



RHC/FQHC Mental Health Billing Policy

Effective with date of service 7/1/2007, Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) shall follow the billing policy below to bypass the CommunityCARE referral requirements for mental health encounters.

Physicians with a Psychiatric Specialty

For mental health service rendered by a Physician with a psychiatric specialty, the RHC or FQHC Medicaid ID number must be listed as the billing provider and the physician's individual Medicaid ID number must be listed as the attending provider on the claim.

When mental health services are provided in an RHC or FQHC by a physician with a psychiatric specialty, the CommunityCARE referral requirement will bypass if the attending provider is linked to the RHC or FQHC.

Nurse Practitioners or Clinical Nurse Specialist with a Psychiatric Specialty

For mental health service rendered by a Nurse Practitioner or Clinical Nurse Specialist with a psychiatric specialty, the RHC or FQHC Medicaid ID number must be listed as the billing provider and the Nurse Practitioner or Clinical Nurse Specialist's individual Medicaid ID number must be listed as the attending provider on the claim.

When mental health services are provided in an RHC or FQHC by a Nurse Practitioner or Clinical Nurse Specialist with a psychiatric specialty, the CommunityCARE referral requirement will bypass if the attending provider is linked to the RHC or FQHC.

Licensed Clinical Social Workers

For mental health service provided in an RHC or FQHC by a Licensed Clinical Social Worker, the RHC or FQHC Medicaid ID number is listed as the billing and attending provider on the claim.

When mental health services are provided in the RHC or FQHC by a Licensed Clinical Social Worker, and if the service provided is one of the procedure codes listed below, the CommunityCARE referral requirement will bypass if an **AJ** modifier is appended to the procedure code in the detail line of the claim.

The following procedure codes must be accompanied by an **AJ** modifier to bypass the CommunityCARE referral requirement for mental health services administered in the RHC or FQHC by a LCSW:

90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90846, 90847, 90853, 90857, 90862, 96101, 96105, 96116, 96118.

Any claims that are submitted with procedures that are not included in this listing will not bypass the CommunityCARE referral requirement. Any request to add procedures to this list must be submitted in writing to the Department.

Clinical Psychologist

For any mental health service provided in an RHC or FQHC by a Clinical Psychologist, the RHC or FQHC Medicaid ID number must be listed as the billing and attending provider on the claim.

When mental health services are provided in an RHC or FQHC by a Clinical Psychologist, and if the services provided are one of the procedure codes listed below, the CommunityCARE referral requirement will bypass when the **AH** modifier is appended to the procedure code in the detail line of the claim.

The following procedure codes must be accompanied by an **AH modifier** to bypass the CommunityCARE referral requirement for mental health services administered by the Clinical Psychologist:

90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90846, 90847, 90853, 90857, 90862, 96101, 96105, 96116, 96118.

Any claims that are submitted with procedures that are not included in this listing will not bypass the CommunityCARE referral requirement. Any request to add procedures to this list must be submitted in writing to the Department.

Resubmitting Denied Claims

Providers must resubmit previously denied claims for payment.

- **Licensed Clinical Social Workers and Clinical Psychologists** should resubmit claims with everything on the claim identical to the initial submission and with the procedure code modifier appended to the code. If the modifier is not present, the claim will be denied.
- Prior to resubmitting claims, **Nurse Practitioners or Clinical Nurse Specialists** working for RHCs/FQHCs must update their individual provider files to reflect a psychiatric specialty for billing mental health services. Documentation from the Louisiana State Board of Nursing indicating the psychiatric specialty for the NP/CNS must be faxed to Unisys Provider Enrollment, Attn: Lois Harpole at 225/216-6392. The individual's 7-digit Medicaid provider number must be written at the top of the documentation. Allow approximately two weeks for the file update.

Resubmitted claims over one year from the Date of Service must have proof of timely filing attached - the remittance advice page of the originally denied claim. For LCSWs and psychologists, the RA will indicate only the 5-digit procedure code, no modifier, as the modifier did not exist when the claim was first submitted.

NOTE: For EDI billing, the Medicaid ID number for both billing and attending providers is the NPI. For paper billing, the Medicaid ID number for both billing and attending providers is the 7-digit Medicaid provider number.