

CHRONIC CARE MANAGEMENT

Dedicated support for patients between office visits

Better continuity. More support. Less work for your team.

Our care team works alongside your practice to provide monthly, non-face-to-face care coordination, medication support, care plan updates, and timely escalation.

WHO QUALIFIES?

Medicare patients with 2 or more chronic conditions expected to last at least 12 months (or until death) and placing them at significant risk of decline, acute exacerbation, or death. Documented patient consent is required.

What TeleCARE USA provides



- ✓ Dedicated care team trained in CCM workflows
- ✓ Patient identification, enrollment, and monthly outreach
- ✓ Personalized care plan documentation and updates
- ✓ Medication adherence and care coordination
- ✓ Escalation protocols for clinical concerns
- ✓ CMS-aligned documentation to support reimbursement

Built to fit your existing practice operations.

STRAIGHTFORWARD MONTHLY PRICING

Per patient, per calendar month

CPT 99490

First 20 min/month, non-complex CCM

Avg. Medicare reimbursement	\$66.13
TeleCARE fee	- \$36.00

Net to your practice* **\$30.13**

CPT 99439

Each additional 20 min (up to 2 units/mo)

Avg. Medicare reimbursement	\$50.44
TeleCARE fee	- \$28.00

Net to your practice* **\$22.44**

* Based on 2026 CMS national average non-facility rates, which vary by locality. TeleCARE fees are flat; net excludes other practice costs and actual payment may vary.

WHAT YOUR PRACTICE SHOULD KNOW

The billing practitioner directs care and submits claims. Confirm qualifying time and documentation; only one practitioner may bill CCM per patient each month. Patient cost sharing may apply and should be discussed during consent.

Questions? Contact support@telecare-usa.com