Mental Health Visits via Telecommunications for Rural Health Clinics & Federally Qualified Health Centers

MLN Matters Number: SE22001 Revised  Related Change Request (CR) Number: N/A
Article Release Date: May 5, 2022  Effective Date: N/A
Related CR Transmittal Number: N/A  Implementation Date: N/A

Note: We revised this Article to show that RHCs must include modifier CG on claims for mental health visits via telecommunications. This change is in dark red font on page 2. All other information is the same.

Provider Types Affected

This MLN Matters Article is for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients.

Provider Action Needed

Make sure your billing staff knows about these changes:

- Regulatory changes for mental health visits in RHCs & FQHCs
- Billing information for mental health visits done via telecommunications

Coding Requirements

CMS finalized regulatory language for mental health visits in RHCs and FQHCs in the CY 2022 Physician Fee Schedule (PFS) final rule. Effective January 1, 2022, you may provide mental health visits using interactive, real-time telecommunications technology.

RHCs and FQHCs can provide telecommunications for mental health visits using audio-video technology and audio-only technology. You may use audio-only technology in situations when your patient can't access or doesn't consent to use audio-video technology. You can report and get paid in the same way as in-person visits.

Audio-video visits: Use modifier 95 (Synchronous Telemmedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System).
**Audio-only visits:** Use new service-level modifier FQ.

These visits are different from telehealth services provided during the Public Health Emergency (PHE). Don’t bill HCPCS code G2025 for a mental health visit you provide via telecommunications. See MLN Matters Article SE20016 for information on billing G2025 for professional telehealth distant site services other than mental health visits during the PHE.

**RHC Claims for Mental Health Visits via Telecommunications Example**

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>HCPCS Code</th>
<th>Modifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900</td>
<td>90834 (or other Qualifying Mental Health Visit Payment Code)</td>
<td>95 (audio-video) or FQ (audio-only) CG (required)</td>
</tr>
</tbody>
</table>

**FQHC Claims for Mental Health Visits via Telecommunications Example**

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>HCPCS Code</th>
<th>Modifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900</td>
<td>G0470 (or other appropriate FQHC Specific Mental Health Visit Payment Code)</td>
<td>95 (audio-video) or FQ (audio-only)</td>
</tr>
<tr>
<td>0900</td>
<td>90834 (or other FQHC PPS Qualifying Mental Health Visit Payment Code)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**In-Person Mental Health Visit Requirements**

These in-person visit requirements apply only to a patient getting mental health visits via telecommunications at home:

- There must be an in-person mental health visit 6 months before the telecommunications visit
- In general, there must be an in-person mental health visit at least every 12 months while the patient is getting services from you via telecommunications to diagnose, evaluate, or treat mental health disorders

**Exceptions**

We’ll allow for limited exceptions to the requirement for an in-person visit every 12 months based on patient circumstances in which the risks and burdens of an in-person visit may outweigh the benefit. These include, but aren’t limited to, when:

- An in-person visit is likely to cause disruption in service delivery or has the potential to worsen the patient’s condition
- The patient getting services is in partial or full remission and only needs maintenance level care
• The clinician’s professional judgment says that the patient is clinically stable and that an in-person visit has the risk of worsening the patient’s condition, creating undue hardship on self or family.
• The patient is at risk of withdrawing from care that’s been effective in managing the illness.

With proper documentation, the in-person visit requirement isn’t applicable for that 12-month period. You must document the circumstance in the patient’s medical record.

More Information

Read Rural Health Clinic and Federally Qualified Health Center booklets.

Visit RHC Center and FQHC Center webpages.

For more information, find your MAC’s website.

Document History

<table>
<thead>
<tr>
<th>Date of Change</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 5, 2022</td>
<td>We revised this Article to show that RHCs must include modifier CG on claims for mental health visits via telecommunications. This change is in dark red font on page 2. All other information is the same.</td>
</tr>
<tr>
<td>March 30, 2022</td>
<td>Initial article released.</td>
</tr>
</tbody>
</table>

Disclaimer: Paid for by the Department of Health & Human Services. This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2021 American Medical Association. All rights reserved.

Copyright © 2013-2022, the American Hospital Association, Chicago, Illinois. Reproduced by CMS 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. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at ub04@healthforum.com.

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.