

Provider Memorandum

Guide to New CMHC Telehealth Billing Requirements

Molina Healthcare of Illinois (Molina) outlines the new HFS requirements for billing Community Mental Health Center (CMHC) telehealth services related to procedure code modifier **GT – Via Audio and Video Telecommunications Systems** and **Place of Service Code 02 - Telehealth**. These instructions apply to claims billed under the Medicaid fee-for-service program as well.

Effective with dates of service beginning **October 1, 2021**, providers billing a service from the HFS [Community-Based Behavioral Services Fee Schedule](#) that was done via audio or video communication **must** append the procedure code with **modifier GT and use Place of Service Code 02**.

This coding is for **reporting purposes only** and does not affect current payment methodology. **Note:** Modifier GT and other appropriate modifiers can be used in conjunction on the same claim in the first position.

This applies to any service being billed as a telehealth service, whether it is:

- A code identified in the HFS [Community-Based Behavioral Services Handbook](#) that historically could be provided via phone and/or video independent of the COVID public health emergency.
- A behavioral health service allowed via telehealth per the public health emergency telehealth policy stated in the March 20, 2020, HFS [provider notice](#). This list of codes includes the following services from the [CBS Fee Schedule](#): **96110, 96112, 96127, and H1000**.

Providers impacted are CMHCs, behavioral health clinics, physicians, licensed clinical psychologists, and licensed clinical social workers.

Important: Community Mental Health Services billable via telehealth require both POS 02 and GT modifier. GT modifier without POS 02 is incorrect billing and will be denied reimbursement.

Allowable Per CBS Handbook

Inpatient hospital is an allowable POS for CMHC services, with detailed POS instructions outlining the off-site POS selection.

- Community-based hospitals that provide psychiatric services should be coded as **POS 21 – Inpatient Hospital**.
- Free-standing psychiatric hospitals (i.e., psychiatric services only) should be coded as **POS 51 – Inpatient Psychiatric Facility**.

Not Allowable

These codes from the CBS fee schedule should **not** be billed as telehealth with GT modifier and POS 02:

- H2011 with Modifier HT – Crisis Intervention Team. **Note:** Crisis Intervention **without** the HT modifier **is** allowable as a telehealth service.
- T1502 – Medication Administration.
- H2017 – Psychosocial Rehab.
- S9480 – MH Intensive Outpatient Program.
- S9484 – Mobile Crisis Response.
- T1019 – Crisis Stabilization.
- Q3014 – Telepsychiatry: Originating Site.

All distant-site providers billing for telehealth services **must** use **modifier GT** and **place of service 02** on their claims **except**:

- CMHCs and Behavioral Health clinics that have staff working remotely from home or another location during the health emergency should use their usual place of service (onsite/office). Services that are already allowed by telephone per the deliver modes identified by code in the HFS Handbook for Community-Based Behavioral Services, topic 208, should **not** be billed as telehealth.
- Independent practitioners (psychiatrists, licensed clinical social workers, licensed clinical psychologists) billing the Group A services from the HFS Fee Schedule for Providers of Community-Based Behavioral Services.

Providers can visit the HFS website for additional details, including the CBS Handbook and CMHC fee schedules.

Questions?

We're here to help. Contact your Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com. For help identifying your Provider Network Manager, visit [Molina's Service Area](#) page at MolinaHealthcare.com.

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