**Section 5: BHI Billing & Coding**

* Objective: Identify improvements and workflow changes around BHI billing and coding
* Due by Wednesday, January 31 to your Improvement Advisor
* Resources: Many resources are on the CalHIVE BHI [website](https://www.pbgh.org/calhive-bhi/#:~:text=BHI%20Billing%20%26%20Coding-,Learn,-Access%20a%20rich) (Learn)

Refer to two documents in answering these

* + [CA Billing and Payment Codes (CQC):](https://pbgh.box.com/s/xizm435ny0n8piiqrqegi211mg2xzxg6%22%20%5Ct%20%22_blank) codes to be used for each model (CoCM and PCBH)
	+ [Behavioral Health Coding Resource (AMA)](https://pbgh.box.com/s/d5m0lgs6v5qalxwx6nl2vjcof8hmhujp) - outlines key CPT codes for behavioral health screening, treatment, and/or preventative services

| **Area** | **Team Response** |
| --- | --- |
| General Coding & Billing |  |
| 1. Do you have an existing team trained in BHI billing and coding, or will you require training?
2. If training is needed, what is the plan for training identified staff?
3. Based on your location and the health insurance providers you work with, are there specific billing and coding regulations you need to be aware of?
4. Do you anticipate any operational challenges related to billing/financing during the implementation of BHI? *Please describe.*
5. What is your process for monitoring billing and claims, especially denied ones?
* What happens if a claim is denied?
1. How will your coding and billing process support the monitoring and reporting for your BHI program?
 | * *Current state:*
* *Changes needed (can be added to the action plan)*
 |
| If selecting CoCM: | *Skip if selecting PCBH* |
| 1. What systems are in place to ensure that your documentation meets CoCM requirements?
2. Are you able to build a registry within your EHR to track serial screening measures and monthly minutes of service?
	* If not within your EHR, is there mechanism to streamline two separate data sources for documentation of services, billing, and reporting?
3. Do your primary payors reimburse CoCM codes?
	* Have you received any feedback from payers regarding CoCM billing?
	* If so, what changes have you made in response to this feedback?
4. Are process changes required to support “incident to” billing by the CoCM care team?
 |  |
| If selecting PCBH: | *Skip if selecting CoCM* |
| 1. What specific billing codes are you using for PCBH services?
2. What systems are in place to ensure that your documentation meets PCBH requirements?
3. Have you received any feedback from payers regarding your PCBH billing?
4. Are you able to credential BHCs on payor panels to bill PCBH codes?
* What is the time frame for credentialling?
 |  |
| Preparing for Sustainability |  |
| 1. Who internally holds your health plan contracts?
* How can you increase visibility about the Behavioral Health Integration implications?
* What could you be doing that is not being done to maximize reimbursement?
1. What can you include in a contract modification/amendment?
2. Who do you work with at your top health plans to ask questions and resolve issues for BHI?
3. Identify which payers are including Behavioral Health screening in their pay-for-performance (P4P) programs.
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**Action Plan**

**Section 5:** Outline the next action steps related to BHI Billing and Coding

Considerations for developing the Action Plan:

* This is a space for your team to identify next action steps needed to move toward pilot implementation.
* Look at the questions raised during the implementation plan section above.
* Understanding these questions and your responses will provide insight into what needs to be addressed in your action plan.
* What issues or concerns do they bring up?
* Keep in mind that all tasks do not have to be completed by January 31st.

| *Due Date* | *Lead & Task* |
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| *Changes Needed* | *Lessons Learned* |
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