

Maryland Primary Care Program: Behavioral Health Integration

Billing and Coding

Program Management Office

What do we mean by Behavioral Health?

- *Mental health and substance use disorders*
- Focus on most common and most harmful diagnoses in the primary care setting:
 - Mental health – in particular depression and anxiety
 - Substance use disorders – in particular alcohol and opioids

Why Behavioral Health Integration?

- Often overlooked
- Frequently worsens co-morbid conditions
- Few existing programs in primary care
- Opioid Crisis- 4th leading cause of death in Maryland
- Frequent cause of avoidable ED and Hospital admission
- Emergency room visits in Maryland fell 8 percent from 2013 to 2016, but the number of patients with behavioral health problems jumped 18.5 percent. Such cases now make up roughly **a quarter of all** emergency visits in Maryland.
- Key feature in MDPCP and required to move to track 2

Overview of Series

1. Overview
2. Build your team
3. Choose what's best for your practice
4. Establishing workflows for treatment and referral
5. Recruiting Resources
6. Registry and Data
7. Collaborative Care Model
8. SBIRT and MAT
- 9. Coding and Billing**

BHI Overview

Screening (universal)

- Registry creation/maintenance
- Risk stratification

Treatment

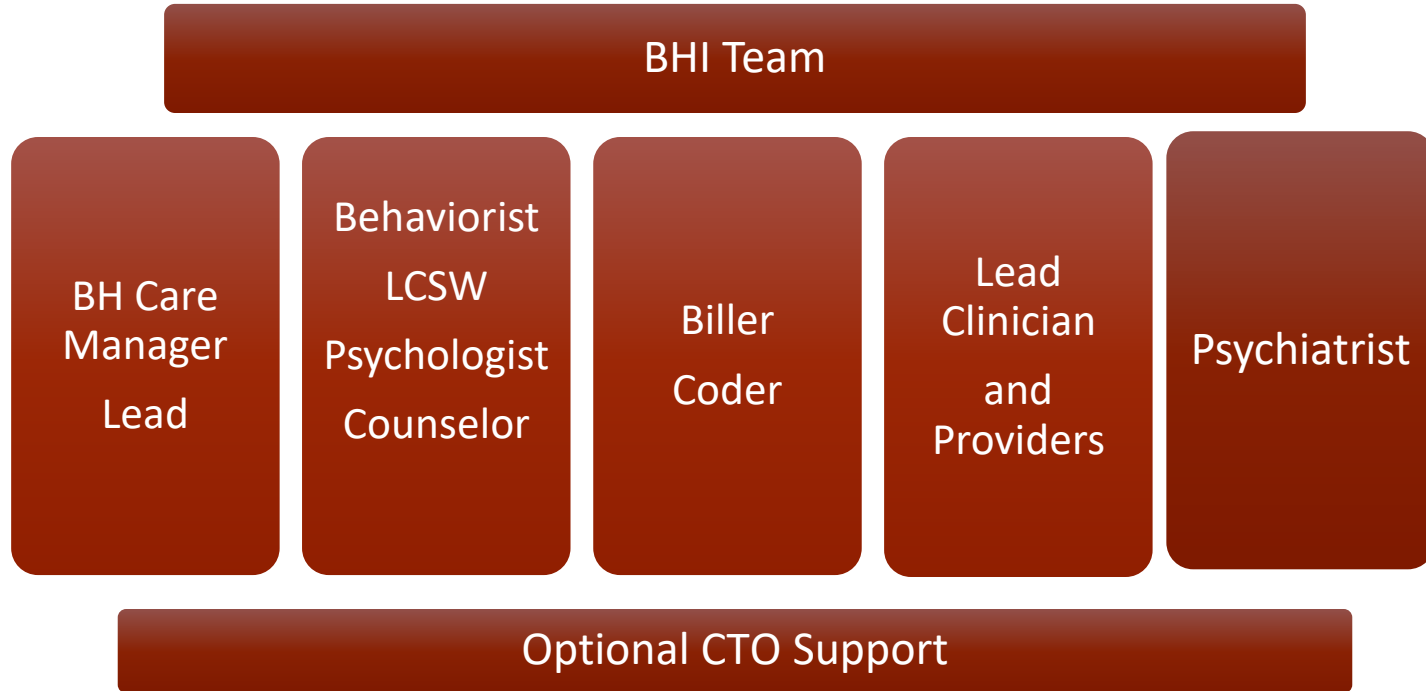
- Counseling – Behavioralist
- Medication – Clinician
- Coordination – Care Manger

Referral (as needed)

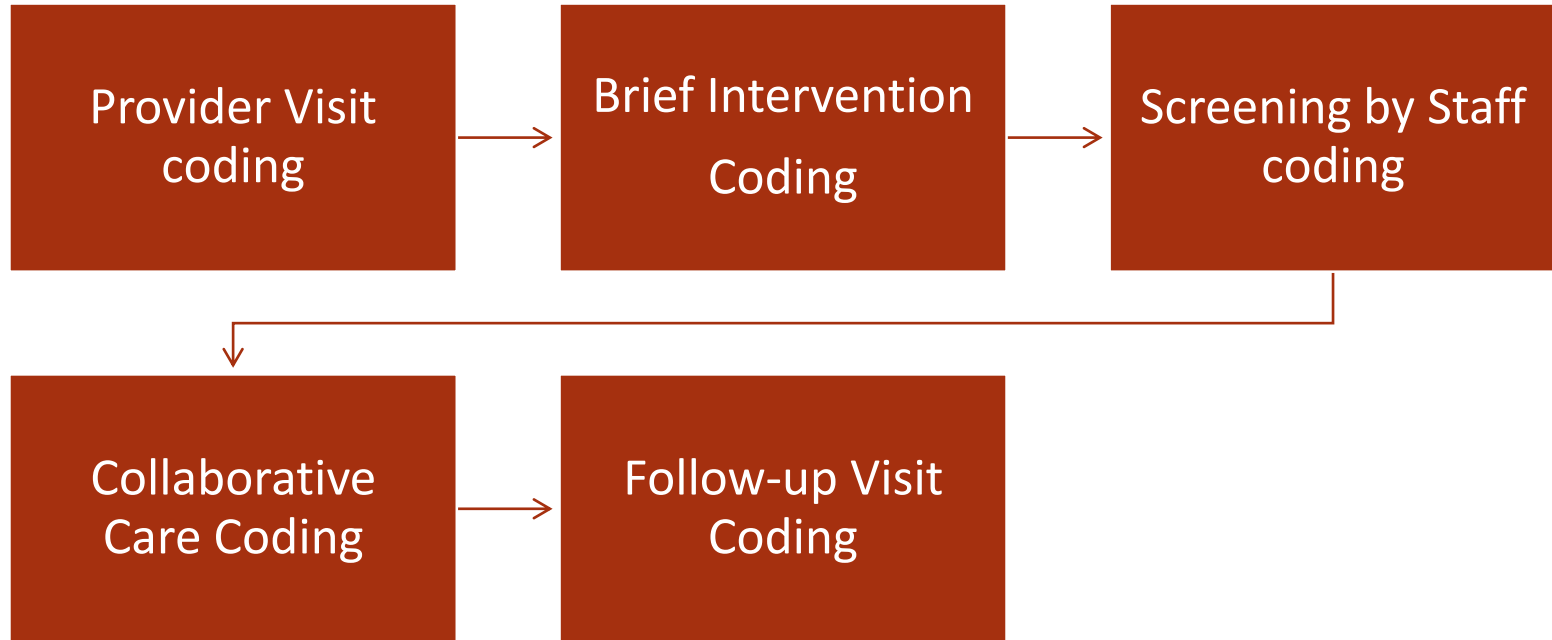
- Psychiatry
- Addiction Specialist

- Coding and billing
- Communication across providers
- Quality assurance

BHI Team



BHI Workflows for Billing



Billing Arrangements

- Level of Effort and tasks may differ based on arrangement
 - Revenue Cycle Management (RCM)
 - Practice management program
 - Independent vs owned
 - Part of larger system

Overview of Coding for BHI

- Visits: same as for other conditions
- HPI, ROS, Past Family/Social, Exam, MDM: same as for other conditions
- Screening:
 - SUD screening (other than tobacco): W7010
 - Depression screening: CPT 99420 (HCPCS G0444)
 - Screening for other disorders: Z13.89
- Treatment:
 - Brief intervention (see SBIRT slide)
 - MAT (see MAT slide)
 - Counseling (by behavioral health specialist or via CoCM)

Note: Diagnosis Codes for Dementia, Substance Use Disorder, or Severe and Persistent Mental Illness are included in Appendix E of the MDPCP Payment Methodology

SBIRT Billing Codes

Medical Assistance (Medicaid)- As of 2017

Billing Code	Description	Reimbursement	Notes
W7010	Alcohol and/or substance (other than tobacco) use disorder screening; provider-administered structured screening	\$17.13	
W7020	Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 3 minutes up to 10 minutes	\$5.71	
W7021	Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 10 minutes up to 20 minutes	\$11.42	
W7022	Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 20 minutes	\$22.36	

SBIRT Billing Codes

Private Insurance- As of 2016

Service Billing Code	Service Description	Reimbursement	Notes
99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15-30 min.	\$33.41	Reimbursement rates subject to change based on insurance carrier and plan type.
99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes.	\$65.51	Reimbursement rates subject to change based on insurance carrier and plan type.

Medicare- As of 2017

Service Billing Code	Service Description	Reimbursement	Notes
G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15-30 min.	\$29.42	
G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$57.69	

MAT Billing/Coding

Procedure Code	Service Description	Rate	Unit
99201	MAT Initial Intake (Evaluation and Management, including Rx - Minimal, new patient)	\$45.37	Per Visit
99202	MAT Initial Intake (Evaluation and Management, including Rx - Straight forward, new patient)	\$76.01	Per Visit
99203	MAT Initial Intake (Evaluation and Management, including Rx - Low complexity, new patient)	\$109.40	Per Visit
99204	MAT Initial Intake (Evaluation and Management, including Rx - Moderately complex, new patient)	\$166.09	Per Visit
99205	MAT Initial Intake (Evaluation and Management, including Rx - Highly complex, new patient)	\$208.77	Per Visit
99211	MAT Ongoing (Evaluation and Management, including Rx - Minimal)	\$21.99	Per Visit
99212	MAT Ongoing (Evaluation and Management, including Rx - Straight forward)	\$44.57	Per Visit
99213	MAT Ongoing (Evaluation and Management, including Rx - Low complexity)	\$73.65	Per Visit
99214	MAT Ongoing (Evaluation and Management, including Rx - Moderately complex)	\$108.50	Per Visit
99215	MAT Ongoing (Evaluation and Management, including Rx - Highly complex)	\$146.22	Per Visit

- Any DATA 2000 Waived Practitioner (MD, NP, PA) and Local Health Department with DATA 2000 Waived Practitioners
- High rates because MAT is first-line treatment for opioid use disorder (*N Engl J Med* 2019; 380:772-779)

Collaborative Care Billing Codes

- 99492 (formerly G0502) – First 70 minutes in the first calendar month for behavioral health care manager activities, in consultation with a psychiatric consultant and directed by the treating provider.
- 99493 (formerly G0503) – First 60 minutes in a subsequent month for behavioral health care manager activities
- 99494 (formerly G0504) – Each additional 30 minutes in a calendar month of behavioral health care manager activities listed above.
- 99484 (formerly G0507) – Care management services for behavioral health conditions - At least 20 minutes of clinical staff time per calendar month.

CPT	Description	Payment/Pt (Non-Facilities) Primary Care Settings	Payment/Pt (Fac) Hospitals and Facilities
99492	Initial psych care mgmt, 70 min/month - CoCM	\$161.28	\$90.36
99493	Subsequent psych care mgmt, 60 min/month - CoCM	\$128.88	\$81.72
99494	Initial/subsequent psych care mgmt, additional 30 min CoCM	\$66.60	\$43.56
99484	Care mgmt. services, min 20 min – General BHI Services	\$48.60	\$32.76

**Please note actual payment rates may vary. Check with your billing/finance department.*

Quality Measures: NQF-0004

Numerator is based on two metrics:

1. Initiation of treatment within 14 days.
2. Engagement of treatment with at least two additional services related to SUD diagnosis within 30 days from initial visit

Denominator: patients at least 13 years-old who were diagnosed with a new episode SUD during the first 10 and 1/2 months of the measurement year (e.g., January 1-November 15).

Coding Compliance and Audits

- Outgoing samples
- Working denials
- Quarterly reviews
- Provider education

Thank you!



Updates and More Information:

<https://health.maryland.gov/MDPCP>

Questions: email mdh.pcmode@Maryland.gov

Select References

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- Sordo, Luis, et al. “Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies.” *BMJ*. 357 (2017): j1550.