How do you stay motivated when the going gets tough?

Tuesday, November 14, 2024; 11:00-12:00 PT

BHI Billing & Coding

CalHIVE BHI Webinar

California Quality Collaborative

Tech Tips

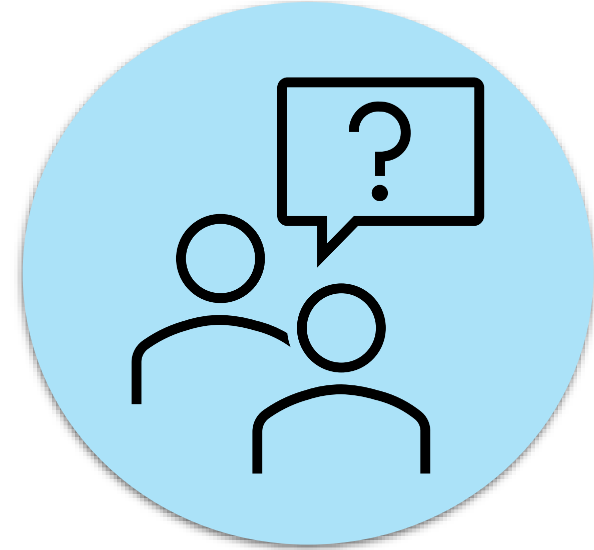
Welcome!

Add your organization to your name

Turn on video if possible

Join in

Chat in or feel free to come off mute to contribute



Need help?

Direct message Anna Baer if you have any technical issues

Our Agenda - BHI Billing & Coding

Understand BHI billing & coding requirements

Review implementation work needed to ensure your organization can get paid for BHI

Prepare for BHI sustainability internally and with payer partners

Engaging today

- Turn your camera on if comfortable and able
- Share questions/responses through chat (Q&A)
- Bookmark resources (will highlight in follow up webinar)

Disclaimer

- Information given here is meant to help identify changes needed for billing and payment for BHI
- Information needs to be applied to your organization's contracts and payment arrangements
- Discuss your scenarios and specific questions in Improvement Advising calls

Warming up

Looking outside the box to find a more efficient way, transition to new EMR

FMLA

we are just level-setting around what codes to use/documentation/compliance practices but it's unclear whether or not that's gone far yet. it still feels like we endlessly leave money on the table and aren't billing for services properly, partly because it's too cumbersome

A little too cumbersome

Filling out forms

Where do you think is your organization's biggest challenge around billing and coding for behavioral health integration?

Type your responses in the chat.

it has never been done before in our organization, so nobody really knows the path for billing behavioral health benefits in the medical setting

We're in the middle of a transition to Epic so any changes now are challenging, although it is a good time to plan for the future

Billing for care coordination

capturing all the work that BHC do, still struggling to find our way

Following correct workflows and accepted dx.

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BHI Billing and Coding Overview

Framing our work

- **Project planning:** project management and quality improvement activities

- **Patient family engagement:** feedback from patient and families

- **Workforce:** recruitment, hiring, retention and training

- **Health IT:** electronic health records, registries, privacy and security

- **Clinical/care model:** operational workflows and clinical decisions

- **Financing:** funding and financial planning

- **Data/reporting:** performance measurement and quality reporting

- **Sustainability:** creating standard work; spreading pilot

- **Health equity:** addressing disparities in care and outcomes

Billing and documentation considerations **must support the overall goal** of your behavioral health integration program.

Financing is often the **biggest barrier** to BHI implementation and sustainability.

Types of Payment Methodologies for Integration

Current Procedural Terminology (CPT) Service Code Payments (usually fee-for-service).

- Single Service payment codes: (e.g., screening, individual care coordination, etc.)
- Bundled service payment codes: (e.g., COCM, Medication treatment for opioid use disorder, etc.)

Care Enhancement Payments (usually Per Member Per Month or Prospective Payment System): a bundled payment for provision of specific service structures and processes, for the entire population served or (for per member per month) for a defined population.

Value-based payments (VBPs): usually a supplemental payment for achieving a prospectively determined value target. Provides reward (and sometimes penalty) linked to achieving clinical quality process or outcome goals and/or cost savings goals. For entities engaged in population management, this approach usually also involves capitation payments with some level of risk sharing.

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Source: https://www.thenationalcouncil.org/wp-content/uploads/2022/07/CoE-IHS-Webinar-CHI-Part-4_7.22.22.pdf

CPT Codes on the Integration Continuum

Co-Location → Integrated Care

Preventive Medicine
99401, 99402, 99403, 99404, 99411, 99412

Psychotherapy
90832,90833,90834, 90836,90837,90838

Assessment
90791

Health Behavior Assessment and Intervention
96156, 96158, 96159, 96160, 96161, 96164, 96165, 96167, 96168, 96170, 96171

General Behavioral Health Integration Care Management
99484

Psychiatric Collaborative Care Management
99492, 99493, 99494

Cognitive Assessment and Care Plan Services
99483

Resource: https://www.ama-assn.org/system/files/2020-10/bhi-billing-coding-101-webinar-slides.pdf

Costs of Behavioral Health Integration

Initial Costs of Practice Change:

- Provider and administration time to plan and implement
- Care team training costs and workforce development
- EHR infrastructure development
- Workflow developing
- BILLING OPTIMIZATION

Ongoing Care Delivery Costs:

- BHI provider time
- Psychiatric Consultant time [if CoCM]
- Administration time and overhead
  - Including continuous quality improvement efforts

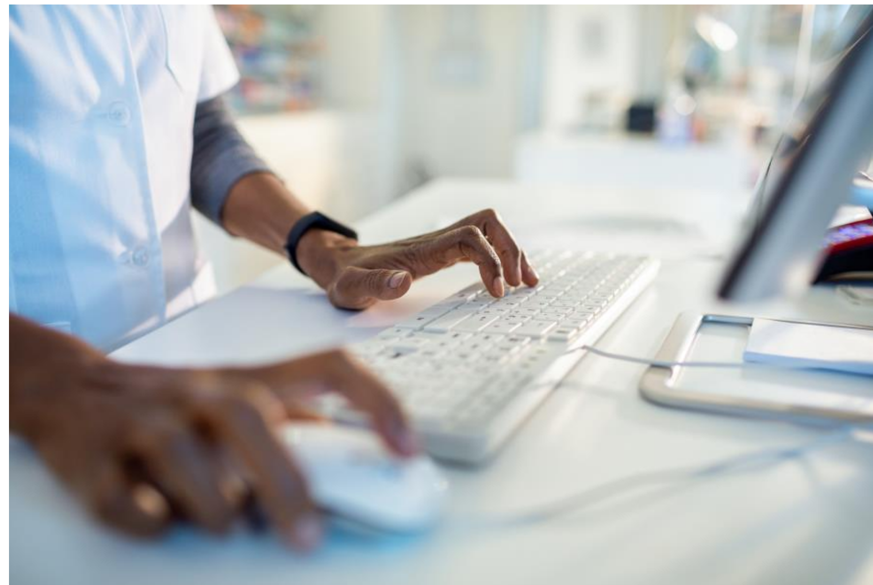
Challenges and Lessons Learned

Lessons from peers:

- Avoid manual, time-intensive, non-value adding billing workflow
- Simpler = more likely to adopt
- Solutions must fit the enterprise
- Design systems that support tracking and quality

Solutions from Peers:

- Integrate "time capture" feature
- Reduce "click fatigue"
- Leverage Best Practice Alerts (BPAs) to support team members



Harnessing Available Tools

- Uncovering CPT Codes to Accurately Reflect the Efforts of Your Panel and BHI Program

NATIONAL COUNCIL for Mental Wellbeing

HEALTHY MINDS • STRONG COMMUNITIES

Select state here

Select State	Florida

*Note: Licensed counselors and marriage and family therapists are not currently considered Medicare-eligible providers, and thus are not able to bill for related services. For details, see https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf. The specific terminology used to describe different types of

Filter by staff type here

Filter by service category here

Category	Type of Service	Brief Description	Billing Code	Medicaid	Medicare Excludes LMHC, T, LAC, LCPC	Third Party/ Commercial	Eligible Provider	Medicare 2022 Rate (Min)	Medicare 2022 Rate (Max)	Medicare 2022 Rate (Mid)	Estimated Medicaid Rate (if Billable)	Certificate of Waiver	APRN	CNM / CNS	LAC*	LPC*	LCSW	LMFT*	LMSW	MA	MD/DO	NP	PsyD	PhD	PA	RN	Documentation	Time Requirem
Behavioral Health Integration	Behavioral Health Assessment, Medications for Opioid Use Disorder	An integrated biopsychosocial assessment, including history, mental status, and recommendations.	90791	X	X	X	Licensed Mental Health Provider (PsyD, PhD, LCSW, LMSW)	$170.29	$199.14	$184.72	$107.13						X		X				X	X			Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations. (Add 90785 for complexity and interactive assessment).	45 minutes recommend time require for CMS
Behavioral Health Integration	Behavioral Health Assessment	Psychiatric Diagnosis Interview Examination (PDE) performed by a licensed mental health provider.	9079					$189.49	$224.75	$207.12	$120.13										X	X			X		Psychiatric diagnostic evaluation with medical services. Medical though process clearly reflected in assessment plan. (Add 90785 for complexity and interactive assessment).	No time requirement CMS
Behavioral Health Integration	Behavioral Health Psychotherapy Codes	Individual psychotherapy services rendered for 30 minutes by a licensed mental health provider.	90832	X		Based on credentialing guidelines for eligible providers/contract restraints	Licensed Mental Health Provider (LAC, LCPC, LMFT)	$74.03	$87.03	$80.53	$46.71				X	X		X									Diagnoses for therapy - reason for treatment, time of therapy (in minutes) that is face-to-face, method of therapy, assessment of symptoms, summary of therapy, identified goals and objectives for the therapy and the patient status with these, identified plan for return, homework and follow up, treatment planning, supervision as required by licensure level. (Add 90833 for behavioral medication or inclusion of collaterals).	Standard 30 (16-37 min timeframe)
Behavioral Health	Behavioral Health	Individual psychotherapy for 45 minutes in				Based on credentialing guidelines for	Licensed Mental Health																				Diagnoses for therapy - reason for treatment, time of therapy (in minutes) that is face-to-face, method of therapy, assessment of symptoms, summary of therapy, identified	Standard 45

Background | Instructions | 1. Billing Codes | 2. Case Study (MOUD) | 3. Case Study (BH Screen_Re ...

Resource: https://www.thenationalcouncil.org/wp-content/uploads/2022/11/BBS-Finance-in-Integrated-Health-Webinar_11.10.22.pdf

Case Study

New Horizons Clinic recently introduced a Behavioral Health Integration (BHI) program to accommodate a surge of patients exhibiting symptoms of anxiety and depression. The team faced challenges setting up the necessary infrastructure without IT support, resorting to launching their BHI program without the appropriate CPT codes. The team isn't currently billing for any behavioral health integration codes.

Bring a team together to problem solve and define next steps

Type in the chat:

What might be their next steps to launch billing for BHI?

how to/proper coding document would be beneficial

Identify the type of patients you will be treating and set up your billing and coding related to treatment

Financing: Billing/Coding

	Collaborative Care Model (CoCM)	Primary Care Behavioral Health (PCBH)

Overview	• Billed incident to Primary Care Treating Provider
	• Billed under medical benefit (Cost Sharing)
	• Typical episode of care 3-9 months
	• Requires Primary Medical Provider, Behavioral Health Care Manager, and Psychiatric provider
	
	• CoCM specific CPT codes
	  • 99492 – Initial month of service
	  • 99493 – Subsequent months of service
	  • 99494 – add-on codes
	  • G0512* - FQHC, initial and subsequent
	
	  • General Behavioral Health Code (<20 min)
	    • 99484
	    • G0511 *FQHC
		• Billed Directly by Behavioral Health Provider
		• Billed under the patient's Behavioral Health Benefit (Cost Sharing)
		• Typically, 1-6 visits per presenting problem
		
		• Assessment CPT Code
		  • 90791 – not time based
		• Traditional Psychotherapy CPT Codes
		  • 90832 – 30 min
		  • 90834 – 45 min
		  • 90837 – 60 min
		• Health and Behavior Codes
		  • 96156- Assessment
		  • 96158- Intervention, individual
		  • 96164- Intervention, group
		• General Behavioral Health code (<20 min)
		  • 99484
		  • G0511 *FQHC

Link: https://www.pbgh.org/calhive-bhi/#learn

Next Steps

- ❑ Review General BHI Billing & Coding resource as a team
  - ❑ CA Billing and Payment Codes (CQC): codes to be used for each model (CoCM and PCBH)
  - ❑ Behavioral Health Coding Resource (AMA) - outlines key CPT codes for behavioral health screening, treatment, and/or preventative services

- ❑ Review any specific coding or billing regulations related to your payors and/or sites (Section 5)
  - ❑ What is the process to get your BHC (PCBH) credentialed?
    - ❑ Internally and for the plan (medical or behavioral)
  - ❑ Highlight differences for FQHC

Common Issues

- ❑ What to do if you are providing a service and not getting reimbursement for it? (Section 5)
  - ❑ Contact health plan, request clarification
  - ❑ Make adjustments to documentation, billing as needed
  - ❑ Educate plans on BHI, if indicated

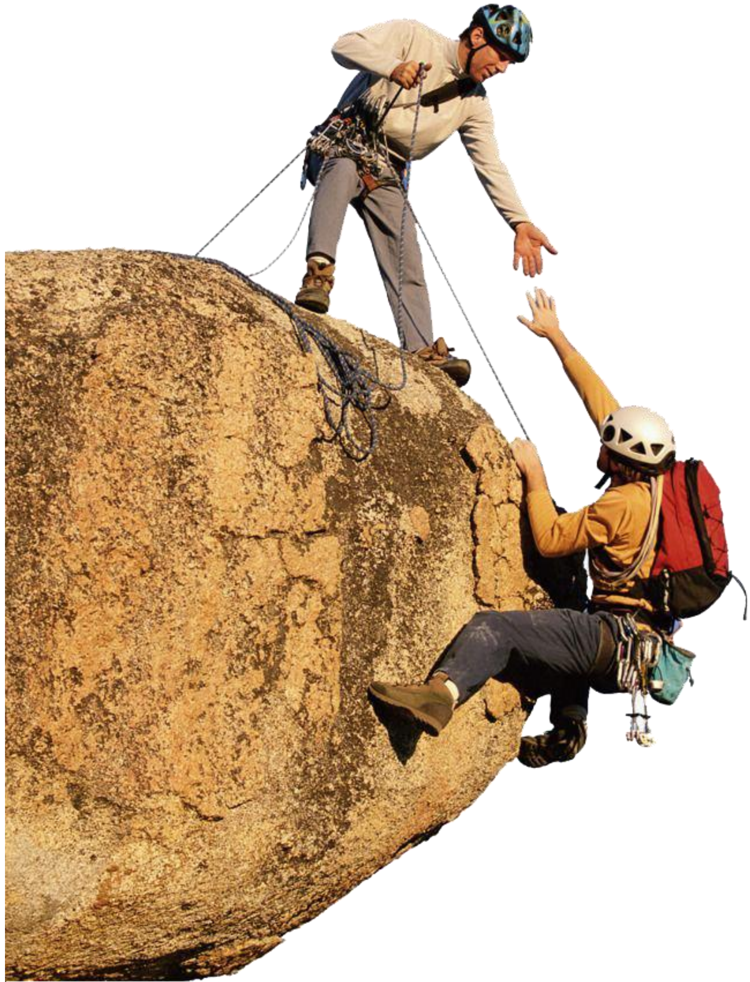
- ❑ What training is needed for your Financing/Billing staff to learn more about BHI? (Section 5)
  - ❑ Share this webinar and resources
  - ❑ Ongoing training

Changes Ahead

Stay in tune with changes…

- ❑2024 Medicare Physician Fee Schedule Final Rule https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule
- ❑California Medi-Cal https://www.dhcs.ca.gov/formsandpubs

Q&A and Stretch Break



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Setting the stage for sustainability

Legacy of Systemic Separation of Care

Medical	Different	Mental/ Behavioral Health

- ✓ Billing
- ✓ Clinics
- ✓ Treatment
- ✓ Insurance

….*Patients?*…

Financing is statewide barrier to integration

Local & Provider Considerations

- Minimum coverage standards across most commercial plans
- Medicaid coverage variation
- Patient out-of-pocket costs
- Contractual variations based on provider & provider type

Financing Mechanisms

- Fee-for-service
- Value-based payment (VBP)
- Blending and braiding revenue with public financing
- Sustainably balancing service offerings with clinical capacity

Policy Considerations

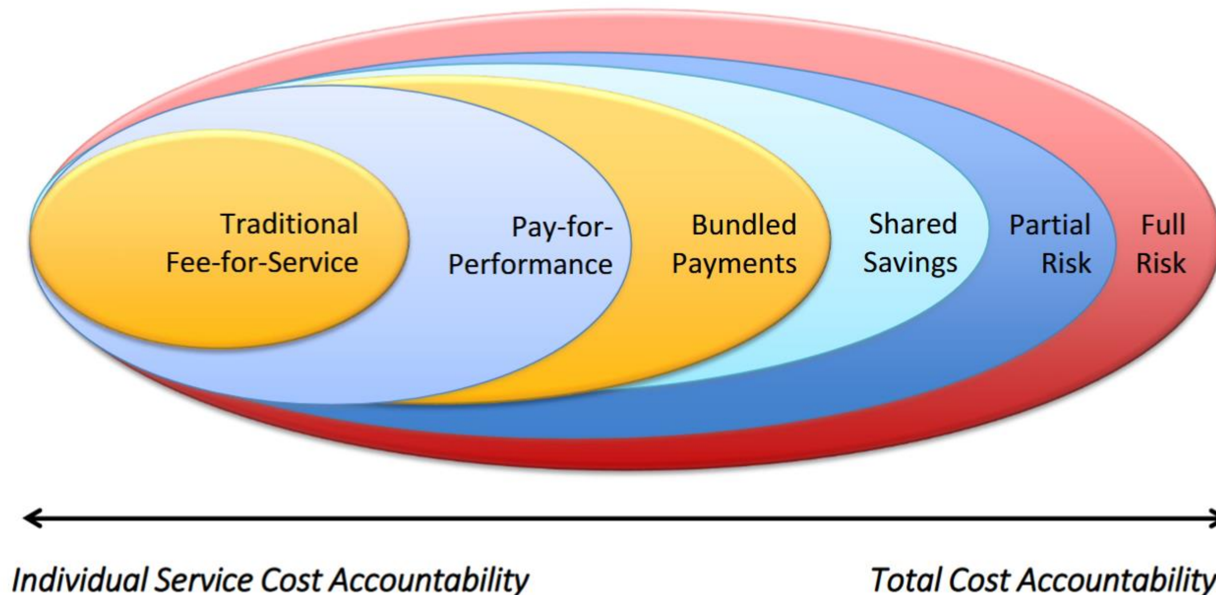
- Medicaid - Expansion vs. Non-expansion; Waivers & State Plan Amendments
- Medicare - expansion of MOUD & integrated care services; new VBP & ACO arrangement
- Commercial - rate variations and service limits across plans & carriers

Source: https://www.thenationalcouncil.org/wp-content/uploads/2022/11/BBS-Finance-in-Integrated-Health-Webinar_11.10.22.pdf

Moving Toward Value-Based Care, In Context for BHI

- Value-based care pays providers based on **patient health outcomes**
  - “Value” define as measuring health outcomes against the cost of delivering care; *examples*: PCMH, ACO

- Value-based payment is not always synonymous with capitation
  [Source: NEJM Catalyst)



Considerations for BHI

- *Example*: choice not to capitate for behavioral health (BH) because you want to incentivize volume

Source: https://www.thenationalcouncil.org/wp-content/uploads/2022/07/CoE-IHS-Webinar-CHI-Part-4_7.22.22.pdf

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Considerations for BHI

- Primary care (PC) traditionally uses visit-based, not time-based billing
- BH providers used to time-based billing

Source: https://www.thenationalcouncil.org/wp-content/uploads/2022/07/CoE-IHS-Webinar-CHI-Part-4_7.22.22.pdf

Why the Carve-Out?

- Response to requirements with mental health parity laws (federal Mental Health Parity Act, 1996; Mental Health Parity and Addiction Equity Act, 2008)
- Health plans began to delegate behavioral health services to specialized managed behavioral health organizations (MBHOs)
  - Today, responsibility for behavioral health is excluded, or "carved-out" of contracts of risk-bearing delegated provider organizations
- Carve-outs create barriers to integration of services in primary care
  - Exists in both capitated and FFS contracts

Source: https://www.chcf.org/wp-content/uploads/2020/05/WeavingMentalPhysicalHealthOutsideSafetyNet.pdf

Evolving CA Payment Trends: Including BHI in Value Based Payment

- Depression Screening
  - Moving from reimbursement/incentives for reporting to performance (P4P)
- Statewide alignment on measures*
  - Depression Screening and Follow-Up for Adolescents and Adults (DSF)
  - Depression Remission or Response for Adolescents and Adults (DRR-E)
- Delivery system transformation
  - Medi-Cal (CalAIM)
  - Alignment between DHCS, Covered California, CalPERS (representing 42% of the state)

*Source: https://www.pbgh.org/wp-content/uploads/2023/03/APC-Measure-Sets_r7.pdf

Take the first step in your sustainability

Today

Understand BHI billing & coding current status with key health plans (via Implementation Plan)

In 2024

Opportunity to participate in CQC interviews and possible engagement with health plans to identify solutions

Create evaluation plan and metrics for integration pilot

Ongoing (with future in mind)

Demonstrate ROI and value of integration

Identify changes are needed around health plan contracting and how to address

Preparing for the Future Today Internally & with Health Plans

- ❑Better understand your current contracts
  - ❑Who internally holds the contract, and how can we increase visibility?
  - ❑What could be doing that you're not currently to maximize reimbursement?
- ❑Understand what you can put in a contract modification/amendment
- ❑Who do we work with at our top health plans to ask questions and resolve issues for BHI?
- ❑Invest in effective tracking of BHI work via effective documentation and coding today to support future amendments, and possible negotiations
  - ❑How might we identify opportunities to ask for support, and be prepared for them?
- ❑Identify which payers are including BH screening in their P4P programs
  - ❑May be in P4P, and not DOFR
  - ❑Are you tracking/weighting internally?
- ❑Who are your MBHOs? Do you credential primary care?
  - ❑Explore credentialing PCPs with MBHOs for depression screening

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Wrapping Up

Reflection Time

My next step to improve BHI billing and coding is...

Implementation Plan

- ❑ Review BHI Billing & Coding Resources as a team
- ❑ Begin to respond to Implementation Plan Section 5 questions
- ❑ By Thursday, Nov 16: share questions in IA Meeting or in email
- ❑ Tues. Nov. 28 (11:00-12:00): BeeKeeper's Corner Webinar - answer submitted questions and highlight resources
- ❑ By Wed. Jan. 31: BHI Implementation Plan – Section 5: BHI Billing & Coding due to IA

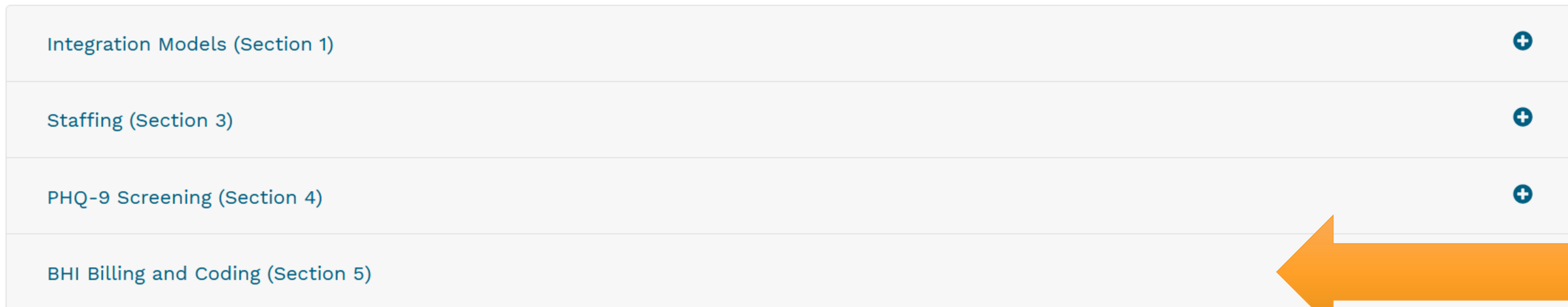
Additional Resources

CalHIVE BHI www.pbgh.org/calhive-bhi#learn

Implementation Plan

As part of CalHIVE BHI, each team will complete a Behavioral Health Integration Implementation Plan, which will guide teams to strategic decisions and capture next steps to advance the integration project. The final Implementation Plan (all sections) will be due June 2024.

- Section 1 – Integration Model – Due to your Improvement Advisor Fri. September 29
- Section 2 – Pilot Site – Due to your Improvement Advisor Fri. September 29
- Section 3 – Staffing- Due to your Improvement Advisor Tues. October 31
  - Template: Org Chart & Staffing Models
- Section 4 – PHQ-9 Screening- Due to your Improvement Advisor Thurs. November 30



We want to hear from you!

Please complete the annual program survey by Friday, December 5
https://cqcinfo.typeform.com/to/BeFVUqB5

Feedback please!

1. Today's webinar was useful for me and my work *[select one]*
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree

2. Of the topics we covered today, what was especially helpful? *[select multiple]*
   - Understand BHI billing & coding requirements
   - Review implementation work needed to ensure your organization can get paid for BHI
   - Prepare for BHI sustainability internally and with payer partners

Q4 2023 Sprint: PHQ-9, Billing & Coding

OCTOBER

Improvement Advising
- Complete Implementation Plan Section 3: Staffing
- Review screening workflows and determine needed improvements
- Begin pilot site engagement

Thurs. 10/5 – Test 2 Data Reporting Office Hours

Tues. 10/10 (11-12)
CalHIVE BHI Commons – PHQ9 Workflows
- Review workflow best practices based on selected BHI model

Friday, Oct 13 – Measurement File Submission Deadline

Thurs. 10/26 (11-12)
[OPT] BeeHIVE Webinar – Depression Screening
- Share current practices and challenges around depression screening

By. Fri. 10/31
BHI Implementation Plan
Section 3 - Staffing
- Due to IA

NOVEMBER

Improvement Advising
- Complete Implementation Plan Section 4: PHQ-9 Screening
- Evaluate screening documentation and coding practices

Tues. 11/14 (11-12)
CalHIVE BHI Commons – BHI Billing and Coding
- Review billing, coding and credentialing requirements specific to BHI model
- Identify changes needed at your org

Tues. 11/28 (11-12)
[OPT] Beekeeper's Corner Webinar – BHI Billing and Coding
- Share questions around billing and coding for CalHIVE BHI team and peer cohort

By. Thurs. 11/30
BHI Implementation Plan
Section 4 – PHQ-9 Screening
- Due to IA

DECEMBER

Improvement Advising
- Complete Implementation Plan Section 5: BHI Billing & Coding
- Confirm fulfillment of program deliverables for Payment 1: Program Year 1

Tues. 12/12 (11-12)
CalHIVE BHI Commons – Hello 2024, Goodbye 2023
- Celebrate wins and accomplishments of 2023
- Preview 2024 program milestones and events

Improvement Advising
Webinars
In Person Events
Data / Reporting
Assignments

Thank you!

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California's Carve-Outs

Physical and behavioral health carve out

- Health insurance companies often delegate or "carve out" responsibility for mental health benefits to an internal or external MBHO (Managed Behavioral Healthcare Organization)

Capitated contracts that exclude behavioral health

- California's health plans often delegate financial risk to provider organizations in the HMO market. In the provisions of these capitated contracts — known as the division of financial responsibility (DOFR) — behavioral health is often excluded, with the health plan retaining responsibility rather than delegating it to the provider groups.

Medi-Cal's mental health and substance use disorder carve-outs

- In Medi-Cal, responsibility for behavioral health benefits is divided based on type of service and medical necessity

Source: https://www.chcf.org/wp-content/uploads/2020/05/WeavingMentalPhysicalHealthOutsideSafetyNet.pdf