

**To:** PerformCare Provider Network: FQHC/RHC Provider Organizations  
**From:** Scott Daubert PhD, VP Operations  
**Date:** January 15, 2016  
**Subject:** PC-18 FQHC/RHC Prospective Payment System

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## **Claims Payment and Clinical Policy Clarification**

### **Question/Issue:**

Effective for dates of service on or after January 1, 2016, there is a new requirement of all HealthChoices BH-MCOs to reimburse Federally Qualified Health Centers / Rural Health Clinic (FQHC/RHC) facilities at or above the Prospective Payment System (PPS) provider payment rates. In response, PerformCare issued individual provider letters to all in-network FQHC's contracted to provide behavioral health services in December 2015. In a teleconference presentation and Q&A session on 12/23/15, additional information was obtained from DHS clarifying the PPS requirements. This Provider Notice is to clarify the information noted in our individual FQHC provider letters.

### **Source Documentation / References:**

Pennsylvania PROMISe™ Provider Handbook, 837 Professional/CMS-1500 Claim Form  
October 2015, Version 2.24  
Appendix E – FQHC/RHC

42 CFR §405.2463 What Constitutes a Visit. (and other applicable federal FQHC/RHC regulations)

BH-MCO teleconference by DHS and Office of Mental Health and Substance Abuse Services (OMHSAS) - 12/23/15, FAQ pending.

### **PerformCare Answer/Response:**

For dates of service on or after January 1, 2016, PerformCare will pay qualifying encounters at the current PPS rate that was updated for 10/1/15. For each subsequent annual period, each FQHC under contract to PerformCare should forward a copy of their annual rate letter to their PerformCare Account Executive so that the updated rate can be entered into the PerformCare information system and claims paid accurately.

Please notify your PerformCare Account Executive immediately if claims payment does not accurately represent your current PPS rate. The PPS rate will only be paid to those PROMISe MAID numbers and service location codes that are specifically reflected on the FQHC Rate List provided by DHS. All other services provided by FQHC's will remain under their current rate arrangement with PerformCare.

The current fee schedule which covers a variety of standard outpatient codes will be end-dated 12/31/15. As of 1/1/16 dates of service, the CPT / Modifier combinations indicated on the table on page 3 of this notice should be billed to PerformCare.

Please note that while there is a code option for Substance Abuse service delivery, none of our current contracted FQHC/RHC's hold a license to provide substance abuse services, and this will not be included in your profile. A specific D&A license would be required in order to provide substance abuse treatment services.

The following are the definitions of the second modifiers. Each represents the type of rendering provider at the FQHC/RHC, and the second modifiers must be included on each claim. PerformCare and our county partners have agreed that it remains an important data point to capture the type of BH service being provided:

|    |                                                |
|----|------------------------------------------------|
| HA | Child Psychiatrist service                     |
| HB | Adult Psychiatrist service                     |
| SA | CRNP/PA service                                |
| AJ | Social Worker (LCSW only) service              |
| HP | Doctoral Level Psychologist (licensed) service |
| HO | Masters Level Psychologist (licensed) service  |

This represents a change to more accurately represent the practitioners that can submit encounters that qualify for PPS payments (elimination of LSW and Bachelors level practitioners). As noted in the Provider Handbook and FAQ, these core services are limited to:

- Physician services
- Licensed physician assistant services
- Licensed nurse practitioner services
- Licensed clinical psychologist services
- Licensed clinical social worker services

Clarification was also provided related to whether multiple encounters can be billed on the same date of service. First, multiple encounters can be billed to HealthChoices Physical Health Managed Care Organizations (PH-MCO's) and HealthChoices Behavioral Health Managed Care Organizations (BH-MCO's) for the same date of service. For example, if a primary care and a behavioral health visit occur on the same date of service, both can be billed to the respective MCO.

Second, specific to behavioral health, if multiple behavioral health providers see a Member on the same date of service, multiple encounters can be billed but only under certain circumstances. If additional services are included on the claim for the same date of service, the first qualifying encounter will pay the PPS rate and the second will deny as a duplicate claim.

This is outlined in 42 CFR §405.2463 What Constitutes a Visit.

A "medical visit" is a face-to-face encounter between a clinic or center patient and a physician, physician assistant, or nurse practitioner. This of course includes psychiatrists and behavioral health CRNP/PA visits. An "other health visit" is a face-to-face encounter between a clinic or center patient and a clinical psychologist, clinical social worker, or other health professional for mental health services.

Encounters with more than one health professional and multiple encounters with the same health professional that take place on the same day and at a single location constitute a single visit, except when one of the following conditions exist:

- (1) After the first encounter, the patient suffers illness or injury requiring additional diagnosis or treatment.
- (2) The patient has a medical visit and other health visit(s).

Thus, an individual seeing a Psychiatrist/CRNP/PA and a Psychologist/LCSW on the same date of service can be billed and paid for two qualifying encounters. However, only one Psychiatrist/CRNP/PA "medical visit" and one Psychologist.LCSW "other health visit" will be paid per date of service unless the requirement under (1) above is met upon additional review.

| Pvr Type | Specialty  | Proc. Code + First Modifier | Additional Modifier Combos | Service Description                                      | Units | Place of Service           | Frequency                  |
|----------|------------|-----------------------------|----------------------------|----------------------------------------------------------|-------|----------------------------|----------------------------|
| 08       | 080 or 081 | T1015HE                     | HA, HB, SA, AJ, HP, HO     | MH--OP--FQHC/RHC Clinic Visit / Encounter, All-inclusive | Event | 12, 21, 31, 32, 50, 72, 99 | 1x / 1 per day / Everyday* |
| 08       | 080 or 081 | T1015HF                     | HA, HB, SA, AJ, HP, HO     | SA--OP--FQHC/RHC Clinic Visit / Encounter, All-inclusive | Event | 50, 72                     | 1x / 1 per day / Everyday* |

\*Qualifications and exceptions apply

Once distributed, PerformCare will forward the FAQ document to be issued by OMHSAS with further details.

cc: PerformCare Managers  
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