CCM for FQHCs

Nancy Team

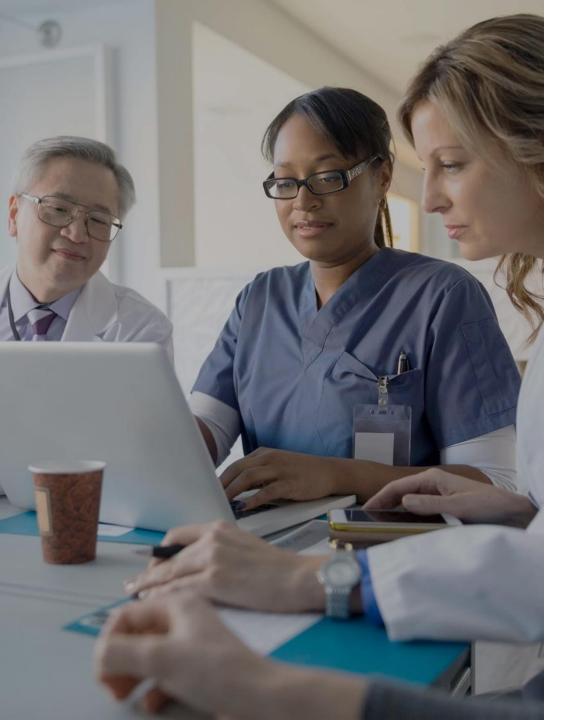
January 19, 2022



Chronic Care Management (CCM)

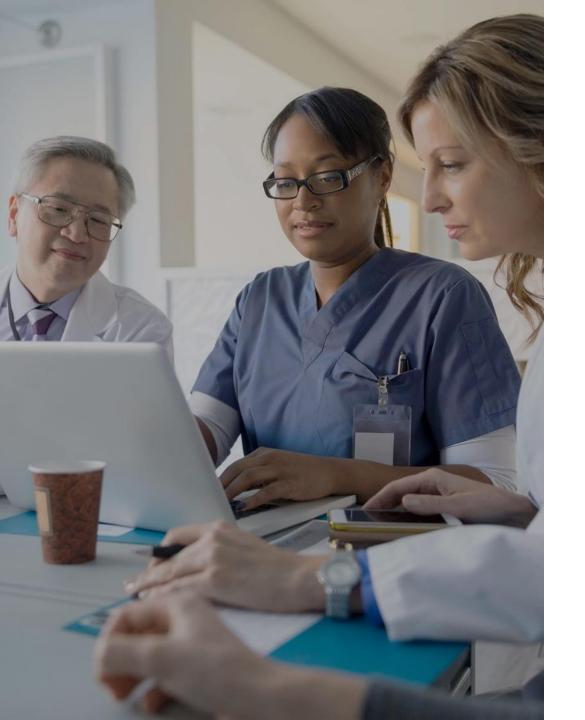
- Is a Medicare program to manage patients with multiple chronic conditions
- FQHCs are allowed to participate in this program and get reimbursed outside of their PPS rate
- The requirements of the program are universally the same even though billing and reimbursement is different for FQHCs





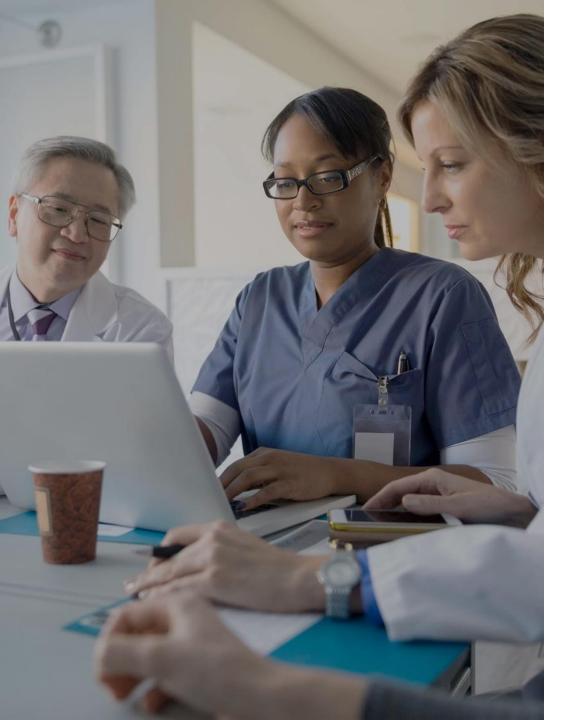
Basic Requirements

- 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

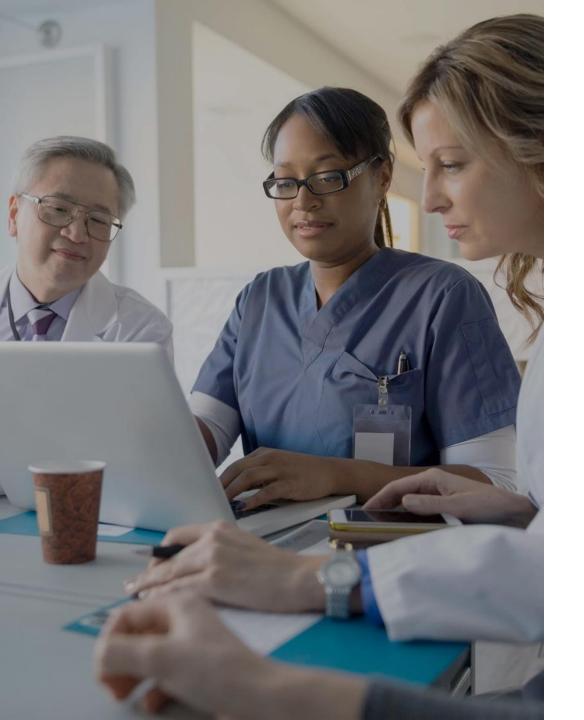
- Must perform at least 20 minutes of care management before you can enter a charge and bill for the service.
- Unlike other primary care practices who can bill for additional time, FQHCs can only bill one code, G0511 for all time spent and only bill G0511 once a month (use rev code 521).
- During the 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

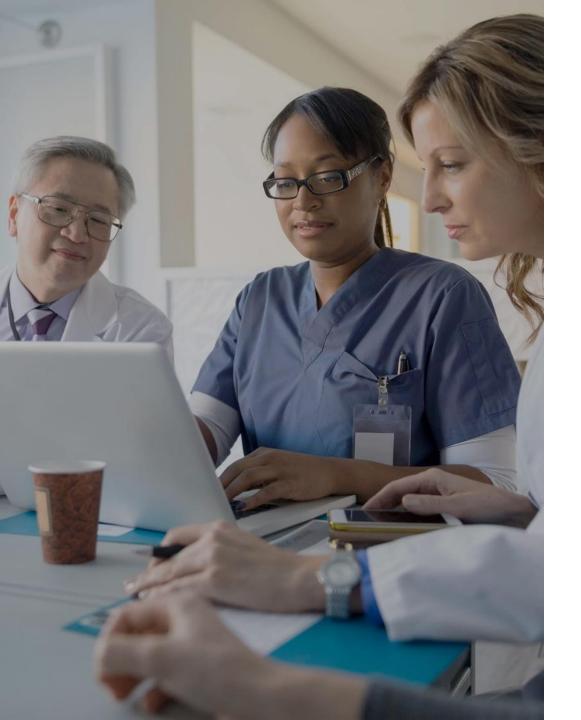
- Provider types that can be the billing provider (and supervisor) for CCM
 - Physicians (MD, DO)
 - PA and NP
 - CNS
 - CNM
- Patient must consent to CCM services.
 This can be verbal as long as it is documented in the patient's chart.

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.

BELIEVE IN BETTER.





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