

CMS / PAYER REPORT CARD

SEE WHAT THE GRADERS SEE.

Your CMS/Payer Report Card shows how your organization is being measured across quality, compliance, risk and payer-recognized care opportunities.



**PROVEN
METHODOLOGY**
CMS & PAYER
INTELLIGENCE
SINCE 2007



NO DISRUPTION
OPERATES IN THE
BACKGROUND –
NO WORKFLOW
CHANGES



**MEASURABLE
IMPACT**
BETTER CARE.
BETTER OUTCOMES.
BETTER RESULTS.

WHAT YOUR REPORT CARD REVEALS



RAF & RISK

Understand how patient risk and documented conditions affect performance measurement.



QUALITY MEASURES

See where your organization is meeting – or missing – payer-recognized quality opportunities.



CARE OPPORTUNITIES

Identify clinically relevant services and follow-up opportunities associated with the patients who need them.



PATIENT-LEVEL ACTION

Precision connects the report-level intelligence to the specific patients who need the next medically necessary action.



**THE REPORT TELLS YOU WHERE THE OPPORTUNITY EXISTS.
PRECISION TELLS YOU WHICH PATIENTS NEED WHAT –
AND HELPS YOU ACT ON IT.**

FROM SCORECARD TO ACTION



1. SEE THE SCORECARD

We deliver your CMS/Payer Report Card with quality, risk, and care opportunity intelligence.



2. IDENTIFY THE PATIENT

We pinpoint the specific patients linked to each opportunity in your report.



3. VALIDATE & DOCUMENT

We validate and document medically necessary care based on CMS and payer requirements.



4. CONNECT & ENGAGE

We engage the right patients and connect them to the next medically necessary action.



5. IMPROVE & ACHIEVE

Better care. Better outcomes. Stronger quality scores. Improved compliance. Measurable results.



PROTECT REVENUE

Close care and quality gaps that impact reimbursement.



IMPROVE QUALITY

Increase performance on payer and CMS quality measures.



REDUCE RISK

Document and manage patient risk more accurately.



DRIVE VALUE

Stronger scores. Better outcomes. Better for everyone.



Precision Stealth Workflow Intelligence™
Connecting Compliance and Consumer Choice

YOUniversal Care
Empowering Health. Enabling Choice.

Not a Dent.
A Difference.



PV BMT

Provider Opportunity Assessment

NPI

Internal Medicine

Report date: 7/25/2026

CMS claims period: last reported full calendar year

Executive Summary

This assessment integrates Medicare utilization information, healthcare analytics, clinical prevalence modeling, and proprietary PVBMT workflow intelligence to identify provider-specific clinical service opportunities. Configurable planning assumptions are applied solely to support strategic planning and opportunity modeling.

BENEFICIARIES

342

CLINICAL SERVICES EVALUATED

14

SERVICES WITH OPPORTUNITY

14

ANNUAL OPPORTUNITY VALUE

\$285,385

POTENTIAL ADDITIONAL ANNUAL REVENUE

Clinical Service Opportunity Summary

Annual Opportunity Value represents the estimated additional annual reimbursement opportunity identified through the PVBMT analysis based on provider-specific Medicare utilization, patient population estimates, and recommended clinical service opportunities. The estimate assumes implementation of the recommended clinical services using the planning assumptions described in this report and is intended for strategic planning purposes. It is not a guarantee of future reimbursement.

Measured Medicare Service Opportunities

Reported utilization uses CMS beneficiary counts as the primary patient measure. Related HCPCS service counts are shown separately as supporting activity.

CLINICAL SERVICE	ESTIMATED ELIGIBLE	REPORTED MEDICARE BENEFICIARIES	REPORTED MEDICARE SERVICES	REMAINING OPPORTUNITY	COVERAGE	CLINICAL FIT	PLANNING PARTICIPATION	EXPECTED ACTIVE	PLANNING VALUE	ANNUAL OPPORTUNITY VALUE
Annual Wellness Visit G0438 / G0439	342	31	31	311	9%	100% 311 patients	60%	187	\$175 / service	\$32,725 Very High Opportunity
Chronic Care Management 99490 / 99439 / 99487 / 99489	286	0	0	286	0%	100% 286 patients	45%	129	\$40 / month	\$61,920 High Opportunity
Remote Patient Monitoring 99453 / 99454 / 99457 / 99458	291	0	0	291	0%	100% 291 patients	30%	87	\$50 / month	\$52,200 Moderate Opportunity
Behavioral Health / Mental Health Management 99484 / 99492 / 99493 / 99494	205	0	0	205	0%	100% 205 patients	40%	82	\$80 / month	\$78,720 High Opportunity

CLINICAL SERVICE	ESTIMATED ELIGIBLE	REPORTED MEDICARE BENEFICIARIES	REPORTED MEDICARE SERVICES	REMAINING OPPORTUNITY	COVERAGE	CLINICAL FIT	PLANNING PARTICIPATION	EXPECTED ACTIVE	PLANNING VALUE	ANNUAL OPPORTUNITY VALUE
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Diabetes Self-Management Training G0108 / G0109	154	0	0	154	0%	100% 154 patients	35%	54	\$50 / service	\$2,700 High Opportunity
ABI / Peripheral Vascular Assessment 93922 / 93923 / 93924	274	0	0	274	0%	60% 164 patients	45%	74	\$80 / service	\$5,920 Moderate Opportunity

Modeled Clinical Management Planning

Diagnosis-specific 99212-99214 utilization is not included in available provider-level utilization information. These rows therefore show a planning population, not zero current utilization or measured remaining opportunity.

CLINICAL SERVICE	ESTIMATED ELIGIBLE	CURRENT UTILIZATION	PLANNING POPULATION	CLINICAL FIT	PLANNING PARTICIPATION	TYPICAL FOLLOW-UP	PLANNING VALUE	ANNUAL OPPORTUNITY VALUE
Diabetes Clinical Management Planning 99213 / 99214 ICD-10: E08-E13	154	Not available Not treated as zero	43	80% 123 patients	35%	2-4 visits annually	\$80 / service	\$6,880 Moderate Opportunity
Hypertension Clinical Management Planning 99212 / 99213 / 99214 ICD-10: I10-I16	257	Not available Not treated as zero	68	75% 193 patients	35%	2-3 visits annually	\$80 / service	\$10,880 Moderate Opportunity
Heart Failure Clinical Management Planning 99213 / 99214 ICD-10: I50	133	Not available Not treated as zero	84	90% 120 patients	70%	2-4 visits annually	\$80 / service	\$13,440 Very High Opportunity
Ischemic Heart Disease Clinical Management Planning 99213 / 99214 ICD-10: I20-I25	140	Not available Not treated as zero	39	70% 98 patients	40%	1-3 visits annually	\$80 / service	\$6,240 Moderate Opportunity
COPD Clinical Management Planning 99213 / 99214 ICD-10: J40-J44	116	Not available Not treated as zero	33	80% 93 patients	35%	2-4 visits annually	\$80 / service	\$5,280 Moderate Opportunity
Chronic Kidney Disease Clinical Management Planning 99213 / 99214 ICD-10: N18	130	Not available Not treated as zero	42	80% 104 patients	40%	2-4 visits annually	\$80 / service	\$6,720 High Opportunity

CLINICAL SERVICE	ESTIMATED ELIGIBLE	CURRENT UTILIZATION	PLANNING POPULATION	CLINICAL FIT	PLANNING PARTICIPATION	TYPICAL FOLLOW-UP	PLANNING VALUE	ANNUAL OPPORTUNITY VALUE
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Cancer Survivorship Clinical Management Planning 99213 / 99214 ICD-10: C00-C96 / Z85	41	Not available Not treated as zero	9	75% 31 patients	30%	1-3 visits annually	\$80 / service	\$1,440 Moderate Opportunity
Osteoporosis Clinical Management Planning 99212 / 99213 ICD-10: M80-M81	21	Not available Not treated as zero	4	70% 15 patients	25%	1-2 visits annually	\$80 / service	\$320 Moderate Opportunity

Core assumptions: One AWV per remaining beneficiary; AWV \$175 annually at 60% planning participation; CCM \$40/month at 45%; RPM \$50/month at 30%; behavioral health \$80/month at 40%; DSMT \$50 annually at 35%; diabetes and hypertension management at 35%; heart failure at 70%; CKD and ischemic heart disease at 40%; COPD at 35%; cancer survivorship at 30%; osteoporosis at 25%; ABI \$80 annually at 60% clinical appropriateness and 45% planning participation.

Important: Beneficiaries may qualify for more than one service. Values are presented by service category for planning and are not guaranteed or mutually exclusive revenue.

Recommended Clinical Programs

PRIORITY	PROGRAM	EXPECTED ACTIVE PATIENTS	ANNUAL OPPORTUNITY VALUE
1	Behavioral Health / Mental Health Management	82	\$78,720
2	Chronic Care Management	129	\$61,920
3	Remote Patient Monitoring	87	\$52,200
4	Annual Wellness Visit	187	\$32,725
5	Heart Failure Clinical Management Planning	84	\$13,440
6	Hypertension Clinical Management Planning	68	\$10,880
7	Diabetes Clinical Management Planning	43	\$6,880
8	Chronic Kidney Disease Clinical Management Planning	42	\$6,720
9	Ischemic Heart Disease Clinical Management Planning	39	\$6,240
10	ABI / Peripheral Vascular Assessment	74	\$5,920
11	COPD Clinical Management Planning	33	\$5,280
12	Diabetes Self-Management Training	54	\$2,700
13	Cancer Survivorship Clinical Management Planning	9	\$1,440
14	Osteoporosis Clinical Management Planning	4	\$320

Provider Profile

PROVIDER	NPI	
SPECIALTY	Internal Medicine	LOCATION

MEDICARE BENEFICIARIES	342	RISK SCORE	2.29
REPORTED MEDICARE PAYMENT*	\$62,892	CLAIMS PERIOD	Last reported full calendar year

* Medicare utilization and payment information is based on the most recent publicly available CMS final-action Medicare Part B fee-for-service claims for the last reported full calendar year.

Reported Medicare Service Summary

TOTAL HCPCS CODES	TOTAL SERVICES	TOTAL BENEFICIARIES	AVERAGE PAYMENT / SERVICE
11	888	80	\$65
HIGHEST VOLUME SERVICE		99232	159 services
HIGHEST AVERAGE PAYMENT		99223	\$124

Services Provided by This Provider

Full HCPCS detail sorted by total services, highest volume first. Payment % is calculated as average Medicare payment divided by average Medicare allowed amount.

HCPCS	DESCRIPTION	POS	SERVICES	BENEFICIARIES	AVG ALLOWED	AVG PAYMENT	PAYMENT %
99232	Subsequent hospital care with moderate level of medical decision making, if using time, at least 35 minutes	F	159	77	\$75	\$60	79.7%
99213	Established patient office or other outpatient visit with low level of decision making, if using time, 20 minutes or more	O	152	80	\$86	\$53	62.1%
99231	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	F	134	44	\$47	\$37	78.3%
99308	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, 20 minutes or more	F	111	57	\$71	\$56	79.7%
99214	Established patient office or other outpatient visit with moderate level of decision making, if using time, 30 minutes or more	O	68	48	\$120	\$73	60.5%
99222	Initial hospital care with straightforward or low-level medical decision making, if using time, at least 55 minutes	F	65	64	\$125	\$98	78.4%
99238	Hospital discharge day management, 30 minutes or less	F	64	61	\$77	\$61	79.7%
99233	Subsequent hospital care with moderate level of medical decision making, if using time, at least 50 minutes	F	46	25	\$111	\$88	79.5%
99239	Hospital discharge day management, more than 30 minutes	F	31	29	\$105	\$84	79.7%
G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	O	31	31	\$123	\$123	100.0%
99223	Initial hospital care with moderate level of medical decision making, if using time, at least 75 minutes	F	27	27	\$161	\$124	77.1%

Chronic Condition Profile

CONDITION	CMS PERCENTAGE	ESTIMATED PATIENTS
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ADHD and Other Conduct Disorders	Suppressed / unavailable	Unavailable
Alcohol and Drug Use Disorders	18%	62
Tobacco Use Disorders	30%	103
Alzheimer's and Other Dementia	27%	92
Anxiety Disorders	38%	130
Bipolar Disorder	15%	51
Mood Disorders	45%	154
Depression	37%	127
Asthma	17%	58
Atrial Fibrillation	29%	99
Cancer	12%	41
Chronic Kidney Disease	38%	130
COPD	34%	116
Diabetes	45%	154
Heart Failure	39%	133
Hyperlipidemia	68%	233
Hypertension	75%	257
Ischemic Heart Disease	41%	140
Osteoporosis	6%	21
Parkinson's Disease	Suppressed / unavailable	Unavailable
Rheumatoid/Osteoarthritis	53%	181
Stroke / TIA	24%	82

Condition Evidence Supporting Clinical Service Opportunities

Alzheimer's and Other Dementia Management

ATTRIBUTED PATIENTS
92

SERVICES REVIEWED
4

ACTIVITY IDENTIFIED
0

LIMITED ACTIVITY
1

NO ACTIVITY IDENTIFIED
3

ROLE IN REPORT
Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with alzheimer's and other dementia management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Annual Cognitive Assessment and Care	99483	Annual when appropriate	No activity identified

Planning

Annual Wellness Visit	G0438 / G0439	Annual	Limited activity identified (31)
Chronic Care Management	99490	Monthly	No activity identified
Complex Chronic Care Management	99487	Monthly when applicable	No activity identified

Current CMS Utilization

4 services evaluated: 0 identified, 1 limited, 3 not identified.

Current activity identified for 31 related HCPCS services, below the configured planning frequency.

Condition Evidence

PVBMT reviewed Annual Cognitive Assessment and Care Planning (99483), Annual Wellness Visit (G0438/G0439), Chronic Care Management (99490), Complex Chronic Care Management (99487). PVBMT analysis identifies limited or no activity for Annual Cognitive Assessment and Care Planning, Annual Wellness Visit, Chronic Care Management, Complex Chronic Care Management relative to the attributed alzheimer's and other dementia population. These findings may represent opportunities to expand structured alzheimer's and other dementia management workflows where clinically appropriate.

Recommended focus: Establish cognitive assessment, care-planning, caregiver support, and recurring follow-up workflows.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Diabetes Management

ATTRIBUTED PATIENTS 154	SERVICES REVIEWED 4	ACTIVITY IDENTIFIED 0
LIMITED ACTIVITY 1	NO ACTIVITY IDENTIFIED 3	ROLE IN REPORT Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with diabetes management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Annual Wellness Visit	G0438 / G0439	Annual	Limited activity identified (31)
Diabetes Self-Management Training	G0108 / G0109	2 encounters annually	No activity identified
Continuous Glucose Monitor Training	95249	As needed	No activity identified
Chronic Care Management	99490	Monthly	No activity identified

Current CMS Utilization

4 services evaluated: 0 identified, 1 limited, 3 not identified.

Current activity identified for 31 related HCPCS services, below the configured planning frequency.

Condition Evidence

PVBMT reviewed Annual Wellness Visit (G0438/G0439), Diabetes Self-Management Training (G0108/G0109), Continuous Glucose Monitor Training (95249), Chronic Care Management (99490). PVBMT analysis identifies limited or no activity for Annual Wellness Visit, Diabetes Self-Management Training, Continuous Glucose Monitor Training, Chronic Care Management relative to the attributed diabetes population. These findings may represent opportunities to expand structured diabetes management workflows where clinically appropriate.

Recommended focus: Establish structured quarterly diabetes follow-up, medication review, monitoring, and patient education workflows.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Heart Failure Management

ATTRIBUTED PATIENTS	SERVICES REVIEWED	ACTIVITY IDENTIFIED
133	4	0
LIMITED ACTIVITY	NO ACTIVITY IDENTIFIED	ROLE IN REPORT
1	3	Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with heart failure management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Annual Wellness Visit	G0438 / G0439	Annual	Limited activity identified (31)
Chronic Care Management	99490	Monthly	No activity identified
Complex Chronic Care Management	99487 / 99489	Monthly when applicable	No activity identified
Remote Patient Monitoring	99453 / 99454 / 99457	Variable	No activity identified

Current CMS Utilization

4 services evaluated: 0 identified, 1 limited, 3 not identified.

Current activity identified for 31 related HCPCS services, below the configured planning frequency.

Condition Evidence

PVBMT reviewed Annual Wellness Visit (G0438/G0439), Chronic Care Management (99490), Complex Chronic Care Management (99487/99489), Remote Patient Monitoring (99453/99454/99457). PVBMT analysis identifies limited or no activity for Annual Wellness Visit, Chronic Care Management, Complex Chronic Care Management, Remote Patient Monitoring relative to the attributed heart failure population. These findings may represent opportunities to expand structured heart failure management workflows where clinically appropriate.

Recommended focus: Use structured quarterly follow-up and care-management workflows for eligible heart-failure patients.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Hypertension Management

ATTRIBUTED PATIENTS
257

SERVICES REVIEWED
6

ACTIVITY IDENTIFIED
0

LIMITED ACTIVITY
1

NO ACTIVITY IDENTIFIED
4

ROLE IN REPORT
Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with hypertension management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Annual Wellness Visit	G0438 / G0439	Annual	Limited activity identified (31)
Chronic Care Management	99490	Monthly	No activity identified
Remote Patient Monitoring Setup	99453	Once per episode	No activity identified
Remote Patient Monitoring Device Supply	99454	Monthly	No activity identified
Remote Patient Monitoring Treatment Management	99457	Monthly	No activity identified
Medication Therapy Management	Payer dependent	Payer dependent	Payer dependent

Current CMS Utilization

6 services evaluated: 0 identified, 1 limited, 4 not identified, and 1 payer dependent.

Current activity identified for 31 related HCPCS services, below the configured planning frequency.

Condition Evidence

PVBMT reviewed Annual Wellness Visit (G0438/G0439), Chronic Care Management (99490), Remote Patient Monitoring Setup (99453), Remote Patient Monitoring Device Supply (99454), Remote Patient Monitoring Treatment Management (99457), Medication Therapy Management. PVBMT analysis identifies limited or no activity for Annual Wellness Visit, Chronic Care Management, Remote Patient Monitoring Setup, Remote Patient Monitoring Device Supply, Remote Patient Monitoring Treatment Management relative to the attributed hypertension population. These findings may represent opportunities to expand structured hypertension management workflows where clinically appropriate.

Recommended focus: Implement a structured blood-pressure monitoring and semiannual follow-up program.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Anxiety Disorders Management

ATTRIBUTED PATIENTS
130

SERVICES REVIEWED
3

ACTIVITY IDENTIFIED
0

LIMITED ACTIVITY

0

NO ACTIVITY IDENTIFIED

3

ROLE IN REPORT

Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with anxiety disorders management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Brief Emotional/Behavioral Assessment	96127	As indicated	No activity identified
Behavioral Health Integration	99484	Monthly	No activity identified
Psychiatric Collaborative Care Management	99492 / 99493 / 99494	Monthly when applicable	No activity identified

Current CMS Utilization

3 services evaluated: 0 identified, 0 limited, 3 not identified.

No related HCPCS activity identified for the common anxiety disorders services reviewed.

Condition Evidence

PVBMT reviewed Brief Emotional/Behavioral Assessment (96127), Behavioral Health Integration (99484), Psychiatric Collaborative Care Management (99492/99493/99494). PVBMT analysis identifies limited or no activity for Brief Emotional/Behavioral Assessment, Behavioral Health Integration, Psychiatric Collaborative Care Management relative to the attributed anxiety disorders population. These findings may represent opportunities to expand structured anxiety disorders management workflows where clinically appropriate.

Recommended focus: Use structured screening and follow-up for clinically appropriate patients.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Depression Management

ATTRIBUTED PATIENTS

127

SERVICES REVIEWED

4

ACTIVITY IDENTIFIED

0

LIMITED ACTIVITY

0

NO ACTIVITY IDENTIFIED

4

ROLE IN REPORT

Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with depression management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Annual Depression Screening	G0444	Annual	No activity identified
Brief Emotional/Behavioral Assessment	96127	As indicated	No activity identified
Behavioral Health Integration	99484	Monthly	No activity identified
Psychiatric Collaborative Care Management	99492 / 99493 / 99494	Monthly when applicable	No activity identified

Current CMS Utilization

4 services evaluated: 0 identified, 0 limited, 4 not identified.

No related HCPCS activity identified for the common depression services reviewed.

Condition Evidence

PVBMT reviewed Annual Depression Screening (G0444), Brief Emotional/Behavioral Assessment (96127), Behavioral Health Integration (99484), Psychiatric Collaborative Care Management (99492/99493/99494). PVBMT analysis identifies limited or no activity for Annual Depression Screening, Brief Emotional/Behavioral Assessment, Behavioral Health Integration, Psychiatric Collaborative Care Management relative to the attributed depression population. These findings may represent opportunities to expand structured depression management workflows where clinically appropriate.

Recommended focus: Implement screening, follow-up, and behavioral-health integration workflows where clinically appropriate.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Ischemic Heart Disease Management

ATTRIBUTED PATIENTS

140

SERVICES REVIEWED

4

ACTIVITY IDENTIFIED

0

LIMITED ACTIVITY

1

NO ACTIVITY IDENTIFIED

3

ROLE IN REPORT

Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with ischemic heart disease management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Annual Wellness Visit	G0438 / G0439	Annual	Limited activity identified (31)
Electrocardiogram	93000 / 93010	As indicated	No activity identified
Echocardiography	93306	As indicated	No activity identified
Chronic Care Management	99490	Monthly	No activity identified

Current CMS Utilization

4 services evaluated: 0 identified, 1 limited, 3 not identified.

Current activity identified for 31 related HCPCS services, below the configured planning frequency.

Condition Evidence

PVBMT reviewed Annual Wellness Visit (G0438/G0439), Electrocardiogram (93000/93010), Echocardiography (93306), Chronic Care Management (99490). PVBMT analysis identifies limited or no activity for Annual Wellness Visit, Electrocardiogram, Echocardiography, Chronic Care Management relative to the attributed ischemic heart disease population. These findings may represent opportunities to expand structured ischemic heart disease management workflows where clinically appropriate.

Recommended focus: Use structured cardiovascular risk, medication, and symptom follow-up.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Chronic Kidney Disease Management

ATTRIBUTED PATIENTS
130

SERVICES REVIEWED
4

ACTIVITY IDENTIFIED
0

LIMITED ACTIVITY
1

NO ACTIVITY IDENTIFIED
3

ROLE IN REPORT
Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with chronic kidney disease management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Annual Wellness Visit	G0438 / G0439	Annual	Limited activity identified (31)
Chronic Care Management	99490	Monthly	No activity identified
Complex Chronic Care Management	99487 / 99489	Monthly when applicable	No activity identified
Transitional Care Management	99495 / 99496	After qualifying discharge	No activity identified

Current CMS Utilization

4 services evaluated: 0 identified, 1 limited, 3 not identified.

Current activity identified for 31 related HCPCS services, below the configured planning frequency.

Condition Evidence

PVBMT reviewed Annual Wellness Visit (G0438/G0439), Chronic Care Management (99490), Complex Chronic Care Management (99487/99489), Transitional Care Management (99495/99496). PVBMT analysis identifies limited or no activity for Annual Wellness Visit, Chronic Care Management, Complex Chronic Care Management, Transitional Care Management relative to the attributed chronic kidney disease population. These findings may represent opportunities to expand structured chronic kidney disease management workflows where clinically appropriate.

Recommended focus: Create a recurring kidney-health monitoring, medication review, and care-coordination pathway.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Rheumatoid/Osteoarthritis Management

ATTRIBUTED PATIENTS
181

SERVICES REVIEWED
5

ACTIVITY IDENTIFIED
0

LIMITED ACTIVITY

1

NO ACTIVITY IDENTIFIED

4

ROLE IN REPORT

Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with rheumatoid/osteoarthritis management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Annual Wellness Visit	G0438 / G0439	Annual	Limited activity identified (31)
Chronic Care Management	99490	Monthly	No activity identified
Therapeutic Exercise	97110	As indicated	No activity identified
Neuromuscular Reeducation	97112	As indicated	No activity identified
Therapeutic Activities	97530	As indicated	No activity identified

Current CMS Utilization

5 services evaluated: 0 identified, 1 limited, 4 not identified.

Current activity identified for 31 related HCPCS services, below the configured planning frequency.

Condition Evidence

PVBMT reviewed Annual Wellness Visit (G0438/G0439), Chronic Care Management (99490), Therapeutic Exercise (97110), Neuromuscular Reeducation (97112), Therapeutic Activities (97530). PVBMT analysis identifies limited or no activity for Annual Wellness Visit, Chronic Care Management, Therapeutic Exercise, Neuromuscular Reeducation, Therapeutic Activities relative to the attributed rheumatoid/osteoarthritis population. These findings may represent opportunities to expand structured rheumatoid/osteoarthritis management workflows where clinically appropriate.

Recommended focus: Develop a recurring pain, mobility, medication, and functional-status follow-up pathway.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

COPD Management

ATTRIBUTED PATIENTS

116

SERVICES REVIEWED

5

ACTIVITY IDENTIFIED

0

LIMITED ACTIVITY

1

NO ACTIVITY IDENTIFIED

4

ROLE IN REPORT

Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with copd management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Annual Wellness Visit	G0438 / G0439	Annual	Limited activity identified (31)
Spirometry	94010	As indicated	No activity identified
Inhaler Education	94664	As indicated	No activity identified

Smoking and Tobacco Use Cessation Counseling	99406 / 99407	As indicated	No activity identified
Chronic Care Management	99490	Monthly	No activity identified

Current CMS Utilization

5 services evaluated: 0 identified, 1 limited, 4 not identified.

Current activity identified for 31 related HCPCS services, below the configured planning frequency.

Condition Evidence

PVBMT reviewed Annual Wellness Visit (G0438/G0439), Spirometry (94010), Inhaler Education (94664), Smoking and Tobacco Use Cessation Counseling (99406/99407), Chronic Care Management (99490). PVBMT analysis identifies limited or no activity for Annual Wellness Visit, Spirometry, Inhaler Education, Smoking and Tobacco Use Cessation Counseling, Chronic Care Management relative to the attributed copd population. These findings may represent opportunities to expand structured copd management workflows where clinically appropriate.

Recommended focus: Implement recurring COPD assessment, inhaler education, monitoring, and exacerbation-prevention follow-up.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Mood Disorders Management

ATTRIBUTED PATIENTS	SERVICES REVIEWED	ACTIVITY IDENTIFIED
154	3	0
LIMITED ACTIVITY	NO ACTIVITY IDENTIFIED	ROLE IN REPORT
0	3	Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with mood disorders management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Brief Emotional/Behavioral Assessment	96127	As indicated	No activity identified
Behavioral Health Integration	99484	Monthly	No activity identified
Psychiatric Collaborative Care Management	99492 / 99493 / 99494	Monthly when applicable	No activity identified

Current CMS Utilization

3 services evaluated: 0 identified, 0 limited, 3 not identified.

No related HCPCS activity identified for the common mood disorders services reviewed.

Condition Evidence

PVBMT reviewed Brief Emotional/Behavioral Assessment (96127), Behavioral Health Integration (99484), Psychiatric

Collaborative Care Management (99492/99493/99494). PVBMT analysis identifies limited or no activity for Brief Emotional/Behavioral Assessment, Behavioral Health Integration, Psychiatric Collaborative Care Management relative to the attributed mood disorders population. These findings may represent opportunities to expand structured mood disorders management workflows where clinically appropriate.

Recommended focus: Create a recurring behavioral-health follow-up pathway for eligible patients.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Atrial Fibrillation Management

ATTRIBUTED PATIENTS	SERVICES REVIEWED	ACTIVITY IDENTIFIED
99	4	0
LIMITED ACTIVITY	NO ACTIVITY IDENTIFIED	ROLE IN REPORT
1	3	Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with atrial fibrillation management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Annual Wellness Visit	G0438 / G0439	Annual	Limited activity identified (31)
Electrocardiogram	93000 / 93010	As indicated	No activity identified
Ambulatory Rhythm Monitoring	93224 / 93225 / 93226 / 93227	As indicated	No activity identified
Chronic Care Management	99490	Monthly	No activity identified

Current CMS Utilization

4 services evaluated: 0 identified, 1 limited, 3 not identified.

Current activity identified for 31 related HCPCS services, below the configured planning frequency.

Condition Evidence

PVBMT reviewed Annual Wellness Visit (G0438/G0439), Electrocardiogram (93000/93010), Ambulatory Rhythm Monitoring (93224/93225/93226/93227), Chronic Care Management (99490). PVBMT analysis identifies limited or no activity for Annual Wellness Visit, Electrocardiogram, Ambulatory Rhythm Monitoring, Chronic Care Management relative to the attributed atrial fibrillation population. These findings may represent opportunities to expand structured atrial fibrillation management workflows where clinically appropriate.

Recommended focus: Develop recurring rhythm, medication, and anticoagulation follow-up for clinically appropriate patients.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Stroke / TIA Management

ATTRIBUTED PATIENTS
82

SERVICES REVIEWED
4

ACTIVITY IDENTIFIED
0

LIMITED ACTIVITY
0

NO ACTIVITY IDENTIFIED
4

ROLE IN REPORT
Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with stroke / tia management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Transitional Care Management	99495 / 99496	After qualifying discharge	No activity identified
Chronic Care Management	99490	Monthly	No activity identified
Therapeutic Exercise	97110	As indicated	No activity identified
Therapeutic Activities	97530	As indicated	No activity identified

Current CMS Utilization

4 services evaluated: 0 identified, 0 limited, 4 not identified.

No related HCPCS activity identified for the common stroke / tia services reviewed.

Condition Evidence

PVBMT reviewed Transitional Care Management (99495/99496), Chronic Care Management (99490), Therapeutic Exercise (97110), Therapeutic Activities (97530). PVBMT analysis identifies limited or no activity for Transitional Care Management, Chronic Care Management, Therapeutic Exercise, Therapeutic Activities relative to the attributed stroke / tia population. These findings may represent opportunities to expand structured stroke / tia management workflows where clinically appropriate.

Recommended focus: Use structured post-event and recurring risk-reduction follow-up for eligible patients.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Hyperlipidemia Management

ATTRIBUTED PATIENTS
233

SERVICES REVIEWED
4

ACTIVITY IDENTIFIED
0

LIMITED ACTIVITY
1

NO ACTIVITY IDENTIFIED
3

ROLE IN REPORT
Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with hyperlipidemia management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
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Annual Wellness Visit	G0438 / G0439	Annual	Limited activity identified (31)
Cardiovascular Disease Risk Reduction Counseling	G0446	Annual when eligible	No activity identified
Lipid Panel	80061	As indicated	No activity identified
Direct LDL Measurement	83721	As indicated	No activity identified

Current CMS Utilization

4 services evaluated: 0 identified, 1 limited, 3 not identified.

Current activity identified for 31 related HCPCS services, below the configured planning frequency.

Condition Evidence

PVBMT reviewed Annual Wellness Visit (G0438/G0439), Cardiovascular Disease Risk Reduction Counseling (G0446), Lipid Panel (80061), Direct LDL Measurement (83721). PVBMT analysis identifies limited or no activity for Annual Wellness Visit, Cardiovascular Disease Risk Reduction Counseling, Lipid Panel, Direct LDL Measurement relative to the attributed hyperlipidemia population. These findings may represent opportunities to expand structured hyperlipidemia management workflows where clinically appropriate.

Recommended focus: Use an annual lipid-management and medication-adherence review workflow.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Asthma Management

ATTRIBUTED PATIENTS
58

SERVICES REVIEWED
4

ACTIVITY IDENTIFIED
0

LIMITED ACTIVITY
1

NO ACTIVITY IDENTIFIED
3

ROLE IN REPORT
Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with asthma management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Annual Wellness Visit	G0438 / G0439	Annual	Limited activity identified (31)
Spirometry	94010 / 94060	As indicated	No activity identified
Inhaler Education	94664	As indicated	No activity identified
Chronic Care Management	99490	Monthly when eligible	No activity identified

Current CMS Utilization

4 services evaluated: 0 identified, 1 limited, 3 not identified.

Current activity identified for 31 related HCPCS services, below the configured planning frequency.

Condition Evidence

PVBMT reviewed Annual Wellness Visit (G0438/G0439), Spirometry (94010/94060), Inhaler Education (94664), Chronic Care Management (99490). PVBMT analysis identifies limited or no activity for Annual Wellness Visit, Spirometry, Inhaler Education, Chronic Care Management relative to the attributed asthma population. These findings may represent opportunities to expand structured asthma management workflows where clinically appropriate.

Recommended focus: Establish routine asthma control assessment and inhaler-use follow-up.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Cancer Management

ATTRIBUTED PATIENTS	SERVICES REVIEWED	ACTIVITY IDENTIFIED
41	4	0
LIMITED ACTIVITY	NO ACTIVITY IDENTIFIED	ROLE IN REPORT
1	3	Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with cancer management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Annual Wellness Visit	G0438 / G0439	Annual	Limited activity identified (31)
Chronic Care Management	99490	Monthly	No activity identified
Complex Chronic Care Management	99487	Monthly when applicable	No activity identified
Transitional Care Management	99495 / 99496	After qualifying discharge	No activity identified

Current CMS Utilization

4 services evaluated: 0 identified, 1 limited, 3 not identified.

Current activity identified for 31 related HCPCS services, below the configured planning frequency.

Condition Evidence

PVBMT reviewed Annual Wellness Visit (G0438/G0439), Chronic Care Management (99490), Complex Chronic Care Management (99487), Transitional Care Management (99495/99496). PVBMT analysis identifies limited or no activity for Annual Wellness Visit, Chronic Care Management, Complex Chronic Care Management, Transitional Care Management relative to the attributed cancer population. These findings may represent opportunities to expand structured cancer management workflows where clinically appropriate.

Recommended focus: Create a survivorship, medication, symptom, and care-coordination follow-up pathway.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Osteoporosis Management

ATTRIBUTED PATIENTS	SERVICES REVIEWED	ACTIVITY IDENTIFIED
21	3	1
LIMITED ACTIVITY	NO ACTIVITY IDENTIFIED	ROLE IN REPORT
0	1	Supporting evidence

Potential Clinical Service Opportunities Reviewed

PVBMT evaluated the following services commonly associated with osteoporosis management.

CLINICAL SERVICE	TYPICAL CPT / HCPCS	PLANNING FREQUENCY	CMS ACTIVITY
Annual Wellness Visit	G0438 / G0439	Annual	Activity identified (31)
Bone Density Study	77080 / 77081 / 77085	As indicated	No activity identified
Fall Risk Assessment	Payer dependent	Preventive workflow	Payer dependent

Current CMS Utilization

3 services evaluated: 1 identified, 0 limited, 1 not identified, and 1 payer dependent.

Current activity identified for 31 related HCPCS services, meeting or exceeding the configured planning frequency.

Condition Evidence

PVBMT reviewed Annual Wellness Visit (G0438/G0439), Bone Density Study (77080/77081/77085), Fall Risk Assessment. PVBMT analysis identifies limited or no activity for Bone Density Study relative to the attributed osteoporosis population. These findings may represent opportunities to expand structured osteoporosis management workflows where clinically appropriate.

Recommended focus: Use an annual bone-health, fall-risk, medication, and screening review.

Planning Considerations: Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

Condition Evidence Summary

These condition populations support the clinical-service opportunities calculated in the Executive Summary. They are not separately added to the financial total.

CONDITION	ATTRIBUTED PATIENTS	SERVICES REVIEWED	IDENTIFIED	LIMITED	NOT IDENTIFIED	RECOMMENDED FOCUS
Alzheimer's and Other Dementia	92	4	0	1	3	Establish cognitive assessment, care-planning, caregiver support, and recurring follow-up workflows.
Diabetes	154	4	0	1	3	Establish structured quarterly diabetes follow-up, medication review, monitoring, and patient education workflows.
Heart Failure	133	4	0	1	3	Use structured quarterly follow-up and care-management workflows for eligible heart-failure patients.

Hypertension	257	6	0	1	4	Implement a structured blood-pressure monitoring and semiannual follow-up program.
Anxiety Disorders	130	3	0	0	3	Use structured screening and follow-up for clinically appropriate patients.
Depression	127	4	0	0	4	Implement screening, follow-up, and behavioral-health integration workflows where clinically appropriate.
Ischemic Heart Disease	140	4	0	1	3	Use structured cardiovascular risk, medication, and symptom follow-up.
Chronic Kidney Disease	130	4	0	1	3	Create a recurring kidney-health monitoring, medication review, and care-coordination pathway.
Rheumatoid/Osteoarthritis	181	5	0	1	4	Develop a recurring pain, mobility, medication, and functional-status follow-up pathway.
COPD	116	5	0	1	4	Implement recurring COPD assessment, inhaler education, monitoring, and exacerbation-prevention follow-up.
Mood Disorders	154	3	0	0	3	Create a recurring behavioral-health follow-up pathway for eligible patients.
Atrial Fibrillation	99	4	0	1	3	Develop recurring rhythm, medication, and anticoagulation follow-up for clinically appropriate patients.
Stroke / TIA	82	4	0	0	4	Use structured post-event and recurring risk-reduction follow-up for eligible patients.
Hyperlipidemia	233	4	0	1	3	Use an annual lipid-management and medication-adherence review workflow.
Asthma	58	4	0	1	3	Establish routine asthma control assessment and inhaler-use follow-up.
Cancer	41	4	0	1	3	Create a survivorship, medication, symptom, and care-coordination follow-up pathway.
Osteoporosis	21	3	1	0	1	Use an annual bone-health, fall-risk, medication, and screening review.

Methodology & Limitations

PVBMT analyzes Medicare utilization information together with proprietary workflow intelligence, healthcare analytics, clinical modeling, and configurable planning assumptions to identify provider-specific clinical service opportunities. Annual Wellness Visit, chronic care management, remote patient monitoring, behavioral health, ABI, and related service opportunities are estimated using PVBMT planning methodologies. Planning assumptions are applied solely for strategic planning and opportunity modeling.

Available Medicare utilization information does not capture every clinical service, payer, billing practitioner, documentation pathway, or patient interaction. Accordingly, this analysis is intended solely as a strategic planning tool and should not be interpreted as a billing, coding, compliance, reimbursement, or legal determination.

All opportunity estimates are illustrative planning estimates only. Actual reimbursement depends on eligibility, payer requirements, coverage, medical necessity, documentation, coding, supervision, place of service, frequency limits, and other applicable requirements. This report is not a guarantee of reimbursement or revenue and is not clinical, coding, billing, or legal advice.