Behavioral Health Billing for RHCs 2022

Session Learning Objectives

- ✓ What does “51% Primary Care” mean?
- ✓ New Definition of RHC Visit
- ✓ RHC Behavioral Health 101
- ✓ Telehealth as a Visit for Behavioral Health!
- ✓ Behavioral Health Care Management Options
- ✓ Providers: Manage the gap Medicare and Medicaid

42-THE PUBLIC HEALTH AND WELFARE: CHAPTER 6A: SUBCHAPTER II: Subpart I: Health Centers

Sec. 1861 [42 U.S.C. 1395x]

2) The term “rural health clinic” means a facility which— (A) is primarily engaged in furnishing to outpatient services described in subparagraphs (A) and (B) of paragraph (1);

42 USC § 1395x(aa)(2)

iv) is not a rehabilitation agency or a facility which is primarily for the care and treatment of mental diseases.

51% is from SOM Appendix G

§ 491.9(a) Basic requirements:

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(2) The clinic . . . is primarily engaged in health services and meets all other conditions of the subpart.

Interpretative Guidelines § 491.9(a)(2) & (c)(1)

"However, they may not be primarily engaged in providing such specialized services. In the context of an RHC, "primarily engaged" is determined by considering the total hours of an RHC's operation, and whether a majority, i.e., more than 50 percent, of those hours involve provision of RHC services."

New Encounter Definition!

Payment for Rural Health Clinic and Federally Qualified Health Center Services (§§ 405.2460 - 405.2472)

§ 405.2460 Applicability of general payment exclusions.

§ 405.2462 Payment for RHC and FQHC services.

§ 405.2463 What constitutes a visit.

§ 405.2464 Payment rate.

§ 405.2466 Annual reconciliation.

§ 405.2467 Requirements of the FQHC PPS.

§ 405.2468 Allowable costs.

§ 405.2469 FQHC supplemental payments.

§ 405.2470 Reports and maintenance of records.

§ 405.2472 Beneficiary appeals.

Source: 57 FR 24976, 24977, June 12, 1992, unless otherwise noted.

§ 405.2463 What constitutes a visit

A mental health visit is a face-to-face encounter or an encounter furnished using interactive, real-time, audio and video telecommunications technology or audio-only interactions in cases where the patient is not capable of, or does not consent to, the use of video technology for the purposes of diagnosis, evaluation or treatment of a mental health disorder…

Physicians (MD, or DO)

Nurse Practitioners

Physician Assistants

Certified Nurse Midwives

Clinical Psychologist (PhD)

Clinical Social Worker

*Chiropractor, Dentist, Optometrist, Podiatrist

Behavioral Health Qualified Visits

HCPCS	Description
90791	Psych Diagnostic Evaluation
90792	Psych Diag Eval w/Med Services
90832	Psytx Pt/Family 30 minutes
90834	Psytx Pt/Family 45 minutes
90837	Psytx Pt/Family 60 minutes
90839	Psytx Crisis Initial 60 minutes
90845	Psychoanalysis

Behavioral Health Service Medicare Claim

Behavioral Health Services performed by a qualified provider are billed using revenue code 900.

FL42 Rev CD	FL43 Desc	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge
0900	Rx Management	90832CG	08/02/2021	1	$ 120.00
0001	Total Charge				$ 120.00

Multiple[RHC] Encounters are allowed when:

The patient, subsequent to the first visit, suffers an illness or injury that requires additional diagnosis or treatment on the same day (2 visits), or

The patient has a medical visit and a Behavioral health visit on the same day (2 visits), or

The patient has his/her IPPE and a separate medical and/or Behavioral health visit on the same day (2 or 3 visits).

(Medicare Benefit Policy Manual. Chapter 13. Section 40.3)

Claim Example: Sick Visit and Behavioral Health

FL42 Rev CD	FL43 Desc	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge
0521	Office Visit Est III	99213CG	10/04/2021	1	$ 220.00
0900	Rx Management	90832CG	10/04/2021	1	$ 120.00
0001	Total Charge				$ 340.00

Modifier CG should be reported once per day for a qualified medical visit (revenue code 052x) and/or once per day for a qualified Behavioral health visit (revenue code 0900).

- **NOTE:** Limited number of scenarios that require TWO CG Modifiers!

Mental Health Visits Furnished Using Telehealth

Beginning January 1, 2022, RHC mental health visits will include visits furnished using interactive, real-time telecommunications technology.

This change will allow RHCs to report and receive payment for mental health visits furnished via real-time telecommunication technology in the same way they currently do when visits take place in-person, *including audio-only visits* when the beneficiary is not capable of, or does not consent to, the use of video technology.

CMS Rural Health Clinic Center

In-Person Visits

"There must be an in-person mental health service furnished within 6 months prior to the furnishing of the telecommunications service and that, in general, An in-person, non-telehealth visit must be furnished at least every 12 months for these services;"

CMS Rural Health Clinic Center

Mental Health Visits Furnished Using Telehealth

*"*however, we may make exceptions to the in-person visit requirement based on patient circumstances *(with the reason documented in the patient's medical record)* and also allow more frequent visits as driven by clinical needs on a case-by-case basis."

CMS Rural Health Clinic Center

Billing for Behavioral Health via Telehealth Encounters

RHCs should bill Revenue code 0900, along with the appropriate HCPCS code for the mental health visit along with modifier CG.

Use modifier 95 for services furnished via audio and video telecommunications and use modifier FQ for services that were furnished audio-only.

CMS Rural Health Clinic Center

Updated 2022

FL42 Rev CD	FL43 Desc	FL44 HCPCS/CPT		FL45 DOS	FL46 Units	FL47 Total Charge	
0900	Psytx Pt Family 30 Min	90832 CG	95	01/01/2022	1	$	120.00
0001	Total Charge					$	120.00

FL42 Rev CD	FL43 Desc	FL44 HCPCS/CPT		FL45 DOS	FL46 Units	FL47 Total Charge	
0900	Psytx Pt Family 30 Min	90832 CG	FQ	01/01/2022	1	$	120.00
0001	Total Charge					$	120.00

BH Telehealth Service => Claim

Coordination of Care Services

Behavioral Health Integration

Coordination of Care Services

230.2 – General Care Management Services

Care management services are RHC and FQHC service and include:

- ✓ Transitional Care Management (TCM),
- ✓ Chronic Care Management (CCM),
- ✓ General Behavioral Health Integration (BHI),
- ✓ Psychiatric Collaborative Care Model (CoCM) services.

The RHC and FQHC face-to-face requirements are waived for these care management services.

Coordination of Care Services for RHC/FQHC: General BHI

General Care Management Services includes CCM ***and*** BHI services.

BHI is a team-based, collaborative approach to care that focuses on integrative treatment of patients with primary care and mental or behavioral health conditions.

Coordination of Care Services: Initiating Visit

230.2 – Initiating Visit:

A separately billable initiating visit with an RHC or FQHC primary care practitioner (physician, NP, PA, or CNM) is required before care management services can be furnished.

This visit can be an E/M, AWV, or IPPE visit, and must occur no more than one-year prior to commencing care management services.

Care Management Services:

- ✓ *do not need to have been discussed* during the initiating visit,
- ✓ the *same initiating visit can be used for CCM and BHI services* as long as it occurs with an RHC or FQHC primary care practitioner *within one year* of commencement of care management services.

ComprehensiveCare Plan

Comprehensive Care Plan

Creation, revision, and/or monitoring (as per code descriptors) of an electronic person-centered care plan based on a physical, mental, cognitive, psychosocial, functional, and environmental (re)assessment and an inventory of resources and supports;

a comprehensive care plan for all health issues with particular focus on the chronic conditions being managed.

Must at least electronically capture care plan information and make this information available timely within and outside the billing practice as appropriate.

Share care plan information electronically (can include fax) and timely within and outside the billing practice to individuals involved in the patient's care.

A copy of the plan of care must be given to the patient and/or caregiver.

ComprehensiveCare Plan

Comprehensive Care Plan

A comprehensive care plan for all health issues typically includes, but is not limited to, the following elements:

- Problem list
- Expected outcome and prognosis
- Measurable treatment goals
- Symptom management
- Planned interventions and identification of the individuals responsible for each intervention
- Medication management
- Community/social services ordered
- A description of how services of agencies and specialists outside the practice are directed/coordinated
- Schedule for periodic review and, when applicable, revision of the care plan

A person-centered, electronic care plan based on a physical, mental, cognitive, psychosocial, functional, and environmental (re)assessment, and an inventory of resources (a comprehensive plan of care for all health issues, with particular focus on the chronic conditions being managed).

Comprehensive Care Management

Comprehensive Care Management

- ✓ Systematic assessment of the patient's medical, functional, and psychosocial needs
- ✓ System-based approaches to ensure timely receipt of all recommended preventive care services
- ✓ Medication reconciliation with review of adherence and potential interactions
- ✓ Oversight of patient self-management of medications
- ✓ Coordinating care with home- and community-based clinical service providers

We know this one!

230.2 – General Care Management Services

CCM Effective January 1, 2016, RHCs and FQHCs are paid for CCM services when a minimum of 20 minutes of qualifying CCM services during a calendar month is furnished.

CCM services may be furnished to patients with multiple chronic conditions that are expected to last at least 12 months or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline.

We Miss This ONE!! *General BHI*

Effective January 1, 2018:

RHCs and FQHCs are paid for general BHI services when a minimum of 20 minutes of qualifying general BHI services during a calendar month is furnished to patients with one or more new or pre-existing behavioral health or psychiatric conditions being treated by the RHC or FQHC primary care practitioner, *including substance use disorders*, that, in the clinical judgment of the RHC or FQHC primary care practitioner, warrants BHI services.

G0511 Patient Eligibility

Option A: Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, and place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, OR

Option B: Any behavioral health or psychiatric condition being treated by the RHC or FQHC practitioner, including substance use disorders, that, in the clinical judgment of the RHC or FQHC practitioner, warrants BHI services.

Care Management Service Requirements

- ✓ Structured recording of patient health information using Certified EHR.
- ✓ 24/7 access to physicians or other qualified health care professionals or clinical staff.
- ✓ Comprehensive care management including systematic assessment of the patient's medical, functional, and psychosocial needs.
- ✓ ***Comprehensive care plan***
- ✓ Care plan information made available electronically (including fax) in a timely manner within and outside the RHC or FQHC.
- ✓ Management of care transitions between and among health care providers and settings, including referrals to other clinicians.
- ✓ Coordination with home- and community-based clinical service providers.
- ✓ Enhanced opportunities for the patient and any caregiver to communicate …through not only telephone access, but also through the use of secure messaging, Internet, or other asynchronous non-face-to-face consultation methods (patient portal).

G0511: BHI Service Requirements

For patients meeting the eligibility requirements of Option B, the RHC or FQHC must meet all following requirements:

- ✓ Initial assessment or follow-up monitoring, including the use of applicable validated rating scales.
- ✓ Behavioral health care planning in relation to behavioral/psychiatric health problems.
- ✓ including revision for patients who are not progressing or whose status changes.
- ✓ Facilitating and coordinating treatment (such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation).
- ✓ Continuity of care with a designated member of the care team.

G0511: General Care Management Services

G0511: General Care Management Services

- ✓ billed alone or with other payable services on a RHC or FQHC claim.
- ✓ This code could only be billed once per month per beneficiary and could not be billed if other care management services are billed for the same time period.
- ✓ Payment for G0511 is set at the average of the 3 national non-facility PFS payment rates for the CCM (CPT code 99490 and CPT code 99487) and general BHI (CPT code 99484).
- ✓ The CY 2022 rate for G0511 is $79.25.
- ✓ The rate is updated annually based on the PFS amounts and coinsurance applies.

Psychiatric Coordination of Care 230.3 – Psychiatric Collaborative Care Model (CoCM) Services

Psychiatric CoCM is a specific model of care provided by a primary care team consisting of a primary care provider and a health care manager who work in collaboration with a psychiatric consultant to integrate primary health care services with care management support for patients receiving behavioral health treatment.

G0512 Billing Requirements

Initiating Visit: Initiating Visit: An E/M, AWV, or IPPE visit furnished by a physician, NP, PA, or CNM has occurred no more than one-year prior to commencing psychiatric CoCM services. This would be billed as an RHC or FQHC visit.

Billing Requirements: At least 70 minutes in the first calendar month, and at least 60 minutes in subsequent calendar months of Psychiatric CoCM services, furnished:

a. under the direction of the RHC or FQHC practitioner, and

b. by an RHC or FQHC practitioner or Behavioral Health Care Manager under general supervision.

G0512: Psychiatric Coordination of Care Management

G0512: Psychiatric Coordination of Care Management

- ✓ billed alone or with other payable services on a RHC or FQHC claim.
- ✓ This code could only be billed once per month per beneficiary and could not be billed if other care management services are billed for the same time period.
- ✓ Payment for G0512 is set at the average of the 2 national non-facility PFS payment rates for CoCM (CPT code 99492 and CPT code 99493).
- ✓ The CY 2022 rate for G0512 is $151.23.
- ✓ The rate is updated annually based on the PFS amounts and coinsurance applies.

G0512: Practitioner Requirements

RHC/FQHC Practitioner (Physician, NP, PA, or CNM) who:

- ✓ Directs the behavioral health care manager or clinical staff.
- ✓ Oversees the beneficiary's care, including prescribing medications, providing treatments for medical conditions, and making referrals to specialty care when needed.
- ✓ Remains involved through ongoing oversight, management, collaboration and reassessment.

G0512: Behavioral Health Care Manager

"The behavioral health care manager is a designated individual with formal education or specialized training in behavioral health, including social work, nursing, or psychology, and has a minimum of a bachelor's degree in a behavioral health field (such as in clinical social work or psychology), or is a clinician with behavioral health training, including RNs and LPNs."

Medicare Benefit Policy Manual Chapter 13: Section 230.3

G0512: Behavioral Health Care Manager

"The behavioral health care manager furnishes both face-to-face and non-face-to-face services under the general supervision of the RHC or FQHC practitioner and may be employed by or working under contract to the RHC or FQHC."

Medicare Benefit Policy Manual Chapter 13: Section 230.3

G0512: Behavioral Health Care Manager

Behavioral Health Care Manager:

- ✓ Provides assessment and care management services, including the administration of validated rating scales;
- ✓ Provides behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
- ✓ provision of brief psychosocial interventions;
- ✓ Collaborates with the RHC or FQHC practitioner;
- ✓ Maintains a registry that tracks patient follow-up and progress;
- ✓ Acts in consultation with the psychiatric consultant
- ✓ Is available to provide services face- to-face with the beneficiary;
- ✓ has a continuous relationship with the patient and a collaborative, integrated relationship with the rest of the care team.

G0512: Psychiatric Consultant

Psychiatric Consultant who:

- ✓ Participates in regular reviews of the clinical status of patients receiving CoCM services;
- ✓ Advises the RHC or FQHC practitioner regarding diagnosis, options for resolving issues with beneficiary adherence and tolerance of behavioral health treatment; making adjustments to behavioral health treatment for beneficiaries who are not progressing;
- ✓ Manages any negative interactions between beneficiaries' behavioral health and medical treatments.
- ✓ Facilitates referral for direct provision of psychiatric care when clinically indicated.

TCM Service - No Other Services to Report

FL42 Rev CD	FL43 Desc	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge
0521	Psychiatric CoCM	G0512	12/01/2020	1	$170.00
0001	Total Charge				$170.00

Care Management Claim Example

Medicare vs Medicaid

Mind the Gap!

RHC -FQHC Providers – Indiana: Check your own State!	
Physician	Podiatrist
Physician assistant	Psychologist
Advanced practice registered nurse (SA – Only if employed by clinic/group)	Optometrist
Clinical Psychologist	Chiropractor
Clinical Social Worker (AJ)	Licensed clinical addiction counselors
Dentist	Licensed marriage and family therapists
Dental hygienist	Licensed mental health counselors

Physicians (MD, or DO)

Nurse Practitioners

Physician Assistants

Certified Nurse Midwives

Clinical Psychologist (PhD)

Clinical Social Worker

*Chiropractor, Dentist, Optometrist, Podiatrist

Psychiatric APRN

What proportion of the Psychiatric APRN services constitute behavioral health vs primary care?

- ✓ Psychiatric APRNs are certainly RHC Providers, by definition.
- ✓ Meet RHC staffing requirements.
- ✓ Services can be billed as an RHC encounter for AIR payment.
- ✓ Psychiatric APRN services can be 100% Behavioral Health services, as long as TOTAL RHC Provider hours exceed 51% Primary Care.

Suboxone Clinics:

Treat the whole patient – not just the addiction.

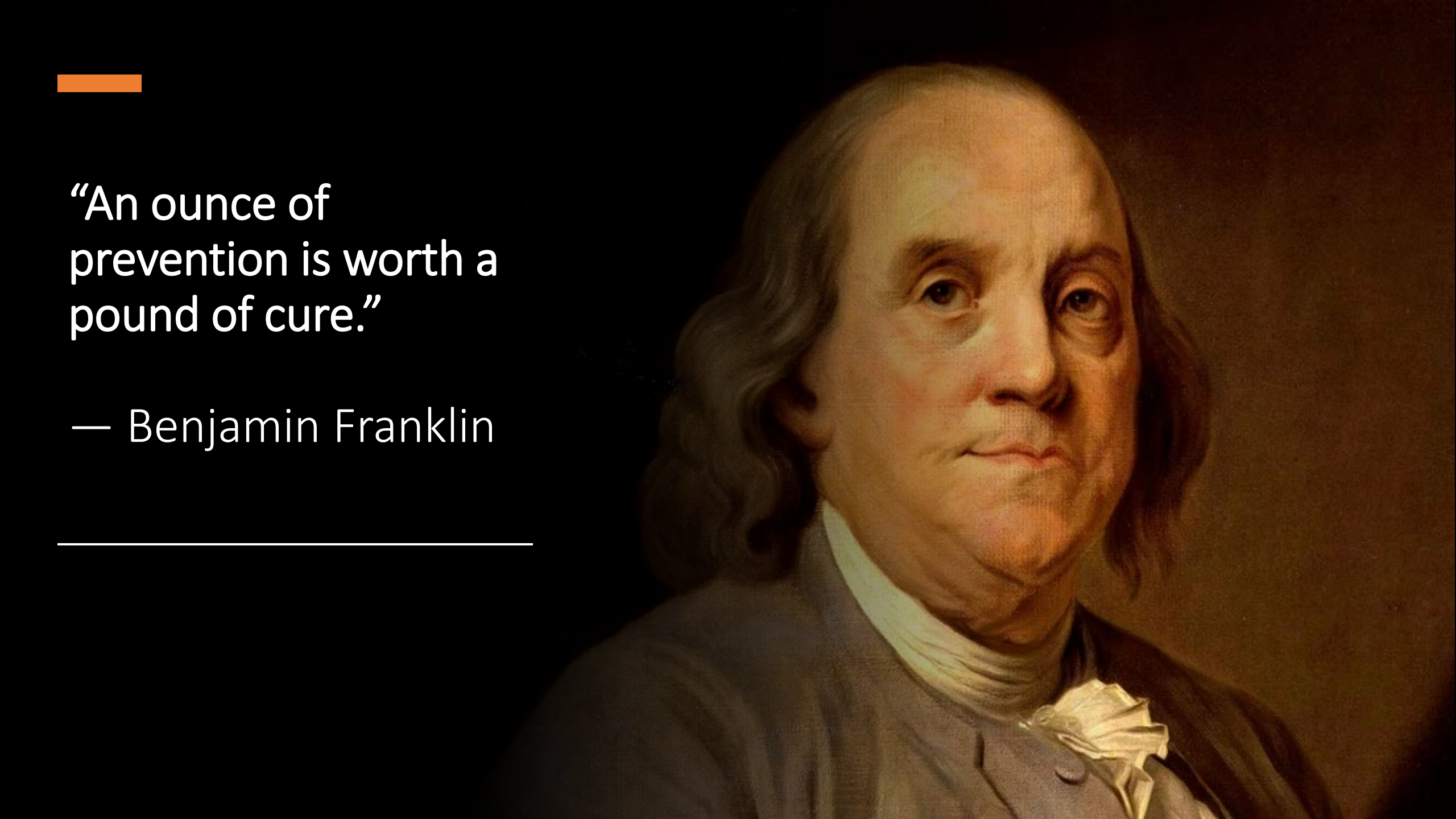
RHC-FQHC
Primary Care Services

"Federally Qualified Health Centers (FQHCs) were established in 1990 by section 4161 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 and were effective beginning on October 1, 1991. As with RHCs, they are also facilities that are primarily engaged in providing services that are typically furnished in an outpatient clinic.

This is interpreted to mean that our services must be "primarily" primary care services.

“An ounce of prevention is worth a pound of cure.”

— Benjamin Franklin



To Ensure RHC Compliance:

Treat ALL patient conditions.
Ensure that documentation reflects this.
Do not treat solely psychiatric conditions.
Ensure that psychiatric services do not exceed 51% of total provider hours.

Care Management Services Fact Sheet

Care Management Services Fact Sheet. Centers for Medicare and Medicaid Services.

ICN MLN909188. July 2019. Accessed 12/18/2022.

RHC - CMS Resources

CMS Rural Health Clinic Center:
https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center

Medicare Claims Processing Manual – Chapter 9 RHC/FQHC Coverage Issues
www.cms.gov/manuals/downloads/clm104c09.pdf

Medicare Benefit Policy Manual – Chapter 13 RHC/FQHC
www.cms.gov/Regulations-and Guidance/Guidance/Manuals/Downloads/bp102c13.pdf

Medicare Claims Processing Manual UB04 Completion
www.cms.gov/manuals/downloads/clm104c25.pdf

Medicare Benefit Policy Manual- Chapter 15 Other Services
www.cms.gov/Regulations-and Guidance/Guidance/Manuals/Downloads/bp102c15.pdf

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