

Provider Update

New Federally Qualified Health Center Billing Guidelines in Effect for Original Medicare

In Original Medicare a new Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) began on October 1, 2014. FQHCs that are non-contracted and those contracted to Medicare rates will be reimbursed the lesser of actual charges or the PPS rate, less any cost sharing amounts.

- Federally Qualified Health Centers (FQHC) will be transitioned to the FQHC Prospective Payment System (PPS) based on their cost reporting periods.
 - FQHCs whose cost reporting period began **on or after** October 1, 2014 will be reimbursed using the **new PPS system**.
 - FQHCs whose cost reporting period began **before** October 1, 2014 will be reimbursed using the **current all-inclusive rate**.
 - PPS and non-PPS dates of service cannot be billed on the same claim. This means two separate claims must be billed.
- We would like to remind providers that CMS established five new HCPCS which are required for FQHC PPS billing.
 - G0466 – FQHC visit, new patient (Revenue code 0519 or 052X)
 - G0467 – FQHC visit, established patient (Revenue code 0519 or 052X)
 - G0468 – FQHC visit, IPPE or AWV (Revenue code 0519 or 052X)
 - G0469 – FQHC visit, mental health, new patient (Revenue code 0900 or 0519X)
 - G0470 – FQHC visit, mental health, established patient (Revenue code 0900 or 0519X)

For more information, please refer to Medicare Learning Network ([MLN SE1039](#))

Y0071_14_21224_I_12_09/08/2014

Amerivantage is an HMO plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in Amerivantage depends on contract renewal.

