Behavioral Health for RHC-FQHC 2023

Session Learning Objectives

RHC Behavioral Health Services:

- ✓ What does primarily engaged in "Primary Care" mean?
- ✓ New Definition of RHC Visit
- ✓ Provider Expansion
- ✓ RHC Behavioral Health
- ✓ Telehealth as a Visit for Behavioral Health!
- ✓ Behavioral Health Care Management Options

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."

There is a recognition from stakeholders that this language should be clarified, we are hopeful to have better language in a revised Appendix G soon.

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…

In-Person Visits - Delayed

"Section 4113 of the CAA, 2023 delayed the in-person requirements under Medicare for mental health services furnished through telehealth under the PFS and for mental health visits furnished by RHCs via telecommunications technology. **For RHCs, in-person visits will not be required until January 1, 2025,** if the PHE ends prior to that date."

CMS Rural Health Clinic Center

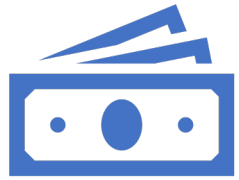
Expanded RHC Providers

LPC/LMFT Expansion

Two Steps to Expanding Behavioral Health Providers

General Supervision:

[2023 CMS Final Rule]



[Consolidated Appropriations Act 2023 H.R.2617]

Expanded Behavioral Health Providers: 2023 CMS Final Rule

"CMS [will] allow behavioral health services to be provided under the general supervision of a physician or non-physician practitioner (NPP), rather than under direct supervision, when these services or supplies are furnished by auxiliary personnel, such as LPCs and LMFTs, incident to the services of a physician (or NPP).

Consolidated Appropriations Act 2023 H.R.2617

(MARRIAGE AND FAMILY T HERAPIST SERVICES; MARRIAGE AND FAMILY T HERAPIST; MENTAL HEALTH COUNSELOR SERVICES, MENTAL H EALTH COUNSELOR —The term ‘marriage and family therapist services’ means services furnished by a marriage and family therapist (as defined in paragraph (2)) for the diagnosis and treatment of mental illnesses (other than services furnished to an inpatient of a hospital), which the marriage and family therapist is legally authorized to perform under State law of the State in which such services are furnished, as would otherwise be covered if furnished by a physician or as an incident to a physician’s professional service.

CMS Marriage and Family Therapists (MFT) and Mental Health Counselors (MHC) Provider Enrollment Frequently Asked Questions (FAQs)

JUST released: September 2023

1. Does Medicare recognize Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs)?
2. How does Medicare define MFTs?
3. How does Medicare define MHCs?

Link: https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf

Does Medicare recognize Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs)?

Section 4121 of Division FF of the Consolidated Appropriations Act, 2023 (CAA, 2023), establishes a new Medicare benefit category for MFT and MHC services furnished by and directly billed by MFTs and MHCs. Payment for MFT and MHC services under Part B of the Medicare program will begin January 1, 2024.

How does Medicare define *MFT*s?

Section 4121 Division FF of the CAA, 2023, defines MFT services as services for the diagnosis and treatment of mental illnesses (other than services furnished to an inpatient of a hospital). An MFT is an individual who:

- Possesses a master's or doctorate degree which qualifies for licensure or certification as a MFT under State law of the State in which such individual furnishes marriage and family therapist services,
- Is licensed or certified as an MFT by the State in which they furnish services,
- Has performed at least 2 years of clinical supervised experience in marriage and family therapy or mental health counseling after obtaining the degree referenced above, and
- Meets other requirements as the Secretary of Health and Human Services (HHS) determines appropriate.

How does Medicare define *MHC*s?

Section 4121 Division FF of the CAA, 2023, defines MFT services as services for the diagnosis and treatment of mental illnesses (other than services furnished to an inpatient of a hospital). An MHC is an individual who:

- Possesses a master's or doctorate degree which qualifies for licensure or certification as a MHC, clinical professional counselor, or professional counselor under State law of the State in which such individual furnishes MHC service,
- Is licensed or certified as an MHC, clinical professional counselor, or professional counselor by the State in which they furnish services,
- Has performed at least 2 years of clinical supervised experience in marriage and family therapy or mental health counseling after obtaining the degree referenced above, and
- Meets other requirements as the Secretary of HHS determines appropriate.

Medicare RHC -FQHC Providers **2023 (CMS Final Rule FY2023)**

Medicare RHC -FQHC Providers **2023**	
Physician	Podiatrist
Physician assistant	Psychologist
Advanced practice registered nurse (SA – Only if employed by clinic/group)	Optometrist
Clinical Psychologist	**General Supervision:**
Clinical Social Worker (AJ)	Licensed clinical addiction counselors
Dentist	Licensed marriage and family therapists
Chiropractor	Licensed mental health counselors

Medicare RHC -FQHC Providers **2024 (H.R. 2617)**

Medicare RHC -FQHC Providers **2024**	
Physician	Podiatrist
Physician assistant	Psychologist
Advanced practice registered nurse (SA – Only if employed by clinic/group)	Optometrist
Clinical Psychologist	**Approved RHC Providers 2024:**
Clinical Social Worker (AJ)	Licensed clinical addiction counselors
Dentist	Licensed marriage and family therapists
Chiropractor	Licensed mental health counselors

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 => In Person

FL42 Rev CD	FL43 Desc	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge
0900	Psytx Pt Family 30 Min	90832 CG	01/03/2023	1	$ 120.00
0001	Total Charge				$ 120.00

Behavioral Health => Telehealth

FL42 Rev CD	FL43 Desc	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge
0900	Psytx Pt Family 30 Min TH	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	Audio-Only Pt 30 Min	90832 CG FQ	01/01/2022	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	10/04/2023	1	$ 220.00
0900	Rx Management	90832CG	10/04/2023	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

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),
- ✓ Chronic Pain Management
- ✓ Psychiatric Collaborative Care Model (CoCM) services.

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

2024 MPFS Final Rule

From NARHC 2024 Final Rule Comments:

In this year's rule, CMS proposes to further expand services billable by RHCs under the G0511, general care management code, including

- ***Remote Patient Monitoring (RPM),***
- ***Remote Therapeutic Monitoring (RTM),***
- Principal Illness Navigation (PIN),
- and Community Health Integration (CHI).

*Remote Patient Monitoring is NOT currently (2023) payable to RHCs/FQHCs.

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.

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

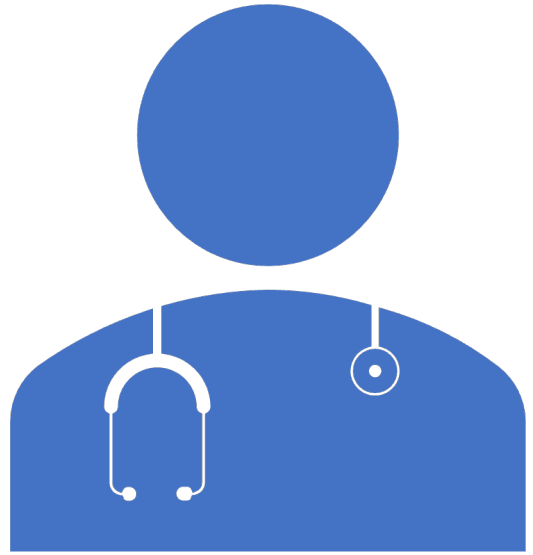
Psychiatric CoCM is a specific model of care provided by a primary care team consisting of a primary care provider and a health care manager who work in collaboration with a psychiatric consultant to integrate primary health care services with care management support for patients receiving behavioral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

Intensive Outpatient Therapy

Effective January 2024

What are Intensive Outpatient Program Services?

Intensive Outpatient Program (IOP) services are behavioral health services provided through an outpatient setting, i.e., not an inpatient or residential setting, nor the patient's home, that provides less than 24-hour per day care.



What are IOP services?

The psychiatric services provided through IOP are for those individuals with an acute mental illness such as substance use disorders, depression, schizophrenia, and others.

IOP is a distinct program from partial hospitalization programs (PHPs) and is understood to be less intensive than PHP; however, IOP is for patients requiring a higher level of care than isolated outpatient visits with a behavioral health provider.

CMS specifies that the services eligible to be provided under the IOP benefit include:

- Individual and group therapy with physicians, psychologists, and other mental health professionals as authorized by state law
- Occupational therapy
- Furnishing of drugs and biologics for therapeutic purposes that are not self-administered
- Family counseling (as part of treatment of the patient’s condition.

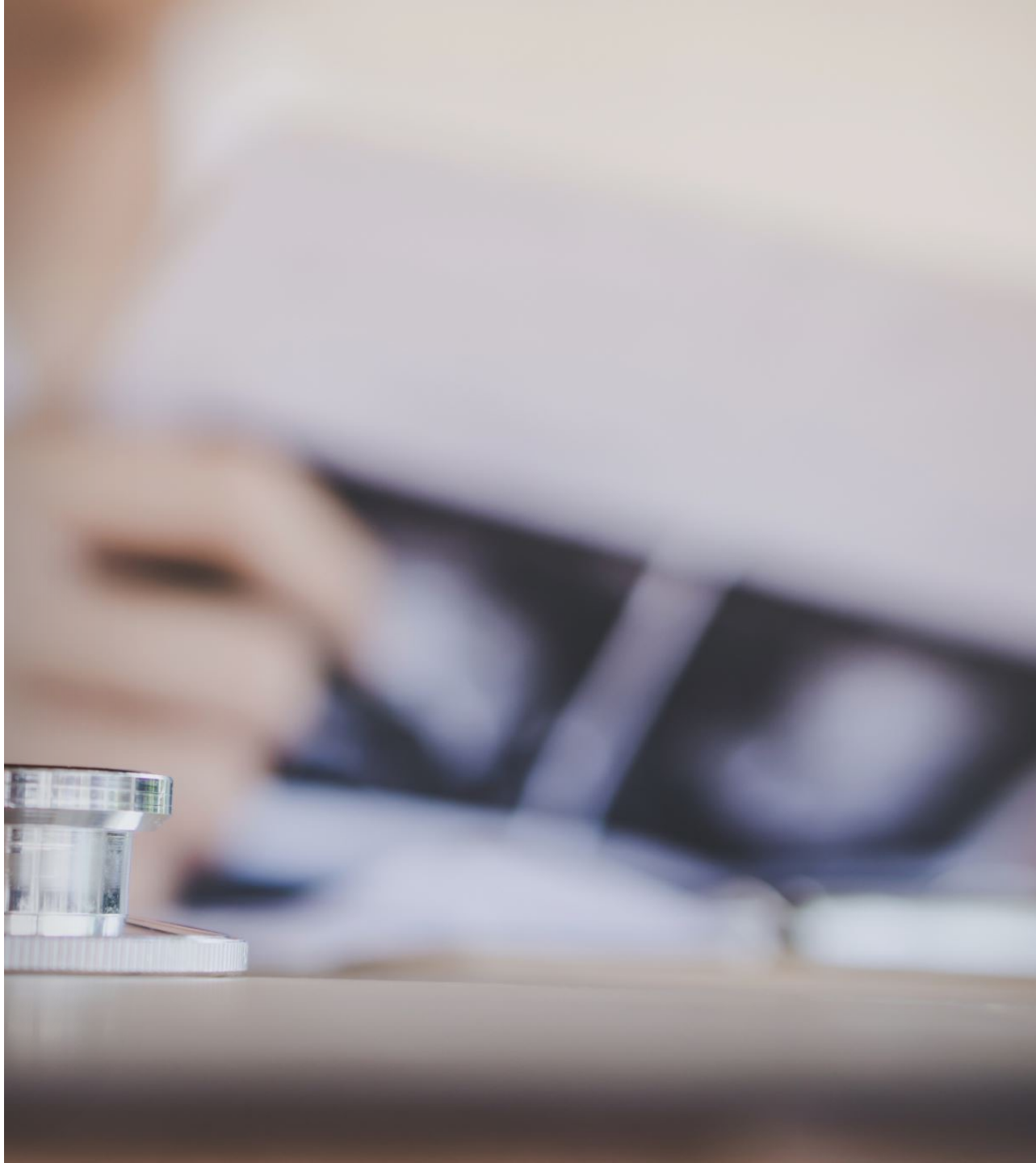
CMS specifies that the services eligible to be provided under the IOP benefit include:

- Patient training and education
- Individualized activity therapies
- Diagnostic services
- Other related services for diagnosis and active treatment intended to improve or maintain the patient’s condition and function.

IOP Patient Eligibility

A physician must certify that a patient needs behavioral health services for at least 9, but no more than 19 hours per week.

The certification of eligibility must be done by the physician at least once every other month.



IOP Plan of Care

The patient's plan of care must adequately demonstrate that the individual:

- Requires at least 9 hours of therapeutic services per week.
- Is likely to benefit from these coordinated services more than they would individual sessions of outpatient treatment.
- Does not need 24-hour care.
- Has a separate support system outside of the IOP.
- Has received a mental health diagnosis.
- Is not a danger to themselves or others.
- Has the cognitive and emotional ability to tolerate the IOP.

IOP Billing and Reimbursement

Therefore, these services are not to be billed as RHC encounters.

RHCs will receive a flat payment per day which CMS is proposing as $284 in 2024. This corresponds to an anticipated 3 separate qualifying services per day.

CMS is proposing to require that RHCs report condition code 92 to identify IOP services.

IOP – Included Services

The 3 services per day would be any of those found in Table 43: Proposed HCPCS Applicable for PHP and IOP (page 364 of the HOPPS Proposed Rule). In order to qualify for payment, at least one of the three services must be from Table 44 Proposed Partial Hospitalization and Intensive Outpatient Primary Services (page 367).

HOPPS Table 43: IOP Services

HCPCS	Short Descriptor
90785	Psytx complex interactive
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvcs
90832	Psytx pt&/family 30 minutes
90833	Psytx pt&/fam w/e&m 30 min
90834	Psytx pt&/family 45 minutes
90836	Psytx pt&/fam w/e&m 45 min
90837	Psytx pt&/family 60 minutes
90838	Psytx pt&/fam w/e&m 60 min
90845	Psychoanalysis
90846	Family psytx w/o patient
90847	Family psytx w/patient
90865	Narcosynthesis
90880	Hypnotherapy

HOPPS Table 43: IOP Services

96116	Neurobehavioral status exam
96130	Psychological testing evaluation by physician/qualified health care professional; first hour
96131	Psychological testing evaluation by physician/qualified health care professional; each additional hour
96132	Neuropsychological testing evaluation by physician/qualified health care professional; first hour
96133	Neuropsychological testing evaluation by physician/qualified health care professional; each additional hour
96136	Psychological/neuropsychological testing by physician/qualified health care professional; first 30 minutes
96137	Psychological/neuropsychological testing by physician/qualified health care professional; each additional 30 minutes
96138	Psychological/neuropsychological testing by technician; first 30 minutes
96139	Psychological/neuropsychological testing by technician; each additional 30 minutes
96146	Psychological/neuropsychological testing; automated result only
G0129	Partial hosp prog service
G0176	Opps/php;activity therapy
G0177	Opps/php; train & educ serv
G0410	Grp psych partial hosp 45-50
G0411	Inter active grp psych parti

RHC Encounter Plus IOP: Not Eligible

As these services are mental health services, an IOP service and a separate mental health encounter would not be eligible for same day billing (RHC All-Inclusive Rate reimbursement plus $284).

RHCs could bill for IOP services and a separate medical visit for the same patient on the same day.

IOP Cost Reporting Consideration!

Costs associated with IOP services will need to be carved out of an RHC’s cost report as to not impact the All-Inclusive Rate.

Proposed Geographic Adjustment

CMS is seeking comment on whether the above payment rate should be adjusted by geographic area and also if RHCs should be eligible to bill for the equivalent of “4-service days,” reimbursable in the hospital-based provision of IOP services at $368.18 per day, as opposed to just the “3-service days” reimbursement of $284.00.

IOP Resource

Intensive Outpatient Program (IOP) Details Proposed

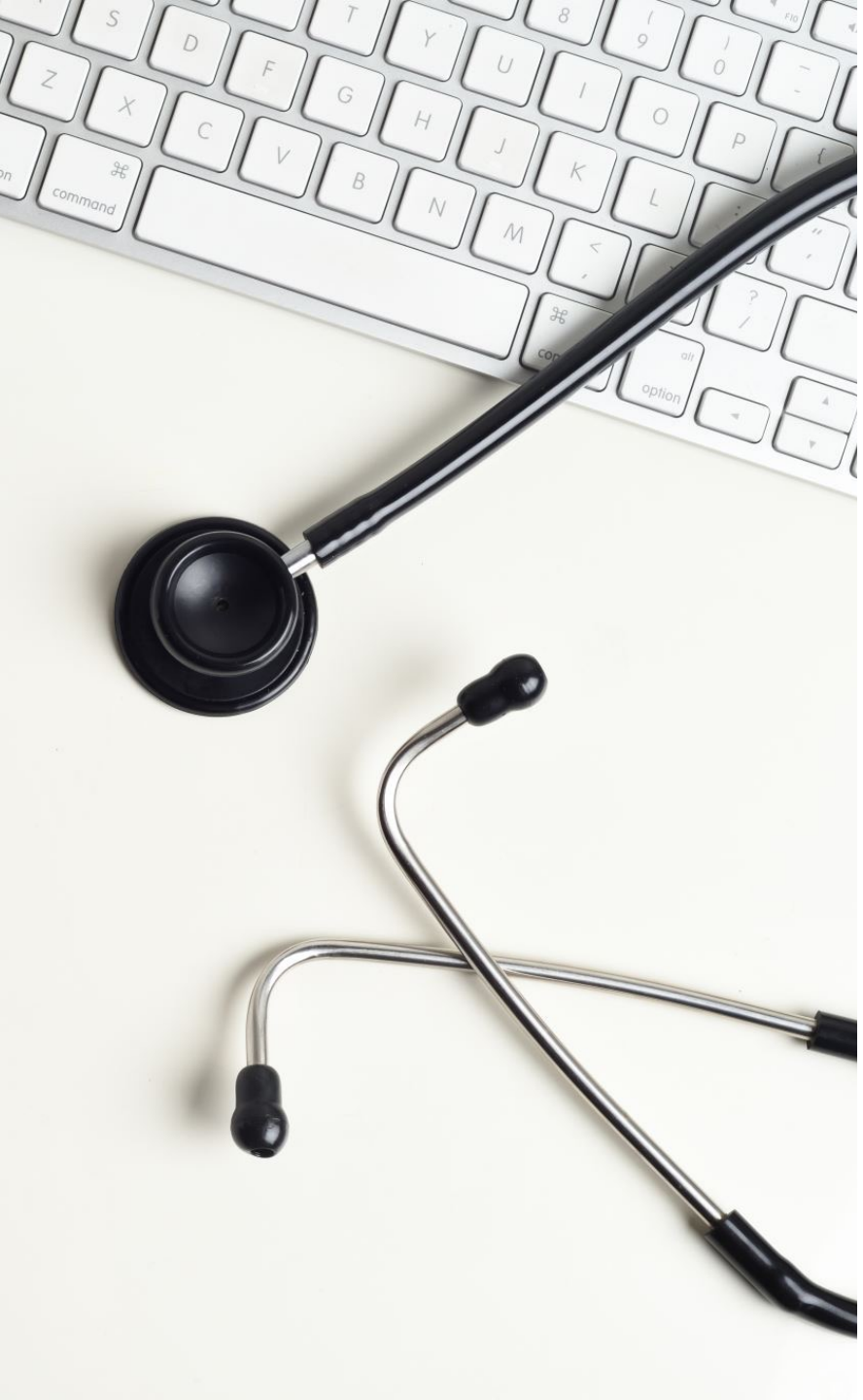
New Treatment Category Billable in RHCs Beginning January 1, 2024

Sarah Hohman, Director of Government Affairs

08/04/2023

NARHC Page: https://www.narhc.org/News/30054/Intensive-Outpatient-Program-IOP-Details-Proposed

CY 2024 Medicare Hospital Outpatient Prospective Payment System (HOPPS) Proposed Rule i



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.

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.

WHICH OF THE FOLLOWING ARE CONSIDERED “BEHAVIORAL HEALTH” SERVICES RELATIVE THE 51% PRIMARY CARE RULE?

- ✓ Example 1: 99213 for Anxiety, Hypertension, COPD, and Medication Reconciliation by a Family Nurse Practitioner.
- ✓ Example 2: Medication Reconciliation and Individual Therapy session by a Licensed Clinical Social Worker?
- ✓ Example 3: “Suboxone Clinics”.
- ✓ Example 4: 99213 for Anxiety with Medication Reconciliation by Psychiatric Advanced Practice Nurse.

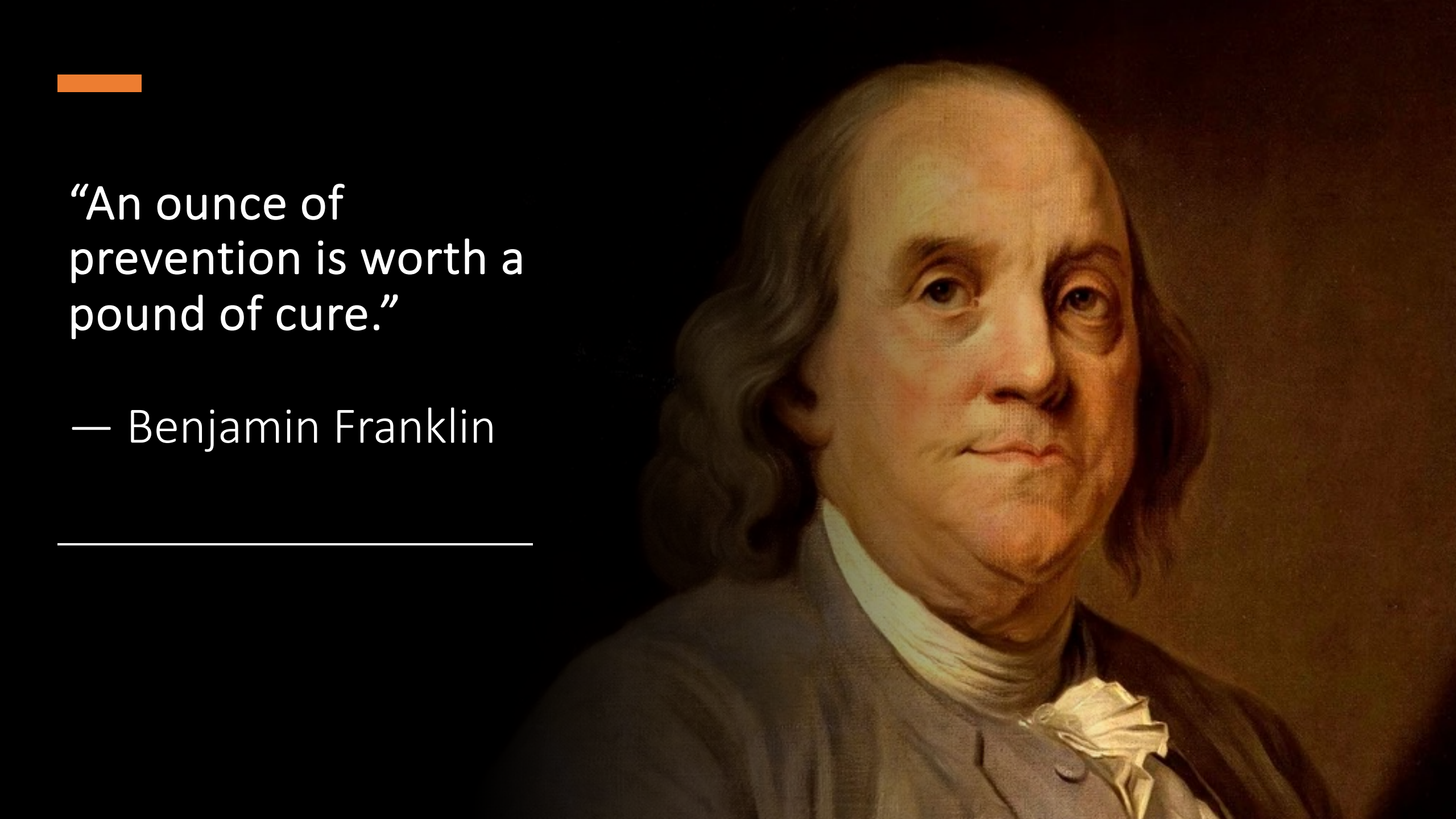
PSYCHIATRIC APRN

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.

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

— Benjamin Franklin



SAMPLE BEHAVIORAL HEALTH POLICY

BH services are CP/LCSW/LMFT/LPC services for counseling and/or behavioral health medication reconciliations billed using Revenue Code 0900 and the following RHC Qualifying List Visit HCPCS Code:

HCPCS	Descriptor
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

Primary Care services are MD/NP/PA services for ALL patient diseases during which some behavioral health conditions and diagnoses may be addressed. These would be reported using Revenue Code 052X and the HCPCS codes for Medical and Approved Preventive Health Services on the RHC Qualifying Visit List.

DEFINE YOUR OWN BEHAVIORAL HEALTH POLICY!

- ✓ What ARE/ARE NOT “Behavioral Health” services in YOUR RHC.
- ✓ Which providers?
- ✓ Are Psychiatric Advanced Practice Nurses 100% Behavioral Health: Probably not.
- ✓ Define the general circumstances the individual Psych APRN considers Primary Care vs Behavioral Health. The RHC Medical Director should certainly have input.
- ✓ Psychiatric Care Coordination/Behavioral Health Team

Potential Resources:

Primary Care/Evaluation and Management Services Codes, RHC Qualifying Visit list, and ICD-10 codes.

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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