

## 10 Steps for FQHCs & RHCs to Implement CMS' Redefined Mental Health Services

THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) REDEFINED MENTAL HEALTH VISITS<sup>1</sup> FOR MEDICARE BENEFICIARIES AT FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) AND RURAL HEALTH CLINICS (RHCs) STARTING JANUARY 1, 2022.

**MENTAL HEALTH ENCOUNTERS MAY BE FURNISHED THROUGH “INTERACTIVE, REAL-TIME TELECOMMUNICATIONS TECHNOLOGY, BUT ONLY WHEN FURNISHING SERVICES FOR THE PROPOSES OF DIAGNOSIS, EVALUATION, OR TREATMENT OF A MENTAL HEALTH DISORDER”**

- **Audio-only is permitted** in areas with poor broadband infrastructure and among patient populations that either are not capable of, or do not consent to, the use of devices that permit a two-way, audio/video interaction.
- There **must be an in-person mental health service furnished within six months** prior to initiating if the individual will receive these services by telehealth from their home.
- There **must be an in-person mental health service** (without the use of telecommunications technology) **at least every 12 months** while the beneficiary is receiving services furnished via telecommunications technology for diagnosis, evaluation, or treatment of mental health disorders.

**BELOW ARE 10 STEPS TO  
CONSIDER WHEN  
IMPLEMENTING OR  
OPTIMIZING REDEFINED  
TELEMENTAL VISITS.**

### 1. Identify all opportunities/options for delivering telemental health

- Providers who can deliver and bill for mental health services
- CPT codes for mental health services that are listed on the [CMS List of Telehealth Services for Medicare beneficiaries](#) or are allowed by your state Medicaid agency or other insurer(s)
- Originating site opportunities – The patient is at your facility and receives mental health services by telehealth from a distant site. Don't forget to bill an originating site fee – HCPCS code Q3014 (\$27.59 for 2022) for Medicare beneficiaries and for other insurers, including Medicaid, if allowed.
- Distant site opportunities – The patient is located at their home or other location.

<sup>1</sup> [Calendar Year 2022 Physician Fee Schedule Final Rule](#) pp. 65207-65211

## 2. If a telemental health visit must be conducted using audio-only:

- Establish a standard process to document the reason the patient cannot use or does not consent to the use of devices that would permit a two-way, audio/video interaction (required by Medicare).
- Leverage the principles of team-based care in your processes (e.g., reception staff could document these reasons)
- Consider smart phrases/quick texts to document the most common reasons

## 3. Document ability to engage in telehealth as structured data and consider as a social determinant of health (more of a best practice than a step). Consider:

- Digital proficiency
- Device with camera and mic
- Connectivity (e.g., Internet, data plan)
- Ability to receive information to connect to virtual visit (e.g., email account, text)
- Quiet, private place
- Pro tip from a health center: Ask all patients that are interested in telehealth, “Do you have a smartphone, tablet or desktop computer with camera and internet?” If patients have one of the three or have engaged in at least two visits with video, they can be considered “video-capable”

## 4. Obtain and document consent to engage in telehealth specific to each patient’s insurer’s requirements, which differ among Medicare, Medicaid and other health plans.

- Medicare requires beneficiary consent — verbal or written — for telehealth and other virtual services as well as notification of any applicable cost sharing, including potential deductible and coinsurance amounts. Consent must be documented in the patient’s medical record.
- Medicaid beneficiaries – Check the Center for Connected Health Policy resource “States with Telehealth Consent [Requirements](#)”, which range from nonexistent to complex
- Other health plans – Check directly with the health plan and request consent requirements *in writing* (or a web reference).

## 5. Implement “Telehealth First” as an option for patients – offer a telehealth visit first to patients, and schedule in-person visits only if:

- Patient is receiving services from home and has not been seen in person within six months (for a mental health visit) prior to **initiation** of telehealth mental services or has not been seen in 12 months if receiving **ongoing** telehealth for mental health.
- Provider specifies that patient must be seen in person.
- Patient prefers in-person visit.
- Telehealth is impossible for patient due to a barrier (e.g., no device, lack of connectivity, low digital proficiency).

6. Document in the medical record any exceptions to the every-12-month in-person requirement for Medicare beneficiaries receiving telehealth services from their home.

Permitted when the “patient and practitioner consider the risks and burdens of an in-person service and agree that, on balance, these outweigh the benefits” (p. 65211) (required by Medicare). As outlined by Medicare, those risks and burdens include:

- The patient receiving services is in partial or full remission and only requires a maintenance level of care.
- The clinician’s professional judgment that the patient is clinically stable and/or that an in- person visit has the risk of worsening the beneficiary’s condition, creating an undue hardship on self or family.
- It is determined that the patient is at risk for disengagement with care that has been effective in managing the illness.

7. Establish policies and procedures (P&Ps), including but not limited to the following and/or anything that impacts patient safety, efficiency, or quality.

- Scheduling/supporting patients as an originating site vs. as a distant site
- Triage details for staff to appropriately schedule telemental health visits
- Workflows – before, during and after the visit for clinic staff and patient/families
- Functioning as a virtual team (not everyone in the same place)
- Obtaining consent
- Documentation
- Training – staff and patients
- Roles and responsibilities
- HIPAA Privacy and Security related to telemental health visits

8. Train staff – ensure they are proficient and are following P&Ps. Some ideas...

- Ensure that staff have basic technology proficiency and skills by performing observed skills assessments.
- Provide training and skill-building opportunities for those with deficits.
- Leverage peer feedback to improve proficiency (e.g., have a tech savvy clinician join a visit (with patient permission) with post-visit debrief on ideas for improvement).

## 9. Make billing requirements for these visits easy to follow.

- Add prompts in the electronic health record (EHR)
- Create cheat sheets
- Clarify which codes need to be used for which insurers, for example:
  - [Modifier 93 \(New\)](#) - Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
  - Modifier 95 - Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System
  - FQ – A telehealth service was furnished using real-time audio-only communication technology
  - FR – A supervising practitioner was present through a real-time two-way, audio/video communication technology
  - POS 02 - [Telehealth Provided Other than in Patient's Home \(modified Oct 2021\)](#)
  - POS 10 - Telehealth Provided in Patient's Home (effective Jan 1, 2022)

## 10. Create a quality improvement (QI) and quality assurance (QA) strategy with a system of measures around delivery of telemental health services.

- QI – Identify a relevant, meaningful set of process and outcome measures to track progress and to optimize opportunities for improvement (e.g., equity, access).
- QA – Ensure that both staff, remote partners/specialists and patients experience high quality telemental health visits.

### Must-Have Resources

- [CY2022 Telehealth Update Medicare Physician Fee Schedule](#). CMS. See page two for important details on the six- and 12-month in-person requirements.
- [Medicare Mental Health](#). CMS. Booklet providing a comprehensive review of Medicare covered mental health services.
- [Telehealth Services](#). CMS. Factsheet providing details about delivering telehealth services to Medicare beneficiaries.
- [List of Telehealth Services for Calendar Year 2022](#). CMS. Use this Excel spreadsheet to identify mental health services that can be delivered by telehealth.
- [Telehealth Services and Codes](#). Northwest Regional Telehealth Resource Center. Table that includes all of the codes in the CMS List of Telehealth Services (above) with the services and codes sorted by type of service.