 minutes of pharmacist time.

Results:

Forty-four patients were enrolled in CCM services from November 2019 through March 2020. An average of \$1200 per month was charged through CCM billing plus level 1 encounter (intervention group) versus an average of \$270 per month charged for level 1 encounter billing alone (control group). In the intervention group, an average of 1.11 medication-related problems were identified per patient. Hospital admissions occurred in 6.8% of patients following CCM services + level 1 encounter billing by a pharmacist compared to 16.7% of hospital admissions occurring in the control group.

Conclusion:

Pharmacist-led CCM services increased revenue, increased healthcare savings, and improved patient outcomes in this small pilot study. CCM services provided via non-face-to-face time increased revenue for the practice site in addition to improving patient outcomes through identification of medication-related problems and markers of disease control. Medication-related problems were increasingly identified as well as hospital admissions reduced, maximizing healthcare-related cost savings. Utilization of CCM billable services are appropriate for outpatient internal medicine clinics with embedded pharmacists. Established relationships between pharmacists and providers help to manage patients' chronic conditions more effectively and provide an opportunity for additional practice revenue. Extended and integrative use of CCM services within a practice for a longer timeframe would likely benefit additional patients and increase revenue through providing continuity of care.