ThoroughCare

General Care MANAGEMENT

Care Coordination for Rural Health Centers and Federally Qualified Health Centers

The 2024 CMS Final Rule confirms that FQHCs and RHCs can bill G0511 multiple times per month for the same patient*, provided that the minimum requirements are met for each subcategory code.

Additionally, under GO511:

Medicare will reimburse FQHCs and RHCs for Remote Patient Monitoring (RPM) services

New programs Community Health Integration (CHI) and Principal Illness Navigation (PIN) can be billed for

*For a single care management program, we advise proceeding with billing multiple times per month at your discretion.

Benefits of New Rule

- RHCs and FQHCs can expand their services to include RPM

- New revenue streams can offset costs and provide a sustainable means to continue grant programs

- Providers can adopt a more holistic approach by combining near real-time monitoring with long-term management of chronic conditions

2024 GENERAL CARE MANAGEMENT*

Code	Requirements	Reimbursement
G0511	Respective requirements must be met for the fee-for-service programs listed below.	$71.68

*Check https://www.cms.gov/medicare/physician-fee-schedule/search/ for the latest information.

Chronic Care Management (CCM)

Code	Requirements
99490	20 minutes per month
99439	20 additional minutes per month (limit 2)
99487	60 minutes per month, complex
99489	30 additional minutes per month, complex (no limit)
99491	30 minutes of provider time
99437	30 additional minutes of provider time (no limit)

Principal Care Management (PCM)

Code	Requirements
99424	30 provider minutes per month
99425	30 additional provider minutes per month (no limit)
99426	30 clinician minutes per month
99427	30 additional clinician minutes per month (no limit)

Principal Illness Navigation (PIN)

Code	Requirements
G0023	60 minutes per month
G0024	30 additional minutes per month
G0140	60 minutes per month of peer support time
G0146	60 addiitonal minutes per month of peer support time

Chronic Pain Management (CPM)

Code	Requirements
G3002	30 minutes per month
G3003	15 additional minutes per month

Remote Patient Monitoring (RPM)

Code	Requirements
99454	Monthly monitoring of provided device(s) (16 days)
99457	20 minutes per month
99458	20 additional minutes per month (no limit)
99474	Digitally stored data services
99091	Interpretation of RPM data plus 30 minutes of clinical time

Remote Therapeutic Monitoring (RTM)

Code	Requirements
98976	Monthly monitoring of provided device(s) (16 Days)
98977	20 minutes per month
98980	20 minutes per month of provider time
98981	20 additional minutes of provider time

Behavioral Health Integration (BHI)

Code	Requirements
99484	20 minutes per month

Community Health Integration (CHI)

Code	Requirements
G0019	60 minutes per month
G0022	30 additional minutes per month

For G0511, here's what we recommend:

RPM + CCM: Consider offering to all patients. These programs go very well together and will allow you to bill for multiple instances.

PCM + CCM: Consider adding PCM alongside CCM for patients with a complex, chronic condition.

BHI + CCM: Consider offering **Behavioral Health** services to patients. Studies show that 1in 5 patients may have a qualifying condition.

In summary, the 2024 changes allow you to expand your offerings to your **General Care Management** patients. We encourage you to take advantage of these changes!