

What's New in CPT® for 2018?

Care Management Codes - Two New Ones Just for Us!

Woo-hoo! Of the approximately 200 new 2018 CPT/HCPCS® codes, two of them were created just for RHCs and FQHCs. How about that? These two new care management codes G0511 and G0512 will be used to report Chronic Care Management (CCM), Behavioral Health Integration (BHI) and Psychiatric Collaborative Care Model (CoCM). Updated information on these services and use of the new codes can be found in CMS MM 10175. Deductibles and coinsurance amounts are applied to the care management services.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10175.pdf>

Chronic Care Management: Beginning January 1, 2018, CCM will be reported using HCPCS® Code G0511. This code will reimburse at a higher rate than CPT® 99490 giving us the average of the two CCM codes and the one general BHI code or **\$62.28** per month. **99490 will NOT be billable by a RHC for services after January 1st.** The same requirements exist for reporting CCM services under G0511 as were in place for reporting code 99490.

Behavioral Health Integration: Beginning January 1, 2018, RHCs will also use G0511 to report care management of BHI. The guidelines for BHI can be found in MM 10175.

Psychiatric Collaborative Care Model: Beginning January 1, 2018, RHCs will use G0512 to report CoCM services. The guidelines for CoCM can be found in MM 10175. G0512 reimburses from the Physician Fee Schedule at **\$145.08**.

Transitional Care Management (TCM): There are no changes in how TCM is reported by RHCs in 2018.

Non-RHC Diagnostic Radiology CPT® Changes

For those independent RHCs that provide non-RHC radiology services or for those who order x-rays through your hospital system, you will want to make note that all of the chest x-ray codes and some abdominal CPT® codes are being replaced with new codes. All codes deletions and additions are effective for 2018. Make necessary changes to your charge sheets and fee schedules. Give your providers and billing staff a heads-up, too! Continue to bill as is appropriate to your RHC type.

2017 Code (Delete)	2018 Code (Add)	New Description
71010	71045	Radiologic examination, chest; single view
71015	71045	Radiologic examination, chest; single view
71020	71046	Radiologic examination, chest; 2 views
71021	71047	Radiologic examination, chest; 3 views
71022	71047	Radiologic examination, chest; 3 views
71022	71048	Radiologic examination, chest; 4 or more views
71035 (special views)	71046 or 71047 or 71048, as appropriate	
74000	74018	Radiologic examination, abdomen, 1 view
74010	74019	Radiologic examination, abdomen, 2 views
74010	74021	Radiologic examination abdomen, 3 or more

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