Integrated Care Training Program

UW Psychiatry & Behavioral Sciences

Billing Strategies for Integrated Care

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Speaker Disclosures

- None

Learning Objectives

- Understand traditional CPT codes for BHCM and Psychiatric Consultants
- Understand the mechanics of BHI & CoCM codes
- Discuss billing “strategies” in different settings

Two Kinds of Direct Billing Strategies for Integrated Behavioral Health

- "Traditional" CPT codes
  - Psychotherapy and psychiatry codes
  - Licensure requirements vary by payer

- Team-based or bundled psychiatric CoCM codes
  - Medicare and WA Medicaid bundled payment for the CoCM team under the treating medical provider
  - Licensure requirements vary between Medicare vs. WA Medicaid WAC
  - Setting requirements may vary

TRADITIONAL PSYCHIATRIC AND PSYCHOTHERAPY CPT CODING

Billing with traditional Psychotherapy and Psychiatry CPT Codes

- BH Provider and Patient
- Sessions of 16 or more minutes
- Face – to – Face or Telehealth video conferencing*
- Independently licensed BH Provider (limitations by payer)

* Some rule changes due to COVID PHE

Licensure and Billing

- Medicare only recognizes Psychiatrists, Psych NPs, Clinical Psychologists, and LCSWs as independently billable BH providers
- Medicaid rules vary by state – most recognize all state licensures, but sometimes with supervision required
  - In WA: Licensed psychologist, LICSW, LMFT, LMHC, MD/DO, NP
- Private insurances generally recognize all state-licensed independent providers

Psychotherapy Codes for Independently Licensed BH Care Managers

Code	Description
90791	Psychiatric evaluation without medical services
90832	16-37 minutes of individual or family counseling
90834	38 – 52 minutes of individual or family counseling
90837	53+ minutes of individual counseling
90785	Psychotherapy Complex Interactive (list separately in addition to code for primary procedure)
90853	Group Therapy

Psychiatry Codes for MD, NP, PMHNP, PA

Code	Description
90792	Psychiatric evaluation with medical services
99201 – 99205	EM codes for initial visit with medicine components
99211- 99215	EM codes for follow up visits with medicine components

EM codes can be combined with these counseling codes if applicable:

Code	Description
90833	16-37 minutes of individual or family counseling
90836	38 – 52 minutes of individual or family counseling
90838	53+ minutes of individual or family counseling
90785	Psychotherapy Complex Interactive (list separately in addition to code for primary procedure)

MONTHLY PAYMENTS FOR BEHAVIORAL HEALTH

CoCM/BHI Codes

- Codes are billed under medical provider as “incident to” under “general supervision”
- Codes bundle payment for services provided during a calendar month by team members:
  - Medical (Billing) Provider or designated clinical staff
  - Care Manager/BH Provider (CoCM)
  - Psychiatric or Addictions Medicine Consultant (CoCM)
- Prior to service/treatment:
  - Medical visit for patients not seen in last 12 months
  - Patient consent for treatment charted in visit note
  - Patient informed that Part B co-payments may apply

Codes for CoCM

Code	Description	2021 Payment
G2214 NEW	30 min/month for either initial or subsequent months CoCM services	$66.29
99492	Initial psych care mgmt, 70 min/month – CoCM	$157.35
99493	Subsequent psych care mgmt, 60 min/month – CoCM	$157.01
99494	Initial/subsequent psych care mgmt, additional 30 min CoCM	$61.06

- 50% + 1 rule applies to these codes
- CPT® codes above cannot be applied to FQHC-RHC billing

Codes for FQHC-RHC Billing

Code	Description	2021 Payment
G0512	**Psychiatric CoCM - Minimum 70 min initial month and 60 min subsequent months**	**$157.35**

- G0512 is for CoCM services – no add on codes and full time must be met

CoCM Codes

- Pays for services not generally billable under psychotherapy codes
  - Warm connection visits under 16 minutes
  - Phone calls with patient*
  - Care coordination between team members or other BH providers
  - Caseload review and consultation
  - Managing a caseload registry

- Pays for any BH Diagnosis, including Substance Use Disorder

CoCM Codes

- CoCM BH Care Manager need not be licensed to bill independently
  - Must have specialized BH education or training
  - May use RN with specialized BH training
- May be billed in same month as traditional psychotherapy codes if no minutes are counted twice
- Only the time of the BH Care Manager counts towards the billing minutes

Required Activities for CoCM 99492-99494, G2214 and G0512

- ✓ Engagement and Assessment using validated measures, resulting in a treatment plan
- ✓ Weekly caseload review with psych or addictions consultant and TX modifications as needed for individual patients
- ✓ Use of registry to track visits and outcomes
- ✓ Ongoing collaboration with PCP and other treating providers
- ✓ Provision of brief Evidence Based Treatments
- ✓ Outcome monitoring using validated scales
- ✓ Relapse Prevention Planning in preparation for discharge

2021 BHI Codes

Code	Description	2021 Rates
99484	Other BH services - at least 20 mins per month	$47.80
G0511 FQHC/ RHC	General Care Management Services – at least 20 mins/month	$66.64

Required Activities for 99484 and G0511

- ✓ Initial assessment or follow-up monitoring, including use of applicable validated rating scales;
- ✓ Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
- ✓ Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and
- ✓ Continuity of care with a designated member of the care team.

Which Payers recognize CoCM/BHI codes?

- Medicare and most Medicare Advantage
- Increasing number of private payers – Regence, Premera, Aetna, Kaiser, BC/BS
- Increasing number of state Medicaid plans, but some don't pay for BHI codes

State Medicaid Programs

*Slated to begin paying but have since pulled back on implementation.

Medicaid	Yes	No
Arizona	X	
California	X	
Delaware		X*
Hawaii		X*
Illinois		X*
Kansas	X	
Kentucky	X	
Iowa	X	
Maryland (Limited pilot)	X	
Massachusetts	X – Effective 7.1.21	
Michigan	X	
Montana	X	
Nebraska	X	
New Hampshire	X	
New Jersey	X	
New York	X	
North Carolina	X	
Ohio (Dual population only)	X	
Pennsylvania	X	
Rhode Island	X	
Utah	X	
Washington	X	

https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-paid

Billing Workflow Varies

Psychotherapy Billing

- Billed at each visit
- Billed under BH provider
- Includes minutes spent and DSM5 or ICD10 code
- Connected to one chart note

CoCM billing

- Billed at end of month
- Billed under PCP
- Includes minutes spent and DSM 5/ ICD10 code
- Record of activities (visits, phone, telehealth, team consultation, etc.) over the month
- Registry helps with tracking

Interprofessional Telephone/Internet/Electronic Health Record Consultations

APA Payment for Non-Face-To-Face Services: A Guide for the Psychiatric Consultant

Differences between the two code sets:

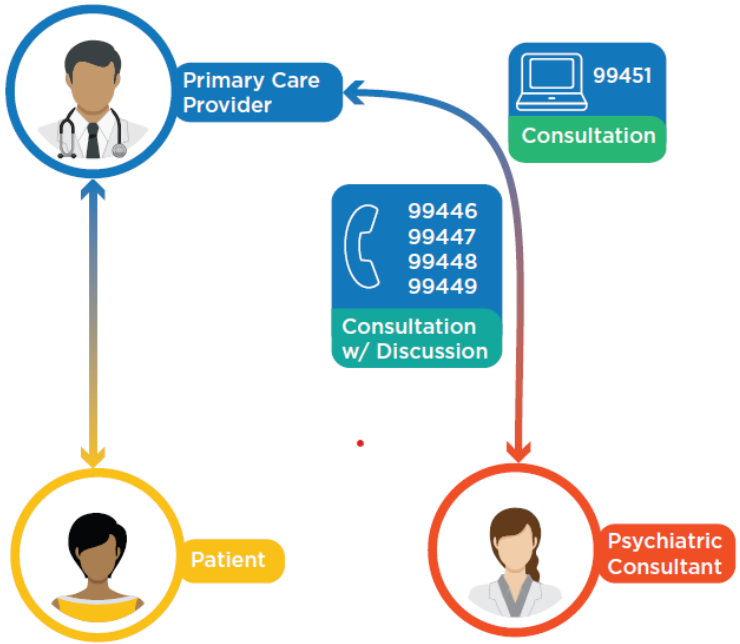
99446-99449 "Consult with Discussion"

(Time guidelines listed on page 2)

- More than 50% of the time must be devoted to the consultative discussion with the requesting primary care provider either verbally or online.
- Requires both a verbal and written report to the treating/requesting PCP
- Does not include any time spent communicating with the patient and/or family

99451 "Consult without Discussion" (5 minutes or more)

- Health record assessment via EHR/Internet/Fax and time to create a report is included in billable time
- Only a written report to the treating/requesting PCP is required
- Do not bill 99451 for services that last less than 5 minutes



https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Practice-Management/Coding-Reimbursement-Medicare-Medicaid/Coding-Reimbursement/APA-Billing-Guide-Interprofessional-Health-Record-Consultations-Codes.pdf

There are two situations where these codes cannot be used:

1) If an in-person visit with the psychiatric consultant has occurred within the previous 14 days or will occur within the next 14 days.

2) If the sole purpose of the contact is to transfer care or arrange for an in-person consultation with the psychiatric consultant.

Interprofessio
Telephone/Inte
Health Record

AMERICAN PSYCHIATRIC ASSOCIATION

"Consult with Discussion"

(medical consultative discussion and written report):

- **99446:** 5-10 minutes $18
- **99447:** 11-20 minutes $37
- **99448:** 21-30 minutes $56
- **99449:** 31+ minutes $74

"Consult without Discussion"

(health record review and written report, no verbal discussion required):

- **99451:** 5 or more minutes $38

https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Practice-Management/Coding-Reimbursement-Medicare-Medicaid/Coding-Reimbursement/APA-Billing-Guide-Interprofessional-Health-Record-Consultations-Codes.pdf

COCM BILLING STRATEGIES

Billing strategies

- Psychotherapy codes only
- CoCM and BHI codes
- A mix!
- Depending on
  - payer mix
  - Qualifications/licensure of BH Care Manager
  - type of clinic
  - team configuration
  - type of service

Psychotherapy codes with CoCM Codes

- Cannot count any minutes twice
- Bill Psychotherapy for face-to face
- CoCM pays for activities you can’t bill using psychotherapy codes
- BHI pays for care coordination without full CoCM team

Billing Scenario Examples

- Associate BH CM or RN
  - CoCM only
- FQHC/RHC with LICSW
  - Psychotherapy for f-t-f visits + CoCM for coordination and consultation
- LMHC
  - Psychotherapy for Medicaid and Commercial
  - CoCM for Medicare

Case example – Interprofessional Codes

Case Examples

Example 1:

This communication was sent via a secure electronic platform to a contracted psychiatric consultant from a primary care clinician.

Reason for consult:

"I wonder if it might not be beneficial to see if this patient can get by on fewer psychoactive medications."

Current Presentation:

64-year old man had first psychotic break and hospitalization 4 years ago and given first diagnosis of bipolar affective disorder. Has also had left arm dystonia since being a teenager and has been on psychoactive medication for that. Has not seen a psychiatrist in 3+ years, all psych meds filled in primary care. Overall, no current hallucinations, feels depression mostly controlled. His co-pay to see a psychiatrist is $45, which is prohibitive, so I'm doing this consult to save him money and because he is presently psychiatrically stable.

Medications:

Aripiprazole 2.5 mg/day; citalopram 20 mg/day; desipramine 25 mg/day; clonazepam 1 mg QID for dystonia; trihexyphenidyl 5 mg five times a day for dystonia. Also, losartan, tamsulosin

My Thoughts/Plans:

- Consider lowering aripiprazole to 1 mg/day; then consider weaning or d/c desipramine
- Neurology managing clonazepam and trihexyphenidyl related to dystonia and I was not going to consider reducing these

Time: 14 minutes total time
(chart review and documentation)

Case example – Interprofessional Codes

Billing: *99451*

(all communication was electronic, greater than 5 minutes)

This section is sent back to the PCP and put into the patient's EHR

Psychiatric Consultant Response:

Thank you for your request. I would be inclined not to change his medications much. He has been stable not that long, relatively speaking and if he doesn't have side effects and is not asking to be taken off meds, I would give him another year or two on this regimen. If you do decide to decrease his psychotropic medications, I would start with one of the antidepressants, not aripiprazole. Aripiprazole is already at a very low dose and is working as a mood stabilizer (in addition to antipsychotic effect), protecting him from going into depression or mania. Desipramine is stronger and more effective for depression of his two antidepressants, but also has more side effects and more likely to cause switch to manic episode. So it's hard to decide which antidepressant is safer to taper off. I would lean toward desipramine, probably because of potential cardiac side effects. It is recommended to check ECG for QTc prolongation on anyone over age 50 who is on desipramine. If you still feel that you would like to decrease aripiprazole, I would decrease it to 2 mg a day and see how he does. Hope this helps.

The above treatment considerations and suggestions are based on a review of a specific clinical question from the patient's primary care provider. I have not personally examined the patient. All recommendations should be implemented with consideration of the patient's relevant prior history and current clinical status. Please feel free to contact me with any questions about the care of this patient.

Dr. Johns, Psychiatric Consultant
402-381-6655
Dr.Johnsconsultant@apa.com

Case Example – BHI Codes

- Community Health Worker or Referral Coordinator helps patient connect to BH Agency or other community BH provider?
  - Not if the CHW and RC are not clinical staff
- BH Provider talks over phone with patient about BH options for care
  - Yes!
- Post-psych hospitalization, MA coordinates ongoing services for patient
  - Yes!

Case Example – CoCM Codes

Sept 5: A 53-year-old man, Mr. A, presents to his PCP with a chief complaint of poor sleep and worse pain limiting activity for the last 4 months. PHQ-9 is 18, with no SI. Mr. A says that he never thought of himself as depressed before, but feels he is now. The PCP introduced Mr. A to the behavioral health care manager (BHCM) for further treatment and consents him to engage in the clinic CoCM program.

The BHCM then sees Mr. A for a warm handoff, schedules a full intake in the future, and enters patient into the registry. She spends 15 mins with him, and 5 mins entering his data into registry.

Case Example

Date	Case Details	Minutes and Other Relevant Billing Codes	Billable BHCM Provider (LICSW, PhD) ---------- *Psychotherapy codes*	NO Billable BHCM Provider (MSW, RN) ---------- *CoCM codes ONLY*
Sept 5	Initial presenting visit with PCP	30 minute new patient visit	?	?
Sept 5	Warm handoff with BHCM	15-minute visit 5 minutes registry	?	?

Case Example

Date	Case Details	Minutes and Other Relevant Billing Codes	Billable BHCM Provider (LICSW, PhD) ---------- *Psychotherapy codes*	NO Billable BHCM Provider (MSW, RN) ---------- *CoCM 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	Warm handoff with BHCM	15-minute visit 5 minutes registry	Nothing	The BHCM records 20 minutes towards CoCM

Case Example

- SEPT 8: The BHCM conducts a comprehensive 45min initial assessment of Mr. A and learns that he has had low energy for the past six months, stopped going out with friends and has been late to work four times in the last two weeks due to low motivation. As part of the initial comprehensive assessment, the PCL-C, CIDI-3, AUDIT-C and DAST 10 are all negative, and GAD7 3. 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, and the BHCM spends 5 min documenting in registry.

- SEPT 9: The next day the BHCM and PC spend 15 mins discussing Mr. A's presentation during weekly case review. The PC suggests considering bupropion as an initial antidepressant given its efficacy for depression, motivation and energy. 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.

Date	Case Details	Minutes and Other Relevant Billing Codes	Billable BHCM Provider - *Psychotherapy codes*	NO Billable BHCM Provider - *CoCM codes ONLY*
Sept 8	The BHCM meets Mr A for an initial assessment	45-min visit 5 min registry	?	?
Sept 9	The BHCM and PC discuss Mr A in caseload review.	15 min caseload review 5 minutes registry	?	?

Date	Case Details	Minutes and Other Relevant Billing Codes	Billable BHCM Provider - *Psychotherapy codes*	NO Billable BHCM Provider - *CoCM codes ONLY*
Sept 8	The BHCM meets Mr A for an initial assessment	45-min visit 5 min registry	The BHCM bills 90791	The BHCM records 50 min for CoCM
Sept 9	The BHCM and PC discuss Mr A in caseload review.	15 min caseload review 5 minutes registry	Not billable with psychotherapy codes	The BHCM records 20 min for CoCM

Questions?

THANK YOU