

2018 changes to FQHC Care Management Services offer expansion and revenue opportunities

What's new?

Effective January 1, 2018, Medicare made positive changes to its Chronic Care Management Program that enable Federally Qualified Health Centers (FQHCs) to better manage patients with chronic illness. New payment rules differentiate between regular and complex care management services and introduce new payment options for behavioral health and psychiatric services. The following services are covered:

- ▶ Transitional Care Management (TCM)
- ▶ Chronic Care Management (CCM)
- ▶ General Behavioral Health Integration (BHI)
- ▶ Psychiatric Collaborative Care Model (CoCM)

How do the changes affect FQHC operations?

- ▶ Reduce time-consuming administrative requirements and offer new revenue opportunities.
- ▶ FQHCs can now bill for complex CCM, general BHI, and psychiatric CoCM Services.
- ▶ Increased reimbursements for CCM and BHI (average of \$62 in 2018 vs \$42 in 2017 per patient/month).
- ▶ Direct supervision requirements for auxiliary personnel have been waived, and services can now be provided under general supervision of the FQHC practitioner.

New payment rates and billing codes

- ▶ TCM (CPT code 99495 or 99496) - Same as payment for an RHC or FQHC visit
- ▶ CCM or General BHI (HCPCS code G0511) - The 2018 rate is \$62.28
- ▶ Psychiatric CoCM (HCPCS code G0512) - The 2018 rate is \$145.08

The new G codes can be added to a claim, either alone or with other payable services.

- ▶ G0511 - Used for general care management or general BHI services. Payment is set annually at the average of the national non-facility PFS payment rate for CPT codes 99490 (20 minutes or more of CCM services), 99487 (60 minutes or more of complex CCM services), and 99484 (20 minutes or more of general BHI services).
- ▶ G0512 - Used for psychiatric CoCM services. Payment is set annually at the average of the national non-facility PFS payment rate for CPT codes 99492 (70 minutes or more of initial psychiatric CoCM services) and CPT code 99493 (60 minutes or more of subsequent psychiatric CoCM services).

Visit the [CMS website](#) for more detail on the new rates, billing codes and requirements.

Need help with implementation?

Offer improved healthcare for patients with chronic illness by expanding your CCM services and taking advantage of the new reimbursement codes. We can help you review your existing services and identify ways to maximize your revenue! Contact PK Singh at 813-787-0015 or [email](#) us to find out how.