

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

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 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.

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>.

### **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 following: an evaluation and management (E/M) medical visit; TCM services; DSMT; or MNT.

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.

***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 following: an E/M medical visit; TCM services; DSMT; or MNT.

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 visit, 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 visit, such as a psychiatric diagnostic evaluation or psychotherapy.

**Basic Billing Requirements and Conditions**

Each specific payment code must be submitted with a qualifying visit on a separate line. The use of these specific payment codes, and the crosswalk to the corresponding line item HCPCS code, may be subject to the following conditions, which are flagged by number in the following tables:

1) 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. The qualifying visit does not specify whether the service was furnished to a new or established patient. Use G0466 only if the beneficiary is new to the FQHC or any of its sites for any professional services. Otherwise, use G0467.

2) 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. The qualifying visit does not specify whether the service was furnished to a new or established patient. Use G0469 only if the beneficiary is new to the FQHC or any of its sites for any professional services. Otherwise, use G0470.

3) 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 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**

HCPCS	Qualifying Visits for G0466	Conditions	Notes
92002	Eye exam new patient		
92004	Eye exam new patient		
97802	Medical nutrition indiv in	1	
99201	Office/outpatient visit new		
99202	Office/outpatient visit new		
99203	Office/outpatient visit new		

<b>HCPCS</b>	<b>Qualifying Visits for G0466</b>	<b>Conditions</b>	<b>Notes</b>
99204	Office/outpatient visit new		
99205	Office/outpatient visit new		
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		
G0101	Ca screen; pelvic/breast exam	1	
G0102	Prostate ca screening; dre	1	
G0108	Diab manage trn per indiv	1	
G0117	Glaucoma scrn hgh risk direc	1	
G0118	Glaucoma scrn hgh risk direc	1	
G0442	Annual alcohol screen 15 min	1	
G0443	Brief alcohol misuse counsel	1	
G0444	Depression screen annual	1	
G0445	High inten beh couns std 30 min	1	
G0446	Intens behave ther cardio dx	1	
G0447	Behavior counsel obesity 15 min	1	
G0436	Tobacco-use counsel 3-10 min	1	
G0437	Tobacco-use counsel >10	1	
Q0091	Obtaining screen pap smear	1	

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

<b>HCPCS</b>	<b>Qualifying Visits for G0467</b>	<b>Conditions</b>	<b>Notes</b>
92012	Eye exam establish patient		
92014	Eye exam & tx estab pt 1/>vst		
97802	Medical nutrition indiv in		
97803	Med nutrition indiv subseq		
99211	Office/outpatient visit est		
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		

<b>HCPCS</b>	<b>Qualifying Visits for G0467</b>	<b>Conditions</b>	<b>Notes</b>
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		
99495	Trans care mgmt 14 day disch		
99496	Trans care mgmt 7 day disch		
G0108	Diab manage trn per indiv		
G0270	Mnt subs tx for change dx		
G0101	Ca screen; pelvic/breast exam		
G0102	Prostate ca screening; dre		
G0117	Glaucoma scrn hgh risk direc		
G0118	Glaucoma scrn hgh risk direc		
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		
G0436	Tobacco-use counsel 3-10 min		
G0437	Tobacco-use counsel >10		
Q0091	Obtaining screen pap smear		

**G0468 – FOHC visit, IPPE or AWW:**

<b>HCPCS</b>	<b>Qualifying Visits for G0468</b>	<b>Conditions</b>	<b>Notes</b>
G0402	Initial preventive exam	3	
G0438	Ppps, initial visit	3	
G0439	Ppps, subseq visit	3	

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

<b>HCPCS</b>	<b>Qualifying Visits for G0469</b>	<b>Conditions</b>	<b>Notes</b>
90791	Psych diagnostic evaluation	2	
90792	Psych diag eval w/med srvc	2	
90832	Psytx pt &/family 30 minutes	2	
90834	Psytx pt &/family 45 minutes	2	

<b>HCPCS</b>	<b>Qualifying Visits for G0469</b>	<b>Conditions</b>	<b>Notes</b>
90837	Psytx pt &/family 60 minutes	2	
90839	Psytx crisis initial 60 min	2	
90845	Psychoanalysis	2	

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

<b>HCPCS</b>	<b>Qualifying Visits for G0470</b>	<b>Conditions</b>	<b>Notes</b>
90791	Psych diagnostic evaluation		
90792	Psych diag eval w/med srvc		
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		

**Revisions to the List of Qualifying Codes**

	<b>HCPCS Codes</b>	<b>Notes</b>
1	99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, and 99397	Removed as qualifying visits since these services are not covered by Medicare.
2	M0064	Removed as a qualifying visit since this code is no longer payable as of 12/31/2014.
3	90833, 90836, and 90838	Removed as qualifying visits since these codes require an E/M visit on the same day.

This document was revised on December 5, 2014.