

# Medicare FQHC Reimbursement Updates

## Calendar Year 2019



The Calendar Year 2019 Physician Fee Schedule [Final Rule](#) included two new provisions specific to health centers. Below is a summary of the latest updates for FQHCs. Questions? Send them to [state@nachc.org](mailto:state@nachc.org).

### CY 2019 Medicare FQHC PPS Rate

Each year the Medicare FQHC PPS is updated using an FQHC specific marketbasket. This year's marketbasket reflected a 1.9 percent increase, bringing the nationwide PPS rate to **\$169.77**. Remember that the PPS rate is adjusted for geographic location and those adjustments can be found [here](#).

### Payment for Care Management Services

Since 2016, CMS has reimbursed FQHCs for Chronic Care Management services. In the final rule, CMS added new code (99491) which corresponds to 30 minutes or more of CCM furnished by a physician or other qualified health care professional, similar to CPT codes 99490 and 99487 to the calculation of G5011. Beginning January 2019, FQHCs will be reimbursed for two codes:

- ★ **GENERAL CARE MANAGEMENT (G5011):** includes CPT codes 99490, 99487, 99484 and 99491 – the newest addition. This code should be used when any of the above CPT codes are provided.
- ★ **PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT (G0512):** includes CPT codes 99492 and 99493, for at least 70 minutes of collaborative care management. There are no change in the CPT codes for this G code.

For more information, see the CMS FAQs [here](#).

### Communication Technology-Based Services (“Virtual Check-ins”) and Remote Evaluations

Beginning January 2019, CMS will reimburse FQHCs for the following new services:

- ★ **COMMUNICATION TECHNOLOGY-BASED SERVICE** – When an FQHC provider does a “virtual check in” with their patients – a non face-to-face visit, using communication technology, as long as it is not related to a face-to-face visit within the last 7 days or does not lead to a visit within 24 hours (or the soonest available appointment) with the patient.
- ★ **REMOTE EVALUATION** – FQHC providers can receive reimbursement for the evaluation of recorded video and/or images, as long as it is not related to a face-to-face visit within the last 7 days or does not lead to a visit within 24 hours (or the soonest available appointment) with the patient.

For remote evaluation, CMS is waiving the “face-to-face” requirement typically required to trigger payment at an FQHC. For more information, see the CMS FAQs [here](#).

### Additional Resources:

- NACHC and CMS [Webinar](#): “New Medicare Services for Health Center Patients”
- NACHC [Fact Sheet](#): Enrolling in Medicare as a Federally Qualified Health Center
- [CMS FQHC Center](#)