

New reimbursement opportunities for FQHCs: Virtual Communication Services and CCM

CMS CY 2019 Physician Fee Schedule Changes

From January 1, FQHCs can take advantage of changes to the 2019 Medicare Physician Fee Schedule that offer potential new reimbursement opportunities.

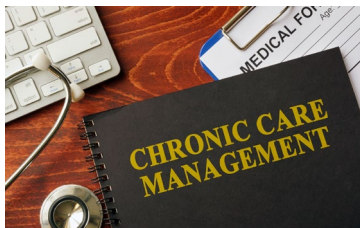
Virtual Communication Services

FQHCs can now receive payment for brief interactions between an FQHC practitioner and a patient using technology-based or remote evaluation services. Key things to be aware of:

- ▶ The new Medicare G code is G0071, with rate set at \$13.69 for 2019
- ▶ There must be at least 5 minutes of communication
- ▶ Patient must have had a billable visit at the FQHC in the past year
- ▶ Condition discussed cannot be related to an FQHC service provider within the past 7 days, and does not lead to a FQHC visit in the next 24 hours or soonest available appointment
- ▶ The virtual service must be provided by a FQHC practitioner
- ▶ Coinsurance applies to FQHC claims
- ▶ Virtual communication services are not considered to be substitutions for an in-person visit, unlike telehealth services.
- ▶ There is no limitation on the number of times this code can be billed for a single beneficiary



For more information, read the [full rule and FAQs](#) on the CMS website.



Chronic Care Management (CCM) services

In 2018, new G code G0511 was created with CPT codes 99490 and 99487, allowing FQHCs to differentiate claims for general vs. complex CCM services based on the time spent with the patient. These CPT codes can be used for CCM services provided by auxiliary personnel under general supervision of the FQHC practitioner.

In 2019, an additional CPT code 99491 has been added to the G0511 code bundle, increasing the general payment rate to \$67.03. The 99491 code should be used when the FQHC practitioner spends >30 minutes directly providing CCM services to the patient.

For more information, read the [full rule and FAQs](#) on the CMS website.