

Chronic Disease Management Billing

Quick Reference Guide

This guide will provide you with key information on chronic disease billing with references to existing resources for chronic disease management.

What is chronic disease management?

Chronic disease management billing allows family physicians to be compensated for the ongoing monitoring, patient education, and support they provide for conditions like diabetes, congestive heart failure, smoking cessation and others.

Why should I keep on top of chronic disease management?

These visits offer valuable billing optimization opportunities through specific codes and premiums that recognize the added time and complexity involved in managing chronic conditions. Yet, many physicians may be unaware of these billing options, resulting in missed claims and unrealized revenue potential.

Who is eligible to bill for chronic disease management?

Family physicians in the CCM, FHG, FHN and FHO+ payment models can bill for any of the chronic disease codes for smoking cessation, diabetes and congestive heart failure.

Congestive Heart Failure

The Congestive Heart Failure Management Incentive **Q050** is a fee code premium that can be billed once per year for enrolled patients, diagnosed with heart failure.

Fee Code	Description	Fee value
Q050	Congestive heart failure management (1/year)	\$125

Billing Requirements

- Eligible rostered patients must have been seen twice in person in the 365 days prior to billing Q050, with a diagnostic code of '428- Congestive Heart Failure'.
- Billing Q050 requires the completion of a flow sheet, maintained in patient records.

[Download our congestive heart failure flow sheet here.](#)



Smoking Cessation

Smoking cessation is another area where physicians have the opportunity to enhance billing through structured patient support. Physicians can bill the following codes for smoking cessation:

Fee Code	Description	Fee value
E079	Smoking cessation: Initial discussion with patient (1/year)	\$15.55 (in-person/video) \$13.20 (phone)
K039	Smoking cessation follow-up visit (2/year)	\$39.25
Q042	Smoking cessation counselling fee (2/year)	\$7.70

Billing Requirements

- E079 is only eligible to be billed for the following visits: A001, A003, A004, A005, A006, A007, A008, A905, K005, K007, K013, K017, K130, K131, K132, P003, P004, P005, P008, W001, W002, W003, W004, W008, W010, W102, W104, W107, W109 or W121.
- K039 can only be billed after E079 has been billed and paid in the past 12 months.
- Q042 can only be billed as an add on to K039, not with E079.

[Download our smoking cessation flow sheet here.](#)

Diabetes

Lastly, diabetic codes are one of the most underbilled codes by physician, often missing the incentive that comes along with it. Physicians can bill the following codes for diabetic patients:

Fee Code	Description	Fee value
K030	Diabetes management assessment (4/year)	\$45.75
Q040	Diabetes management incentive (1/year)	\$65.70
K029	Insulin therapy support (6/year)	\$80.00 / 20min

Billing Requirements

- Q040 can only be billed after completing three K030 visits in the past 12 months.
- The first K030 billed in a 12-month cycle **must** be an in-person visit. Once paid, the subsequent K030 visits can be done virtually.
- K029 cannot be billed with Q040, as it doesn't meet the requirements. K030 is the only code that can be billed with Q040.

[Download our diabetes flow sheet here.](#)