Chronic care revenue calculator

Sizes your CCM, RPM, AWV, and TCM billing opportunity based on your patient panel.

Prepared for	Report ID	Reviewed by
Westfield Family Medicine 4 providers - Family medicine	CIQ-2024-1184 March 14, 2024	Anthonette Sparman, MD Founder, ClinicIQ

SAMPLE REPORT. Names, numbers, and findings are illustrative. Your delivered report is built from your own intake responses and benchmarked against your specialty + region.

EXECUTIVE SUMMARY

Your panel supports $112K/year in CCM revenue and another $74K in RPM with 0.6 FTE of clinical time.

The analysis below benchmarks your practice against peers in your specialty and region and quantifies the dollar impact of each opportunity. Findings are ranked by net contribution, then by time-to-launch. Every dollar figure carries a methodology citation in the appendix.

KEY FINDINGS

Program	Eligible patients	Annual revenue at your mix
Chronic Care Management (99490)	**182 patients**	$84,240
Complex CCM (99487/99489)	**44 patients**	$27,720
Remote Patient Monitoring (99457/99458)	**118 patients**	$74,400
Annual Wellness Visit (G0438/G0439)	**210 patients**	$32,900
Transitional Care (99495/99496)	**~40/yr**	$11,200

IN YOUR DELIVERED REPORT

- Eligible-patient counts for CCM, RPM, AWV, and TCM (with confidence range)

  Assumes: *Eligibility uses CMS coverage rules applied to your reported Medicare/MA panel size; ±15% confidence band reflects unknown diagnosis distribution.*

- Annual revenue potential per program, modeled at your specific payer mix

  Assumes: *Reimbursement uses 2024 rates for CPT 99490, 99491, 99457/58, G0438/39, 99495/96; commercial uplift = your reported multiplier × Medicare.*

- Staffing model: FTE hours, role mix, and incident-to billing structure per program

  Assumes: *Assumes RN-led delivery where allowed in your state; 20-min/patient/month for CCM, 40-min for complex CCM, per CMS time thresholds.*

- Launch sequence recommendation with month-by-month enrollment ramp

Assumes: *Ramp curve assumes 60% enrollment by month 6, 80% by month 12 — not the vendor pitch-deck 95%.*

- Vendor category guidance (RPM device types, CCM platform tiers) with price bands

Assumes: *Categories only — we never recommend specific vendors and take no referral fees.*

METHODOLOGY & SOURCES

1. We start from your panel size and Medicare/MA % to estimate eligible patients per program using CMS coverage rules.

2. Revenue is modeled at current CPT reimbursement (99490, 99491, 99457, 99458, G0438/G0439, 99495/99496) using your payer mix.

3. Staffing model uses realistic enrollment ramp (60–80% over 12 months) — not the vendor pitch deck number.

Benchmarks: MGMA DataDive 2023, CMS Physician Fee Schedule (current year), regional peer panel (n=42). All recovery estimates are directional and intentionally conservative.

Physician-reviewed - Anthonette Sparman, MD. This report is advisory and does not constitute legal, billing-compliance, or investment advice. Recovery estimates assume your reported volume and payer mix; actual results vary by execution.