



**\$67**

CCM reimbursement  
per encounter for 2019

Medicare has made significant changes to Chronic Care Management (CCM) reimbursements for FQHCs and RHCs in the past two years.

By effectively increasing portions of CCM reimbursements, FQHC and RHC have an opportunity to increase billable CCM revenue more than ever before.

## Why CMS Made This Change

CMS recognizes patients who benefit the most are served by providers who qualify for FQHC and RHC status.

## How This Impacts Your Practice

Historically, an FQHC and RHC were only eligible to bill for 20 minutes of care and were exempt from complex codes. CMS has addressed this by increasing CCM reimbursements to more than \$67 per encounter with a minimum of 20 minutes of care.

Additionally CMS has changed the billable code from 99490 to a new code G0511.

## Get Started Today

Contact your ChartSpan Account Executive at [Sales@ChartSpan.com](mailto:Sales@ChartSpan.com) or (844)-CHARTSPAN to learn more about taking advantage of this new opportunity.