Behavioral Health Integration Collaborative

"DEEP DIVE: PRACTICAL BILLING STRATEGIES FOR THE COLLABORATIVE CARE MODEL"

July 29,2021

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About the BHI Collaborative

*The BHI Collaborative was established by several of the nation's leading physician organizations** to catalyze effective and sustainable integration of behavioral and mental health care into physician practices.*

With an initial focus on primary care, the Collaborative is committed to ensuring a professionally satisfying, sustainable physician practice experience and will act as a trusted partner to help them overcome the obstacles that stand in the way of meeting their patients' mental and behavioral health needs.

***American Academy of Child & Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Osteopathic Association, and the American Psychiatric Association.*

TODAY'S SPEAKERS

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OVERVIEW OF COLLABORATIVE CARE MODEL (CoCM)

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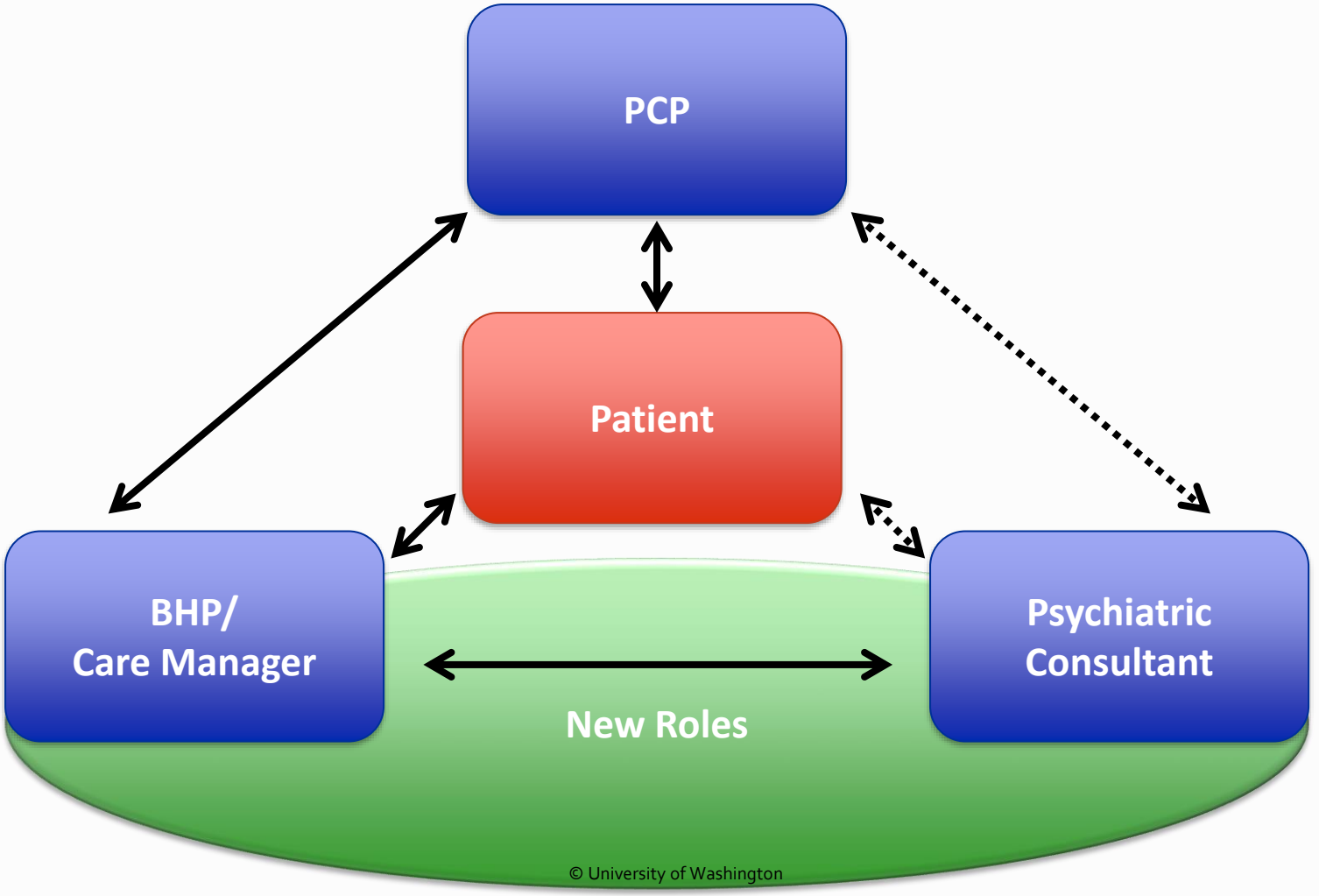
COLLABORATIVE CARE TEAM



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PRINCIPLES OF COLLABORATIVE CARE

Population-Based Care

Measurement-Based Treatment to Target

Patient-Centered Collaboration

Evidence-Based Care

Accountable Care

Principles © University of Washington

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COLLABORATIVE CARE: FINANCIAL SUSTAINABILITY

COSTS FOR COLLABORATIVE CARE

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Initial Costs of Practice Change:

- provider and administrator time to plan for change
- care team training costs and time/workforce development
- development of registry
- workflow planning, billing optimization

Ongoing Care Delivery Costs:

- care manager time
- psychiatric consultant time
- administration time and overhead (including continuous quality improvement efforts)

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COLLABORATIVE CARE FINANCING AND SUSTAINABILITY

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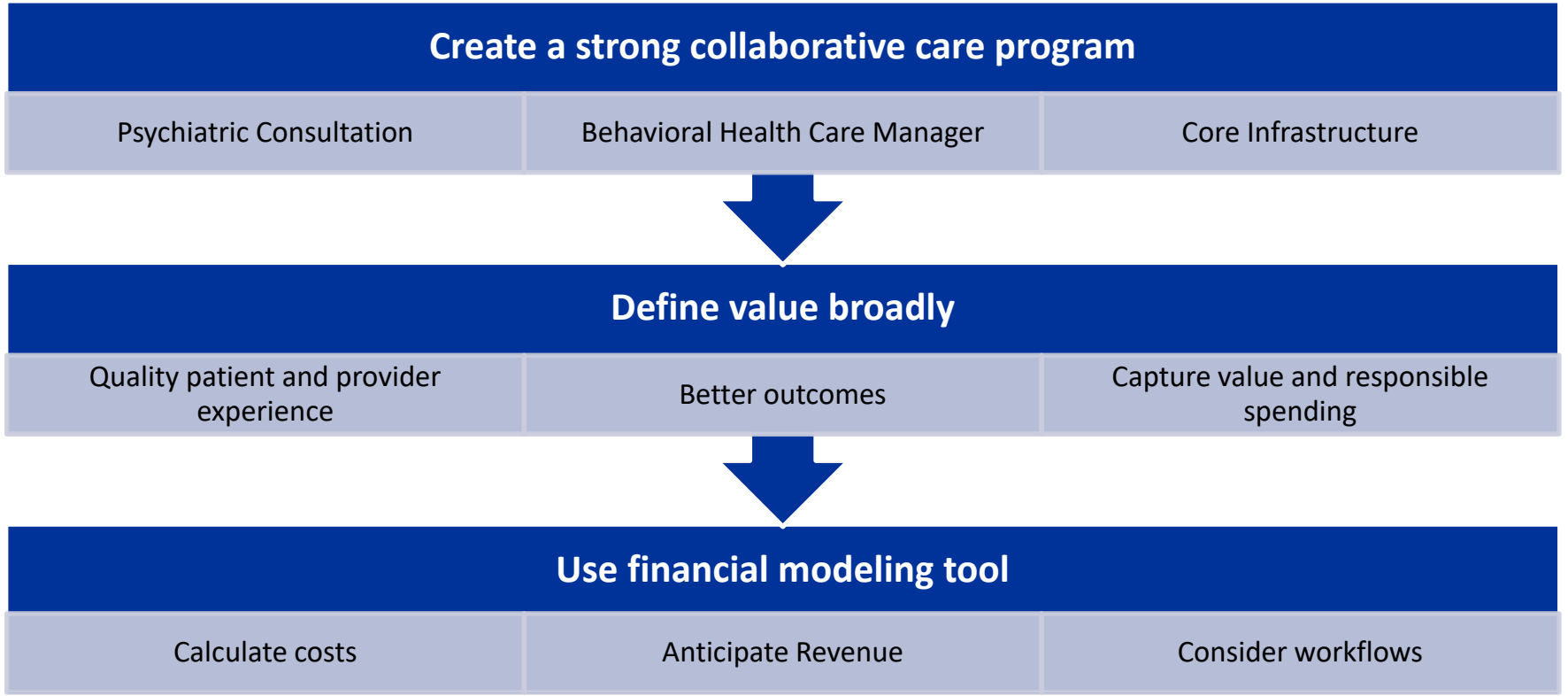

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PAYMENT FOR COLLABORATIVE CARE

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Fully capitated:

All costs covered by organization; pays outright for services to be delivered

Partially capitated:

PCP bills FFS; clinics get payment for care management resources

Case rate payment:

For care management and psychiatric consultation

Value-based payments:

Payment for quality of services and better patient outcomes over volume of services

Direct Billing:

Traditional FFS

CoCM Codes

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THE QUADRUPLE AIM: DEFINE VALUE BROADLY

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Patient Outcomes

- High Quality of Care
- Improved Patient Outcomes

Patient Experience

- Mental Health Care Access
- Improved Patient Experience

Provider Experience

- Improved Provider Experience
- Improved Primary Care Provider Productivity

Cost Effectiveness

- New Funding Opportunities
- Health Care Savings

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PAYMENT FOR THE COLLABORATIVE CARE MODEL IN PRIMARY CARE

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MEDICARE CoCM BILLING

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Core Components

1. **Active treatment and care management for an identified patient population**

2. **Use of a patient tracking tool to promote regular, proactive outcome monitoring and treatment-to-target**

3. **Regular (typically weekly) systematic psychiatric caseload reviews**

Code	Description	2021 Non Facility Rate
99492*	CoCM - first 70 min in first month	$154.23
99493*	CoCM - first 60 min in any subsequent months	$154.23
99494*	CoCM - each additional 30 min in any month (used in conjunction with 99492 or 99493)	$58.97
G2214*	CoCM – first 30 min in first or subsequent month	$64.55
99484	Other BH services - 20 min per month	$46.76
	For FQHC and RHC Only	
G0511	CoCM – General Care Management	$65.25
G0512	CoCM: Psychiatric Collaborative Care Model	$154.23

*CPT time rule applies; allows for billing of service at 50% plus 1 minute (i.e. 36 minutes for the first month

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CoCM CODES

- **Payment** goes to the **PCP** who bills the service
- Billed on a per patient basis for those that have met the established time thresholds
- The psychiatrist **does not bill** separately.
  - contract with the PCP practice
- The patient must provide **general consent** for the service and they may have a **co-pay**
- Interaction does not have to be face-to-face
- BH care manager and psychiatrists can also bill additional codes for therapy etc.
- Some differences in the FQHC and RHC setting

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TIME

- The CPT codes for CoCM are **billed based on the time spent by the care manager on clinical activities** for an individual patient over the course of a month.
- The “CPT time rule” **allows for the billing of the service at 50% plus 1 minute** of time.
- The add-on code, **99494 is billed for each additional 30 minutes** beyond the total time listed for 99492 or 99493. CMS has instituted an appealable medically unlikely edit or MUE that limits the use of the add-on code to two instances/patient in any given month.
- The CPT **time rule does not apply to the general behavioral integration code**, 99484. You bill that code when you have spent at least 20 minutes over the course of the month providing clinical care.
- FQHCs and RHCs **require you to meet the full 70 minute and 60 minute time range** for the 99492 and 99493 mark prior to billing and do not allow for additional time.

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VALUATION AND PAYMENT

PAYERS: MEDICARE AND MEDICAID

Medicare (Traditional FFS) (100% coverage)

Medicare Advantage Plans

FQHCs/RHCs

Medicaid (as of 7/21)

- Arizona
- California
- *Delaware* Delayed*
- *Hawaii* Limited*
- *Illinois* Delayed*
- Iowa
- Kansas
- Kentucky
- *Maryland* Limited*
- Massachusetts
- Michigan
- Montana
- Nebraska
- New Hampshire
- New Jersey
- New York
- North Carolina
- *Ohio* Limited*
- Pennsylvania
- Rhode Island
- Texas (2022)
- Utah
- Washington

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PAYERS: COMMERCIAL

Commercial Payers Include

- Aetna
- Anthem
- Beacon
- BC ID
- BCBS (DC, DE, IL, MA, MD, MI, MT, NC, ND, NJ, NM, OK, SC, TX)
- Care First BCBS (MD, DC, DE)
- Cigna (limited pilot)
- Emblem GHI PPO
- Fidelis (Commercial & Public Sector)
- HealthPartners (MN)
- Humana
- Independence BCBS
- Magellan
- PreferredOne
- QualCare
- Regence Blue Shield (ID, OR, UT, WA)
- Tricare
- UCare
- United Healthcare/Optum
- Wellcare Health Plans, Inc.

This list has been compiled based on reports from the field. Coverage varies by individual insurance plan, so it is imperative that practices verify coverage on a payer-by-payer basis. This list does not include managed Medicaid.

To download APA's payer doc directly, visit: psychiatry.org/CoCMpayers

Note: check your downloads file

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CASE: ADDRESSING CLINICAL WORKFLOW FOR COLLABORATIVE CARE

ANYTOWN CLINIC – SEPT 5

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A 53-year-old man, Mr. A, presents to his PCP with a chief complaint of "not sleeping enough, having headaches, and feeling run down." For the last 4 months, he has been waking up too early in the morning and cannot get back to sleep. During the day he is exhausted and is having trouble focusing when he's at work. His chronic back pain has increased, so he has been staying at home and has stopped exercising. He has tried everything he can think of to "break out of this rut," but feels like it is pointless and is ready to give up.

The PCP administers a PHQ-9 (Mr. A scored 18) and then asks Mr. A about suicidality. After discussing the symptoms on the PHQ-9, Mr. A says that he never thought of himself as depressed before.

The primary care provider expresses confidence to Mr. A that he will be able to improve and introduced Mr. A to the behavioral health care manager (BHCM) for further evaluation and treatment and consents him to engage in the clinic CoCM program.

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SUMMARY OF BILLING

Date	Case Details	Minutes and Other Relevant Billing Codes	Billable BHCM Provider - Psychotherapy and/or CoCM CPT codes	NO Billable BHCM Provider - CoCM CPT codes ONLY
Sept 5	Initial presenting visit with PCP	Always bill E&M code as appropriate for PCP visits	Not Billable	Not Billable

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SEPT 5 CONTINUED

The BHCM sees Mr. A for a warm handoff visit to engage Mr. A and schedule time for a full intake in the future. Enters patient into the registry (done at the end of each encounter between the patient and BHCM).

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SUMMARY OF BILLING

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Date	Case Details	Minutes and Other Relevant Billing Codes	Billable BHCM Provider - Psychotherapy and/or CoCM CPT codes	NO Billable BHCM Provider - CoCM CPT codes ONLY
Sept 5	Initial presenting visit with PCP	Always bill E&M code as appropriate for PCP visits	Not Billable	Not Billable
Sept 5	15-minute visit 5 minutes registry	The BHCM records 20 minutes towards CoCM	The BHCM records 20 minutes towards CoCM	The BHCM records 20 minutes towards CoCM

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SEPT 8

The BHCM conducts a comprehensive assessment of Mr. A and learns that he has been more irritable at home with his wife and children for the past six months. He has also stopped going out with friends. In the last two weeks he has been late to work four times because he can't get himself to get started in the morning.

As part of the initial comprehensive assessment, the BHCM administers screening instruments for PTSD (PCL-C), and bipolar disorder (CIDI-3), both of which were negative. The BHCM screens for alcohol use disorder with the AUDIT-C and other substance use disorders with appropriate questionnaires. All are negative, but Mr. A reports that he has started smoking cigarettes again.

The BHCM and Mr. A discuss the provisional diagnosis of major depression and its treatment, as well as the connections between depression and chronic pain.

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SUMMARY OF BILLING

Date	Case Details	Minutes and Other Relevant Billing Codes	Billable BHCM Provider - Psychotherapy and/or CoCM CPT codes	NO Billable BHCM Provider - CoCM CPT codes ONLY
Sept 8	Initial assessment with BH care manager	45-minute visit 5 minutes registry	The BHCM bills for an initial assessment with 90791 + 5 min CoCM OR The BHCM records 50 minutes towards CoCM	The BHCM records 50 minutes towards CoCM

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MR. A CONTINUED

SEPT 9: The next day the BHCM and Psychiatric Consultant (PC) discuss Mr. A's presentation during weekly case review. The PCP had asked whether fluoxetine could be appropriate for Mr. A. The PC suggests considering bupropion as an initial antidepressant given its efficacy for both treating depression and in supporting smoking cessation. A titration schedule is provided to escalate the dose to the therapeutic range and monitor response with a PHQ-9 over four to six weeks. The PC completes the recommendation in the EMR and alerts the PCP to it via electronic messaging. No PC time is counted towards CoCM since this is not the work of the BHCM.

SEPT 16: The BHCM meets Mr. A for another session and Problem Solving Treatment (PST) is started. This is to target Mr. A's goal of re-engaging in work and social activities. After the session, which was productive, Mr. A agreed to meet via phone in two weeks.

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SUMMARY OF BILLING

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Date	Case Details	Minutes and Other Relevant Billing Codes	Billable BHCM Provider - Psychotherapy and/or CoCM CPT codes	NO Billable BHCM Provider - CoCM CPT codes ONLY
Sept 9	The next day the BHCM and Psychiatric Consultant (PC) discuss Mr. A's presentation during weekly case review. ***No PC time is counted towards CoCM since this is not the work of the BHCM.***	5 minutes BHCM prep time 10-minute consult 5 minutes registry	Not billable with psychotherapy codes **OR** The BHCM records 20 minutes towards CoCM	The BHCM records 20 minutes towards CoCM
Sept 16	The BHCM meets Mr. A for another session and Problem Solving Treatment (PST) is started.	30-minute visit 5 minutes registry	The BHCM bills for a 30 minute psychotherapy session with code 90832 + 5min CoCM **OR** The BHCM records 35 minutes towards CoCM	The BHCM records 35 minutes towards CoCM

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MR. A CONTINUED

SEPT 17: The BHCM organizes a discussion with the PCP to review the PC's recommendations for antidepressant medication and to discuss the recent initiation of PST. Additionally, the BHCM asks the PCP to follow-up with Mr. A on PST progress at their visit the following week.

SEPT 25: The PCP sees Mr. A for a follow up visit and prescribes bupropion SR 150mg daily. The PCP reinforced the role of the BHCM in coordinating care and the value of PST for depression.

SEPT 27: The BHCM calls for a scheduled phone visit. The BHCM administers the PHQ-9 over the phone and records the score as 16. The BHCM checks in with Mr. A both about starting medications and to reinforce PST skills.

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SUMMARY OF BILLING

Sept 17	The BHCM organizes a discussion with the PCP to review recommendations. Asks the PCP to follow-up with Mr. A the following week.	5 minutes Care coordination 5 minutes registry	Not billable with psychotherapy codes OR The BHCM records 10 minutes towards CoCM	The BHCM records 10 minutes towards CoCM
Sept 25	The PCP sees Mr. A for a follow up visit and prescribes bupropion SR 150mg daily and reinforced the role of the BHCM.	Always bill E&M code as appropriate for a face-to-face visit with the PCP	Not billable	Not billable
Sept 27	The BHCM calls for a scheduled phone visit.	10-minute phone call 5 minutes registry	Not billable with psychotherapy codes OR The BHCM records 15 minutes towards CoCM	The BHCM records 15 minutes towards CoCM

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SUMMARY OF MONTH 1 OF TREATMENT

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Date	Case Details	Minutes and Other Relevant Billing Codes	Billable BHCM Provider - Psychotherapy and/or CoCM CPT codes	NO Billable BHCM Provider - CoCM CPT codes ONLY
Summary of Month 1 of Treatment	Mr. A has been engaged in care, diagnosis has been established and treatment has been started. On the last day of the month the BHCM totals the time spent of the care of Mr. A.	2 E&M visits 45 minute visit 30 minute visit 75 minutes BHCM activities	2 PCP visits with E&M codes Bill 90791 x 1 (50 minutes) and 90832 x 1 (30 minutes). **AND** CoCM code 99492 (70 minutes) for first month of CoCM treatment **OR** 90791 and 99492 + 99494 x 1 **OR** 90832 and 99492+ 99494 x 2	2 PCP visits with E&M codes CoCM Code 99492 for first month (70 minutes) AND 99494 x 2 (2 x 30 minutes) 20 min unbillable

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APA/AIMS CENTER
COLLABORATIVE CARE RESOURCES

OFFICE HOURS – MONTHLY CALLS

Billing/Financial Sustainability:

First Wednesday of the Month from Noon – 1:00 p.m. Eastern Time

Join Online: https://zoom.us/j/95007236406
Telephone: (301) 715 8592
Meeting ID: 950 0723 6406

Implementation:

Third Tuesday of Month from Noon – 1:00 p.m. Eastern Time

Join Online: https://uw-phi.zoom.us/j/682654694
Telephone: (646) 876 9923 or (669) 900 6833
Meeting ID: 682 654 694

Frequently Answered Questions from AIMS Office Hours

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APA CoCM RESOURCES

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Online Training in CoCM

- For Psychiatrists, PCPs, and Behavioral Health Care Managers
- Learning modules for specific populations (Pediatric, Substance Use Disorder, Geriatric, and Perinatal)

Information on Coverage and Practice and Billing Toolkit

- List of payers who are paying the CoCM codes (Medicare, Medicaid, private payers)
- Practice and Billing Toolkit: Tools for successful implementation of the Collaborative Care Model (documenting consent, scripts to introduce CoCM to patients, satisfaction surveys, time tracking, etc)

To access all of APA's Collaborative Care resources, visit psychiatry.org/collaborate

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AIMS CENTER CoCM RESOURCES

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AIMS Center Website: https://aims.uw.edu/

Billing and Financing: https://aims.uw.edu/collaborative-care/billing-financing

- FAQs for Billing CoCM
- Collaborative Care Billing Case Study

Financial Modeling Workbooks: https://aims.uw.edu/collaborative-care/financing-strategies/financial-modeling-workbook

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BHI Collaborative *"On Demand"* Webinars

- The Value of Collaboration and Shared Culture in BHI
- Behavioral Health Billing & Coding 101: How to Get Paid
- Implementation Strategies for Virtual BHI
- Financial Planning: Quantifying the Impact of BHI
- Physicians Leading the Charge: Dismantling Stigma around Behavioral Health Conditions & Treatment
- Privacy & Security: Know the Rules for Communication of Behavioral Health Information
- Effective BHI Strategies for Independent Practices
- Advancing Health Equity through BHI
- Bolstering Chronic Care Management with BHI
- How to Address the Growing Behavioral Health Concerns Among Children, Adolescents, and Families

Watch these webinars on the Overcoming Obstacles YouTube playlist now!

Collaborative Resource – *BHI Compendium*

The BHI Compendium serves as a tool to learn about behavioral health integration and how to make it effective for your practice and patients.

Table of Contents

PART 1: WELCOME TO THE BEHAVIORAL HEALTH INTEGRATION COMPENDIUM 3
Chapter 1: Compendium Basics 4
PART 2: BHI BASICS AND BACKGROUND 5
Chapter 2: BHI Definitions 6
Chapter 3: Introduction to Potential Approaches to BHI 7
PART 3: GETTING STARTED 11
Chapter 4: Making the Case: Establishing the Value of BHI 12
Chapter 5: Assessing Readiness 15
Chapter 6: Establishing Goals and Metrics of Success 16
Chapter 7: Aligning the Team 17
PART 4: IMPLEMENTATION 19
Chapter 8: Designing Workflow 20
Chapter 9: Preparing the Clinical Team 21
Chapter 10: Partnering with the Patient 22
Chapter 11: Financial Sustainability: Billing and Coding 23
Chapter 12: Measuring Progress 25
PART 5: RESOURCES & TOOLS 26

Download Now
to learn how to make the best decisions for the mental health of your patients.

Thank you for joining!