

# CMS Proposes Reimbursement Increase for Chronic Care Management

## RHCs to use New CPT Codes to Bill for CCM



The Center for Medicare and Medicaid Services (CMS) released their 2018 Physician Fee Schedule [proposed rule](#) last week which proposes a significant increase to the RHC reimbursement for CCM services.

Specifically, CMS is proposing the establishment of two new G codes for “care management” services. Currently, RHCs are only allowed to bill for a 99490 or “level 1” CCM service which pays \$42.71.

The first new code is GCCC1, which is a General Care Management Code for RHCs. Code GCCC1 is billed when requirements for any of the below codes (CPT 99490, 99487, and HCPS G0507) are met alone or in addition to other services during the visit. The payment amount is set at the national average of the non-facility physician fee schedule (PFS) payment rates of these. In 2017, the proposed average was \$61.37 so one might expect a similar figure for 2018.

- CPT 99490: 20 minutes of chronic care management (CCM) services
- CPT 99487: 60 minutes or more of complex CCM services
- HCPCS G0507: 20 minutes or more of general behavioral health integration (BHI) services

The second new code is GCCC2, which allows RHCs to bill for something called Psychiatric collaborative care model (CoCM). Currently, RHCs are not allowed to bill any of these services. Psychiatric CoCM is a specific model of care provided by a team of health care professionals including: a primary care provider, health care manager, and psychiatric consultant. Code GCCC2 is used when requirements for either of the two below codes (G0502, G0503) have been met alone or in addition to other services during the visit. The payment amount is set at the national average of the non-facility physician fee schedule (PFS) of these codes. In 2017, this average amounted to \$126.33.

- HCPCS G0502: 70 minutes or more of initial psychiatric CoCM services
- HCPCS G0503: 60 minutes of subsequent psychiatric CoCM services

Both new G codes can be billed once per month per patient and cannot be billed if other care management services are billed during the same time period.

CMS is also hosting a listening session on August 1<sup>st</sup> from 2-3:30 pm EST to discuss these new care management regulations as well as the new Accountable Care Organization (ACO) RHC/FQHC beneficiary assignment process they are proposing for the Medicare Shared Savings Program. You may register for that event here: <https://blh.ier.intercall.com/>

**Nathan Baugh**  
Director of Government Relations  
National Association of Rural Health Clinics  
[Baughn@capitolassociates.com](mailto:Baughn@capitolassociates.com)