



ADVOCATE
EDUCATE
ELEVATE™

Behavioral Health Billing & Coding for FQHCs: Maximizing Reimbursement While Maintaining Compliance



Jamela T. Hillary-Harris, MBA
Senior Provider Relations Representative

September 16–18, 2026

| Williamsburg, Virginia

Notice

The content in this presentation is intended for the VCHA Annual Membership & Conference. It is current, as of September 1, 2026. Any changes or new information superseding this information is provided in articles with publication dates after September 1, 2026, at <https://www.palmettogba.com>.

CPT® codes, descriptions and other coding data,
copyright © 2025 American Medical Association.
All rights reserved.



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

| Williamsburg, Virginia

AMA/CPT® Copyright Notice

CPT® codes, descriptions, and other data only are copyright 2025 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT®, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

| Williamsburg, Virginia

AHA/NUBC UB-04 Copyright Notice

Copyright © 2025 the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution, or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at (312) 893–6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Acronym	Description
ADR	Additional Documentation Request
AFR	Agency Financial Report
BCRC	Benefits Coordination & Recovery Center
CERT	Comprehensive Error Rate Testing
CFR	Code of Federal Regulations
CMS	Centers for Medicare & Medicaid Services
FFS	Fee-for-Service
IOM	Internet-Only Manual
JJA	Jurisdiction J Part A
JMA	Jurisdiction M Part A
LOB	Line of Business
MAC	Medicare Administrative Contractor
MLN	Medicare Learning Network®

A close-up photograph of a hand wearing a blue nitrile glove, gently holding a human hand. The human hand is resting on a white surface, and a green surgical drape is visible in the lower foreground. The background is dark and out of focus.

Agenda

- Updates
- Federally Qualified Health Centers (FQHC) Overview
- Claim Denials and Resolutions
- Medicare Compliance
- Best Practices
- Resources

Learning Objectives

Improving accuracy and ensuring compliance with Medicare billing requirements for FQHC behavioral health services

Reducing claim denials, rejections, and payment delays

Clarifying FQHC encounter billing requirements

Ensuring compliance with CMS and Medicare regulations



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia



ADVOCATE
EDUCATE
ELEVATE™

Updates

September 16–18, 2026

| Williamsburg, Virginia

Rural Health Clinics & Federally Qualified Health Centers: Billing Distant Site Telehealth Services

Related Change Request (CR) Information	
Number: 14468	Release Date: May 27, 2026
Effective Date: October 1, 2026	Implementation Date: October 5, 2026
Transmittal Number: R13776OTN	
Title: Billing of Distant Site Telehealth Services in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)	

Required Action

Make sure your billing staff knows that RHCs and FQHCs must bill the individual CPT[®] or HCPCS code for distant site telehealth services they provide instead of HCPCS code G2025, effective October 1, 2026.

Transmittal Number: R13776OTN

CPT[®] codes and modifiers begin with a numeric character and HCPCS codes and modifiers begin with an alpha character. All Current Procedural Terminology (CPT[®]) codes and descriptors are copyrighted 2025 by the American Medical Association.



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia



Online
Library ▾

Topics &
States ▾

Rural Data
Visualizations ▾

Case Studies &
Conversations ▾

Tools for
Success ▾

[Rural Health](#) > [Topics & States](#) > [Topics](#)



Federally Qualified Health Centers (FQHCs) and the Health Center Program

On This Page

- [Overview](#)
- [FAQs](#)

More in This Topic Guide

- [Resources](#)
- [Organizations](#)
- [Funding & Opportunities](#)
- [News](#)
- [Events](#)
- [Models and Innovations](#)
- [About This Guide](#)

About the Rural Health Information Hub

The Rural Health Information Hub is funded by the Federal Office of Rural Health Policy to be a national clearing-house on rural health issues.

[Rural Health Information Hub](#)



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

| Williamsburg, Virginia

FQHC/RHC News & Announcements

Highlights for CY 2026 include: [CY 2026 Physician Fee Schedule \(PFS\) Final Rule Effective January 1, 2026.](#)

- **Telecommunications Services** — Permanently adopted a definition of direct supervision that allows the physician or supervising practitioner to provide such supervision through real-time audio and visual interactive telecommunications (excluding audio-only)
- **Telecommunications Services** — Non-behavioral health visits furnished via telecommunication technology can continue to be reported with HCPCS code G2025, including services furnished using audio-only communications technology through December 31, 2027
- **Telecommunications Services** — The requirement that an in-person mental health visit must occur within six months before a telehealth mental health service at least every 12 months while a beneficiary receives telecommunications services for diagnosis, evaluation, or treatment of mental health disorders in RHCs and FQHCs will not take effect until after January 1, 2028. The CY 2026 payment rate for G2025 is \$97.53.
- **Telecommunications Services** — See the [Telehealth FAQs \(PDF\)](#) for additional telehealth-related updates



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

| Williamsburg, Virginia

FQHC/RHC News & Announcements

Highlights for CY 2026 include: [CY 2026 Physician Fee Schedule \(PFS\) Final Rule Effective January 1, 2026](#).

- **Advanced Primary Care Management** — New optional add-on codes are available that would facilitate billing for Behavioral Health Integration (BHI) and/or Psychiatric Collaborative Care Model (CoCM) using HCPCS codes G0568, G0569, and G0570. These services when furnished are paid at the national non-facility rate.
- **G0512 and G0071 Changes** — Report individual codes that make up both the CoCM and the Communications Technology-Based Services (CTBS) and Remote Evaluation Services, previously reported under HCPCS codes G0512 and G0071, respectively. G0512 and G0071 are no longer reportable beginning January 1, 2026. A reminder that G0511 is also terminated.
- **Care Coordination Services** — Going forward, CMS will pay the national non-facility rate for services that are established under the PFS and designated as care management services as care coordination services for purposes of separate payment for RHCs and FQHCs. Please see the CY 2026 Designated Care Management Services Assigned General Supervision table on the [CY 2026 PFS Final Rule page](#).

Payment Rates

- Get the [RHC/FQHC CY 2026 Non-Facility Payment Rates \(ZIP\)](#)



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

| Williamsburg, Virginia



ADVOCATE[™]
EDUCATE
ELEVATE

Federally Qualified Health Centers (FQHC) Overview

September 16–18, 2026

| Williamsburg, Virginia

Federally Qualified Health Centers (FQHCs) History

1990: Established in 1990
by section 4161 of the
Omnibus Budget
Reconciliation Act
(OBRA), of 1990

2014: FQHCs were paid
an All-Inclusive Rate (AIR)
for primary health
services and qualified
preventive health services
until October 1, 2014

1991: They were effective
beginning on October 1,
1991

2016: Beginning on
January 1, 2016, all
FQHCs are paid under the
provisions of the FQHC
PPS, as required by
Section 10501(i)(3)(B) of
the Affordable Care Act



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

*From Colonial Clinics to Community Health Centers: Pioneering the Next Era of
Healthcare in Virginia*

September 16–18, 2026

| Williamsburg, Virginia

FQHC General Information

The statutory requirements that FQHCs must meet to qualify for the Medicare benefit are in section 1861(aa)(4) of the Act. No Part B deductible is applied to expenses for services that are payable under the FQHC benefit.

An entity that qualifies as an FQHC is assigned a CCN in the range 1800–1989 and 1000–1199.



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

FQHC Requirements

Provide comprehensive services and have an ongoing quality assurance program;

Meet other health and safety requirements;

Not be concurrently approved as an RHC; and

Meet all requirements contained in section 330 of the Public Health Service Act, including:

- Serve a designated Medically-Underserved Area (MUA) or Medically-Underserved Population (MUP)
- Offer a sliding fee scale to persons with incomes below 200% of the federal poverty level; and
- Be governed by a board of directors, of whom a majority of the members receive their care at the FQHC



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Eligible Organizations



**Health Center Program
Grantees**



**Health Center Program Look-
Alikes**



**Outpatient health
programs/facilities operated by a
tribe or tribal organization
(under the Indian Self
Determination Act) or by an
urban Indian organization (under
Title V of the Indian Health Care
Improvement Act)**



**ADVOCATE
EDUCATE
ELEVATE**

2026 VCHA Annual Membership Meeting & Conference

*From Colonial Clinics to Community Health Centers: Pioneering the Next Era of
Healthcare in Virginia*

September 16–18, 2026

Williamsburg, Virginia

FQHC Services

Defined as:

- Physician services
- Services and supplies furnished incident to a physician's services
- Nurse Practitioners (NPs), Physician Assistants (PAs), Certified Nurse Midwife (CNM), Clinical Psychologist (CP), Clinical Social Worker (CSW), Marriage and Family Therapist (MFT), and Mental Health Counselor (MHC) Services
- Services and supplies furnished incident to an NP, PA, CNM, CP, MFT or MHC services; and
- Outpatient diabetes self-management training (DSMT) and medical nutrition therapy (MNT) for beneficiaries with diabetes or renal disease



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

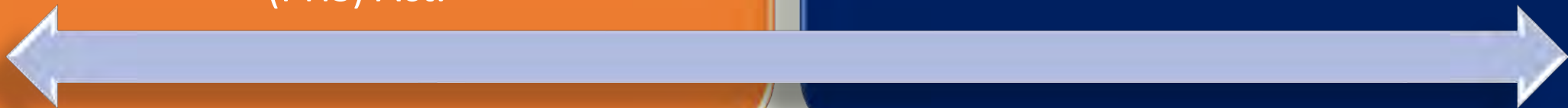
Preventive Services



The law defines Medicare-covered preventive services provided by an FQHC as the preventive primary health services that an FQHC is required to provide under section 330 of the Public Health Service (PHS) Act.



Medicare may not cover some of the preventive services that FQHCs provide, such as dental services, which are specifically excluded under Medicare law.



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia



ADVOCATE[™]
EDUCATE
ELEVATE

Payments and Billing

September 16–18, 2026

| Williamsburg, Virginia

Coding



Healthcare Common Procedure Coding System (HCPCS)

ICD-10

Specific Payment Codes for the Federally Qualified Health Center

Federally Qualified Health Center (FQHC) Preventive Services Chart: Information on preventive services in FQHCs including HCPCS coding, same day billing, and waivers of co-insurance



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Billing

FQHC Type of Bill-77x

Following are the specific payment codes and the appropriate descriptions of services that correspond to these payment codes

FQHCs must use these codes when submitting claims to Medicare under the FQHC PPS (see code examples below):

- G0466 – FQHC visit, new patient
- G0467 – FQHC visit, established patient
- G0468 – FQHC visit, IPPE or AWW
- G0469 – FQHC visit, mental health, new patient
- G0470 – FQHC visit, mental health, established patient

Specific Payment Codes for the Federally Qualified Health Center Prospective Payment System (FQHC PPS)



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Global Billing

The Medicare global billing requirements do not apply to FQHCs, and global billing codes are not accepted for FQHC billing or payment.

If a FQHC furnishes services to a patient who has had surgery elsewhere and is still in the global billing period, the FQHC must determine if these services have been included in the surgical global billing.

Services not included in the global surgical package are listed in Pub. 100-04, Medicare Claims Processing Manual, chapter 12, section 40.1.B.



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Key Points to Remember

FQHC claims must include an FQHC payment code

CMS annually update the FQHC PPS base payment rate using the FQHC market basket

Coinsurance is 20% of the lesser of the FQHC charges or the PPS rate for the specific payment code, except for certain preventive services

FQHC services are not subject to the Medicare 3-day payment window requirements

FQHC services furnished by an FQHC practitioner may not be billed separately by the FQHC practitioner, or by another practitioner or an entity other than the FQHC, even if the service is not a stand-alone billable visit

Services furnished to patients in any type of hospital setting (inpatient, outpatient, or emergency department) are statutorily excluded from the RHC/FQHC benefit and **may not** be billed by the RHC or FQHC



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Claim Submission

- Statement Covers Period (From – Through)
- The RHC/FQHC shows the beginning and ending dates of the period covered by this bill in numeric fields (MM-DD-YY)
- Patient Name/Identifier
- The RHC/FQHC enters the beneficiary's name exactly as it appears on the Medicare card
- Patient Address
- The RHC/FQHC enters the mailing address of the patient. Enter the complete mailing address.
- Patient Birth Date
- The RHC/FQHC enters the date of birth of the patient
- Patient Sex
- The RHC/FQHC enters the sex of the patient as recorded at the start of care
- Priority (Type) of Admission or Visit
- The RHC/FQHC enters the most appropriate NUBC approved code indicating the priority of the visit
- Point of Origin for Admission or Visit
- The RHC/FQHC enters the most appropriate NUBC approved code indicating the point of origin for this admission or visit



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Claim Submission

- Patient Discharge Status
- The RHC/FQHC enters the most appropriate NUBC approved code indicating the patient's status as of the "Through" date of the billing period
- Condition Codes
- The RHC/FQHC enters any appropriate NUBC approved code(s) identifying conditions related to this bill that may affect processing
- Value Codes and Amounts
- The RHC/FQHC enters any appropriate NUBC approved code(s) and the associated value amounts identifying numeric information related to this bill that may affect processing
- Revenue Codes
- The RHC/FQHC assigns a revenue code for each type of service provided and enters the appropriate four-digit numeric revenue code to explain each charge



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Revenue Codes

Revenue Code	Description
0521	Clinic visit by member to RHC/FQHC
0522	Home visit by RHC/FQHC practitioner
0524	Visit by RHC/FQHC practitioner to a member in a covered Part A stay at the SNF
0525	Visit by RHC/FQHC practitioner to a member in a SNF (not in a covered Part A stay) or NF or ICF MR or other residential facility
0527	RHC/FQHC Visiting Nurse Service(s) to a member's home when in a home health shortage area
0528	Visit by RHC/FQHC practitioner to other non RHC/FQHC site (e.g., scene of accident)
0519	Clinic, Other Clinic (only for the FQHC supplemental payment)
0900	Mental Health Treatment/Services



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Prohibited Revenue Codes

The following revenue codes are not allowed on FQHC or RHC claims

002x-024x

029x

045x

054x

056x

060x

065x

067x-072x

080x-088x

093x

096x--310x



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

HCPCS/Accommodation Rates/HIPPS Rate Codes

HCPCS Code	Definition
G0466	FQHC visit, new patient A medically necessary, face-to-face encounter (one-on-one) between a new patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a FQHC visit.
G0467	FQHC visit, established patient A medically necessary, face-to-face encounter (one-on-one) between an established patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a FQHC visit.
G0468	FQHC visit, IPPE or AWV A FQHC visit that includes an IPPE or AWV and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving an IPPE or AWV.
G0469	FQHC visit, mental health, new patient A medically necessary, face-to-face mental health encounter (one-on-one) between a new patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a mental health visit.
G0470	FQHC visit, mental health, established patient A medically necessary, face-to-face mental health encounter (one-on-one) between an established patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare covered services that would be furnished per diem to a patient receiving a mental health visit.



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Encounter Claims

FQHCs must report HCPCS coding on the claim to describe all services that occurred during the encounter

All service lines must be reported with their associated charges. The additional services reported on the claim that are part of the FQHC encounter, will not be paid

The payment for these services is included in the payment under the FQHC payment code

Payment for a FQHC encounter requires a medically necessary face-to-face visit

Each FQHC specific payment code (G0466–G0470) must have a corresponding service line with a HCPCS code that describes the qualifying visit

The link below contains the list of the qualifying visits for each payment specific code:

- [Specific Payment Codes for the Federally Qualified Health Center](#)



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Modifiers

CPT® modifier 59 is the FQHC and RHC's attestation that the patient, after the first visit, suffers an illness or injury that requires additional diagnosis or treatment on the same day



CPT® modifier 59 should only be used when reporting unrelated services that occurred at separate times during the day (e.g., the patient had left the FQHC or RHC and returned later in the day for an unscheduled visit for a condition that was not present during the first visit)



For claims subject to the FQHC PPS, CPT® modifier 59 is only valid with HCPCS FQHC Payment Code G0467

CPT® codes and modifiers begin with a numeric character and HCPCS codes and modifiers begin with an alpha character. All Current Procedural Terminology (CPT®) codes and descriptors are copyrighted 2025 by the American Medical Association.



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Mental Health Services

- When submitting a claim for a mental health visit furnished on the same day as a medical visit, **FQHCs must report a specific payment code for a medical visit** (G0466, G0467, or G0468) and a **specific payment code for a mental health visit** (G0470), and **each specific payment code must be accompanied by a service line with a qualifying visit**
- Qualified mental health visits billed under revenue code 0900 receive an additional payment when billed on the same day as a medical visit
- **Example: Mental Health Services**
 - PPS RATE for G0468: \$225.00 PPS rate for
 - G0470: \$160.00 Total of provider's actual charges for the specific payment codes representing medical visits (140.00 + 75.00 + 55.00) = 270.00. This does not include charges for G0470 Provider's charge for the specific payment code representing mental health services = 159.00.
 - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf>



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

The Medicare Learning Network®



MLN909432 January 2026



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

| Williamsburg, Virginia

Behavioral Health Integration (BHI) Eligibility

Your patients may be eligible for BHI services if they have an identified mental, behavioral, or psychiatric health condition, including substance use disorder, and require:

A Behavioral Health
Care Assessment

Behavioral Health Care
Planning

Provision of
Interventions



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

BHI Service Requirements

An initiating visit

Qualifying initiating visits include:

- Annual wellness visit (AWV)
- Initial preventive physical exam (IPPE)
- Comprehensive evaluation and management (E/M) visit
- Transitional care management (TCM) visit
- Direct patient contact, face-to-face services or services without direct patient contact
- BHI services “incident to” (as an integral part of) services by the billing practitioner. These services are provided by other members of the care team under the direction of the billing practitioner and are subject to applicable state law, licensure, and scope of practice. Care team members are either employees or working under contract with the billing practitioner whom Medicare directly pays for BHI

A single encounter, a monthly service, or both

Specific conditions related to mental, behavioral, or psychiatric health



ADVOCATE
EDUCATE
ELEVATE

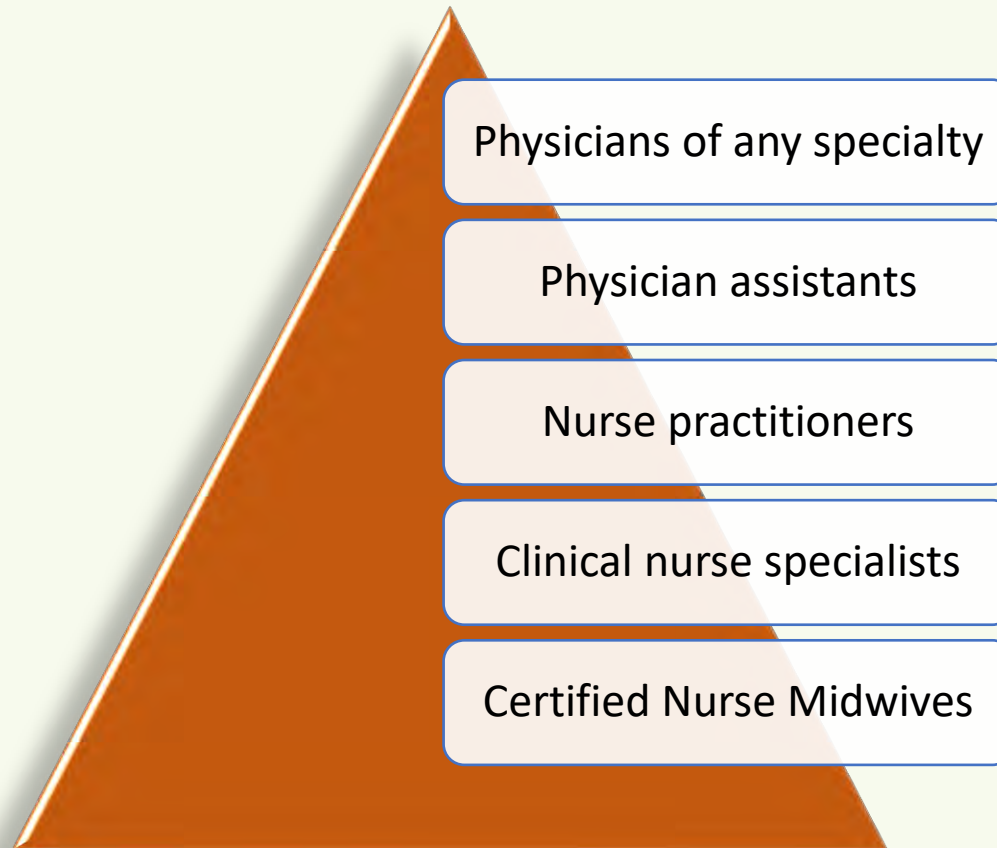
2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

BHI Providers



Note: CMS allows physicians and non-physician practitioners (NPPs) whose scope of practice includes E/M services to bill BHI services.



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

BHI Codes	Behavioral Health Care Manager or Clinical Staff Threshold Time	Assumed Billing Practitioner Time
BHI initiating visit (AWV, IPPE, TCM, or other qualifying E/M; psychiatric diagnostic evaluation)	N/A	Usual work for the visit code
CoCM first month (CPT® code 99492)	70 minutes initial calendar month	30 minutes
CoCM subsequent months (CPT® code 99493)	60 minutes per subsequent calendar month	26 minutes
Add-on CoCM (any month) (CPT® code 99494)	Each additional 30 minutes per calendar month	13 minutes
Initial or subsequent psychiatric CoCM (HCPCS code G2214)	30 minutes of behavioral health care manager time per calendar month	Usual work for the visit code
General BHI (CPT® code 99484)	At least 20 minutes per calendar month	15 minutes
Care management services for general behavioral health conditions (HCPCS code G0323)	At least 20 minutes of clinical psychologist or clinical social worker time per calendar month	15 minutes

Key Points to Remember

FQHCs must report all services that occurred on the same day on one claim.

FQHCs may submit claims that span multiple days of service.

FQHCs must report HCPCS codes for influenza and pneumococcal vaccines and their administration on a FQHC claim, and these HCPCS codes will be considered informational only.

MACs shall continue to pay for the influenza and pneumococcal vaccines through the cost report.



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia



ADVOCATE
EDUCATE
ELEVATE™

Claim Denials and Resolutions

September 16–18, 2026

| Williamsburg, Virginia

Claims Payment Issues Log

The screenshot shows the Palmetto GBA website. The header includes the Palmetto GBA logo, navigation links (Email Updates, eServices Login, Contact Us), and a search bar. The main navigation bar lists Jurisdiction M Part A, Topics, Tools, Forms, Events and Education, and New to Medicare. The main content area is titled 'Jurisdiction M Part A MAC' and includes a sub-header 'Part A Providers in North and South Carolina, Virginia and West Virginia'. Below this are three featured sections: 'TAKE OUR SURVEY', 'ESERVICES PORTAL', and 'OUTPATIENT DEPARTMENT PA'. A sidebar on the left contains links for CERT, CLAIMS PAYMENT ISSUES LOG (highlighted with an orange box), MBI, and MEDICAL POLICIES. The main content area also features an 'IMPORTANT UPDATE' section titled 'PROVIDER ENROLLMENT PROCESSING DELAY' and an 'EDUCATIONAL EVENTS' section with upcoming events.

- Here is a list of system-related claims payment and processing issues. These issues have been reported to the Centers for Medicare & Medicaid Services (CMS) and/or the Fiscal Intermediary Standard System (FISS)
- Please check often for updates before contacting the provider contact center
- The issues are identified by stand alone articles and will be updated as needed



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Reason Code Overview

IF Position 1 is:	THEN the Type of Edit is:	AND Positions 2–5 Can Be:
1	Consistency Edits	0125–9999
3	Online System Edits	0000–9799
4	File Maintenance	Alpha 001– Alpha 899
5	Medical Review	0001–9999
7	Site-Specific (non-medical)	0001–9999
A – Z (except W)	CWF	Current CWF 4-Digit Error Codes
W	OCE/MCE and Grouper	0001–2999



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

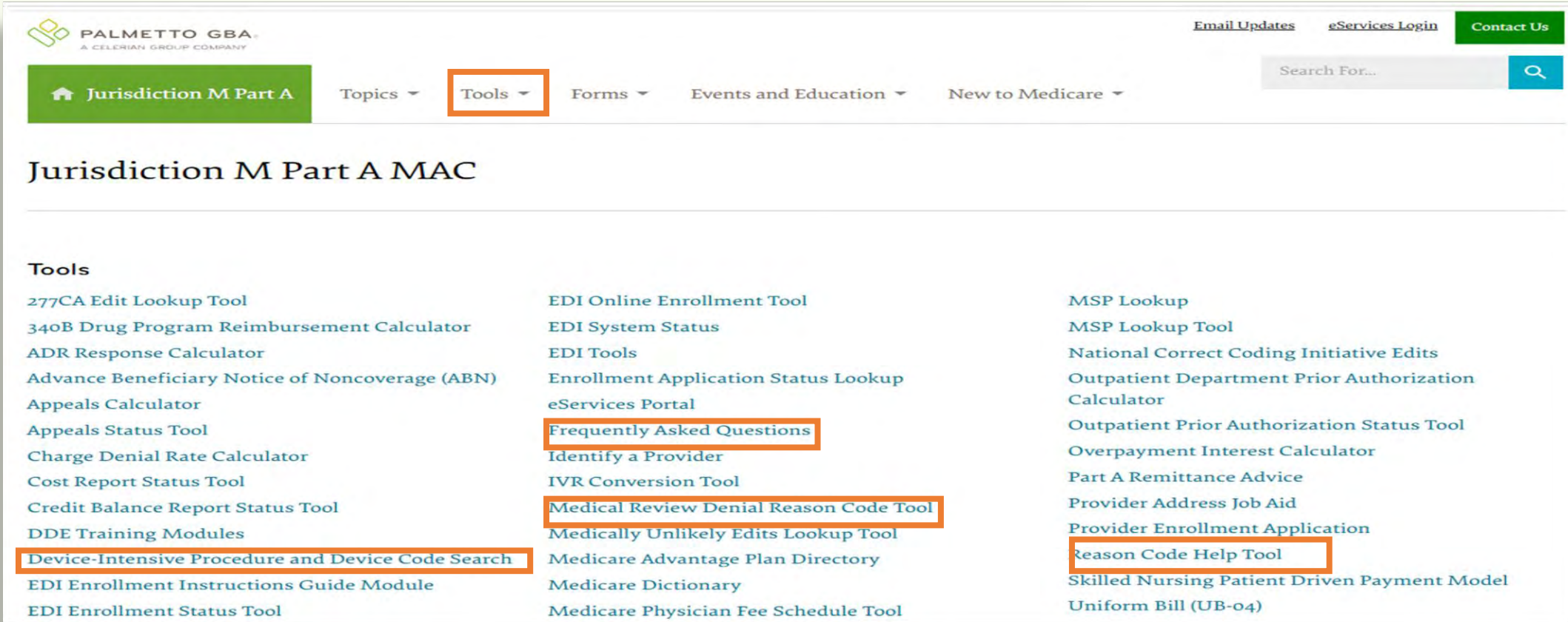
September 16–18, 2026

Williamsburg, Virginia

2026 2 ND Quarter Top 10 JMA PCC Reason Code	2026 2 ND Quarter JMA Reason Code Explanation
37192	This claim has been approved for payment. Please see the Reason Code Help Tool for the extended definition.
37205	Previous processed claim have been adjusted. Please see the Reason Code Help Tool for the extended definition.
39011	Timely Filing Edit. Please see the Reason Code Help Tool for the extended definition.
34538	MSP Edit. Please see the Reason Code Help Tool for the extended definition.
39929	All claim lines have rejected. Please see the Reason Code Help Tool for the extended definition.
30928	An adjustment is being submitted against a record in a post-pay location.
E7272	Inpatient PPS Claim with incorrect patient status due to transfer to another facility. Please see the Reason Code Help Tool for the extended definition.
34002	The claim was submitted as Medicare Primary, and a positive Working Elderly Record exists on the Common Working file (CWF).
34145	• A positive Workers’ Compensation Record exists at CWF, which is indicated • As having an Ongoing Responsibility to Medicals (ORM). • MEDICARE is not permitted to make payment for such associated • claims with records that contain ORM; therefore. this claim has been rejected
W7047	The billed service is not separately payable, often because it's considered bundled into another procedure's payment or is informational only, especially in the Outpatient Prospective Payment System (OPPS).

Virginia Rank	April 2026 Codes and Claim Total with the Denial Code	Affected Bill Types	May 2026 Top 5 Denial Codes and Claim Total with the Denial Code	Affected Bill Types	June 2026 Top 5 Denial Codes and Claim Total with the Denial Code	Affected Bill Types
1	31241	12x, 13x, 14x and 85x	31241	12x, 13x, 14x and 85x	31241	12x, 13x, 14x and 85x
2	31324	13x	31324	12x, 13x and 85x	31324	12x, 13x, 74x and 85x
3	38200	11x, 13x, 18x, 21x, 22x, 23x, 34x and 71x	31837	71x	31837	71x
4	31837	71x	31947	12x, 13x, 71x, 72x and 85x	31947	12x, 13x, 71x, 72x and 85x
5	31947	12x, 13x, 71x and 72x	38200	11x, 12x, 13x, 18x, 21x, 22x, 23x, 34x, 71x and 74x	W7112	71x and 77x

Website Tools



The screenshot shows the Palmetto GBA website interface. At the top, there is a navigation bar with the Palmetto GBA logo, a search bar, and links for 'Email Updates', 'eServices Login', and 'Contact Us'. Below the navigation bar, a green button labeled 'Jurisdiction M Part A' is visible. The 'Tools' menu item is highlighted with an orange box. The main content area is titled 'Jurisdiction M Part A MAC' and lists various tools in three columns. Several tool names are highlighted with orange boxes: 'Frequently Asked Questions', 'Medical Review Denial Reason Code Tool', 'Device-Intensive Procedure and Device Code Search', and 'Reason Code Help Tool'.

Palmetto GBA
A Celerian Group Company

Email Updates eServices Login Contact Us

Search For...

Jurisdiction M Part A Topics **Tools** Forms Events and Education New to Medicare

Jurisdiction M Part A MAC

Tools

277CA Edit Lookup Tool	EDI Online Enrollment Tool	MSP Lookup
340B Drug Program Reimbursement Calculator	EDI System Status	MSP Lookup Tool
ADR Response Calculator	EDI Tools	National Correct Coding Initiative Edits
Advance Beneficiary Notice of Noncoverage (ABN)	Enrollment Application Status Lookup	Outpatient Department Prior Authorization Calculator
Appeals Calculator	eServices Portal	Outpatient Prior Authorization Status Tool
Appeals Status Tool	Frequently Asked Questions	Overpayment Interest Calculator
Charge Denial Rate Calculator	Identify a Provider	Part A Remittance Advice
Cost Report Status Tool	IVR Conversion Tool	Provider Address Job Aid
Credit Balance Report Status Tool	Medical Review Denial Reason Code Tool	Provider Enrollment Application
DDE Training Modules	Medically Unlikely Edits Lookup Tool	Reason Code Help Tool
Device-Intensive Procedure and Device Code Search	Medicare Advantage Plan Directory	Skilled Nursing Patient Driven Payment Model
EDI Enrollment Instructions Guide Module	Medicare Dictionary	Uniform Bill (UB-04)
EDI Enrollment Status Tool	Medicare Physician Fee Schedule Tool	

<https://palmettogba.com/jma/admin/tools>



ADVOCATE
EDUCATE
ELEVATE

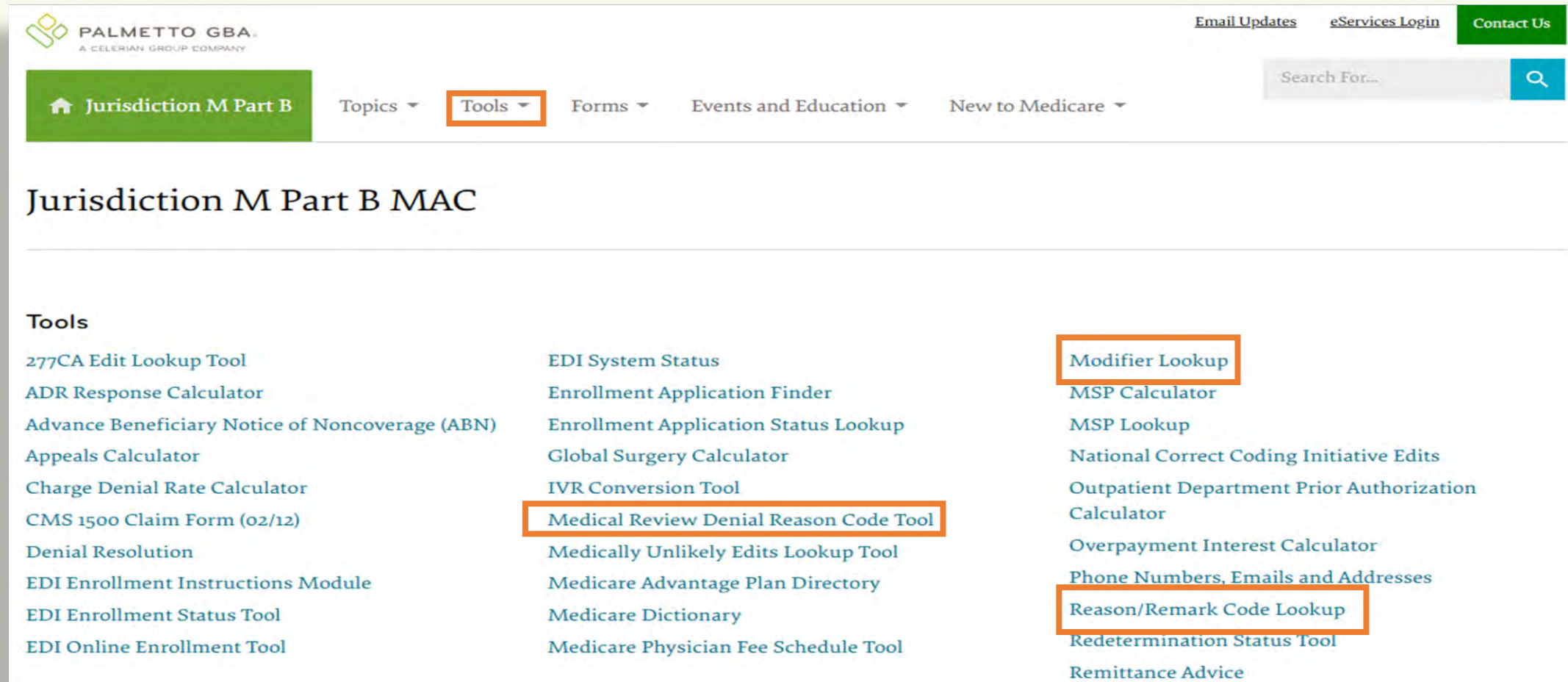
2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Website Tools



The screenshot shows the Palmetto GBA website interface. At the top, there is a navigation bar with the Palmetto GBA logo, a search bar, and links for 'Email Updates', 'eServices Login', and 'Contact Us'. Below the navigation bar, a green button labeled 'Jurisdiction M Part B' is visible. The 'Tools' menu item is highlighted with an orange box. The main content area is titled 'Jurisdiction M Part B MAC' and lists various tools in three columns. The 'Tools' section title is also highlighted. The tools listed are: 277CA Edit Lookup Tool, ADR Response Calculator, Advance Beneficiary Notice of Noncoverage (ABN), Appeals Calculator, Charge Denial Rate Calculator, CMS 1500 Claim Form (02/12), Denial Resolution, EDI Enrollment Instructions Module, EDI Enrollment Status Tool, EDI Online Enrollment Tool, EDI System Status, Enrollment Application Finder, Enrollment Application Status Lookup, Global Surgery Calculator, IVR Conversion Tool, Medical Review Denial Reason Code Tool, Medically Unlikely Edits Lookup Tool, Medicare Advantage Plan Directory, Medicare Dictionary, Medicare Physician Fee Schedule Tool, Modifier Lookup, MSP Calculator, MSP Lookup, National Correct Coding Initiative Edits, Outpatient Department Prior Authorization Calculator, Overpayment Interest Calculator, Phone Numbers, Emails and Addresses, Reason/Remark Code Lookup, Redetermination Status Tool, and Remittance Advice. The 'Tools' section title and the 'Tools' menu item are highlighted with orange boxes. The 'Medical Review Denial Reason Code Tool', 'Modifier Lookup', and 'Reason/Remark Code Lookup' are also highlighted with orange boxes.

Palmetto GBA
A CELERIAN GROUP COMPANY

Email Updates eServices Login Contact Us

Search For...

Home Jurisdiction M Part B Topics Tools Forms Events and Education New to Medicare

Jurisdiction M Part B MAC

Tools

- 277CA Edit Lookup Tool
- ADR Response Calculator
- Advance Beneficiary Notice of Noncoverage (ABN)
- Appeals Calculator
- Charge Denial Rate Calculator
- CMS 1500 Claim Form (02/12)
- Denial Resolution
- EDI Enrollment Instructions Module
- EDI Enrollment Status Tool
- EDI Online Enrollment Tool
- EDI System Status
- Enrollment Application Finder
- Enrollment Application Status Lookup
- Global Surgery Calculator
- IVR Conversion Tool
- Medical Review Denial Reason Code Tool
- Medically Unlikely Edits Lookup Tool
- Medicare Advantage Plan Directory
- Medicare Dictionary
- Medicare Physician Fee Schedule Tool
- Modifier Lookup
- MSP Calculator
- MSP Lookup
- National Correct Coding Initiative Edits
- Outpatient Department Prior Authorization Calculator
- Overpayment Interest Calculator
- Phone Numbers, Emails and Addresses
- Reason/Remark Code Lookup
- Redetermination Status Tool
- Remittance Advice

<https://palmettogba.com/jmb/admin/tools>



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia



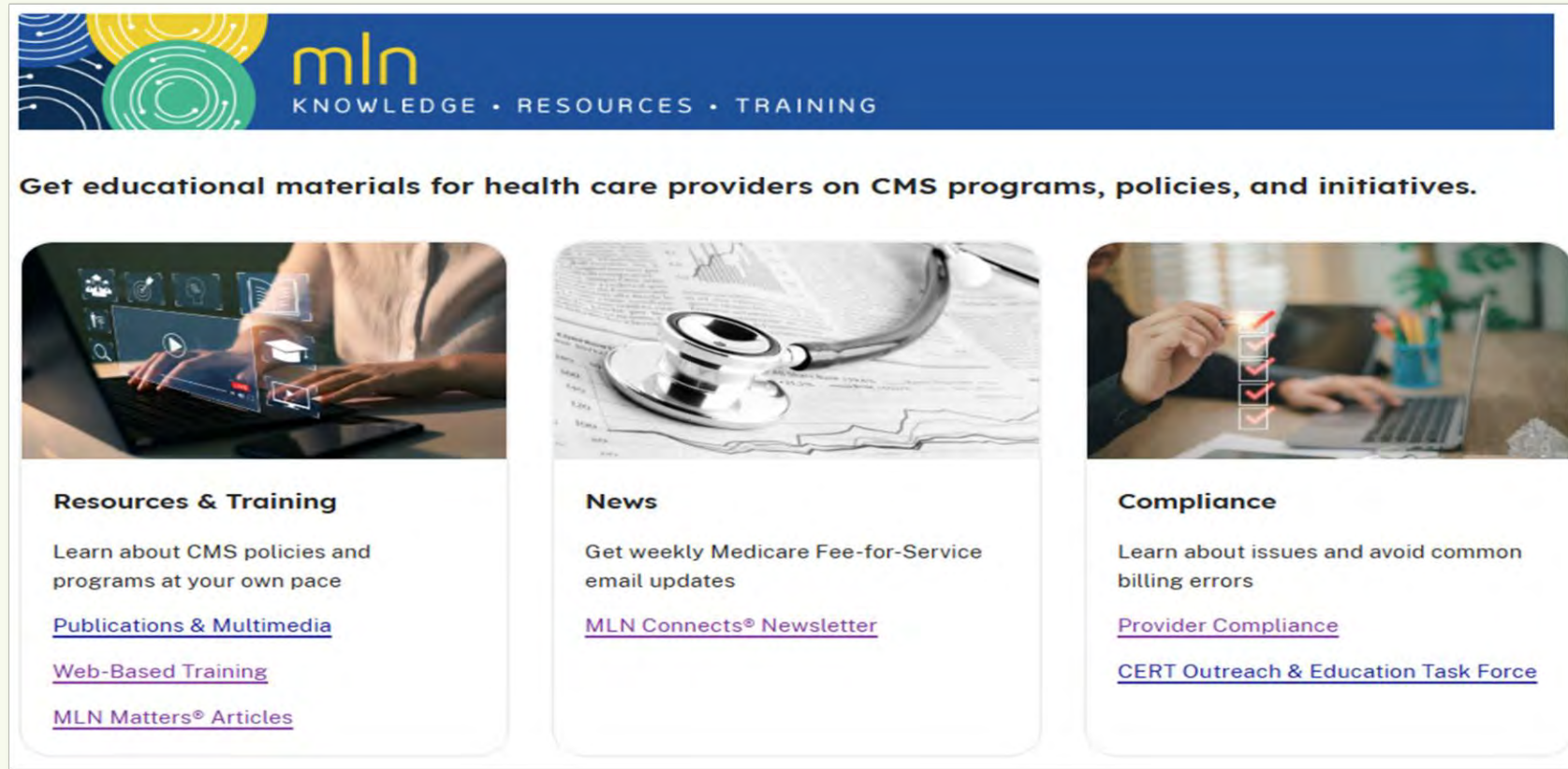
ADVOCATE[™]
EDUCATE
ELEVATE

Medicare Compliance

September 16–18, 2026

| Williamsburg, Virginia

The Medicare Learning Network®



The screenshot shows the Medicare Learning Network (MLN) website. The header features the MLN logo with the text "mln KNOWLEDGE • RESOURCES • TRAINING". Below the header, a banner states: "Get educational materials for health care providers on CMS programs, policies, and initiatives." The main content area is divided into three columns:

- Resources & Training**
Learn about CMS policies and programs at your own pace
[Publications & Multimedia](#)
[Web-Based Training](#)
[MLN Matters® Articles](#)
- News**
Get weekly Medicare Fee-for-Service email updates
[MLN Connects® Newsletter](#)
- Compliance**
Learn about issues and avoid common billing errors
[Provider Compliance](#)
[CERT Outreach & Education Task Force](#)

[The Medicare Learning Network® \(cms.gov\)](https://www.cms.gov/mln)



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Medicare Fee-for-Service Compliance Programs



Medical Review &
Education



Recovery
Auditing



Prior Authorization
& Pre-Claim
Review



Outreach &
Education



Improving
Provider
Experience

[Medicare Fee-for-Service Compliance Programs \(cms.gov\)](https://www.cms.gov)



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

*From Colonial Clinics to Community Health Centers: Pioneering the Next Era of
Healthcare in Virginia*

September 16–18, 2026

Williamsburg, Virginia

Comparative Billing Reports (CBR)

Comparative Billing Reports Module

Published 11/12/2025

This module provides an overview of comparative billing reports (CBRs). At the completion of this module, you will be able to:

- Describe the benefits of CBRs
- Demonstrate how Palmetto GBA uses CBRs
- Access eCBRs

Please select one of the links below to view this module:

- [Jurisdiction I Part A](#)
- [Jurisdiction I Part B](#)
- [Jurisdiction M Part A](#)
- [Jurisdiction M Part B](#)
- [Home Health and Hospice](#)

- A CBR provides data on Medicare billing trends, allowing a health care provider to compare their billing practices to peers in the same state and across the nation
 - [Jurisdiction M Comparative Billing Reports Module](#)



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Program to Evaluate Payment Patterns Electronic Report – PEPPER



- Facilities can utilize PEPPER data to identify areas where they need to modify billing practices, pinpoint areas requiring auditing and monitoring, including potential Diagnosis-Related Groups (DRGs) at risk for under-coding or over-coding issues, and target areas where the length of stay is increasing
 - For more information and helpful resources about PEPPER, go to <https://cbrpepper.org>



ADVOCATE
EDUCATE
ELEVATE

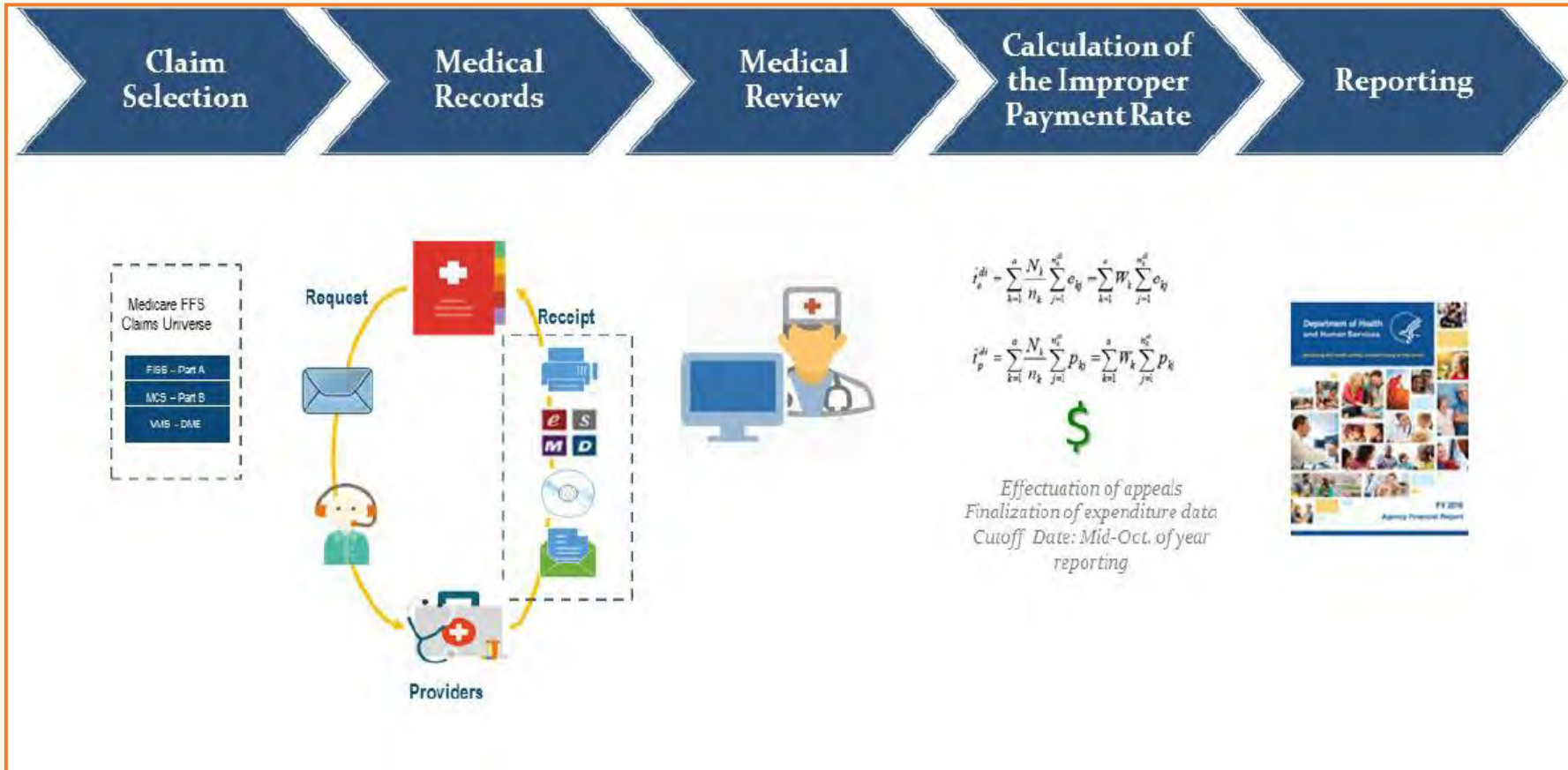
2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Comprehensive Error Rate Testing (CERT)



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Purpose

To measure the accuracy of Medicare's payments, on a national level for each MAC region

To assist CMS in understanding the educational needs, of the provider community and their contractors

To prevent Improper Payments



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

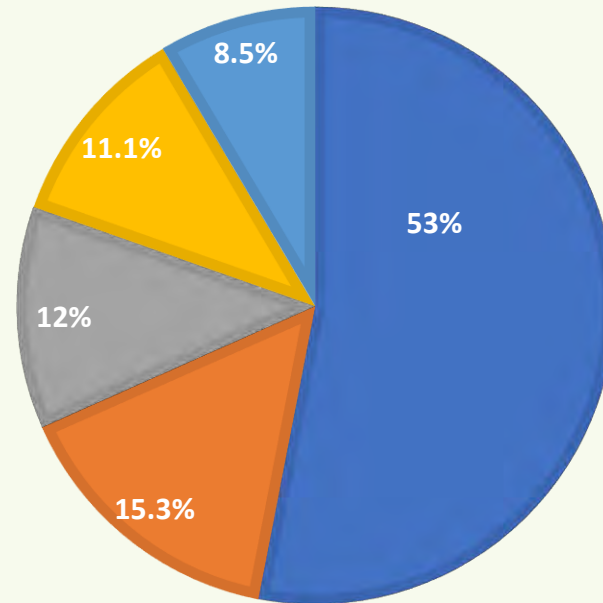
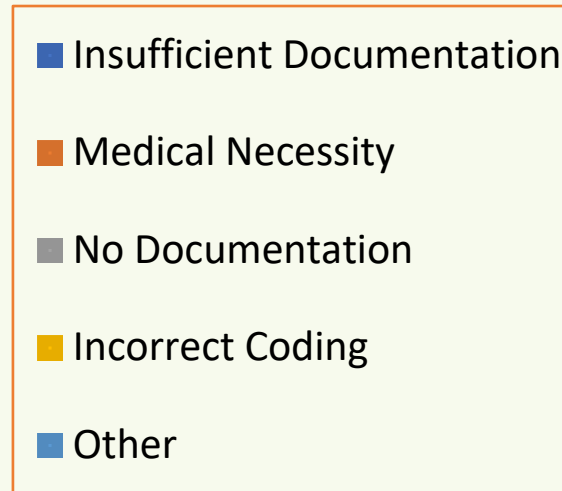
From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Improper Payment Categories

COMPREHENSIVE ERROR RATE TESTING CONTRACTOR'S 2025 NATIONAL IMPROPER PAYMENT RATE ERRORS DEFINED BY CATEGORY



Each reporting year contains claims submitted **July 1 two years before the report through June 30 one year before the report**. For example, reporting year 2025 contains claims submitted July 1, 2023 through June 30, 2024.

2025 Medicare-Fee-for-Service Improper Payments



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

CERT Reports



An official website of the United States government [Here's how you know](#)

CMS.gov Centers for Medicare & Medicaid Services

About CMS | Newsroom | [Data & Research](#)

Medicare | Medicaid/CHIP | Marketplace & Private Insurance | Initiatives | Training & Education

[Data & Research](#) > [Monitoring programs](#) > [Improper Payment Measurement Programs](#) > [Comprehensive Error Rate Testing \(CERT\)](#) > **CERT Reports**

CERT Reports

Each November, the Department of Health and Human Services (HHS) publishes the improper payment rate in the Agency Financial Report at www.hhs.gov/afr. CMS later publishes more detailed improper payment rate information in the form of the annual Medicare Fee-for-Service (FFS) Improper Payments Report and Appendices. This list contains reports produced by the Comprehensive Error Rate Testing (CERT) program, including the annual Medicare FFS Improper Payments report.

Showing 1 – 10 of 21 entries

Show Entries: 10 per page

Filter On:

Report Year ↕	Report Name ↕	Release Date ↕
2025	2025 Medicare Fee-for-Service Supplemental Improper Payment Data	2026-01-24
2024	2024 Medicare Fee-for-Service Supplemental Improper Payment Data	2024-11-25
2023	2023 Medicare Fee-for-Service Supplemental Improper Payment Data	2023-12-07
2022	2022 Medicare Fee-for-Service Supplemental Improper Payment Data	2022-12-08

Improper Payment Measurement Programs

- Payment Error Rate Measurement (PERM)
- Comprehensive Error Rate Testing (CERT)
 - Background
 - Provider Information
 - CERT Reports**
 - Improper Payment Rates and Additional Data
- Medicare Part C IPM
- Medicare Part D IPM
- Exchange Improper Payment Measurement (EIPM)

CERT Reports



ADVOCATE
EDUCATE
ELEVATE

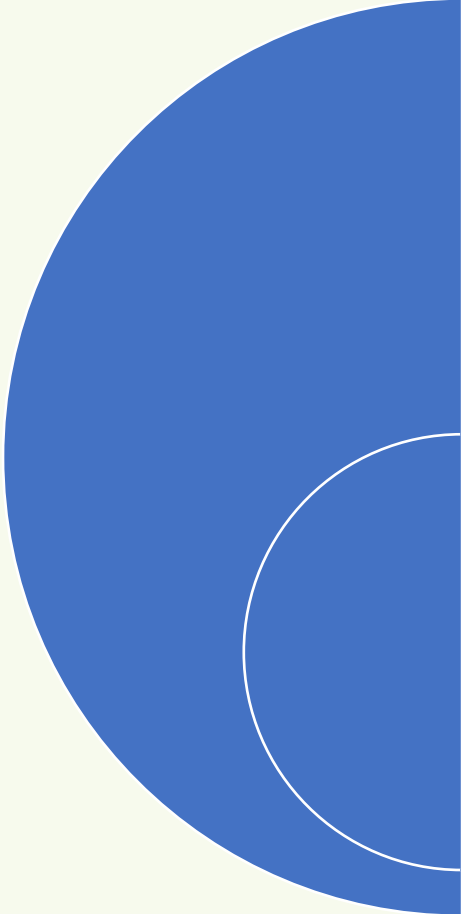
2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

| Williamsburg, Virginia

Medicare Provider Compliance Tips



Provider Compliance Tips are quick reference fact sheets to educate and provide high-level guidance to providers about claim denial issues and provide claim submission and documentation guidance.

[Medicare Provider Compliance Tips \(cms.gov\)](https://www.cms.gov)



ADVOCATE
EDUCATE
ELEVATE

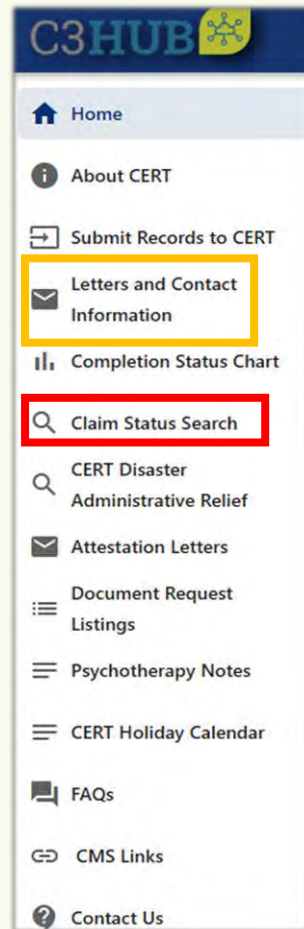
2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Welcome to the CERT C3Hub



Welcome to the CERT C3HUB

The CERT C3HUB web site is designed to provide Medicare providers, suppliers, and contractors with information about the Comprehensive Error Rate Testing (CERT) Program and to facilitate coordination, collaboration, and communications between all stakeholders.

This website contains the following features:

- **About CERT** — This webpage covers a brief description about the CERT program and the functions of the two CERT contractors: The Review Contractor and the Statistical Contractor.
- **Submit Records to CERT** — This webpage provides instructions to providers and suppliers on how to submit medical documentation to the CERT Review Contractor. There are five submission methods.
- **Letter and Contact Information** — This webpage notifies providers and suppliers of the schedule the CERT Review Contractor uses to mail out the initial and subsequent Additional Documentation Request (ADR) letters. The timeline includes when providers and suppliers can expect to receive a telephone call. This webpage also identifies the source of the address the CERT Review Contractor will use to mail the initial and subsequent letters. It informs providers that telephone calls will be grouped in order to reduce multiple calls to the same provider. And provides instructions on how providers that have 10 or more PTAN/OSCAR numbers can join the chain address program.
- **Completion Status Chart** — This webpage provides the completion status of the active report periods that the CERT Review Contractor is working on.
- **Claim Status Search** — This webpage provides current status of a claim under CERT review.
- **CERT Disaster Administrative Relief** — This webpage provides guidance for how CERT claims processing is affected in the event of a natural disaster.
- **Attestation Letters** — This webpage provides a sample of the Disaster Attestation Letter. Providers and suppliers are required to submit this letter when the medical documentation requested to support a claim has been wholly or partially destroyed in a disaster. It also includes a sample of a Signature Attestation Letter that providers and suppliers can use when the signature is illegible/missing.
- **Documentation Request Listings** — This webpage includes a sample of the types of documents that the provider and supplier should include when they receive a CERT letter requesting medical records. This page allows the provider to select a specific documentation listing based on service within each claim/billing type.
- **Psychotherapy Notes** — This webpage contains CMS special instructions for providing documentation for psychotherapy claims.
- **CERT Holiday Calendar** — This webpage provides a calendar of holidays observed by the CERT program.
- **FAQs** — This webpage contains a word document with the frequently asked questions.
- **CMS Links** — This webpage has hyperlinks to various CMS webpages.
- **Contact Us** — This webpage has the CERT Review Contractor contact information.

Announcements

Claim Status Search

To view the current status of a claim under CERT review, please enter its 7-digit Claim Identifier (CID):

Enter a CID to view its current status

Contact Us

CERT Documentation Center
8701 Park Central Drive, Suite 400-A
Richmond, VA 23227
Fax: 804-261-8100
Customer Service: 443-663-2699
Toll Free: 888-779-7477
Email: certprovider@empower.ai

[C3HUB \(cms.gov\)](https://cms.gov)



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia



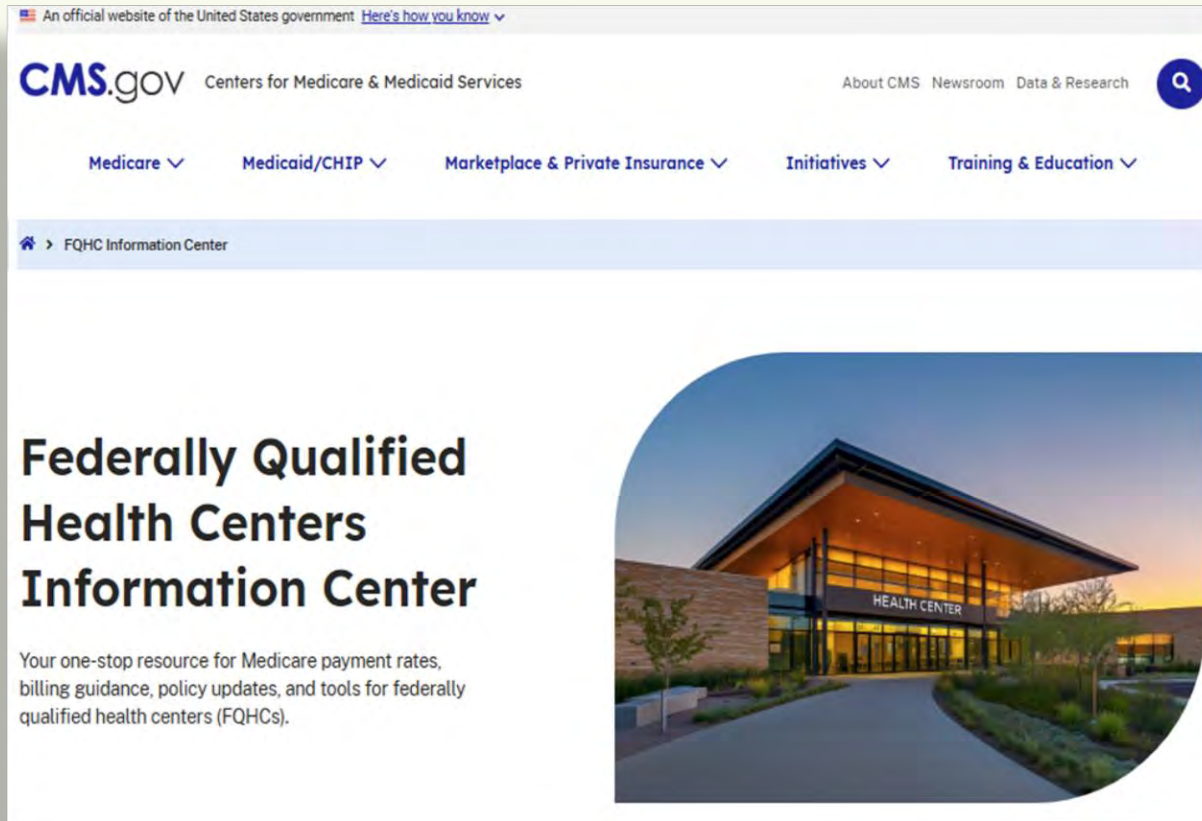
ADVOCATE[™]
EDUCATE
ELEVATE

Best Practices

September 16–18, 2026

| Williamsburg, Virginia

Federally Qualified Health Centers Information Center



Your one-stop resource for Medicare payment rates, billing guidance, policy updates, and tools for federally qualified health centers (FQHCs).



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

| Williamsburg, Virginia

Identify Your Top Errors

Generate and review monthly reports

- Saves time used to track errors
- Reduces submission of multiple claims

Monitor trends

- Utilize remittance advice

Identify and resolve problems promptly

Communicate information



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Palmetto GBA's Website

Relevant self-service tools and information include:

- **eServices Portal:** A free, feature-rich online portal that allows users to manage Medicare information, submit appeals, voluntary refunds, check eligibility, and more. It is recommended as a simple alternative to calling the Provider Contact Center (PCC).
- **Forms Access:** All Palmetto GBA forms and CMS enrollment forms are available online for easy access
 - Jurisdiction J Part A Forms
 - Jurisdiction M Part A Forms
- **Provider Enrollment Application Status Tools:** Online tools to check the status of provider enrollment applications
 - Jurisdiction J Part A Provider Enrollment Application Status Lookup Tool
 - Jurisdiction M Part A Provider Enrollment Application Status Lookup Tool
- **Interactive Voice Response (IVR) System:** Required by CMS for checking claim status
- **ePass:** A feature to save time and avoid authentication with every call to Palmetto GBA. Users can obtain ePass through the IVR system or by requesting it verbally from a Customer Service Agent after first-time authentication.
- **Outsourced Agencies:** Encouraged to use self-service tools and have access to Medicare remittance advice rather than calling for claim status

These tools help reduce call volume and provide efficient access to needed information and services.



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia



ADVOCATE[™]
EDUCATE
ELEVATE

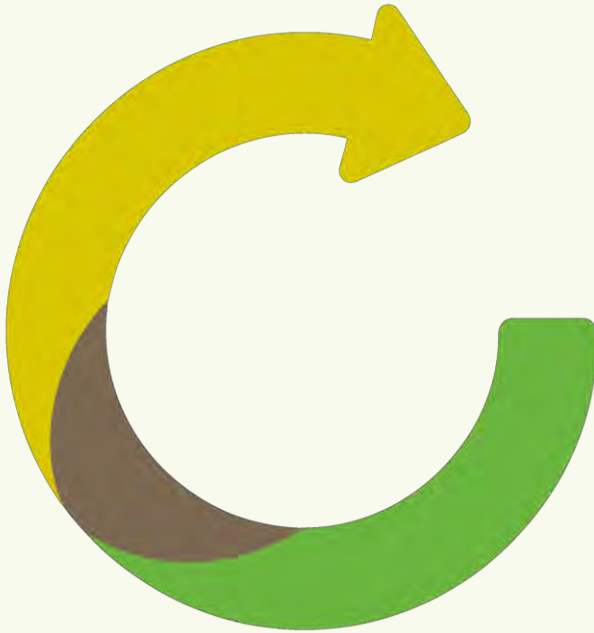
Resources

September 16–18, 2026

| Williamsburg, Virginia

PECOS

Have You Updated PECOS?



- Supports Medicare Provider and Supplier enrollment process
- Allows registered users to securely and electronically submit and manage Medicare enrollment information



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Educational Resources

- [Chronic Care Management Services \(PDF\) booklet](#)
- [CY 2025 Medicare PFS Fee Schedule Final Rule fact sheet](#)
- [CY 2026 Medicare PFS Fee Schedule Final Rule fact sheet](#)
- [FQHC Center](#)
- [Medicare Benefit Policy Manual, Chapter 13](#)
- [Medicare Claims Processing Manual, Chapter 9](#)
- [Medicare Learning Network®](#)
- [MLN006397 March 2026](#)
- [JJA Federally Qualified Health Centers \(FQHCs\) palmettogba.com](#)
- [JMA Federally Qualified Health Centers \(FQHCs\) palmettogba.com](#)
- [SE22001: Mental Health Visits via Telecommunications for RHCs & FQHCs](#)



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Additional Supportive Resources

- <https://palmettogba.com/>
- [Medicare Revalidation List \(data.cms.gov\)](https://data.cms.gov/)
- [MLN9658742 \(cms.gov\)](https://www.cms.gov/MLN9658742)
- [National Plan and Provider Enumeration System \(NPPES\) \(cms.gov\)](https://www.cms.gov/nppes)
- [National Plan and Provider Enumeration System \(NPPES/NPI\) nber.org](https://nber.org/)
- [Provider Enrollment, Chain, and Ownership System \(PECOS\) cms.hhs.gov](https://www.cms.gov/hhs/pecos)
- [Pub. 100-08-Medicare Program Integrity Manual, Chapter 10 \(cms.gov\)](https://www.cms.gov/100-08)
- [Revalidations \(Renewing Your Enrollment\) cms.gov](https://www.cms.gov/revalidation)



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Additional Supportive Resources

- **20.2.1 Admission Questions to Ask Medicare Beneficiaries (cms.gov)**
 - <http://tinyurl.com/4tvf67k2>
- **CMS IOM Pub 100-05 — Medicare Secondary Payer Manual, Chapter 3**
 - <http://tinyurl.com/mr3smcft>
- **CMS IOM Pub. 100-05 Chapter 5, Contractor MSP Claims Prepayment Processing Requirements**
 - <http://tinyurl.com/3sjy2prm>
- **External Code Lists | X12**
 - <http://tinyurl.com/mu9nvpme>
- **Internet Only Manual (IOM) 100-05, Chapter 1, section 10**
 - <http://tinyurl.com/bdh88uzj>
- **IOM Chapter 2, section 60**
 - <http://tinyurl.com/bder6hkv>
- **IOM Chapter 3, section 30.2**
 - <http://tinyurl.com/5c2t7935>
- **IOM Chapter 5, section 40.6**
 - <http://tinyurl.com/ykue7v3c>



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Additional Supportive Resources

- [JJA Medicare Secondary Payer \(MSP\) Overpayments](#)
- [JJA Overpayments and Recoupment](#)
- **Medicare Contractor Beneficiary and Provider Communications Manual**
 - <http://tinyurl.com/4s9phesx>
- **MLN006903 — Medicare Secondary Payer (cms.gov)**
 - <http://tinyurl.com/3x695s7k>
- **MLN006926 Medicare Billing: 837I & Form CMS-1450**
 - <http://tinyurl.com/mszc7fha>
- **National Uniform Billing Committee | NUBC**
 - <http://tinyurl.com/bddmkdmh>
- [Self-Disclosure Information \(oig.hhs.gov\)](http://oig.hhs.gov)
- [Self-Referral Disclosure Protocol \(cms.gov\)](http://cms.gov)



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Contact Us



Our Provider Contact Center (PCC)
Representatives can be reached at:

- Jurisdiction J
 - 877-567-7271
 - Monday – Friday, 8 a.m. to 6 p.m. ET
- Jurisdiction M
 - 855-696-0705
 - Monday – Friday, 8 a.m. to 4:30 p.m. ET



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

*From Colonial Clinics to Community Health Centers: Pioneering the Next Era of
Healthcare in Virginia*

September 16–18, 2026

Williamsburg, Virginia



Registration is now open for

MACtoberfest®

Mactoberfest.com

Oct. 12–14

Where understanding meets confidence

MACtoberfest®

Building a stronger Medicare foundation

On Demand Video Library



Provider Outreach and Education has created an online library of on-demand webinar videos on a wide variety of subjects. Access is free and easy.

Sign up today!

<https://tinyurl.com/PalmettoVideo>

Questions & Answers/ Customer Survey



<https://tinyurl.com/2uzjnbst>



ADVOCATE
EDUCATE
ELEVATE

2026 VCHA Annual Membership Meeting & Conference

From Colonial Clinics to Community Health Centers: Pioneering the Next Era of Healthcare in Virginia

September 16–18, 2026

Williamsburg, Virginia

Thank You!



ADVOCATETM
EDUCATE
ELEVATE