

MEDICAL RECORD CONSOLIDATION & CARE COORDINATION SERVICE

Recurring revenue your practice is already entitled to be billed, *at no cost to your practice.*

CMS reimburses care management work most practices don't fully capture because the prerequisites (consolidated history, signed care plan, documented closure) are administratively heavy. The service handles all of it. Your practice reviews and signs.













2026 Medicare Program Revenue Reference

Program codes, rates, frequency, and annual value per patient

PROGRAM	CPT / HCPCS	2026 RATE	FREQUENCY	ANNUAL PER PATIENT
 CCM: Chronic Care Management 2+ chronic conditions, staff time	99490 + 99439 (x2 max)	\$66 / mo \$51 each	Monthly - up to 12x/yr Add-ons up to 24x/yr	\$796 base up to \$2,009
 Complex CCM High-acuity, 60+ min/mo	99487 + 99489	\$144 / mo \$78 each	Monthly - up to 12x/yr	up to \$2,664
 APCM: Advanced Primary Care Mgmt Bundled monthly, no time tracking	G0556 / G0557 / G0558	\$15-\$117 / mo	Monthly - up to 12x/yr	\$180 to \$1,407
 PCM: Principal Care Management Single complex chronic condition	99424 + 99425	\$88 / mo \$61 each	Monthly - up to 12x/yr	\$1,056+ (unlimited add-ons)
 TCM: Transitional Care Management Within 7-14 days of discharge	99495 / 99496	\$220 / \$298	Once per 30-day post-discharge episode	\$220-\$298 per discharge
 AWV: Annual Wellness Visit Prevention plan, HRA, gap review	G0438 (initial) G0439 (subsequent)	\$174 \$138	Initial: once per lifetime Subsequent: once per 12 mo	\$138 / yr per Medicare patient

Estimated New Annual Recurring Revenue

By Medicare-Eligible Patient Panel Size

SMALL PANEL	MEDIUM PANEL	LARGE PANEL
 ~300 Medicare-eligible patients	 ~600 Medicare-eligible patients	 ~1,200 Medicare-eligible patients
\$134K in new annual recurring revenue	\$268K in new annual recurring revenue	\$536K in new annual recurring revenue
 CCM: ~\$84K	 CCM: ~\$167K	 CCM: ~\$334K
 AWV: ~\$33K	 AWV: ~\$66K	 AWV: ~\$132K
 TCM: ~\$17K	 TCM: ~\$35K	 TCM: ~\$69K

Honest disclosures. Revenue figures use 2026 CMS national-average Physician Fee Schedule rates; actual payments vary by geography and payer. Panel scenarios assume conservative capture rates and are illustrative, not guaranteed. Billing support is configurable (documentation packet, claim preparation, or full submission) and is finalized at onboarding. The practice remains the rendering provider and receives all reimbursement directly. PCM and CCM are mutually exclusive for the same patient in the same month. A signed HIPAA release is required for each enrolled patient. Onboarding is month-to-month; no integration, no setup fee, no long-term commitment.

NEXT STEP

20-minute discovery call · Month-to-month pilot · No commitment

info@synergyix.com

We'll review your panel size, payer mix, current care management capture, and how onboarding fits your workflow. Pilot a subset of your panel before scaling.

mychartcount.com/for-providers

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