

# CCM for FQHCs

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# Chronic Care Management (CCM)

- Is a Medicare program to manage patients with multiple chronic conditions
- FQHCs are allowed to participate in this program and get reimbursed outside of their PPS rate
- The requirements of the program are universally the same even though billing and reimbursement is different for FQHCs





## Basic Requirements

- The patient must have at least 2 chronic conditions expected to last at least 12 months and place the patient at significant risk of death or functional decline.
- If the patient is new or hasn't been seen in the last 12 months, an initial face-to-face visit with a billing provider is required.
- A comprehensive care plan must be established, implemented and monitored.



## Basic Requirements

- Must perform at least 20 minutes of care management before you can enter a charge and bill for the service.
- Unlike other primary care practices who can bill for additional time, FQHCs can only bill one code, G0511 for all time spent and only bill G0511 once a month (use rev code 521).
- During the pandemic, billing providers can provide generalized supervision for other clinical staff who may provide care management. After the pandemic this may change but we don't know for sure.





# Basic Requirements

- Provider types that can be the billing provider (and supervisor) for CCM
  - Physicians (MD, DO)
  - PA and NP
  - CNS
  - CNM
- Patient must consent to CCM services. This can be verbal as long as it is documented in the patient's chart.

# How to set up Billing for CCM



## Determine your workflow

- You can enter G0511 as a regular charge.
- If you want to record the actual CPT code(s) you will need to find a way to map to G0511 for the claim.
- Will you bill G0511 separately or on an encounter with other charges?



## Determine your workflow

- If you bill G0511 as the original charge code, there is no set up needed other than setting up the SIM for Form = UB.
- If you enter the CCM CPT codes in charge entry, you will need to add set ups that will use G0511 for the claim.
  - Payer tab of SIM library to substitute the SIM
  - Second encounter rate SIM for the CCM specific codes only
- If you bill a Medicare Advantage plan, you can use Alt Payer to carve out G0511 to Medicare A on a UB.



# NextGen CCM Templates

- NextGen CCM templates allow documentation of care plan and sums time spent so you can meet the minimum before billing.

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