

## **Specific Payment Codes for the Federally Qualified Health Center Prospective Payment System (FQHC PPS)**

*(Rev. 12-22-16)*

In accordance with Section 1834(o)(1)(A) and 1834(o)(2)(C) of the Social Security Act, we established specific payment codes that FQHCs must use when submitting a claim for FQHC services for payment under the FQHC PPS. Detailed Healthcare Common Procedure Coding System (HCPCS) coding with the associated line item charges listing the visit that qualifies the service for an encounter-based payment and all other FQHC services furnished during the encounter are also required.

### **FQHC Visits**

A FQHC visit is a medically-necessary medical or mental health visit, or a qualified preventive health visit. The visit must be a face-to-face (one-on-one) encounter between a FQHC patient and a FQHC practitioner during which time one or more FQHC services are furnished. A FQHC practitioner is a physician, nurse practitioner (NP), physician assistant (PA), certified nurse midwife (CNM), clinical psychologist (CP), clinical social worker (CSW), or a certified diabetes self-management training/medical nutrition therapy (DSMT/MNT) provider.

A FQHC visit can also be a visit between a home-bound patient and a RN or LPN under certain conditions. Outpatient DSMT/MNT, and transitional care management (TCM) services also may qualify as a FQHC visit when furnished by qualified practitioners and the FQHC meets the relevant program requirements for provision of these services. If these services are furnished on the same day as an otherwise billable visit, only one visit is payable.

The PPS is designed to reflect the cost for all the services associated with a comprehensive primary care visit, even if not all the services occur on the same day. Stand-alone billable visits are typically evaluation and management (E/M) type of services or screenings for certain preventive services. The professional component of a procedure is usually a covered service, but is not a stand-alone billable visit, even when furnished by a FQHC practitioner.

To qualify for Medicare payment, all the coverage requirements for a FQHC visit must be met. A FQHC visit must be furnished in accordance with the applicable regulations at 42 CFR Part 405 Subpart X, including 42 CFR 405.2463 that describes what constitutes a visit. For additional information on FQHC policies and requirements, see CMS Pub 100-02, Chapter 13, <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c13.pdf>.

Effective January 1, 2016 CPT code 99490 (chronic care management) is paid based on the PFS national average non-facility payment rate when CPT code 99490 is billed alone or with other payable services on a FQHC claim. When reporting this service as a stand-alone billable visit a FQHC payment code is not required.

### **Specific Payment Codes**

Following are the specific payment codes and the appropriate descriptions of services that correspond to these payment codes. FQHCs must use these codes when submitting claims to Medicare under the FQHC PPS:

#### **G0466 – FQHC visit, new patient**

A medically-necessary, face-to-face (one-on-one) encounter between a new patient and a qualified FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of services that would be furnished per diem to a Medicare beneficiary receiving medical services. A new patient is one who has not received any professional medical or mental health services from any practitioner within the FQHC organization or from any sites within the FQHC organization within the past three years prior to the date of service.

To qualify as a FQHC visit, the encounter must include one of the services listed under “Qualifying Visits.”

If a new patient is also receiving a mental health visit on the same day, the patient is considered “new” for only one of these visits, and FQHCs should use G0466 to bill for the medical visit and G0470 to bill for the mental health visit.

Additional information on new patient determinations is available on the CMS FQHC PPS website (<http://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.htm>) under “Frequently Asked Questions” (<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-PPS-FAQs.pdf>).

#### **G0467 – FQHC visit, established patient**

A medically-necessary, face-to-face (one-on-one) encounter between an established patient and a qualified FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of services that would be furnished per diem to a Medicare beneficiary receiving medical services. An established patient is one who has received any professional medical or mental health services from any practitioner within the FQHC organization or from any sites within the FQHC organization within three years prior to the date of service.

To qualify as a FQHC visit, the encounter must include one of the services listed under “Qualifying Visits.”

If an established patient is also receiving a mental health visit on the same day, the FQHC can bill for 2 visits and should use G0467 to bill for the medical visit and G0470 to bill for the mental health visit.

#### **G0468 – FQHC visit, IPPE or AWW**

A FQHC visit that includes an Initial Preventive Physical Exam (IPPE) or Annual Wellness Visit (AWV) and includes the typical bundle of services that would be furnished per diem to a Medicare beneficiary receiving an IPPE or AWW, including all services that would otherwise be billed as a FQHC visit under G0466 or G0467.

### **G0469 – FQHC visit, mental health, new patient**

A medically-necessary, face-to-face (one-on-one) mental health encounter between a new patient and a qualified FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of services that would be furnished per diem to a Medicare beneficiary receiving a mental health visit.

A new patient is one who has not received any professional medical or mental health services from any practitioner within the FQHC organization or from any sites within the FQHC organization within the past three years prior to the date of service.

To qualify as a FQHC mental health visit, the encounter must include a qualified mental health service, such as a psychiatric diagnostic evaluation or psychotherapy. If a new patient is receiving both a medical and mental health visit on the same day, the patient is considered “new” for only one of these visits, and FQHCs should not use G0469 to bill for the mental health visit; instead, FQHCs should use G0466 to bill for the medical visit and G0470 to bill for the mental health visit.

### **G0470 – FQHC visit, mental health, established patient**

A medically-necessary, face-to-face (one-on-one) mental health encounter between an established patient and a qualified FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of services that would be furnished per diem to a Medicare beneficiary receiving a mental health visit. An established patient is one who has received any professional medical or mental health services from any practitioner within the FQHC organization or from any sites within the FQHC organization within three years prior to the date of service.

If an established patient is receiving both a medical and mental health visit on the same day, the FQHC can bill for 2 visits and should use G0467 to bill for the medical visit and G0470 to bill for the mental health visit.

To qualify as a FQHC mental health visit, the encounter must include a qualified mental health service, such as a psychiatric diagnostic evaluation or psychotherapy.

### **Adjustments Applicable to Specific Payment Codes<sup>1</sup>**

**New Patient Adjustment:** The PPS payment rate will be adjusted by a factor of 1.3416 when a FQHC furnishes care to a patient who is new to the FQHC. For medical visits, use G0466 only if the beneficiary is new to the FQHC or any of its sites for any professional services. For mental health visits, use G0469 only if the beneficiary is new to the FQHC or any of its sites for any professional services.

**IPPE and AWW Adjustment:** The PPS payment rate will be adjusted by a factor of 1.3416 when a FQHC furnishes an IPPE or an Annual Wellness Visit (AWV) to a Medicare beneficiary. A FQHC that furnishes an IPPE or AWW would include all medical services in G0468. FQHCs would not bill G0466 or G0467 on the same day, unless there was a subsequent illness or injury

---

<sup>1</sup> This section does not apply to grandfathered tribal FQHCs

that would qualify for additional payment, which the FQHC would attest to by submitting the claim with modifier 59.

### **Qualifying Visits**

The qualifying visits that correspond to the specific payment codes are as follows:

#### **G0466 - FQHC visit, new patient**

<b>HCPCS</b>	<b>Qualifying Visits for G0466</b>	<b>Effective Date</b>
92002	Eye exam new patient	
92004	Eye exam new patient	
97802	Medical nutrition indiv in	
99201	Office/outpatient visit new	
99202	Office/outpatient visit new	
99203	Office/outpatient visit new	
99204	Office/outpatient visit new	
99205	Office/outpatient visit new	
99304	Nursing facility care init	October 1, 2016
99305	Nursing facility care init	October 1, 2016
99306	Nursing facility care init	October 1, 2016
99324	Domicil/r-home visit new pat	
99325	Domicil/r-home visit new pat	
99326	Domicil/r-home visit new pat	
99327	Domicil/r-home visit new pat	
99328	Domicil/r-home visit new pat	
99341	Home visit new patient	
99342	Home visit new patient	
99343	Home visit new patient	
99344	Home visit new patient	
99345	Home visit new patient	
99406 <sup>2</sup>	Behav chng smoking 3-10 min	October 1, 2016
99407 <sup>2</sup>	Behav chng smoking > 10 min	October 1, 2016
99497	Advncd care plan 30 min	
G0101	Ca screen; pelvic/breast exam	
G0102	Prostate ca screening; dre	
G0108	Diab manage trn per indiv	
G0117	Glaucoma scrn hgh risk direc	
G0118	Glaucoma scrn hgh risk direc	
G0296	Visit to determ LDCT elig	
G0442	Annual alcohol screen 15 min	
G0443	Brief alcohol misuse counsel	
G0444	Depression screen annual	

---

<sup>2</sup> HCPCS code G0436 and G0437 will be discontinued effective 10/1/2016. CPT codes 99406 and 99407 are the remaining codes for tobacco cessation counseling. The beneficiary copayment is waived for CPT codes 99406 and 99407.

<b>HCPCS</b>	<b>Qualifying Visits for G0466</b>	<b>Effective Date</b>
G0445	High inten beh couns std 30 min	
G0446	Intens behave ther cardio dx	
G0447	Behavior counsel obesity 15 min	
<i>G0490</i>	<i>Home visit RN, LPN by RHC/FQ</i>	<i>April 1, 2016</i>
Q0091	Obtaining screen pap smear	

**G0467 – FQHC visit, established patient:**

<b>HCPCS</b>	<b>Qualifying Visits for G0467</b>	
92012	Eye exam establish patient	
92014	Eye exam & tx estab pt 1/>vst	
97802	Medical nutrition indiv in	
97803	Med nutrition indiv subseq	
99212	Office/outpatient visit est	
99213	Office/outpatient visit est	
99214	Office/outpatient visit est	
99215	Office/outpatient visit est	
99304	Nursing facility care init	
99305	Nursing facility care init	
99306	Nursing facility care init	
99307	Nursing fac care subseq	
99308	Nursing fac care subseq	
99309	Nursing fac care subseq	
99310	Nursing fac care subseq	
99315	Nursing fac discharge day	
99316	Nursing fac discharge day	
99318	Annual nursing fac assessmnt	
99334	Domicil/r-home visit est pat	
99335	Domicil/r-home visit est pat	
99336	Domicil/r-home visit est pat	
99337	Domicil/r-home visit est pat	
99347	Home visit est patient	
99348	Home visit est patient	
99349	Home visit est patient	
99350	Home visit est patient	
99406 <sup>2</sup>	Behav chng smoking 3-10 min	October 1, 2016
99407 <sup>2</sup>	Behav chng smoking > 10 min	October 1, 2016
99495	Trans care mgmt 14 day disch	
99496	Trans care mgmt 7 day disch	
99497	Advncd care plan 30 min	
G0101	Ca screen; pelvic/breast exam	
G0102	Prostate ca screening; dre	
G0108	Diab manage trn per indiv	
G0117	Glaucoma scrn hgh risk direc	

**HCPCS Qualifying Visits for G0467**

G0118 Glaucoma scrn hgh risk direc  
G0270 Mnt subs tx for change dx  
G0296 Visit to determ LDCT elig  
G0442 Annual alcohol screen 15 min  
G0443 Brief alcohol misuse counsel  
G0444 Depression screen annual  
G0445 High inten beh couns std 30 min  
G0446 Intens behave ther cardio dx  
G0447 Behavior counsel obesity 15 min  
G0490 *Home visit RN, LPN by RHC/FQ April 1, 2016*  
Q0091 Obtaining screen pap smear

**G0468 – FQHC visit, IPPE or AWW:**

**HCPCS Qualifying Visits for G0468**

G0402 Initial preventive exam  
G0438 Ppps, initial visit  
G0439 Ppps, subseq visit

**G0469 – FQHC visit, mental health, new patient:**

**HCPCS Qualifying Visits for G0469**

90791 Psych diagnostic evaluation  
90792 Psych diag eval w/med srvcs  
90832 Psytx pt &/family 30 minutes  
90834 Psytx pt &/family 45 minutes  
90837 Psytx pt &/family 60 minutes  
90839 Psytx crisis initial 60 min  
90845 Psychoanalysis

**G0470 – FQHC visit, mental health, established patient:**

**HCPCS Qualifying Visits for G0470**

90791 Psych diagnostic evaluation  
90792 Psych diag eval w/med srvcs  
90832 Psytx pt &/family 30 minutes  
90834 Psytx pt &/family 45 minutes  
90837 Psytx pt &/family 60 minutes  
90839 Psytx crisis initial 60 min  
90845 Psychoanalysis

---

NOTE: This file contains material copyrighted by the American Medical Association. You are forbidden to download the files unless you read, agree to, and abide by the provisions of the copyright statement. The copyright statement will appear before downloading the file.