Anthem Blue Cross and Blue Shield

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

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