

Medicare Tele-Behavioral Health Billing

How we setup in NextGen...

*Presented By: Anne Frunk, CPC
Director of EDI Compliance & Internal Auditing
Shasta Community Health Center
Redding CA*



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Medicare: UPDATE

Beginning January 1, 2022, Federally Qualified Health Center (FQHC) mental health visits with Medicare beneficiaries can be furnished using interactive, real-time telecommunications technology. CMS formalized this regulatory change through the [Calendar Year 2022 Medicare Physician Fee Schedule final rule](#). It is not tied to the COVID-19 public health emergency and is permanent in the absence of further regulatory action. In the same way they currently do when visits take place in-person, FQHCs will be allowed to report and receive payment for mental health visits furnished via real-time telecommunication technology including audio-only visits when the beneficiary is not capable of, or does not consent to, the use of video technology.

Source: California Primary Care Association



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Medicare: UPDATE

- ❑ **In-person Visit Required Annually:** An in-person, non-telehealth visit must be furnished at least every 12 months for these services; however, exceptions to the in-person visit requirement may be made based on beneficiary circumstances.
- ❑ **Reimbursement Rate:** FQHCs will be reimbursed 80% of the lesser of their actual charges or the Prospective Payment System rate when these services are furnished to a Medicare beneficiary through telecommunication technology, including audio-only.
- ❑ **Modifiers:** Additionally, beginning Saturday, January 1, 2022, FQHCs must add Modifier 95 (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System) to claims for mental health visits furnished via audio-video telecommunications and must add Modifier FQ (service provided using audio-only communication technology) to claims for mental health visits furnished via audio-only telecommunications

Source: California Primary Care Association



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Translation for Billers

Effective January 1, 2022, Medicare MH services are billed and defined by below:

- FQHC Specific Payment Code: **G0469** or **G0470**
- Revenue Code: **900**
- FQHC PPS **Qualifying Visit Code:**
 - *90791, 90792, 90832, 90834, 90837, 90839, 90845*
- Modifier **95** for audio and visual telehealth
- Modifier **FQ** for audio only

Source: <https://www.cms.gov/medicare/medicare-fee-for-service-payment/fqhcpps/downloads/fqhc-pps-specific-payment-codes.pdf>



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Claim Example

2 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	
900	Fqhc visit, mh estab pt	G0470	010322	1	433	00
900	TELEPHONE PSYTX W PT 30 MINUTES	90832 FQ	010322	1	286	00

NextGen Transaction Screen

Custom
CPT &
SIM

Transactions

Created	Svc Date	SIM Description	CPT4	Qty	Amount	Type
01/05/22	01/03/22	TELEPHONE PSYTX W PT 30 MINUTES	90832TEL-FQ	1.00	286.00	Chg
01/21/22	01/03/22	FQHC Visit Mental Health Est Patient	G0470	1.00	433.00	Chg



Encounter Rate Library Example

The screenshot shows the 'Encounter Rate SIM Maintenance' window. The main data fields are as follows:

Service Item #	Description	Effective Date	Expiration Date	Amount	Copay Amount	Condition Code
G0470	FQHC Visit Mental Health Est Patient	01/01/2022	12/31/2099		\$0.00	

The 'Service Item Configurations' section includes:

- Required ICDs:** (Empty table)
- Required CPT4s:**

CPT4 Code	Description
90791TEL	TELEPHONE PSYCH DIAG EVAL
90791VID	TELEHEALTH PSYCH DIAG EVAL
90792	PSYCH DIAG EVAL W/MED SRVCS
- Valid Primary Payers:** (Empty table)
- Valid Locations:** (Empty dropdown)
- COB:** 1
- Valid Providers:** (Empty dropdown)
- Sex:** (Empty dropdown)
- Age:** (Empty dropdown)

A red circle highlights the CPT4 codes 90791TEL and 90791VID, with a red arrow pointing to them from the right.



Seems Simple Right?



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Do not confuse mental health providers
with Medicare mental health services

If a mental health provider such as a Psychiatrist bills a 99213TEL/VID, then by Medicare's billing definition this is still NOT a mental health service, since the only applicable CPT codes were not used (90791 – 90845)



Table 4. FQHC Claims for Telehealth Services starting July 1, 2020

Revenue Code	HCPCS Code	Modifiers
052X	G2025	95 (optional)

Medicare telehealth medical services during the PHE
are submitted with code **G2025**

<https://www.cms.gov/files/document/se20016.pdf>



So...What did we do?

- ✓ Custom CPT and SIMs for Telephone and Video modalities
- ✓ 2 Medicare Encounter Rate Libraries
- ✓ [NG Telehealth Billing Options](#)
 - Select appropriate codes to correlate new billing rules
- ✓ 2 Medicare payers per MAC
 - Train front office on payer selections
- ✓ SIM Exception to add Modifiers when Medicare is primary



NextGen Success Community

The screenshot shows the NextGen Success Community website interface. At the top, there is a navigation bar with the NextGen logo and 'SUCCESS COMMUNITY' text. A search bar and a 'Profile' link are also visible. Below the navigation bar, there is a menu with options: Home, Cases, Knowledge, Known Issues, Services, and Ideas. The main content area features a breadcrumb trail: « Back to Knowledge Search. The article title is 'Medicare FQHC Telehealth Options FAQ'. Below the title, there are social media icons for 'Rate This Article' (thumbs up and thumbs down) and a 'Click to add topics' button. A green 'INFORMATION' header is followed by a table with the following details:

Title	Medicare FQHC Telehealth Options FAQ
Question	
Answer	Review the following FAQ (attached below) to review several options for FQHCs when billing telehealth after July 1, 2018.
Attachment:	MC FQHC_TelehealthOptions_FAQ.pdf
Keywords	"virtual visit" "video visit" virtual video telemedicine otto "e-visit" evisit "ottohealth"

https://www.community.nextgen.com/ngc/kA2f30000008diV?srPos=0&srKp=ka2&lang=en_US

SIM Exception Example

The image shows two overlapping software windows. The top window, titled "SIM Exceptions List - Shasta Fee 2018", has a search bar containing "New 2022 Medicare Telehealth". Below the search bar is a list of items: ASW, Exam, Family Pact, New 2022 Medicare Telehealth (highlighted in blue), and PHC. The bottom window, titled "SIM Exception Maintenance", shows the "SIM Library Name" as "Shasta Fee 2018" and the "SIM Exception Name" as "New 2022 Medicare Telehealth". It includes filter criteria with a text box containing "90832VID" and two checkboxes: "Include Past SIM Items" (unchecked) and "Exception SIMs only" (unchecked). Below the filters is a table with the following data:

SIM	SIM Desc	CPT4	Date Range Effective	Date Range Expiration	Non-Facility Amount	Facility Amount	SIM Exception Non-fac amt	SIM Exception Fac amt	SIM Exceptions POS	Modifier 1	Modifier 2
90832	Psychother Ov/op-bel	90832	01/01/2022	12/31/2099	286.00	253.00					
90832BH	PSYTX W PT 30 MIN	832BH	01/01/2019	12/31/2099	234.00	234.00					
90832TEL	TELEPHONE PSYTX	32TEL	01/01/2022	12/31/2099	286.00	253.00				FQ	
90832VID	TELEHEALTH PSYT	332VID	01/01/2022	12/31/2099	286.00	253.00				95	

At the bottom right of the "SIM Exception Maintenance" window, there is a "Hide Exception" checkbox (unchecked), an "OK" button, and a "Cancel" button. A "WhoWhen" icon is visible in the bottom left corner.

References:

- <https://www.cms.gov/medicare/medicare-fee-for-service-payment/fqhcpps/downloads/fqhc-pps-specific-payment-codes.pdf2>
- https://www.community.nextgen.com/ngc/kA2f30000008diV?srPos=0&srKp=ka2&lang=en_US
- <https://www.cms.gov/files/document/se20016-new-expanded-flexibilities-rhcs-fqhcs-during-covid-19-phe.pdf>
- <https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center>



Thank you