



KNOWING your chronic care patients
are supported between visits

Together, we can improve **chronic care management**

Chronic diseases are the leading cause of death and disability in the U.S., resulting in **7 out of 10 deaths** among Americans each year.¹ Multiple chronic conditions negatively affect quality of life, productivity, and healthcare spending.

The health and economic impact of multiple chronic conditions

The CMS 2017 CCM Rule was created to help physicians address the needs of Medicare patients with multiple chronic conditions. The Centers for Medicare & Medicaid Services (CMS) now reimburses practices approximately \$43 per patient per month for providing non-face-to-face chronic care management (CCM) for Medicare patients with two or more chronic conditions.

Under the CMS 2017 Medicare Physician Fee Schedule Final Rule, in order for physicians to bill for CCM under CPT code 99490,* clinical staff under the general supervision of a physician must provide a minimum of 20 minutes of non-face-to-face care management services per patient per month.

Multiple chronic conditions are responsible for:

75% of typical primary care visits¹

\$153 billion in lost productivity annually²

70% of all inpatient stays³

93% of Medicare spending⁴

How do you implement CCM in a way that makes sense for your patients and your practice?



20 minutes

Non-face-to-face management

A capable, caring, and responsible partner

Extend care beyond your office setting to effectively manage Medicare patients with multiple chronic conditions. Quest CCM Services are designed to help you minimize disruptions, save staff time, comply with CMS reimbursement requirements, and improve health outcomes.

- **Chronic care expertise** to extend care beyond your office
- **Robust tools** to help you meet CCM care goals and comply with CMS reimbursement requirements
- **A comprehensive program** that also handles administrative tasks

CCM Services include:

- **Development of comprehensive care plans** that will be approved by practice physician(s)
- **Medication reconciliation** to help guard against error and support patient compliance
- **Physician notification if patient reports** an ER visit, hospital discharge, or skilled nursing facility stay
- **Coordination with specialists** and home- and community-based service providers

CCM Services can help you comply with CMS requirements:

- Every encounter is **properly tracked**
- **Receive a monthly report** that documents the provision of 20 minutes of non-face-to-face patient management per patient (part of CPT 99490*)

Quest CCM Services can help you better manage patients with multiple chronic conditions and control costs by potentially reducing unnecessary office visits, ER visits, and hospital readmissions.



Trust Quest to be your capable, caring, and responsible partner.

To learn more, visit **QuestDiagnostics.com/CCM** or contact your Quest sales representative.

* The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

References

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3. Gerteis J, Izrael D, Deitz D, et al. Multiple chronic conditions chartbook. AHRQ Publications No. Q14-0038. Rockville, MD: Agency for Healthcare Research and Quality; 2014.
4. Centers for Medicare and Medicaid Services. Chronic Conditions among Medicare Beneficiaries, Chartbook, 2012 Edition. Baltimore, MD. 2012.

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