

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 12958</b>	<b>Date: November 8, 2024</b>
	<b>Change Request 13581</b>

**Transmittal 12669 issued June 04, 2024, is being rescinded and replaced by Transmittal 12958, dated November 8, 2024, to add additional wording to the background and policy sections along with adding HCPCS codes G0323, G0556, G0557, and G0558. Business requirement 13581.1 will also be updated to include HCPCS codes G0323, G0556, G0557, and G0558. All other information remains the same.**

**NOTE: This Transmittal is no longer sensitive and is being re-communicated January 7, 2025. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.**

**SUBJECT: Updates to Billing for Care Coordination Services for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to provide instructions to Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) for dates of service on or after January 1, 2025.

**EFFECTIVE DATE: January 1, 2025**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: October 7, 2024 - Coding, design, and development; January 6, 2025 - Testing and implementation**

***Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.***

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions

regarding continued performance requirements.

#### **IV. ATTACHMENTS:**

##### **One Time Notification**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal:	Date: November 8, 2024	Change Request: 13581
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## **II. GENERAL INFORMATION**

**A. Background:** The purpose of this CR is to provide instructions for payment to RHCs and FQHCs for care coordination services for dates of service on or after January 1, 2025.

As authorized by §1861(aa) of the Social Security Act, RHCs and FQHCs are paid for physician services and services and supplies incident to physician services. Care coordination services are RHC and FQHC services, but payment for the additional costs associated with certain care coordination services are not included in the RHC All-Inclusive Rate (AIR) methodology or the FQHC Prospective Payment System (PPS) rate.

Beginning January 1, 2024, HCPCS code G0511 (General Care Management Services) is paid at the weighted average of the national non-facility PFS payment rate by taking into account the utilization of the base code for the service furnished and any applicable add-on codes used in the same month, as well as any base code reported alone in a month, when HCPCS code G0511 is on an RHC or FQHC claim, either alone or with other payable services. Utilization of the services that comprise G0511 is obtained using the most recently available data for the services paid under the Physician Fee Schedule (PFS). The payment rate for HCPCS code G0511 is updated annually based on the PFS amounts for these codes. We also clarified that RHCs and FQHCs may bill HCPCS code G0511 multiple times in a calendar month for the codes listed in the table below as long as all requirements are met and there is not double counting.

HCPCS code G0511 (General Care Management Services) is comprised of the following services:

Chronic Care Management (CCM) – 99487, 99490, 99491

Principal Care Management (PCM) - 99424, 99426

Chronic Pain Management (CPM) - G3002, G3003

General Behavioral Health Integration (BHI) - 99484, G0323

Remote Physiological Monitoring (RPM) - 99453, 99454, 99457, 99091

Remote Therapeutic Monitoring (RTM) - 98975, 98976, 98977, 98980

Community Health Integration (CHI) – G0019

Principal Illness Navigation (PIN) - G0023

Principal Illness Navigation – Peer Support (PIN-PS) - G0140

Advanced Primary Care Management (APCM) - G0556, G0557, G0558

**B. Policy:** Effective for services furnished on or after January 1, 2025, RHCs and FQHCs shall bill the individual CPT and HCPCS codes that describe care coordination services instead of the single HCPCS G0511. However, we are permitting a delay in compliance of this requirement for 6 months at least until July 1, 2025, for RHCs and FQHCs to update their billing systems if necessary. During the 6-month delay (January 1, 2025 – July 1, 2025), RHCs and FQHCs may continue to bill HCPCS G0511 for care coordination services, after which they will be required to bill the individual HCPCS codes.

RHCs and FQHCs that do not need to update their billing systems shall bill the individual CPT/HCPCS codes for care coordination services. RHCs and FQHCs shall determine on a facility level basis whether they are continuing to bill G0511 or the individual HCPCS codes and not by a claim by claim or patient by patient basis.

Since the APCM services are not included in G0511, when furnishing APCM, RHCs and FQHCs shall report G0556, G0557, G0558 as appropriate effective January 1, 2025.

The rates are updated annually based on the PFS amounts. For RHCs, beneficiary deductible and coinsurance apply. For FQHCs, beneficiary coinsurance applies.

Care coordination services that can be furnished and paid separately in RHCs and FQHCs effective January 1, 2025:

CCM – 99437, 99439, 99487, 99489, 99490, 99491

PCM - 99424, 99425, 99426, 99427

CPM - G3002, G3003

General BHI - 99484, G0323

RPM - 99453, 99454, 99457, 99458, 99474, 99091

RTM - 98975, 98976, 98977, 98980, 98981

CHI - G0019, G0022

PIN - G0023, G0024

PIN – Peer Support - G0140, G0146

APCM – G0556, G0557, G0558

### III. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13581.1	Contractors shall identify all of the following HCPCS/CPT codes as care coordination services:  99437, 99439, 99487, 99489, 99490, 99491  99424, 99425, 99426, 99427  G3002, G3003  99484, G0323  99453, 99454, 99457, 99458, 99474, 99091  98975, 98976, 98977, 98980, 98981  G0019, G0022  G0023, G0024  G0140, G0146  G0511  G0556, G0557, G0558	X				X				IOCE, PS&R
13581.2	Contractors shall create a user controlled table to house care coordination services for RHCs (71X TOBs) and FQHCs (77X TOBs) for dates of service on or after January 1, 2025. The table should include effective and termination dates for each code. Users should have the ability to add codes to the table.	X				X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CFW	
13581.3	Contractors shall pay RHC claims (71X TOB) with or without modifier CG and FQHC claims (77X TOB) the non-facility rate from the MPFS for care coordination services for dates of service on or after January 1, 2025.  <b>NOTE:</b> Payment is based on the rate, regardless of the charges.					X				
13581.4	Contractors shall apply coinsurance and deductible to care coordination services for RHC claims (71X TOBs). Coinsurance and deductible should be based on provider submitted charges.					X				
13581.5	Contractors shall apply coinsurance to care coordination services for FQHC claims (77X TOBs). Coinsurance should be based on the lesser of the submitted charges or the non-facility rate.					X				
13581.6	The IOCE shall send the FQHC Pricer a payment indicator of '2' for care coordination services for dates of service on or after January 1, 2025.									FQHC Pricer, IOCE
13581.7	Contractors shall suppress the MSN for care coordination services for all Tribal FQHCs' claims.					X				

#### IV. PROVIDER EDUCATION

None

**Impacted Contractors:** None

## V. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
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**Section B: All other recommendations and supporting information:**N/A

## VI. CONTACTS

**Pre-Implementation Contact(s):** Tracey Mackey, 410-786-5736 or [tracey.mackey@cms.hhs.gov](mailto:tracey.mackey@cms.hhs.gov) , Cindy Pitts, 410-786-222 or [cindy.pitts@cms.hhs.gov](mailto:cindy.pitts@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## VII. FUNDING

### **Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**