



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

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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 Telemedicine 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

Revenue Code	HCPCS Code	Modifiers
0900	90834 (or other Qualifying Mental Health Visit Payment Code)	95 (audio-video) or FQ (audio-only) CG (required)

FQHC Claims for Mental Health Visits via Telecommunications Example

Revenue Code	HCPCS Code	Modifiers
0900	G0470 (or other appropriate FQHC Specific Mental Health Visit Payment Code)	95 (audio-video) or FQ (audio-only)
0900	90834 (or other FQHC PPS Qualifying Mental Health Visit Payment Code)	N/A

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

Date of Change	Description
May 5, 2022	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.
March 30, 2022	Initial article released.

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