Rural Health Clinic Behavioral Health
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RHC Behavioral Health Billing 4.28.2021

- ✓ Definitions/Basics/ RHC Locations and Providers
- ✓ Medicare RHC Behavioral Health Billing
- ✓ Medicare RHC Telehealth
- ✓ Care Management Services and Behavioral Health Integration

What is an RHC?

- ✓ A Rural Health Clinic (RHC) is a clinic certified to receive special Medicare and Medicaid reimbursement.
- ✓ 51% of Clinic Services must be Primary Care (FP,IM,OB,Ped).
- ✓ No more than 49% of ***cumulative provider hours*** may be behavioral health.
- ✓ The purpose of the RHC program is improving access to primary care in underserved rural areas.
- ✓ The clinic must be staffed at least 50% of the time with a midlevel practitioner.

(Rural Assistance Center FAQ)

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

(1) Required primary health services…

…referrals to providers of medical services (including specialty referral when medically indicated) and other health-related services (including substance use disorder and mental health services).

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

For the purposes of this title, such term includes only a facility which…(iv) is not a rehabilitation agency or a *facility which is primarily for the care and treatment of mental diseases*.

The RHC Encounter Rate

The Current RHC maximum encounter rate CY 2021 is $100.00. (for independent/freestanding RHCs or PBRHCs ineligible for an uncapped rate).

“In general, the all-inclusive rate (AIR) for an RHC or FQHC is calculated by the MAC/FI by dividing total allowable costs by the total number of visits for all patients. Productivity, payment limits, and other factors are also considered in the calculation.”

(Medicare Benefit Policy Manual. Chapter 13. Section 70.)

Medicare RHC Encounter Definition:

"An RHC or FQHC visit is a medically-necessary medical or mental health visit, or a qualified preventive health visit. The visit must be a face-to-face (one-on-one) encounter between the patient and a physician, NP, PA, CNM, CP, or a CSW during which time one or more RHC or FQHC services are rendered."

(Medicare Benefit Policy Manual. Chapter 13. Section 40.)

Medicare Qualified RHC Providers

Medicare Qualified RHC Providers	
Physicians (MD, or DO)	Clinical Psychologist (PhD)
Nurse Practitioners	Licensed Clinical Social Worker
Physician Assistants	
Certified Nurse Midwives	
Chiropractor, Dentist, Optometrist, Podiatrist	

Medicaid RHC-FQHC Providers - Indiana

RHC -FQHC Providers - Indiana	
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 (HF)
Dentist	Licensed marriage and family therapists (HE)
Dental hygienist	Licensed mental health counselors (HE)

Medicare UB04 Revenue Codes

0521 All Clinic Visits and Professional Services by qualified RHC provider;
0522 Home visit by RHC provider;
0524 Visit by RHC provider to a Part A SNF bed;
0525 Visit by RHC provider to a non-SNF bed, NF or other residential facility (non-Part A);
0527 Visiting Nurse service in home health shortage area
0528 Visit by RHC provider to other non-RHC site (scene of an accident)
0250 Pharmacy (Does not need the HCPCS)
0300 Venipuncture
0636 Injection/Immunization
0780 Telehealth (for Originating Site only!)
0900 Behavioral Health

Medicare Behavioral Health Qualifying Visits

HCPCS Code	Description
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvcs
90832	Psytx pt/family 30 minutes
90834	Psytx pt&/family 45 minutes
90837	Psytx pt&/family 60 minutes
90839	Psytx crisis initial 60 min
90845	Psychoanalysis

RHC Services – Claim Form

- ✓ RHC Services are submitted on a CMS-UB04 claim form.
- ✓ The electronic format is ANSI 837-Institutional.
- ✓ Type of Bill is “711” for an original claim.
- ✓ All services must be reported using the appropriate revenue code.
- ✓ All claims must have a qualifying visit denoted with a “CG” Modifier.
- ✓ Incident-to services must be reported on the claim, but bundled with the qualifying visit.

Multiple 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)

Behavioral Health Services

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	04/02/2020	1	$ 120.00
0001	Total Charge				$ 120.00

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	04/02/2020	1	$ 220.00
0900	Rx Management	90832CG	04/02/2020	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!

Coordination of Care Services for RHCs

Behavioral Health Integration

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 2020 *payment rate was* $66.xx.
- ✓ The rate is updated annually based on the PFS amounts and coinsurance applies.

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.

Coordination of Care Services for RHCs: General BHI

General 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.

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. General BHI service requirements include

G0511: Option B Service Requirements

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

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 Billing Requirements

Beneficiary Consent: Has been obtained during or after the initiating visit and before provision of care coordination services by RHC or FQHC practitioner or clinical staff can be written or verbal, must be documented in the medical record and includes information:

- ✓ On the availability of care coordination services and applicable cost-sharing.
- ✓ That only one practitioner can furnish and be paid for care coordination services during a calendar month.
- ✓ On the right to stop care coordination services at any time (effective at the end of the calendar month).
- ✓ Permission to consult with relevant specialists.

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

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- ✓ 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 2019 rate for CoCM is $145.96.
- ✓ The rate is updated annually based on the PFS amounts and coinsurance applies.

G0512: RHC Practitioner Requirements

RHC or 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; 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; ongoing collaboration with the RHC or FQHC practitioner; maintenance of the registry; acting 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
- ✓ Is available to contact the patient outside of regular RHC or FQHC hours as necessary to conduct the behavioral health care manager's duties

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.

RHC - CMS Resources

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

RHC - CMS Resources

Virtual Communication FAQ

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/VCS-FAQs.pdf

State Operations Manual Appendix G (Updated 1.2.18)

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_g_rhc.pdf

Provider-Based Rules (42 CFR 413.65)

https://www.law.cornell.edu/cfr/text/42/413.65

RHC Distant Site: SE20016

Centers for Medicare and Medicaid Services. MLN SE20016. "New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE)". April 17, 2020.

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