Summary of Medicare Care Management Services

Billed Using G0511

See NACHC resource: ***CMS Billing Lingo, Defined!*** for definitions of terms used throughout this document.

	Chronic Care Management (CCM)	Complex Chronic Care Management (CCCM)	Principal Care Management (PCM)	Chronic Pain Management (CPM)	Behavioral Health Integration (BHI)	Community Health Integration (CHI)	Principal Illness Navigation (PIN)	Remote Physiologic Monitoring (RPM)	Remote Therapeutic Monitoring (RTM)
Description	Personalized and supportive services provided to patients with multiple chronic conditions to coordinate care and develop a care plan to achieve health goals.	Personalized and supportive services provided to patients with multiple chronic conditions, who require moderate or high medical decision making, to coordinate care and develop a care plan to achieve health goals.	Personalized and supportive services provided to patients with a single complex chronic condition to coordinate care and develop a care plan to achieve health goals.	Personalized and supportive services provided to patients with chronic pain to coordinate care and develop a care plan to achieve health goals.	Personalized and supportive services provided to patients with behavioral health needs to coordinate care and develop a care plan to achieve health goals.	Personalized and supportive services provided to patients with unmet social drivers of health (SDOH) needs that interfere with, or present a barrier to, the diagnosis, treatment, and self-management of illnesses, diseases, or conditions.	Personalized and supportive services provided to patients with a high-risk condition and healthcare navigation needs.	A patient's use of devices to remotely assess and record physiologic data (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate) outside of the clinical setting, usually in the home.	A patient's use of devices to remotely monitor adherence and response to therapeutic treatment (e.g., respiratory, musculoskeletal) using non-physiologic data outside of the clinical setting, usually in the home.
Initiating Visit Requirements *Not part of care management services; billed separately.*	Any one of the following: • E/M visit (CPT 99212-99215) • Initial Preventive Physical Exam (IPPE) (CPT G0402) • Annual Wellness Visit (AWV) (CPT G0438, G0439) • Transitional Care Management (TCM) (CPT 99495-99496)			A face-to-face visit of at least 30 minutes in the clinical setting.	Any one of the following: • E/M visit (CPT 99212-99215) • Initial Preventive Physical Exam (IPPE) (CPT G0402) • Annual Wellness Visit (AWV) (CPT G0438, G0439) • Transitional Care Management (TCM) (CPT 99495-99496) • Psychiatric diagnostic evaluation (CPT 90791) performed by Clinical Psychologist	Any one of the following: • E/M visit (CPT 99212-99215) • Annual Wellness Visit (AWV) (CPT G0438, G0439) • Transitional Care Management (TCM) (CPT 99495-99496) *Note: IPPE is NOT an accepted initiating visit for CHI services*	Any one of the following: • E/M visit (CPT 99212-99215) • Annual Wellness Visit (AWV) (CPT G0438, G0439) • Transitional Care Management (TCM) (CPT 99495-99496) • Psychiatric diagnostic evaluation (CPT 90791) performed by Clinical Psychologist *Note: IPPE is NOT an accepted initiating visit for PIN services* *Note: Initiating visit must be repeated annually for PIN services to continue.*	*No initiating visit required.*	

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NATIONAL ASSOCIATION OF Community Health Centers®

	Chronic Care Management (CCM)	Complex Chronic Care Management (CCCM)	Principal Care Management (PCM)	Chronic Pain Management (CPM)	Behavioral Health Integration (BHI)	Community Health Integration (CHI)	Principal Illness Navigation (PIN)	Remote Physiologic Monitoring (RPM)	Remote Therapeutic Monitoring (RTM)
Eligible Patients	Patients who have: Multiple (two or more) chronic continuous or episodic conditions expected to last at least 12 months or until the patient dies, or that place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline.	Patients who have: Multiple (two or more) chronic continuous or episodic conditions expected to last at least 12 months or until the patient dies, or that place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline. Moderate or high complexity medical decision making (MDM) required.	Patients who have: A single, high-risk complex chronic condition that is expected to last at least 3 months and places the patient at significant risk of hospitalization, acute exacerbation/ decompensation, functional decline, or death.	Patients who have: Persistent or recurrent pain lasting longer than 3 months.	Patients who have: One or more new or pre-existing behavioral health or psychiatric conditions, including substance use disorder.	Patients who have: Unmet SDOH need(s) interfering with, or present a barrier to, the diagnosis, treatment, and self-management of illnesses, diseases, or conditions.	Patients who have: One or more high-risk condition(s) expected to last at least 3 months, which place(s) the patient at significant risk of hospitalization or nursing home placement, acute exacerbation/decompensation, function decline, or death. May or may not have unmet SDOH needs.	Established patients who have: Acute or chronic condition(s) for which the authorized billing provider determines that RPM services are medically necessary.	Patients with an established treatment plan who have: Acute or chronic respiratory, musculoskeletal, or other condition(s) for which the authorized billing provider determines that RTM services are medically necessary.
Authorized Billing Providers	• Physician (MD, DO) • Nurse Practitioner (NP) • Physician Assistant (PA) • Certified Nurse Midwife (CNM)			• Physician (MD, DO) • Nurse Practitioner (NP) • Physician Assistant (PA) • Certified Nurse Midwife (CNM)	• Physician (MD, DO) • Nurse Practitioner (NP) • Physician Assistant (PA) • Certified Nurse Midwife (CNM) • Clinical Psychologist (CP) • Clinical Social Worker (CSW) • Mental Health Counselor (MHC) • Marriage and Family Therapist (MFT)	• Physician (MD, DO) • Nurse Practitioner (NP) • Physician Assistant (PA) • Certified Nurse Midwife (CNM)	• Physician (MD, DO) • Nurse Practitioner (NP) • Physician Assistant (PA) • Certified Nurse Midwife (CNM) • Clinical Psychologist (CP)	• Physician (MD, DO) • Nurse Practitioner (NP) • Physician Assistant (PA) • Certified Nurse Midwife (CNM)	• Physician (MD, DO) • Nurse Practitioner (NP) • Physician Assistant (PA) • Certified Nurse Midwife (CNM) • Clinical Psychologist (CP) • Clinical Social Worker (CSW) • Mental Health Counselor (MHC) • Marriage and Family Therapist (MFT)
Examples of Auxiliary Personnel	• Nurse (nurse care manager, Clinical Nurse Specialist (CNS), RN, LPN) • Social Worker			*No billable auxiliary personnel services.*	• Nurse (nurse care manager, CNS, RN, LPN) • Social Worker	Certified or trained: • Community Health Worker • Nurse (nurse care manager, CNS, RN, LPN) • Social Worker	Certified or trained: • Community Health Worker • Nurse (nurse care manager, CNS, RN, LPN) • Social Worker • Peer support specialists *(use CPT code for PIN-PS (peer support), PIN-PS activities are limited to behavioral health conditions, and do not include clinical care coordination)*	• Community Health Worker • Nurse (nurse care manager, CNS, RN, LPN) • Medical Assistant • Clinical Pharmacist	

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Service Elements	Billed once per calendar month after: At least **20 minutes** of services provided by auxiliary personnel. Or At least **30 minutes** of services provided by the authorized billing provider.	Billed once per calendar month after: At least **60 minutes** of services provided by auxiliary personnel and/or authorized billing provider per calendar month.	Billed once per calendar month after: At least **30 minutes** of services provided by auxiliary personnel. Or At least **30 minutes** of services provided by the authorized billing provider.	Billed once per calendar month after at least **30 minutes** of services provided by the authorized billing provider, including: • Administration of a validated pain rating scale or tool • Patient-centered care plan • Patient assessment and monitoring of their diagnosis and treatment • Medication management • Pain and health literacy counseling • Facilitation, coordination, and on-going communication with other necessary providers (e.g., behavioral health, physical and/or occupational therapy, home care) • Facilitation for crisis care for chronic pain	Billed once per calendar month after at least **20 minutes** of services provided by the authorized billing provider or auxiliary personnel (CPT 99484) or by CP, CSW, MHC, or MFT (G0323), including: • Initial assessment and ongoing monitoring using validated clinical rating scales • Behavioral health care planning in relation to behavioral/psychiatric health problems, including time spent modifying plans for patients who are not progressing or whose status changes • Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation • Continuity of care with a designated member of the care team • Coordination with and/or referral to qualified providers for medication, E/M services, counseling and/or psychiatric consultation (G0323)	Billed once per calendar month after at least **60 minutes** of services provided by certified or trained auxiliary personnel, including: • Patient-centered assessment • Coordination with home- and community-based resources • Health education • Developing self-advocacy skills • Health care access and navigation • Patient behavioral change facilitation • Facilitate and provide social and emotional patient support	Billed once per calendar month after at least **60 minutes** of services provided by certified or trained auxiliary personnel, including: • Patient-centered assessment (PIN) or interview (PIN-PS) • Identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services. • Health education • Developing self-advocacy skills • Health care access/health system navigation • Facilitating behavioral change as necessary for meeting diagnosis and treatment goals (PIN only) • Facilitating and providing social and emotional support	Billed once per calendar month after at least **16 days of data** have been collected in a 30-day period. • Initial device set-up and patient education on the use of equipment. • Device supply with scheduled recording(s) and transmissions • The collection, analysis, and interpretation of digitally collected physiologic data. • Management of a patient-centered treatment plan. • CPT services 99457 and 99458 require at least one interactive communication with the patient during the calendar month, 20 minutes of authorized billing provider time. *Note: This is a summary of RPM service elements. Each RPM CPT code includes a unique set of service elements to be provided.*	Billed once per calendar month after at least **16 days of data** have been collected in a 30-day period. • Initial device set-up and patient education on the use of equipment. • Device supply with scheduled recording(s) and transmissions • Review and monitoring of data related to signs, symptoms, and functions of respiratory or musculoskeletal system therapeutic response. • Non-physiologic and therapeutic data can be patient self-reported and/or digitally uploaded • Management of a patient-centered treatment plan. • CPT services 98980 and 98981 require at least one interactive communication with the patient during the calendar month, 20 minutes of authorized billing provider time. *Note: This is a summary of RTM service elements. Each RTM CPT code includes a unique set of service elements to be provided.*
	• 24/7 access to clinical support staff • Continuity of care with designated care team member • Comprehensive assessment of medical, functional, and psychosocial needs • Preventive care • Medication management • A comprehensive care plan created, monitored, revised, and shared with the patient/caregiver and other internal/external members of the patient's care team. • Patient education and resources • Care coordination								

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CPT & HCPCS Codes**	• 99490 • +99439 • 99491 • +99437	• 99487 • +99489	• 99424 • +99425 • 99426 • +99427	• G3002 • +G3003	• 99484 • G0323	• G0019 • +G0022	• G0023 • +G0024 • G0140 PIN-PS • +G0146 PIN-PS	• 99453 • 99454 • 99457 • +99458 • 99091	• 98975 • 98976 • 98977 • 98980 • +98981
FQHC Medicare Billing Code & Rate*	G0511: $72.90								
Examples of Co-Occurring Services** *May be provided and billed for in the same calendar month*	• **TCM** (Transitional Care Management) • **BHI** (Behavioral Health Integration) • **CHI** (Community Health Integration) • **RPM** (Remote Physiologic Monitoring) • **RTM** (Remote Therapeutic Monitoring) • **Psych CoCM** (Psychiatric Collaborative Care Management)	• **TCM** (Transitional Care Management) • **BHI** (Behavioral Health Integration) • **CHI** (Community Health Integration) • **RPM** (Remote Physiologic Monitoring) • **RTM** (Remote Therapeutic Monitoring) • **Psych CoCM** (Psychiatric Collaborative Care Management)	• **TCM** (Transitional Care Management) • **PIN** (Principal Illness Navigation) • **RPM** (Remote Physiologic Monitoring) • **RTM** (Remote Therapeutic Monitoring)	• **TCM** (Transitional Care Management) • **CCM** (Chronic Care Management) • **PIN** (Principal Illness Navigation) • **RPM** (Remote Physiologic Monitoring) • **RTM** (Remote Therapeutic Monitoring)	• **TCM** (Transitional Care Management) • **CCM** (Chronic Care Management) • **CCCM** (Complex Chronic Care Management) • **CHI** (Community Health Integration) • **RPM** (Remote Physiologic Monitoring) • **RTM** (Remote Therapeutic Monitoring)	• **TCM** (Transitional Care Management) • **CCM** (Chronic Care Management) • **BHI** (Behavioral Health Integration) • **Psych CoCM** (Psychiatric Collaborative Care Management)	• **TCM** (Transitional Care Management) • **PCM** (Principal Care Management) • **BHI** (Behavioral Health Integration) • **Psych CoCM** (Psychiatric Collaborative Care Management)	• **TCM** (Transitional Care Management) • **CCM** (Chronic Care Management) • **CCCM** (Complex Chronic Care Management) • **PCM** (Principal Care Management) • **BHI** (Behavioral Health Integration) • **CPM** (Chronic Pain Management) • **Psych CoCM** (Psychiatric Collaborative Care Management)	• **TCM** (Transitional Care Management) • **CCM** (Chronic Care Management) • **CCCM** (Complex Chronic Care Management) • **PCM** (Principal Care Management) • **BHI** (Behavioral Health Integration) • **CPM** (Chronic Pain Management) • **Psych CoCM** (Psychiatric Collaborative Care Management)
For More Information *View the NACHC Reimbursement Tip Sheets*	CCM, CCCM, PCM Reimbursement Tip Sheet			CPM Reimbursement Tip Sheet	BHI Reimbursement Tip Sheet	CHI Reimbursement Tip Sheet	PIN Reimbursement Tip Sheet	RPM, RTM Reimbursement Tip Sheet	

***** Transitional Care Management (TCM) and Psychiatric Collaborative Care Management (Psych CoCM) are care management services not included in the table above as they are not billed for using G0511. See the corresponding NACHC Reimbursement Tip Sheets for more information on these services.

****** Once the minimum CPT service time threshold is reached, FQHCs are expected to continue providing services, as applicable, during the calendar month and are **not permitted to bill for any additional time via add-on service codes.** Add-on service codes are denoted in this chart with a plus (+) symbol.

*********The payment rate is based on the 2024 Medicare Physician Fee Schedule (PFS). The most up-to-date 2024 payment rates, reflecting the changes effective March 9th, can be confirmed here. The payment rate is based upon the date of service as opposed to the billing date. No Geographical Adjustment Factor (GAF) or Geographic Practice Cost Index (GPCI) has been applied; FQHCs can expect the payment to be slightly higher or lower depending on the GAF/GPCI.*

******** G0511 can be billed multiple times per month for separately identifiable services. Certain services cannot be billed together.

Patients pay 20% coinsurance based upon the lesser of the submitted charges or the local payment rate for G0511. Coinsurance may be covered in part or in full by secondary coverage (Medigap, private, or Medicaid). Coinsurance may be "slid" commensurate with the sliding fee discount program (SFDP) policy of the health center (see Sliding Coinsurance for CMS/Medicare Care Management for more information).

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