



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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FEDERALLY QUALIFIED HEALTH CENTER AND RURAL HEALTH CLINIC CORE SERVICES-PSYCHOLOGY

CONTENTS

- **FEDERALLY QUALIFIED HEALTH CENTER AND RURAL HEALTH CLINIC CORE SERVICES-PSYCHOLOGY**
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Federally Qualified Health Center and Rural Health Clinic Core Services-Psychology

The Social Security Act (SSA) sets forth the rural health clinic (RHC) services and federally qualified health center (FQHC) services covered by the Medicare program. SSA section 1861 (aa)(1) and section 42 CFR 405.500 (Criteria for Determining Reasonable Charges), defines those services as "such services furnished by a clinical psychologist or by a clinical social worker, and such services and supplies furnished as an incident to his service as would otherwise be covered if furnished by a physician or as an incident to a physician's service." Furthermore, Health Resources and Services Administration (HRSA) describe "core" services for RHCs as:

- Services of clinical psychologists and clinical social workers (when providing diagnosis and treatment of mental illness).

Effective January 1, 2007, any psychotherapy services provided by a specialty other than a Clinical Psychologist or Clinical Social Worker, that would otherwise be covered by a physician, will not be payable as a FQHC or RHC service. These services must be billed using an individual provider number.

As stated in previous psychotherapy bulletins, psychotherapy services provided by individual providers, as well as those provided by "core" service providers in a FQHC or RHC setting must be prior authorized. Services not prior authorized according to policy are not considered covered services.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via E-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896