

Medicare FQHC Updates Calendar Year 2020



Medicare is an important program for Federally Qualified Health Centers (FQHCs or “health centers”) and the changing policy landscape plays a critical role in the services health centers are able to provide to their patients. The [Centers for Medicare and Medicaid Services](#) issues an annual rule, the [Physician Fee Schedule Final Rule](#), which provides details on new policies for Medicare providers. Below is a summary of the latest updates for FQHCs, including any specific provisions in the Calendar Year 2020 Physician Fee Schedule directly impacting FQHCs. Questions? Send them to state@nachc.org.

Medicare Population is Growing at FQHCs

Health centers have seen a growing number of Medicare beneficiaries, and with the aging population, that number is quickly growing. Data from the 2018 Uniform Data Set indicates that **patients age 65 plus are the fastest growing patient population** and **10 percent** of health centers’ patients are **Medicare beneficiaries**.¹ Of these, **half** are dually eligible for both Medicare and Medicaid.

CY 2020 Medicare FQHC PPS Rate

Each year the Medicare FQHC PPS rate is updated using an FQHC specific marketbasket. This year’s marketbasket reflects a **2.2 percent increase**, bringing the nationwide PPS rate to **\$173.50**. This rate is adjusted for geographic location and those adjustments can be found here.

FQHCs are paid the lesser of their geographic-adjusted PPS rate or their G code. These G codes reflect the charges that are included in the bundle of services at the health center. There are currently 5 G codes:

- ☆ FQHC visit, new patient (G0466),
- ☆ FQHC visit, established patient (G0467),
- ☆ FQHC visit, Initial Preventive Physical Exam or Annual Wellness Visit (G0468),
- ☆ FQHC mental health visit, new patient (G0469), and
- ☆ FQHC mental health visit, established patient (G0470).

Each health center should have **well-documented records** of the services that are included in each of these G codes.

CY 2020 Medicare Physician Fee Schedule and FQHCs

Overall, the CY 2020 Medicare Physician Fee Schedule made a number of changes to the Medicare program, encouraging the use of telehealth, changes to E&M coding, and the Merit-Based Incentive Payment System (MIPS) transition to the MIPS Value Pathways (MVP) in 2021. Generally these changes do not apply to FQHCs. You can read more about these changes via the CMS fact sheet.

Specifically for FQHCs though, the rule did not include any new policies. Health centers can still use Chronic Care Management (CCM)², Behavioral Health Integration (BHI) and Psychiatric Collaborative Care Management (CoCM) Codes, as well as “virtual check-ins,” and, as they have over the last several years.

CMS considered providing a new G code to FQHCs for **Opioid Use Disorder (OUD) treatment**, but upon further review, decided that FQHCs could currently provide these services, stating “...because RHCs and FQHCs that choose

¹ 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

² The G code for CCM is G0511, BHI is G0512, and CoCM is G0071.

to furnish OUD services can continue to report these individual codes when treating OUD, and can also offer their patients comprehensive care coordination services using HCPCS codes G0511 and G0512, (CMS) stated that (it) did not believe that adding a new and separate code to report a bundle of OUD services was necessary.³”

CMS also confirmed that FQHCs are not able to seek reimbursement for **Chronic Care Remote Physiologic Monitoring Services**, stating “FQHCs are paid the lesser of their charges or the FQHC PPS rate when a medically-necessary, face-to-face visit is furnished by an FQHC practitioner. Both the RHC (All-Inclusive Rate) and the FQHC PPS rate include all services and supplies furnished incident to the visit. **Services such as RPM are not separately billable because they are already included in the RHC AIR or FQHC PPS payment.**”⁴

Questions about any of the issues above? Send them to state@nachc.org.

Additional Resources:

- [CMS FQHC Center](#)

³ Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; 84 Federal Register 62677-62678 (November 15, 2019).

⁴ Medicare Program; CY 2020 Revision to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; 84 Federal Register 62698 (November 15, 2019).

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