



Documentation, Coding, and Billing for Behavioral Health Integration in Community Health

Session 2

Thursday, February 22, 2024

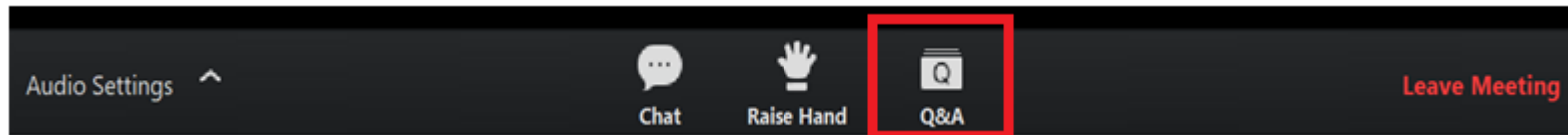
1:30 p.m. to 2:00 p.m. ET

Vision: Healthy Communities, Healthy People

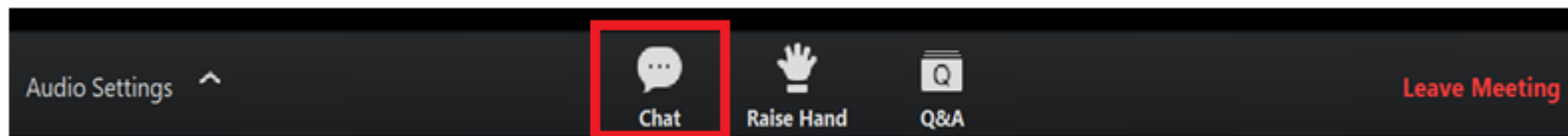


Submitting Questions and Comments

Submit questions by using the Q&A feature. To open your Q&A window, click the Q&A icon on the bottom center of your Zoom window.



If you experience any technical issues during the webinar, please message us through the chat feature or email healthcenter_BHTA@jbsinternational.com



Continuing Education (CE)

- We offer **behavioral health** Continuing Education units (CEUs) for participation in BHTA events.
- You must attend the event, then complete the online Health Center TA Satisfaction Assessment form (two-three minutes) at the end.
- Link with instructions is provided at the end of the session.



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Accessing Slides and Captioned Recordings

- The 508 compliant slides for this presentation **are available now** on the BHTA Portal in the section "Technical Assistance Resources"
- Captioned videos will be posted to the same location within two weeks

<https://bphc-ta.jbsinternational.com/technical-assistance-resources>



Upcoming Webinar

Integrated Documentation, Coding, and Billing - Session 3

Date: Monday, February 26, 2024

Time: 1:00 – 1:30 pm ET

Duration: 30 minutes

Presenter: Gary Lucas, MS, Health Informatics, Vice President of Research and Development, ArchPro Coding

Facilitator: Aylin Edelman, MD, RHIA, CCS, JBS International, Inc.

Description:

This webinar is the third session in a three-part series of the Documentation, Coding, and Billing for Behavioral Health Integration in Community Health. This session will dive into evaluation and management (E/M) services, covering E/M documentation protocols, compares telehealth and virtual communication services, provides an overview of care management services, and discusses Principal/Chronic Care Management, Transitional Care Management, Behavioral Health Integration (BHI), and Psychiatric Collaborative Care Model services.

Earn 0.5 continuing education credits (CEUs) for attending this webinar.

Registration Link:

https://us06web.zoom.us/webinar/register/WN_zBuPR8fcRTaU_csP-7i3eg

Registration

QR Code:



Announcing! Two-Day In-Person Training

 **WHO** Selected HRSA-funded Health Centers & PCAs

 **WHAT** Primary and Behavioral Health Integration

 **WHEN** Mon & Tues, July 22-23, 2024



Interested? Let us know!



<https://bit.ly/PCBHITrainingInterestForm>

 **WHERE** HRSA Headquarters in Rockville, MD

 **WHY** Practice Transformation

 **HOW** Limited to 65
Travel, Lodging, and Registration Included

Presenter and Facilitator



GARY LUCAS, MSHI

Vice President of Research and
Development
ArchProCoding



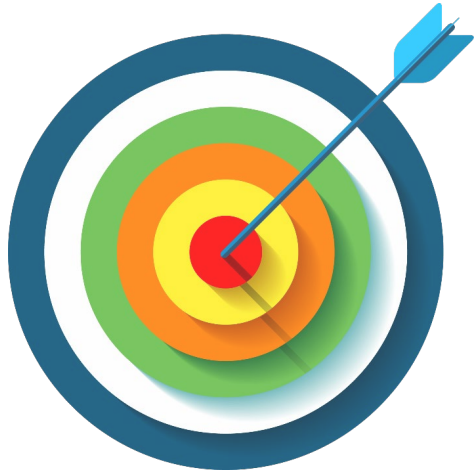
**AYLIN EDELMAN, M.D.,
RHIA, CCS**

Technical Assistance Manager
JBS International

Today's Agenda

- CPT/HCPCS-II/ICD-10-CM Coding for Mental/Behavioral Health
 - Highlights of CPT, HCPCS-II, and ICD-10-CM codes used in behavioral health and often shared with primary care.
 - Treating Substance/Opioid Use Disorders via Medication Assisted Treatment (MAT) in primary care and behavioral health
 - Sample CMS Covered Preventive Services that Merge Medical and Behavioral Health

Objectives



Source: iStock

Participants of this webinar will be able to:

- Identify scenarios where medical and behavioral health services intersect for proper coding.
- Summarize the CMS Covered Preventive Services that merge medical and behavioral health.
- Identify unique aspects associated applying CPT, HCPCS-II, and ICD-10-CM code when treating MAT in primary care with concurrent behavioral health diagnostic/therapeutic services.



Compare Sample CPT Codes

11981-11983 – Insertion, removal, or removal with re-insertion, non-biodegradable drug delivery implant

80305-80307 – Presumptive Drug Tests

80320-80377 – Definitive Drug Testing

96156-96171 – Health and behavioral assessments and interventions

96372 – Giving a therapeutic injection

99202-99215 – Evaluation & Management (office/outpatient) code mainly for MAT visits

99218-99350 – Evaluation & Management visits in observation, inpatient, nursing home, nursing facility, home visits, etc.

99281-99285 – Emergency Department Services



Contrast Sample HCPCS-II Codes

C7900-C7902–Hospital Outpatient PPS only – Diagnosis, evaluation, or treatment of mental health or substance use disorder...(time based)...provided remotely by hospital staff licensed to provide mental health services...patient in their home...when there is no associated professional service.

J0570, J0592, J0571-J0575 – Buprenorphine implant 74.2 mg and Buprenorphine/naloxone, oral, various dosages

J2310-J2315 – Injection, Narcan/Naloxone/Naltrexone per 1mg - *J-codes are used to report the supply of the drug(s) in addition to an injection code ex. 96372)*

Q9991-Q9992 - Injection, buprenorphine extended-release, less than or equal to 100 mg *or greater than 100mg*

Modifiers - be aware of the potential need to add HCPCS-II modifiers –HF for a substance abuse program vs. –HG for an opioid program



Compare Sample Behavioral Health CPT Codes

+ 90785 – Interactive Complexity add-on code for more revenue when dealing with barriers to communication

90791-90792 – Psychiatric Diagnostic Evaluations

90832-99838 – Psychotherapy with or without drug management 30/45/60 minutes

96127 – Brief emotional/behavioral assessment with scoring and documentation, per instrument likely used with diagnosis code Z13.89

99401-99412 – Counseling and/or Risk Factor Reduction and Behavior Change Interventions used when a QHP provides services:

- *“for the purpose of promoting health and preventing illness or injury...for persons without a specific illness...who have a behavior that is often considered an illness itself, such as, substance abuse or obesity”*

99492-99494 – Psychiatric Collaborative Care Model

99484 – Care Management for Behavioral Health Conditions (ex. BHI)



Contrast Sample Behavioral Health HCPCS-II Codes

G0210-G0212 vs. G0071 – Virtual check-ins and “store and forward” virtual check-ins for commercial commercial/Medicaid claims versus RHC/FQHC-specific

G0511 – See the updated definition which adds the new Chronic Pain Management codes and Behavioral Health Integration to the RHC/FQHC-specific general care management monthly billing for Medicare billing

H0038 – Self-help peer services , per 15 minutes

H2011-H2013, H2018-H2022 – Crisis interventions, behavioral/psychiatric health day treatments, psychosocial rehab, community-based wrap-around services (*time-based*)

H2034-H2036 – Alcohol and/or drug abuse halfway house



Health Behavior Assessment and Intervention Coding Medicine/Psychiatry section (96156-96161) Covered for 2024 by RHC and FQHC!

Behavioral factors to assess, treat, or manage PHYSICAL health problems

*“the patient's primary diagnosis is **physical** in nature and the focus of the assessment and intervention is on factors complicating medical conditions and treatments. Designed to **improve the patient's health and well-being utilizing psychological intervention.**”*

Health Behavior Assessments

“includes evaluation of the patient's responses to disease, illness or injury, outlook, coping strategies, motivation, and adherence to medical treatment.”

Health Behavior Interventions

“it includes promotion of functional improvement, minimizing psychological and or psychosocial barriers to recovery, and management of and improved coping with medical conditions.”

Bundling Billing Rules per CPT

“For patients that requires psychiatric services as well as health behavior assessments and interventions, report the predominant service performed.”

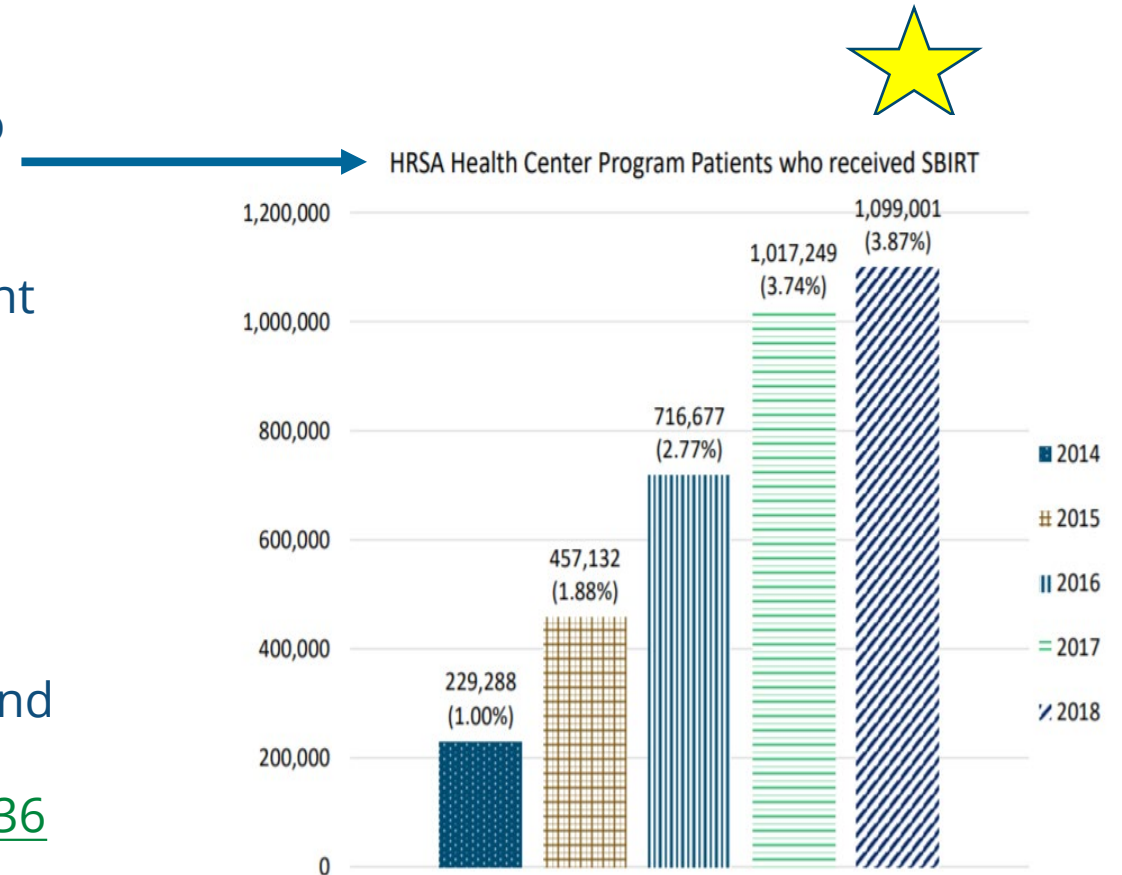
Do not report these codes in addition to traditional diagnostic/therapeutic services on the same day.



Common Structured Screening Tools for SUD and/or OUD

1. Screening, Brief Intervention, and Referral to Treatment (SBIRT)
2. Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
3. Cut down, Annoyed, Guilty, Eye-Opener – Adapted to Include Drugs (CAGE-AID)
4. These tools **and many others** were reviewed by the United States Preventive Task Force and can be reviewed here:

<https://www.ncbi.nlm.nih.gov/books/NBK43363/>





Counseling Risk Factor Reduction and Behavior Change Interventions (99401-99412) are not currently covered by Medicare – but check other payers!

Promoting Health and Preventing Illness or Injury

Per AMA's 2024 CPT Professional Edition page 37: *"these services are used for persons **without a specific illness** for which the counseling might otherwise be used as a part of treatment."*

Preventive Medicine Counseling

"should address issues as family problems, diet and exercise, substance use, sexual practices, injury prevention, dental health..."

Behavior Change Interventions

"for persons who have behavior that is often considered an illness itself, such as tobacco use and addiction, substance abuse/misuse, or obesity."

Bundling Billing Rules per CPT

"E&M services reported on the same day must be distinct and reported with modifier 25."

"Health behavior assessment and intervention services should not be reported on the same day as these."





Sample billing code options for screening for SUD/ODU for various payers



99408/G0396: Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes

99409/G0397: Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes

H0049: for Alcohol and/or drug screening

H0050: for Alcohol and/or drug screening, brief intervention, per 15 minutes

G0442: Annual alcohol misuse screening, **5-15 minutes (updated in 2023)**

G0443: Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

G0444: Annual depression screening, **5-15 minutes (updated in 2023)**



Health Center Program



Induction, Stabilization, Maintenance General Coding

These will mainly be E/M services by your medical provider and possible therapeutic injection/implant codes like 96372/11981/G0516 + a J-code such as J2315 for 1mg of Vivitrol (naltrexone) or J2310 for Narcan/Naloxone or J0592 for Buprenorphine.

Expect Varying Medicaid Billing Needs

- **BILLING:** Consider checking out H-codes such as **H0032-H0034** and/or H0050 for very detailed options that Medicaid carriers may prefer. Keep in mind that their documentation and billing requirements may not be the same from other Medicaid/commercial payers?
- **BILLING:** Follow payer rules depending on if you need to meet time-based coding for Prolonged Services Codes (ex. +99417) for patients that are in your facility way longer than normal. Some carriers will pay more - others won't.
- **BILLING:** Always follow proper diagnosis coding according to the ICD-10-CM Official Guidelines for Coding & Reporting as authored by the Cooperating Parties (i.e. CMS, AMA, NCHS, AHA) **rather** than following EHR/IT shortcuts.

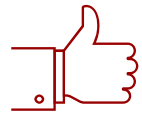




Possible H-code Billing Options Reserved for Possible Medicaid Use

It is necessary for your full team to review the definitions of every single H-code in the HCPCS-II manual. We can't list them all below and many may not ever be needed depending on carrier variations BUT, check out these highlights for now...

H0001-H0007



Alcohol and/or drug assessments, behavioral health counseling and therapy, case management, crisis interventions.

H0015



Alcohol/drug intensive outpatient treatment at least 3 hours a day, 3 days per week, includes assessment, crisis eval, activity therapy, etc.

H0038



Self-help/peer services, per 15 minutes. Consider using for Peer Support Services.

H0033, H0034



Oral medication administration with direct observation, medication training and support.

H0047-H0050



Examples include alcohol/drug services NOS, drug testing collection & handling non-blood specimens, screening, brief interventions.

H2010- H2037 – Time and Per Diem Codes



Medication services, day treatments, community services, wrap-around services.



For additional information - check out the American Society of Addiction Medicine's Reimbursement Toolkit



CAUTION! Expect to Adjust Your Billing Based on Your Facility Type!

- Overview of MAT Billing
- Clinical Examples with Coding/Billing Options
- Behavioral Health Screening
- Telehealth Services
- OTP Bundled Payments
- State Medicaid Policies
- Alternate Payment Models
- Appendix on DSM-5 Diagnoses and ICD-10-CM Codes

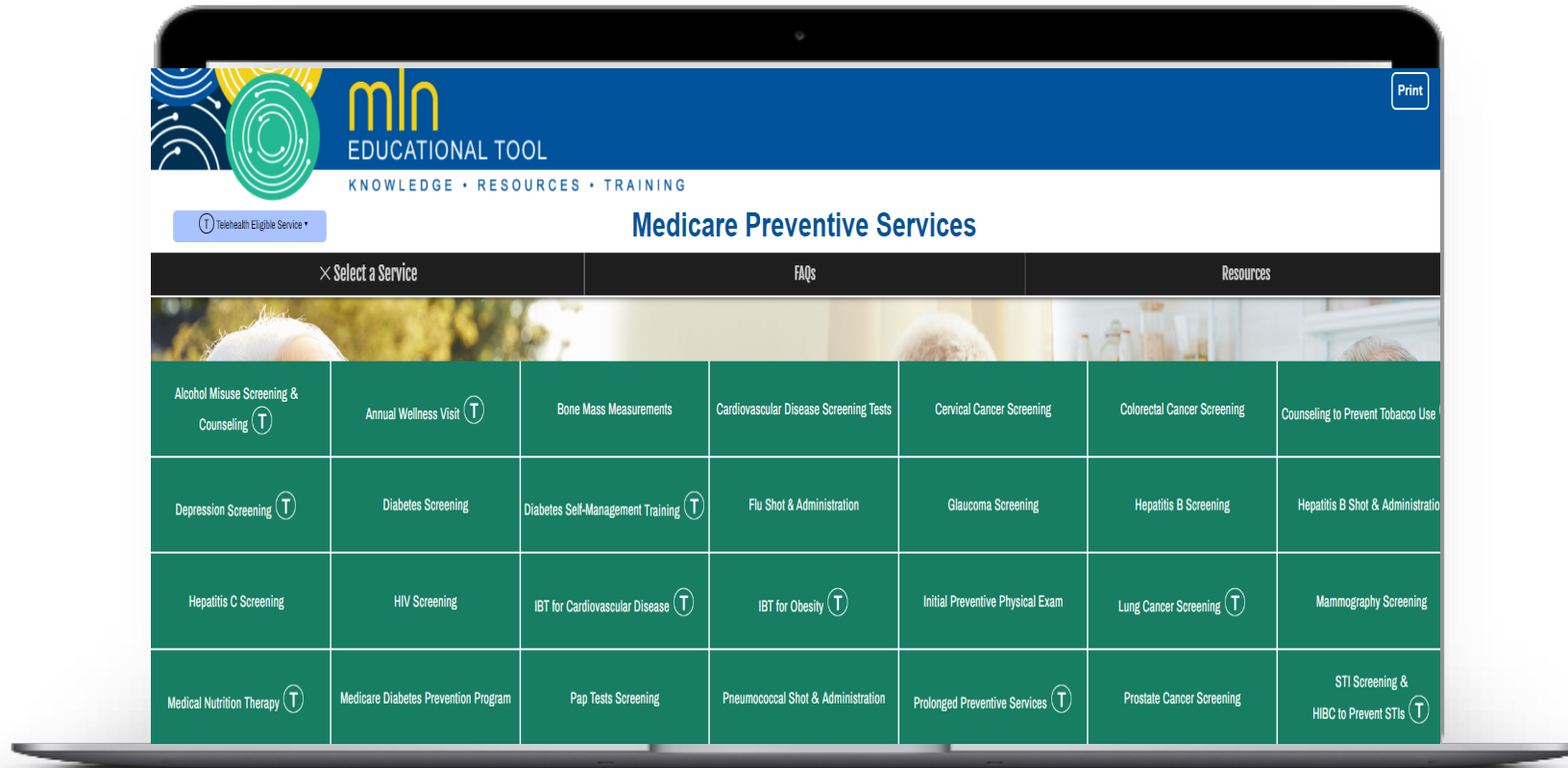


<https://pcssnow.org/wp-content/uploads/2021/07/Reimbursement-Toolkit.pdf>





Access Medicare's New Interactive Preventive Services Tool for billing info for FQHCs providing an integration of medical/behavioral health



INCLUDES:

- Intensive Behavioral Therapy (IBT) for Obesity
- Alcohol Misuse Screening and Counseling
- Counseling to Prevent Tobacco Use
- Depression Screening
- IBT for Cardiovascular Disease and more...

<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>



Alcohol Screening /Behavioral Counseling

CMS Preventive Services Manual Ch. 18 §180

Federally Qualified Health Center (FQHC)

HCPCS II Code(s): *Updated definition for 2023 sets a 5 minute minimum for G0442*

G0442- annual alcohol misuse screening (5-15 min)

G0443- brief behavioral counseling for alcohol misuse (15 minutes)

ICD-10-CM Code(s): NCD information may be currently under review/revision – check with your MACs.

Frequency: Annually for G0442 and 4 times per year for G0443



Screening for Depression Ch. 18 §190

Federally Qualified Health Center (FQHC)

HCPCS-II Code(s): *2023 updated definition sets a minimum of 5 minutes*

G0444 - Annual depression screening, 5-15 minutes

Frequency:

Annually...eleven (11) months must pass from last annual depression screening
Medicare coinsurance and Part B deductible are waived

Coverage:

- Limited to screening services only. Not for patients known for having depression
- Per CMS, “RHCs and FQHCs, annual screening for depression in adults is not separately payable with another face-to-face encounter on the same day”
- An industry recognized tool (e.g., PHQ-9) must be administered – <https://www.uspreventiveservicestaskforce.org/Home/GetFileByID/218>
- Refer to Z13.39 or .89- Encounter for screening for other disorder





Screening for Sexually Transmitted Disease

Ch. 18 §170

Federally Qualified Health Center (FQHC)

HCPCS-II Code(s): G0445- Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior

ICD-10-CM Code(s):


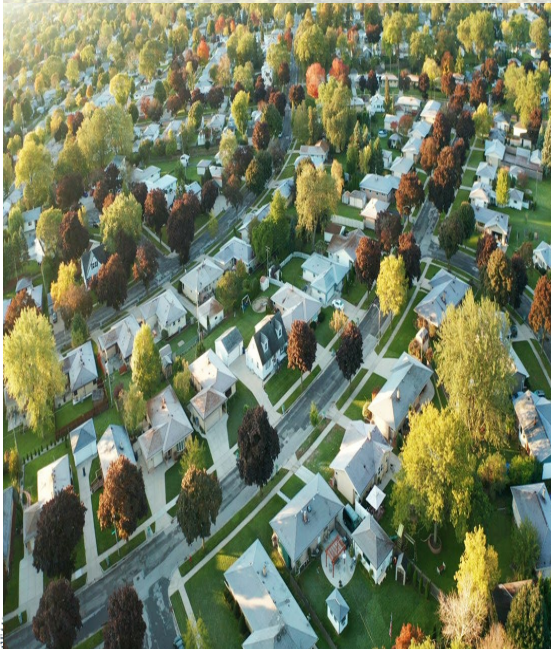
Z72.51- High risk heterosexual behavior

Z72.52- High risk homosexual behavior

Z72.53- High risk bisexual behavior

Frequency:

Semi-annually (every 6 months)



Intensive Behavioral Therapy for Cardiovascular Disease

(IBT for CVD) Ch. 18 §160

Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC)

HCPCS-II Code(s): G0446- Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes (also known as “CVD risk reduction visit”)

ICD-10-CM Code(s):

Frequency: Annually

Documentation:

- Encouraging aspirin use for the primary prevention of CVD when the benefits outweigh the risks for men ages 45-79 years and women 55-79 years
- Screening for high blood pressure in adults ages 18 years and older
- Intensive behavioral counseling to promote a healthy diet for adults with hyperlipidemia, hypertension, advancing age, and other known risk factors for cardiovascular and diet-related chronic disease.

Intensive Behavioral Therapy for Obesity (Ch. 18 §200)

Federally Qualified Health Center (FQHC)

IBT for obesity should be consistent with the “5-A framework” (per USPSTF)

- *Assess, Advise, Agree, Assist, Arrange*

CPT/HCPCS II Code(s): G0447- Face-to-face behavioral counseling for obesity, 15 minutes

ICD-10-CM Code(s): ICD-10-CM code for obesity are found in code family E66.-

Coverage: Medicare beneficiaries with obesity who are “*competent and alert*”

- One face-to-face visit every week for the first month;
- One face-to-face visit every other week for months 2-6;
- One face-to-face visit every month for months 7-12, if the beneficiary meets the 3kg weight loss requirement during the first six months



Polling Questions



Source: iStock

1a. Rate your knowledge of the topic area presented in this webinar:

- Not at all knowledgeable
- Slightly knowledgeable
- Moderately knowledgeable
- Very knowledgeable
- Extremely knowledgeable

1b. How confident are you in applying information about this webinar topic area in your work setting?

- Not at all confident
- Slightly confident
- Moderately confident
- Very confident
- Extremely confident

Q&A



Behavioral Health Technical Assistance Portal



The screenshot shows the homepage of the BPHC-BH TA portal. At the top left is the logo for BPHC-BH TA, Bureau of Primary Health Care Behavioral Health Technical Assistance. To the right are links for 'About Us' and 'Contact Us'. Below this is a navigation bar with 'Home', 'Technical Assistance Resources', 'Learning Management System', and 'Event Calendar'. The main content area features a large heading: 'Behavioral Health Integration Technical Assistance (TA) for HRSA-funded Health Centers'. Below this heading is a paragraph: 'The HRSA Bureau of Primary Health Care (BPHC) provides funding and other types of support to nearly 1400 health centers across the country. More than 28 million people rely on HRSA-funded health centers for affordable, accessible, coordinated, comprehensive, and patient-centered care, with a wide range of...'. To the right of this text is a box titled 'Learn About BH TA Options' containing a bulleted list: 'Virtual and On-site TA', 'Join a Community of Practice (CoP)', 'E-Learning Webinars', and 'Primary & Behavioral Health Care Integration Meeting'. Below this list is another box titled 'Upcoming Events'.

Visit the Bureau of Primary Health Care Integrated Behavioral Health Technical Assistance portal



<https://bphc-ta.jbsinternational.com/>

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Satisfaction Assessment

- All participants are asked to complete the TA Satisfaction Assessment Form.
- Two ways to access form - link posted in the chat box or in pop-up window that opens when session ends.
- We offer **behavioral health** Continuing Education Units (CEUs) to those who complete the online Health Center TA Satisfaction Assessment form.
- Certificates distributed via email within two weeks of completing this form.



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Thank you!

Vision: Healthy Communities, Healthy People

