

## CY 2026 PFS FINAL RULE:

# What's Changing for G0512

Beginning **January 1, 2026**, the Centers for Medicare & Medicaid Services (CMS) will unbundle G0512, the general care management code currently used by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).

Under the new rule, these clinics must report the individual Collaborative Care (CoCM) codes—99492, 99493, and 99494—instead of the single bundled G0512 code. This change aligns FQHC and RHC billing with the broader Medicare Physician Fee Schedule (PFS) and reflects CMS's commitment to transparency and value-based care.

### Key Changes

- **G0512 retired for FQHCs/RHCs** effective January 1, 2026
- **New reporting requirements:**
  - **99492** – Initial month, first 70 minutes of psychiatric CoCM
  - **99493** – Subsequent month, 60 minutes
  - **99494** – Add-on for each additional 30 minutes
- **Reimbursement will now be based on the national non-facility PFS rates**, rather than the FQHC Prospective Payment System (PPS) or RHC All-Inclusive Rate (AIR).

### What This Means for Practices

- **Operational impact:** Update billing workflows, EHR templates, and documentation practices to capture CoCM time accurately.
- **Training needs:** Ensure clinical and billing teams understand time thresholds and documentation tied to 99492-99494.
- **Financial implications:** Depending on service mix and patient volume, reimbursement levels may shift—early modeling is recommended.
- **Compliance considerations:** Claims submitted under G0512 after January 1, 2026 will be denied. Timely adoption of new codes is essential.

The unbundling of G0512 marks a significant shift for FQHCs and RHCs—and an opportunity to advance more precise, value-based Collaborative Care.

Concert Health remains committed to helping partners navigate every step of this transition through updated billing guides, training, and practice support.

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