

# Medicare FQHC Reimbursement Updates

## Calendar Year 2022



The Calendar Year 2022 Physician Fee Schedule [Final Rule](#) included new provisions specific to health centers. Below is a summary of the latest updates for FQHCs. Please visit the [CMS FQHC Center](#) for updates. Questions? Send them to [regulatoryaffairs@nachc.org](mailto:regulatoryaffairs@nachc.org).

### CY 2022 Medicare FQHC PPS Rate

Each year the Medicare FQHC PPS is updated using an FQHC specific market basket. This year's market basket reflected a 2.1 percent increase, bringing the nationwide PPS rate to \$180.16. Remember that the PPS rate is adjusted for geographic location and those adjustments can be found [here](#).

### FQHC Telecommunication Technology- Revised Definition of FQHC Mental Health Visit

Beginning January 2022, CMS will reimburse FQHCs for the following new services:

- ❖ FQHC mental health visits will include visits furnished through interactive, real-time telecommunications technology, but only when furnishing services for the purposes of diagnosis, evaluation, or treatment of a mental health disorder.
- ❖ FQHCs can furnish mental health visits using audio-only interactions in cases where beneficiaries were not capable of, or did not consent to, the use of devices that would permit a two-way, audio/video interaction.
- ❖ FQHCs will be paid for mental health visits furnished via telecommunications technology at the same rate (PPS) they are paid for in-person mental health visits.
- ❖ FQHCs to append the 95 modifier (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System) in instances where the service was furnished using audio-video communication technology and to append a new service level modifier in cases where the service was furnished audio-only.
- ❖ FQHCs would continue to report and be paid for furnishing medically necessary virtual communications services in accordance with the requirements for HCPCS code G0071 (83 FR 59686).

### *In Person Requirement*

Starting after the [Federal Public Health Emergency](#), there must be an in-person mental health service furnished within 6 months prior to the furnishing of the telecommunications service and that in general, there must be an in-person mental health service (without the use of telecommunications technology) must be provided at least every 12 months while the beneficiary is receiving services furnished via telecommunications technology for diagnosis, evaluation, or treatment of mental health disorders.

There are limited exceptions to the requirement that there be an in-person, non-telehealth service every 12 months based on the beneficiary circumstances, including assessing the risks and burdens on an in-person services supported by documentation.

### Payment for Care Management Services

Since 2016, CMS has reimbursed FQHCs for principal care management services. In the CY 22' final rule, CMS added new code (99424) which corresponds to PCM first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month and code (99426) which corresponds to PCM first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month, to replace codes G2064 and G2065 in the calculation of the rate for HCPCS code G5011.

- ❖ Beginning January 2022, FQHCs will be reimbursed for:  
GENERAL CARE MANAGEMENT (G5011): includes CPT codes 99490, 99487, 99484, 99491, 99424, and 99426 – the newest addition. This code should be used when any of the above CPT codes are provided.

### Payment for Attending Physician Services Furnished by FQHCs to Hospice Patients

Starting January 1, 2022, a physician, NP, or PA who is employed by or working under contract with an FQHC may provide hospice attending physician services during a time when they are working for the FQHC and receive the PPS rate. FQHC services are covered when they are hospice attending physician services furnished during a hospice election.

### Concurrent Billing for Chronic Care Management Services (CCM) and Transitional Care Management (TCM) Services for FQHCs

Starting January 1, 2022, FQHCs can bill for TCM and other care management services furnished for the same beneficiary during the same service period, provided all requirements for billing each code are met.