

Medicare will reimburse you for Chronic Care Management (CCM) Services that you already perform such as



<b>Community-Based Services</b> <i>Connecting patients with needed services</i>	<b>Medical Record and Lab Review</b>	<b>Disease and Care Plan Updates</b>
<b>Medication Management</b> <i>Medication Changes</i>	<b>Patient-Practice Communication</b> <i>Phone, email, portal</i>	<b>Referrals</b> <i>Specialty or Home Health</i>

# 1

**Identify Your Patients who are Eligible for CCM**

## Enroll Patients

Patient has Medicare Part B, Medicare Advantage Plan, or Dual Eligible with 2 or more chronic conditions expected to last at least 12 months with risk of

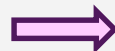
- exacerbation
- decompensation
- Functional decline
- death

### Did you know?

Other insurers pay for CCM services, too.

*For CMS chronic care management guide, please follow the link below:*

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf>



**Ties in with Patient-Centered medical Home CM01 – CM05**

## Chronic Conditions

Chronic conditions include but are not limited to:

Alzheimer's/dementia  
 Arthritis  
 Asthma  
 Atrial Fibrillation  
 Cancer

COPD  
 Cardiovascular Disease  
 Depression  
 Diabetes  
 Hypertension

Autism  
 Infectious Disease  
 - Hepatitis  
 - HIV  
 Substance Use Disorder

## Providers

### Who can provide CCM services?

- o All clinical staff a directed by physicians and non-physician practitioners
- o Physicians
- o Nurse Practitioners, Physician Assistants
- o Certified Nurse Midwives
- o Clinical Nurse Specialists

Certified Life or Health coaches may be considered clinical staff

# 2

## Initiate Services

- **Established Patients**  
CCM may be initiated at any time with patient consent and creation of a comprehensive care plan for patient seen within the past year
- **New Patients or those not seen within the past year**  
An initiating visit, such as a Welcome to Medicare (IPPE), Annual Wellness Visit (AWV) or office visit is necessary at which a care plan would be created and patient consent obtained.

Consent is verbal and documented in the medical record.

# 3

## Document CCM

### Documenting CCM Services:

- Create a new encounter each month for tracking the summary of actions for CCM
- Entries include date of action, who performed the action and time spent
- Maintain a current Problem List, Medication reconciliation, and Health History in your EHR
- Update the Care Plan as needed

Check for CCM templates in your EHR

A great way to identify Medicare patients eligible for CCM is at their annual wellness visit

# 4

## Billing CCM Services

- Bill at the end of each month
- May be billed by only one provider per beneficiary per month
- May not be billed with, Home health or Hospice Supervision, End Stage Renal Disease service, or Prolonged E&M services

In 2020, code G0511 pays \$66.77

# 5

## Coding

### RHC/ FQHC Medicare eff 1/1/18

- G0511 - Payable alone or with other services

### RHC/ FQHC Commercial Payor Codes:

- 99491 – 30 minutes by physician
- 99490 – CCM services, 20 minutes
- 99487 – Complex CCM services, 60 minutes
- + 99489 – each additional 30 minutes

For more information, visit:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf>

G0511 may also be used for Behavioral Health Management

Still unsure of how to implement CCM Services? Contact the NE QIN-QIO for personalized support at: <http://negpp.org/ask-question/support-team/>

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