

Comprehensive Care Management

Quick Reference Guide

This short guide will provide you with information and tips to bill for Comprehensive Care Management (CCM) Tariffs

Read below for best practice recommendations on how to take advantage of the comprehensive care management tariffs and maximize your billings

DoctorCare Best Practices and Recommendations

What are the Comprehensive Care Management Tariffs?

- The Comprehensive Care Management (CCM) Tariffs were created on April 1, 2017 and are billed for the annual management of primary care for enrolled patients in the following categories:
 - Patients between 50 and 74 years of age without a chronic disease
 - Patients 75 years of age and over without a chronic disease
 - Patients diagnosed with one Chronic Disease
 - Patients diagnosed with two Chronic Diseases
 - Patients diagnosed with three or more Chronic Diseases
- Chronic Diseases include Diabetes, Asthma/COPD, Congestive Heart Failure, Hypertension and Coronary Artery Disease

What are the requirements for billing CCM tariffs?

- Tariffs may only be claimed for enrolled patients. There are two methods to enroll patients:
 - Communicating with the patient to establish an enrolment agreement.
 - Through analysis of the EMR chart data to infer a continuous comprehensive relationship with the patient.
 - Tariffs are payable only to the physicians who has provided the patient ongoing comprehensive primary care during the preceding 12 months.
 - Tariffs 8454, 8455, 8456, 8457 and 8458 may only be claimed once per patient during any 12-month period and cannot be claimed in combination with any other Comprehensive Care Tariff or Chronic Disease Management Tariff. Claims for additional services rendered to an enrolled patient (e.g., visits) may be made in addition.
 - Physicians must use an EMR and services documented in such EMR.
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What are the codes for the five CCM tariffs?

Tariff	Number of chronic diseases	Cost
8454	0 chronic disease, age 50-75	\$15
8455	0 chronic disease, age 75+	\$20
8456	1 chronic disease	\$60
8457	2 chronic diseases	\$105
8458	3 or more chronic diseases	\$150

How do I bill for the CCM tariffs?

- Chronic Care Management claims must be documented in the EMR and communicated to Manitoba Health through data extracts compatible with Manitoba Health's information system. There are two methods to submit:
 - EMR extract: Physicians can submit through a secure electronic interface on a monthly basis.
 - Encrypted electronic device: Physicians can submit using an encrypted electronic device (e.g., CD or flash drive) on a quarterly basis (commencing on April 1 of each year), within 15 calendar days of the end of each quarter.
- **Note:** While you do not need to use a certified or approved EMR system to submit CCM tariffs. Your EMR must be able to produce the Primary Care Data Extract. If you have any questions, please contact your vendor.

QUESTIONS?

Call our special Billing Hotline at 1-844-224-6244 or email support@doctorcare.ca