

QUICK REFERENCE SHEET

Umbra Medicare Billing Terms & Definitions



This guide defines the most important terms, payment rules, and visit types you'll encounter when working within Umbra's system under Medicare Part B.

CARE MANAGEMENT SERVICES (BILLABLE PROGRAMS)

These are non-face-to-face, team-based services that support patients in managing acute and chronic conditions. Most are billed monthly based on time and delivered under General Supervision:

- **CCM** – Chronic Care Management
- **CCCM** – Complex Chronic Care Management
- **PCM** – Principal Care Management
- **PIN** – Principal Illness Navigation
- **CHI** – Community Health Integration

For reimbursement tips for each, see the [Umbra Reimbursement Guide library](#).

PROVIDER TYPES

Authorized Billing Providers must:

- Be enrolled in Medicare Part B
- Be qualified to perform E/M services in the state where the patient resides
- Oversee care furnished by Auxiliary Personnel

Examples:

- Physicians (MD, DO)
- Nurse Practitioners (NP)
- Physician Assistants (PA)
- Certified Nurse Midwives (CNM)
- Clinical Nurse Specialists (CNS)

AUXILIARY PERSONNEL

Deliver services under General Supervision (Billing Provider does not need to be present but must be available):

May include:

- Community Health Workers (CHWs)
- Board-Certified Patient Advocates (BCPAs)
- Nurses (RN, LPN, CNS)
- Social Workers
- Peer Support Specialists (for PIN-PS)

Auxiliary Personnel must meet any state licensure and/or certification requirements for their scope of practice.

SUPERVISION TYPES

TYPE	DESCRIPTION
General	Provider must oversee care but need not be physically present
Direct (Incident To)	Provider must be onsite or immediately available (can use real-time audiovisual through 12/31/25)

TYPES OF VISITS

VISIT TYPE	DESCRIPTION
Initiating Visit	Required to start most care management programs (E/M)
Face-to-Face	In-person or telehealth with two-way audio/video
Non-Face-to-Face	Phone calls, message threads, chart review, education, documentation, coordination

NEW VS. ESTABLISHED PATIENTS

- New Patient: No professional services in past year with this provider
- Established Patient: Seen at least once by this provider in the past 3 years

SPECIAL CODES TO KNOW

- G0136 – SDOH Risk Assessment
- Z55–Z65 – SDOH ICD-10 Z codes (document food, housing, income insecurity, etc.)

CO-OCCURRING BILLING RULES

- You cannot bill CCM, CCCM, and PCM for the same condition in the same month.
- You can bill CHI or PIN with CCM/PCM if the care plans are distinct and services are not duplicated.
- Always obtain separate patient consent for each billed program.

Have questions?

Email them to Medicare@UmbraHealthAdvocacy.com



umbrahealthadvocacy.com