

# Documentation, Coding, and Billing for Behavioral Health Integration – Part 1

Wednesday, September 3, 2025

2:00 to 3:00 p.m. ET

# Submitting Questions and Comments

- Submit questions by using the questions-and-answer (Q&A) feature.
- If you experience any technical issues during the webinar, please message us through the chat feature or email [bphc-ta@bizzellus.com](mailto:bphc-ta@bizzellus.com).

# Continuing Education (CE)

- We offer behavioral health (BH) continuing education units (CEUs) for participation in BH/substance use disorder (SUD) integration technical assistance (BH/SUD TA) events.
- You must attend the event and complete the online Health Center TA Satisfaction Assessment Form after the event (2–3 minutes).
- A link with instructions will be provided at the end of the session.
- CE certificates will be sent within 5 weeks of the event from the Health Center BH/SUD TA Team via Smartsheet <user@app.smartsheet.com>.



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.

# Presenter

## **Gary Lucas, MSHI**

Vice President of Research and Development  
Association for Rural & Community Health  
Professional Coding (ArchProCoding)



# Training Disclaimers

## **Educational Intent**

All information presented by ArchProCoding is based on research, experience, and training and includes professional opinions that do not replace any legal or consulting guidance you may need.

## **Research your Contracts**

ArchProCoding accepts no liability for errors, omissions, misuse, or misinterpretation of our educational content. You maintain responsibility for your facility's compliance with all relevant rules.

## **Check Often for Updates**

We encourage you to always double-check for potential updates to hyperlinks, reference sources, payer billing rules, and compliance changes. Please don't distribute our content outside your facility.



# Objectives



1. Analyze varying requirements imposed by different insurance payers on coding and billing processes.
2. Identify key elements in clinical documentation crucial for accurate coding and billing in health centers.
3. Outline how clinical documentation practices support health center sustainability.



# Polling Question



**What is your primary administrative challenge when integrating behavioral health services into your health center?**

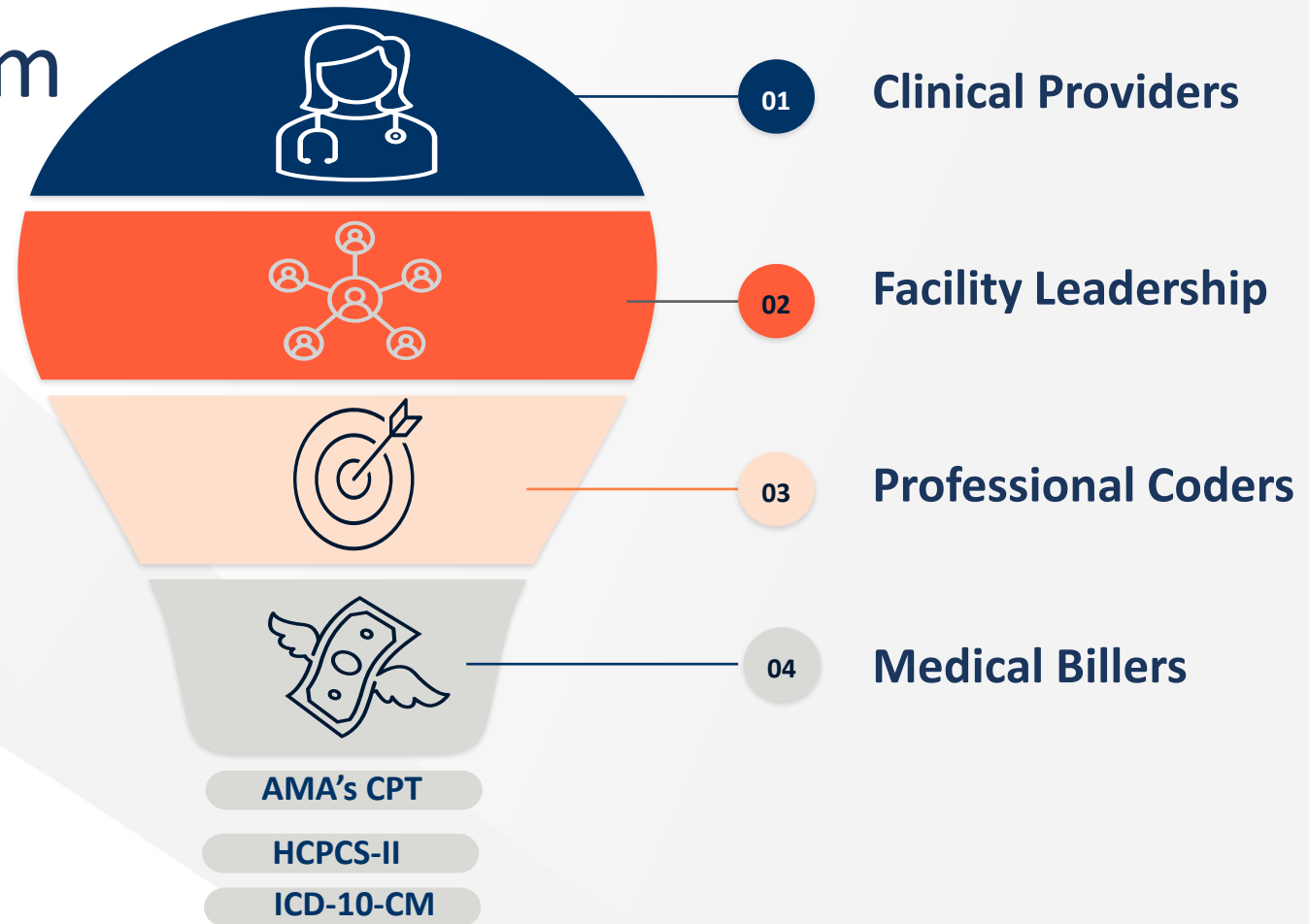
- a) Clinical documentation
- b) Coding and billing processes
- c) Insurance payer requirements
- d) Staying up-to-date with regulations
- e) Other (add in chat)



# Empower Your Team

Engaging multiple teams ensures organizational alignment, optimizes revenue capture, and maximizes quality reporting.

Empower you and your team to efficiently research, access, and effectively apply the latest regulatory changes and billing updates.

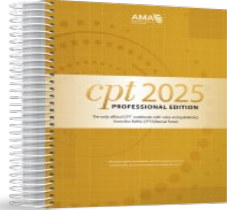


**Receive 100% of the revenue you are entitled to, but no more than is allowed.**

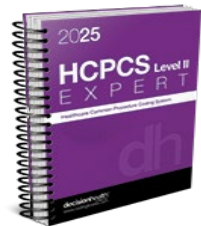




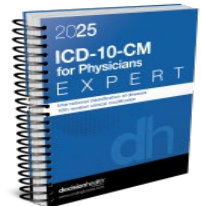
# Key Resources and References



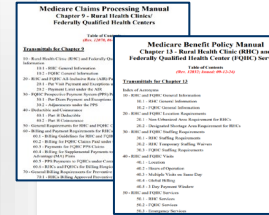
**American Medical Association Current Procedural Terminology (AMA CPT) Professional Edition**



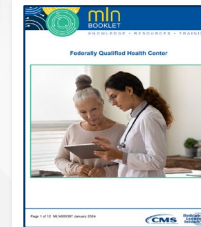
**Centers for Medicare & Medicaid Services Healthcare Common Procedure Coding System II (CMS HCPCS-II) Code Set**



**International Classification of Diseases, 10<sup>th</sup> Edition, Clinical Modification (ICD-10-CM) Code Set**



**CMS Benefits Policy and Claims Manuals for Rural Health Centers (RHC) and Federally Qualified Health Centers (FQHC)**



**Access to Various CMS/Medicare Learning Network Updates + National Coverage Determination/Local Coverage Determinations (NCD/LCD) via the Medicare Coverage Database**



**Awareness of Commercial & Medicaid Billing Contract Details**



# CPT Medical Options

**99408-99409** – Alcohol/substance screening and intervention, 15–30 or >30 minutes

**98000-98015** – **NEW** Telemedicine Evaluation and management (E/M) Services

**98016** – **NEW** Brief virtual check-in E/M, 5–10 minute...unrelated...7 days...no immediate visit

**96372** – Subcutaneous or intramuscular injection given *(also report the drug injected)*

**99202-99215** –E/M office visit codes used by prescribers for most medication assisted treatment/medication for opioid use disorder (MAT/MOUD) visits

# HCPCS-II Medical Options

**G2011** - Alcohol/substance screening ...5–14 minutes

**G0396-G0397** – Alcohol/substance screening and intervention, 15–30 or >30 minutes

**G2025** – RHC/FQHC-only medical telehealth service

**G0071** – RHC/FQHC-only virtual check-in or remote evaluation of recorded video/images, 5+ minutes

**J0570, J0592, J0571-J0575** – Buprenorphine implant 74.2 mg. and buprenorphine/naloxone, oral, various dosages

**G0466-G0470** – FQHC-only PPS billing “valid encounter” codes to be followed by a CPT/HCPCS-II code on the Qualifying Visit List (QVL) on Medicare claims



# CPT Behavioral Health Options

**90791-90792** – Psychiatric Diagnostic Evaluations (with or without a “medical” service)

**90832-99838** – Psychotherapy with or without prescription management of 30/45/60 minutes

**90839-90840** – Psychotherapy for Crisis

**+ 90785** – Interactive Complexity add-on code for more revenue when dealing with barriers to communication

**99484** – Care Management for Behavioral Health Integration (ex. BHI)

**99492-99494** – Psychiatric Collaborative Care Model (Psych CoCM)

# HCPCS-II Behavioral Health Options

**H0031** – Mental Health Assessments, by non-physicians  
**H0049-H0050** – Alcohol and/or drug screening and brief intervention, per 15 minutes

**H2011** – Crisis intervention service, per 15 minutes  
**H2012** - Behavioral health day treatment, per hour

**H0038** – Self-help peer services, per 15 minutes for Medicaid only but check out the new 2024 codes

**G0511** – Gen. Care Management (including BHI) until 9-30-25?

**G0512** – Psychiatric Collaborative Care Model  
*(RHC/FQHC-ONLY typically reported by medical providers)*



# Check Out This Medicare Educational Document on Their Approach to Mental Health Coverage



**mln**  
BOOKLET  
KNOWLEDGE • RESOURCES • TRAINING

## Medicare & Mental Health Coverage



CPT codes, descriptions, and other data only are copyright 2024 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Page 1 of 36    MLN1986542 April 2025





# Check Often for Updates to CMS' RHC and FQHC Claims (Ch.9) and Benefits Policy (Ch. 13) Manuals

## Medicare Claims Processing Manual Chapter 9 - Rural Health Clinics/ Federally Qualified Health Centers

Table of Contents  
(Rev. 13200, Issue: May 1, 2025)

### Transmittals for Chapter 9

- 10 - Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) General Information
  - 10.1 - RHC General Information
  - 10.2 - FQHC General Information
- 20 - RHC All-Inclusive Rate (AIR) Payment System
  - 20.1 - Per Visit Payment and Exceptions under the AIR
  - 20.2 - Payment Limit under the AIR
- 30 - FQHC Prospective Payment System (PPS) Payment System
  - 30.1 - Per-Diem Payment and Exceptions under the PPS
  - 30.2 - Adjustments under the PPS
- 40 - Deductible and Coinsurance
  - 40.1 - Part B Deductible
  - 40.2 - Part B Coinsurance
- 50 - General Requirements for RHC and FQHC Claims
- 60 - Billing and Payment Requirements for RHCs and FQHCs
  - 60.1 - Billing Guidelines for RHC Claims under the AIR System
  - 60.2 - Billing for FQHC Claims Paid under the PPS
  - 60.3 - Payments for FQHC PPS Claims
  - 60.4 - Billing for Supplemental Payments to FQHCs under Contract with Medicare Advantage (MA) Plans
  - 60.5 - PPS Payments to FQHCs under Contract with MA Plans
  - 60.6 - RHCs and FQHCs for Billing Hospice Attending Physician Services
- 70 - General Billing Requirements for Preventive Services
  - 70.1 - RHCs Billing Approved Preventive Services
  - 70.2 - FQHCs Billing Approved Preventive Services under the PPS
  - 70.3 - Vaccines
  - 70.4 - Diabetes Self-Management Training (DSMT) and Medical Nutrition Services (MNT)
  - 70.5 - Initial Preventive Physical Examination (IPPE)
  - 70.6 - Virtual Communication Services
  - 70.7 - Care Coordination Management Services - Chronic Care and Psychiatric Collaborative Care Model (CoCM) Services
- 80 - Telehealth Services
- 90 - Services Non-covered on RHC and FQHC Claims



Check out the May 2025 updates!

Although CMS groups RHCs and FQHCs together in these two documents, be aware that the rules are not always the same.

Ch. 9 discusses an RHC's All-Inclusive Rate (AIR) and a FQHC's Prospective Payment System (PPS) billing systems.

Ch. 13 discusses staffing requirements, NEW same-day multiple visits exceptions, and global surgical billing.

## Medicare Benefit Policy Manual Chapter 13 - Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services

Table of Contents  
(Rev. 13133; Issued: 03-20-25)

### Transmittals for Chapter 13

- Index of Acronyms
- 10 - RHC and FQHC General Information
  - 10.1 - RHC General Information
  - 10.2 - FQHC General Information
- 20 - RHC and FQHC Location Requirements
  - 20.1 - Non-Urbanized Area Requirement for RHCs
  - 20.2 - Designated Shortage Area Requirement for RHCs
- 30 - RHC and FQHC Staffing Requirements
  - 30.1 - RHC Staffing Requirements
  - 30.2 - RHC Temporary Staffing Waivers
  - 30.3 - FQHC Staffing Requirements
- 40 - RHC and FQHC Visits
  - 40.1 - Location
  - 40.2 - Hours of Operation
  - 40.3 - Multiple Visits on Same Day
  - 40.4 - Global Billing
  - 40.5 - 3 Day Payment Window
- 50 - RHC and FQHC Services
  - 50.1 - RHC Services
  - 50.2 - FQHC Services
  - 50.3 - Emergency Services
- 60 - Non RHC/FQHC Services
  - 60.1 - Description of Non RHC/FQHC Services
- 70 - RHC and FQHC Payment Rate



Check out the  
March/June  
2025 updates!



# Sample from CMS' Chapter 13 Section 40.3 for Multiple Visits on Same Day

## **40.3 - Multiple Visits on Same Day**

*(Rev. 12832; Issued: 09-12-24; Effective:01-01-24; Implementation:10-14-24)*

Except as noted below, encounters with more than one RHC or FQHC practitioner on the same day, or multiple encounters with the same RHC or FQHC practitioner on the same day, constitute a single RHC or FQHC visit and is payable as one visit. This policy applies regardless of the length or complexity of the visit, the number or type of practitioners seen, whether the second visit is a scheduled or unscheduled appointment, or whether the first visit is related or unrelated to the subsequent visit. This would include situations where an RHC or FQHC patient has a medically-necessary face-to-face visit with an RHC or FQHC practitioner, and is then seen by another RHC or FQHC practitioner, including a specialist, for further evaluation of the same condition on the same day, or is then seen by another RHC or FQHC practitioner, including a specialist, for evaluation of a different condition on the same day.



# Exceptions to the Single AIR/PPS Per Day Guidance from Chapter 13's RHC/FQHC Benefit Manual section 40.3

Exceptions are for the following circumstances only:

- The patient, subsequent to the first visit, suffers an illness or injury that requires additional diagnosis or treatment on the same day (for example, a patient sees their practitioner in the morning for a medical condition and later in the day has a fall and returns to the RHC or FQHC). In this situation only, the FQHC would use modifier 59 on the claim and the RHC would use modifier 59 or 25 to attest that the conditions being treated qualify as 2 billable visits;
- The patient has a medical visit and a mental health visit on the same day (2 billable visits);
- *An IOP service and medical visit on the same day*
- *A dental visit and a medical visit on the same day;*
- For RHCs only, the patient has an initial preventive physical exam (IPPE) and a separate medical and/or mental health visit on the same day (2 or 3 billable visits); or

Note: A mental health visit and IOP service may occur on the same day; however, if a mental health visit is furnished on the same day as IOP services, payment will only be made at the IOP rate, and the mental health visit will be considered packaged.

Check with all payers who pay you via encounter rates if they have the same exceptions and how to show they were met.



# References

## **Slide 12: Medicare Educational Document on Their Approach to Mental Health Coverage**

Centers for Medicare & Medicaid Services. (2025, April). *Medicare Mental Health Coverage* (MLN1986542). U.S. Department of Health and Human Services. <https://www.cms.gov/files/document/mln1986542-medicare-mental-health-coverage.pdf>

## **Slides 13-15:**

### **Benefits Policy (Ch. 13) Manual**

Centers for Medicare & Medicaid Services. (2025, March). *Medicare Benefit Policy Manual Chapter 13 - Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) services* (Publication No. 100-02, Chapter 13). <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c13.pdf>

### **CMS' RHC and FQHC Claims (Ch. 9)**

Centers for Medicare & Medicaid Services. (2025, May 1). CMS Manual System, Pub 100-04 Medicare Claims Processing, *Transmittal 13200: Change Request 13964 – Updates to Medicare Claims Processing Manual for Rural Health Clinics (RNC) and Federally Qualified Health Centers (FQHC) Chapter 9*. <https://www.cms.gov/files/document/r13200cp.pdf>



Q&A



# Accessing Training and TA Opportunities



**EMAIL US**

[bphc-ta@bizzellus.com](mailto:bphc-ta@bizzellus.com)



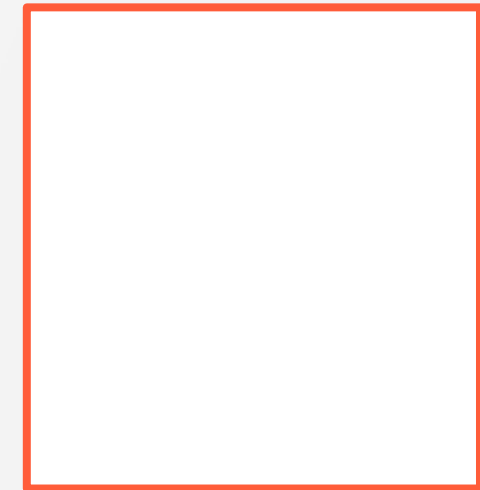
**VISIT THE TA PORTAL**

[bphc-ta.bizzellus.com](http://bphc-ta.bizzellus.com)



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# Health Center Satisfaction Assessment

We'd love your feedback on today's session!

Please take 2 minutes to complete the Health Center TA Satisfaction Assessment.

**Thank you for your time!**



<https://www.surveymonkey.com/r/DBCPrimerWebinar>

# Thank You!

