Coding Smarter, Not Harder

Unlocking Reimbursement in Value-Based Care

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Objectives

- Learn how documentation and coding affect how FQHCs get paid beyond the standard PPS rate
- Understand which types of services can be billed separately and what conditions need to be met
- Practice using a step-by-step method to review patient charts and find missed billing opportunities

Why does this matter?

- PPS alone often undervalues the full scope of work
- Capturing PPS-exempt revenue maximizes financial sustainability
- Supports team-based, value-based care

Why is this so difficult?

- Regulations and codes change frequently
- Different payers follow different billing rules
- PPS-exempt services require strict documentation
- EHR and billing systems aren’t always optimized
- Teams don’t always realize what’s billable

Key Coding Opportunities

- Care management
- Annual wellness visits
- Value-based care
- Virtual services

Care Management

NC Medicaid AMH Care Management

Requirement/Function	Tier 1/2	Tier 3	AMH+
Primary care + access	Yes	Yes	Yes
24/7 access, referrals	Yes	Yes	Yes
Risk stratification	No	Yes	Yes
Direct care management	No (PHP does this)	Yes (practice or CIN)	Yes (integrated, whole person)
Care plans for high need patients	No	Yes	Yes (enhanced)
Transitional care	No	Yes	Yes (enhanced)
Data feeds/ADT/claims	No	Yes	Yes
Care mgmnt credentials	Not required	RN or LCSW	RN or LCSW + team
TCM for BH/I/DD/TBI	No	No	Yes (must meet population/experience criteria)

NC Medicaid AMH Program Revenue

Medical Home Fees:	• $2.50 PMPM for non-ABD beneficiaries • $5.00 PMPM for ABD beneficiaries
Care Management Fees:	• Tier 3: $10 PMPM • AMH+: $17 PMPM

Medicare Gen… …ment – G0511 (avg. $110…

- Chronic … …t (CCM)
- Princip… …PCM)
- Remo… …t Monit…
- Remo… …peutic Moni…
- Behav… …alth Integration (…

Added in … …final rule:

- Communi… …gration (CHI)
- Principal illne…

Ending June 30, 2025

FQH… …ust at least capture… …lings from qualified … …anagement devices or … …tients with 20 minutes… … — or 30 minutes or … … principal care manag… …CM) — of … of thes… …directed by … …physician, … physician … …rtified nurse- … …calendar month …ted multiple times …t, per month based on …mix of services provided).

Medicare Care Management: (Commercial coverage varies) CPT/HCPS & Reimbursement

Service Type	CPT/HCPCS Code(s)	Description (Base Code)	2025 Avg. Reimbursement*
CCM	99490	First 20 min clinical staff time/month	$60
	99439	Additional 20 min clinical staff time/month	$45
	99491	First 30 min physician/QHCP time/month	$82
PCM	99424	First 30 min physician/QHCP time/month	$82
	99426	First 30 min clinical staff time/month	$62
RPM	99453	Initial setup & patient education	$20
	99454	Device supply & transmission, per 30 days	$50
	99457	First 20 min interactive monitoring/month	$50
BHI	99484	First 20 min behavioral health care management/month	$50
CHI	G0019	First 60 min services/month	$90
PIN	G0023	First 60 min services/month	$85

*Based on national averages for 2025 and may vary slightly by region and payer

Care Management Documentation

Documentation Element	Requirement
Patient Consent	Written or verbal, documented in EHR
EHR Use	Certified EHR with all patient health data
Care Plan	Comprehensive, patient-centered, regularly updated, copy given to patient
Time Tracking	At least 20 minutes/month, exact minutes, provider name, service description
Ongoing Service Notes	All care coordination and communication activities
Access and Communication	24/7 access for urgent needs, documentation of care plan explanation

Advanced Primary Care Management (APCM) - Medicare

- Bundles and streamlines care management and communication technology-based services
- No time-based thresholds
- Must maintain the ability to provide a comprehensive set of care management services, **but not every element must be delivered every month to every patient**

APCM Level	HCPCS Code	Patient Criteria	2025 Avg. PMPM Reimbursement
Level 1	G0556	0-1 chronic conditions	$15
Level 2	G0557	2+ chronic conditions	$50
Level 3	G0558	2+ chronic conditions and QMB status	$110

Psychiatric Collaborative Care (CoCM)

G0512:
Medicare $146
NC Medicaid $125

Commercial payers use
CPT codes 99492, 99493, 99494

Team-based approach to behavioral health, including a primary care provider, a behavioral health care manager, and a psychiatric consultant, working together to manage patients' behavioral health conditions.

- Minimum 60 minutes of CoCM services (not including administrative/clerical time).
- Patient outreach and engagement by the behavioral health care manager (BHCM).
- Initial assessment using validated rating scales and development of a care plan.
- Use of a patient registry to track follow-up activities and clinical progress.
- Weekly caseload consultation/tx modification between the BHCM and psychiatric consultant
- Evidence-based brief interventions
- Tracking of follow-up activities + progress using validated scales/registry documentation
- Ongoing collaboration and coordination with the FQHC's primary care team.
- Documentation in the electronic health record (EHR) of all above elements.

Annual Wellness Visit (AWV)

AWV = care gap closure

01

AWV encounters are billed under G0468

02

AWV-adjusted PPS rate: 1.3416 x the regular PPS

03

No coinsurance for the patient when billed, so the FQHC receives the full adjusted rate

04

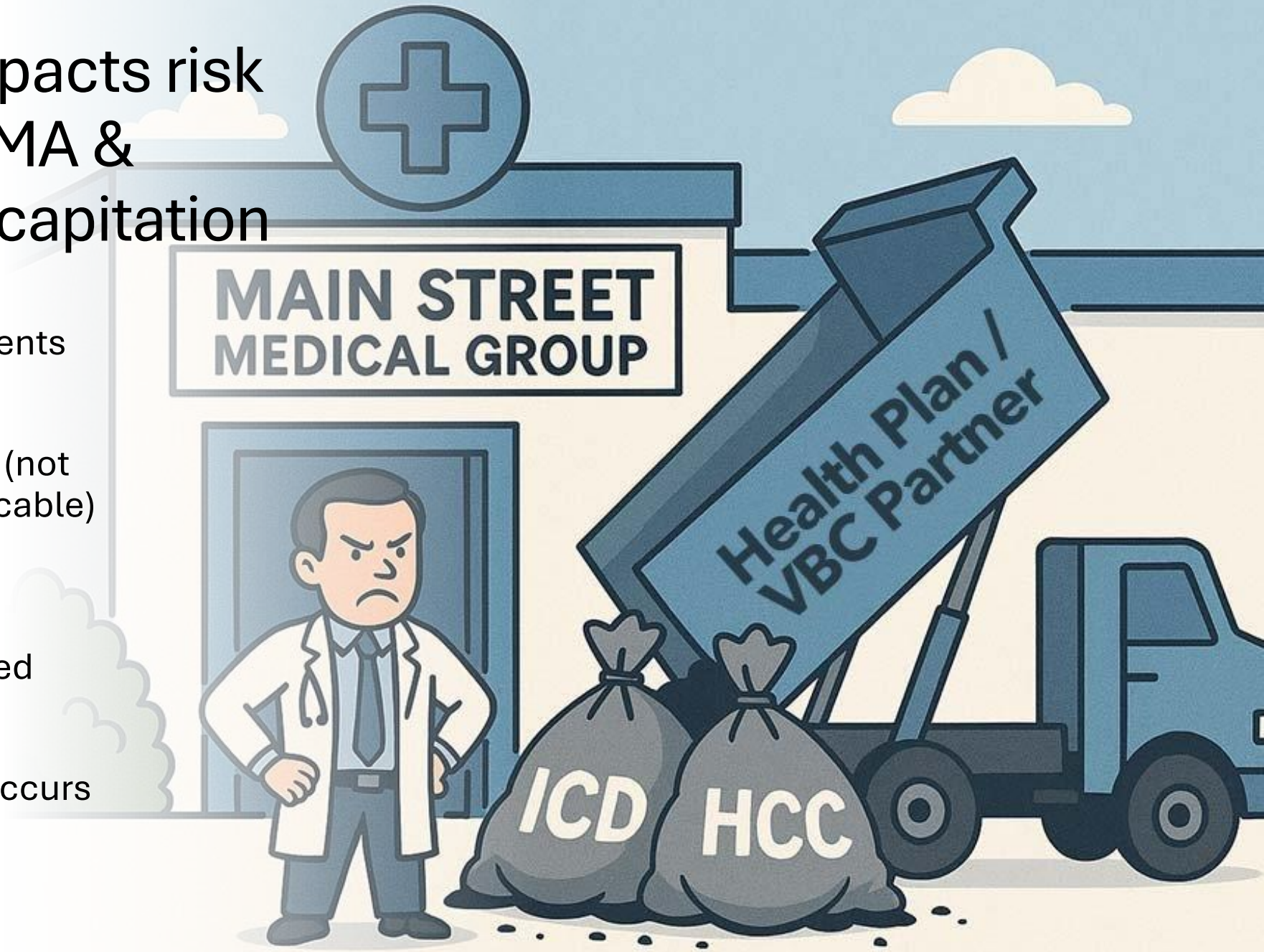
Key opportunity to address chronic diseases, update care plans, and meet quality metrics that may affect other VBPs

Value-based Care

HCC Coding impacts risk adjustment for MA & Medicaid MCO capitation

Documentation Requirements

- Condition clearly stated (not "history of" unless applicable)
- Assessment and status documented
- Treatment plan addressed
- Provider signature
- Reattestation typically occurs during the AWV



What is an HCC worth?

Condition	Medicare Advantage Impact	NC Medicaid Impact	Commercial Impact
Diabetes with complications (HCC 18)	~$1,200/year	~500/year	Payer-specific
Heart Failure (HCC 85)	~$1,300/year	~$500/year	Payer-specific
CKD (HCC 136)	~$1,000/year	~$400/year	Payer-specific
COPD (HCC 111)	~$1,200/year	~$500/year	Payer-specific
Major Depression (HCC 59)	~$1,600/year	~$650/year	Payer-specific
Morbid Obesity (HCC 22)	~$1,000/year	~$450/year	Payer-specific
Aortic Atherosclerosis (HCC 108)	~$1,200/year	~$500/year	Payer-specific

CPTII Coding
Drives quality scores for P4P and shared savings

Depression Screening

3725F (PHQ-9 score documented)

3726F (PHQ-9 score < 5)

Diabetes Care

3046F (HbA1c > 9.0%)

3051F (HbA1c < 7.0%)

3072F (Diabetic retinal screening)

3078F (Diabetic foot exam)

Blood Pressure

3074F (Systolic < 130 mm Hg)

3075F (Systolic 130-139 mm Hg)

3077F (Systolic ≥ 140 mm Hg)

Preventive Care

1034F (Tobacco use assessed)

4004F (Patient screened for tobacco use)

4001F (Tobacco cessation intervention)

3014F (Screening mammography)

3017F (Colorectal cancer screening)

Z codes

Used for SDoH, preventive care, and family/personal history

Z59.0 - Homelessness
Z59.41- Food insecurity
Z60.2 - Problems living alone
Z63.4 - Disappearance/death of family member
Z91.81 - History of falling
Z80.0 – Family history of malignant neoplasm of digestive organs
Z79.4 – Long-term use of insulin
Z00.00 – General adult medical exam
Z13.4 – Screening for developmental disorders

Medicare Advantage: Supports risk adjustment (~$50-100 PMPM)
NC Medicaid: Supports care management eligibility
Commercial: Increasingly recognized for care management

Bonus: Virtual Services

Virtual Services

Medicare: Yes
Medicaid: Yes
Commercial: varies by payer (may prefer CPT 99421–99423)

Feature	G0071	G2025
Service Type	Brief virtual communication	Full telehealth visit **(non-behavioral health)**
Who Initiates	Patient-initiated	Provider or patient-initiated
Duration	5+ minutes • Non-face-to-face communications using technology (phone, secure text, patient portal, or video) • Remote evaluation of pre-recorded patient information (e.g., photos, videos, or other digital images) submitted by the patient, with interpretation and follow-up within 24 business hours • Online digital E/M services (e.g., secure portal messages requiring a clinical decision)	Any duration (like in-person)
2025 Rate	$23.88	$94.95 (billable through 12/31/25)
When Billable	Not within 7 days or 24 hours before a visit	Any telehealth visit, even **audio-only**
Relation to Visits	Not a substitute for a visit	Equivalent to in-person visit

Practical Tips

Make sure you are being reimbursed appropriately

Collect and Organize Fee Schedules: Request payer-specific fee schedules and create a list of reimbursement rates for most common codes for each payer that is easily searchable

Leverage Technology for Accuracy: Use billing software or EHR tools to apply correct rates, verify eligibility, and reduce errors automatically.

Establish a practice fee schedule: Review this annually and confirm that it is higher than the highest payer's allowed amount, so you never undercharge

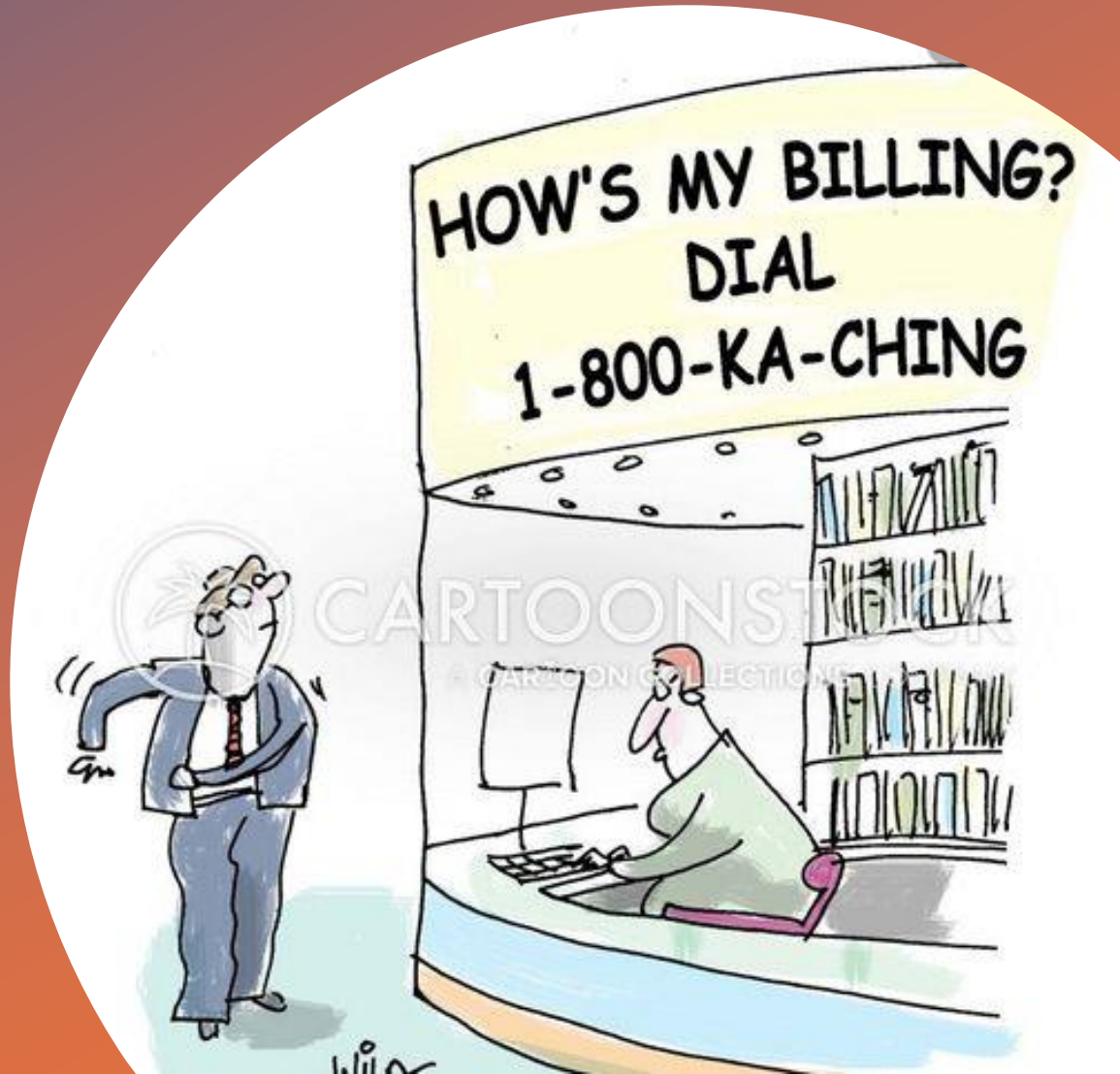
Track What's Actually Paid: Review EOBs and compare to contracted rates to catch underpayments and save accurate payment data.

Watch Your Billing Metrics: Monitor A/R days, denials, and net collections to identify issues and follow up on problematic claims.

Stay Current and Train Your Team: Regularly update CPT/HCPCS codes and educate staff on payer-specific rules to keep claims clean and timely.

Let’s practice!

Chart Audit Worksheet



Patient Case

- Name: Gloria Thomas
- DOB: 05/15/1953 (72 years old)
- MRN: 78542163
- Insurance: Medicare (in an ACO)
- PCP: Dr. Sarah Johnson
- Last AWV: 14 months ago

HPI - OFFICE VISIT (05/26/2024)

Patient presents for diabetes follow-up. States, "I've been having trouble getting here because of transportation issues." Reports occasional numbness and tingling in feet that has been "getting worse over the past few months." Taking metformin 1000mg twice daily but admits to sometimes missing doses. Denies polyuria, polydipsia, or vision changes. Reports feeling "down most days" and having trouble sleeping. Lives alone and mentions difficulty preparing healthy meals and getting to pharmacy for medication refills.

Visit Data

Vitals:

- BP: 150/90
- BMI: 38

Labs:

- HbA1c: ordered today, results pending
- eGFR: 58 mL/min (stage 3 CKD)
- Lipid panel: Total cholesterol 210, LDL 130, HDL 42, Triglycerides 190
- **PHQ-9 Score:** 14 (moderate depression)

Assessment & Plan

ASSESSMENT

1. Diabetes
2. Hypertension
3. Depression
4. Neuropathy symptoms
5. Obesity

PLAN

1. Continue current medications
2. HbA1c today
3. Increase physical activity as tolerated
4. Follow up in 3 months
5. Consider referral to podiatry if symptoms worsen

ACTUAL BILLED CODES

CPT/HCPCS Codes:
99214 (Office visit, established patient, moderate complexity)

Diagnosis Codes:
•E11.9 (Type 2 diabetes mellitus without complications)
•I10 (Essential hypertension)
•F32.9 (Major depressive disorder, unspecified)
•R20.2 (Paresthesia of skin)

CPT II Codes: None billed

Z Codes: None billed

PATIENT PORTAL MESSAGE (6/24/2024)

Dr. Johnson,

I've been having a lot of stomach problems since I started taking my diabetes medicine regularly after our visit last month. Every time I take the metformin, I get bad stomach cramps and diarrhea, especially if I take it before eating. Sometimes it's so bad I skip the evening dose because I don't want to be up all night in the bathroom. Is there anything I can do about this stomach pain? Or maybe a different medicine that won't upset my stomach so much?

Thank you, Gloria Thomas

Response from Sarah Johnson on 6/24 4:24PM:
Try to take it with your largest meal of the day, before or after eating. This is a well-known side effect and it should improve once your body adjusts to the medication. Give it time. Make an appointment a week from now so that I can check in with you then.

PATIENT CALL (7/5/2024)

Patient contacted via telephone to follow up on stomach pain and discuss recent A1c results of 8.7% after no-showing her scheduled visit. Patient states she is still experiencing significant GI distress with metformin, including stomach cramps, nausea, and diarrhea. Reports symptoms are worse when taking medication on empty stomach. Patient reports checking blood glucose 1-2 times daily with readings ranging from 160-210 mg/dL.

Patient states she has difficulty coming to in-person appointments due to her weight making mobility challenging. Also mentions she does not have a smartphone or computer with camera capabilities, making video visits impossible. "It's just easier to talk on my regular phone." Reports continued numbness and tingling in feet. Denies any foot wounds or skin breakdown. Mood remains "down most days" but is taking sertraline regularly.

Patient Education: Discussed importance of medication adherence and strategies to minimize GI side effects. Reviewed signs/symptoms that would require immediate attention.

Time Spent: 25 minutes discussing medication management, diabetes control, techniques to improve mood, and addressing barriers to care.


What are the missed opportunities?

Missed opportunities

- Office visit
  - G0468 (FQHC AWV) - Missed opportunity
  - Optimized HCC coding
  - Z codes for SDOH concerns
  - CPT II codes for hypertension, diabetes, and PHQ9
- Patient Portal Message
  - G0071 (Virtual communication service)
- Patient Call
  - G2025: audio only telehealth
- Care Management
  - CCM/APCM
  - Potentially CoCM

Service	Actual Billed	Optimal Billing	Missed Revenue
Office Visit	$165.00 (99214)	$165.00 (99214) + $69.23 (G0468)	$69.23
Portal Message	$0	$23.88 (G0071)	$23.88
Telehealth	$0	$94.45 (G2025)	$94.95
Care Management	$0	$50/month (APM)	$600/year
HCC Impact	0	4 HCCs	Affects shared savings
TOTAL	**$165.00**		**~$780/yr**

Codes to Consider

G0512 – Collaborative care model ($125-$150)

G2025 – Telehealth, even audio-only ($95)

G0557 – Advanced primary care management ($50)

G0071 – Brief virtual communication ($32)

Thank you for listening!

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