



Tuesday, February 27, 2024; 11:00-12:00

BHI Billing & Coding Office Hours

CalHIVE BHI Webinar



California Quality
Collaborative

Tech Tips



Welcome!

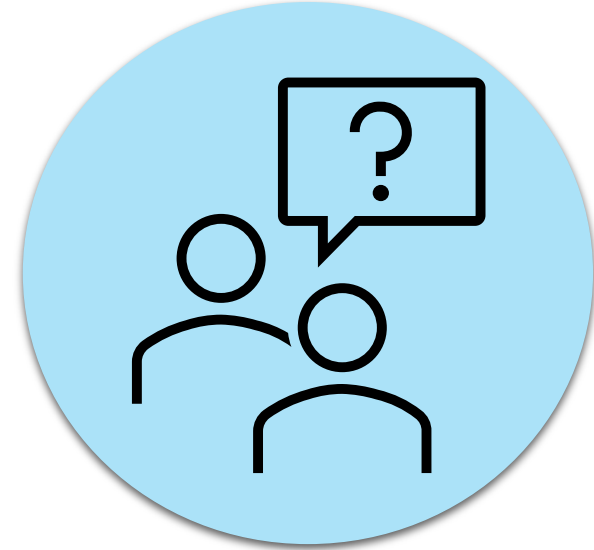
Add your organization
to your name

Turn on video if
possible



Engaging Today

Share questions in the
chat or come off mute.
Join the breakout room
discussions. Participate
in Zoom polls.



Need help?

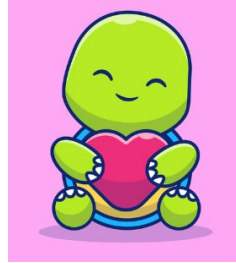
Direct message
Anna Baer
if you have any
technical issues

Round Robin

Who's in the virtual room?



**CHINESE
HOSPITAL
& CLINICS**



Riverside Family Physicians



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

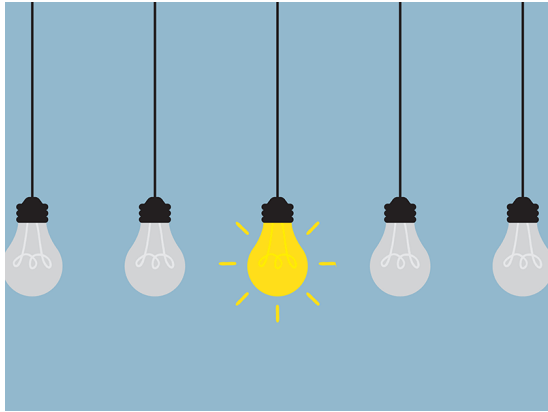


perlmanclinic++

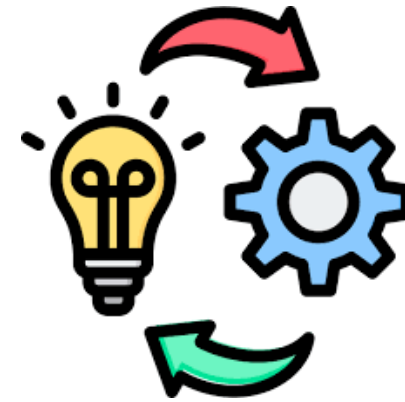


Our Agenda

Today, we'll:



Exchange billing and coding experiences and takeaways



Review recommendations & resources supporting BHI Billing and Coding (Section 5 Implementation Plan)

Setting the stage today

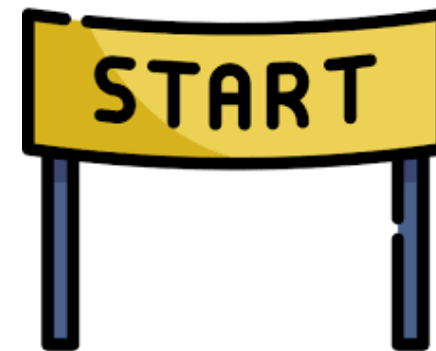
CalHIVE BHI Values

1. Collaboration around a common goal
2. Trust & transparency
3. Reflect, revise & adjust



Implementation Plan Work

- Start now with planning, testing, improvement
- Identify opportunities for change & improvement
- Does not need to be complete by July





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Bright Spots

BHI Billing and Coding



**CHINESE
HOSPITAL
& CLINICS**

BILLING/ CODING WORKFLOW

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Phone: 628-228-2628

WORKFLOW OVERVIEW

Appointment scheduling: verify insurance eligibility, coverage

Appointment Check-In: verify eligibility on the same day

Patient Registration

Is insurance coverage active?

Co-payments?

Are we in-network / the PCP?

Financial Responsibility

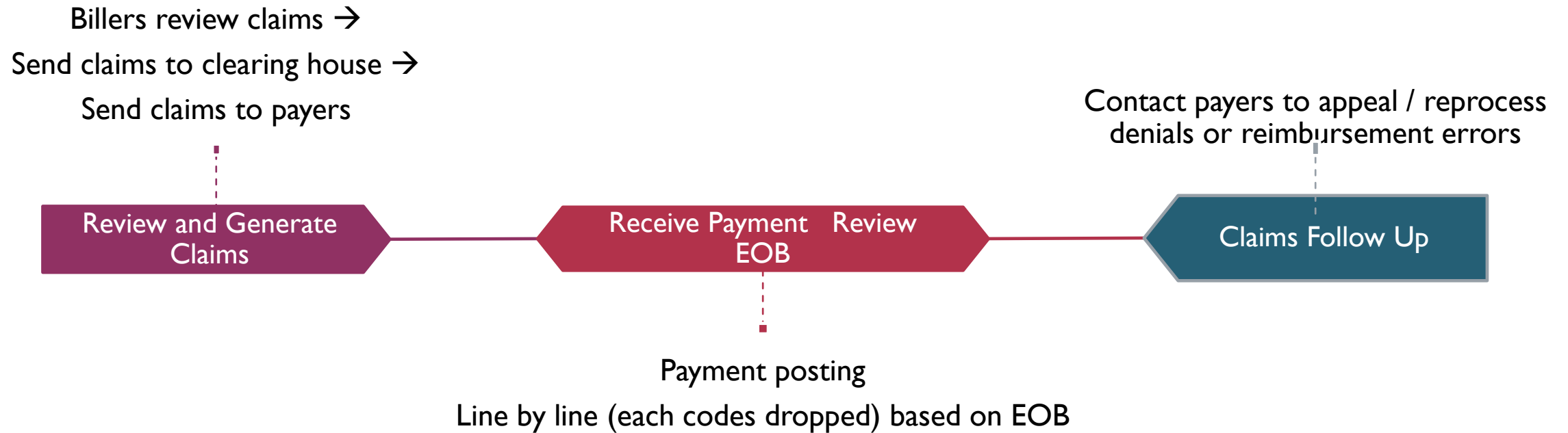
Who is the payer?

Is payer information entered correctly on encounter level?

Drop Visit Codes
(CPT / CDM / HCPCS)

Providers/staff drop charges and diagnosis codes post visits

WORKFLOW OVERVIEW





POMONA VALLEY
HEALTH CENTERS

Introduction

*Pomona Valley Hospital Medical Center billing
under Premier Family Medicine Inc.*

*Debra King
Dana Goodbeau*



Day to day Office

- *PhQ9- PhQ2 scores integrated in software for billing codes based on score*
- *Initial quick evaluation of scores above 20*

- *Follow up sessions if appropriate*
- *Access to outside resources if Urgent*



Billing Software

Cerner Millennium
Soarian Financials



Current Referral process

- *No current referral process pending Insurance acceptance*
- *If outside resources are required they are provided by the Provider*

Workflow success and Challenges

- *Prospective Challenges (mostly time related)*
- *Additional Encounter registration with BH Payer HP*
- *Possible authorization required for specific Payer HP's*
- *Non familiar coding workflow (New process to be implemented)*
- *Separate Denial Worklist for Reps to work*

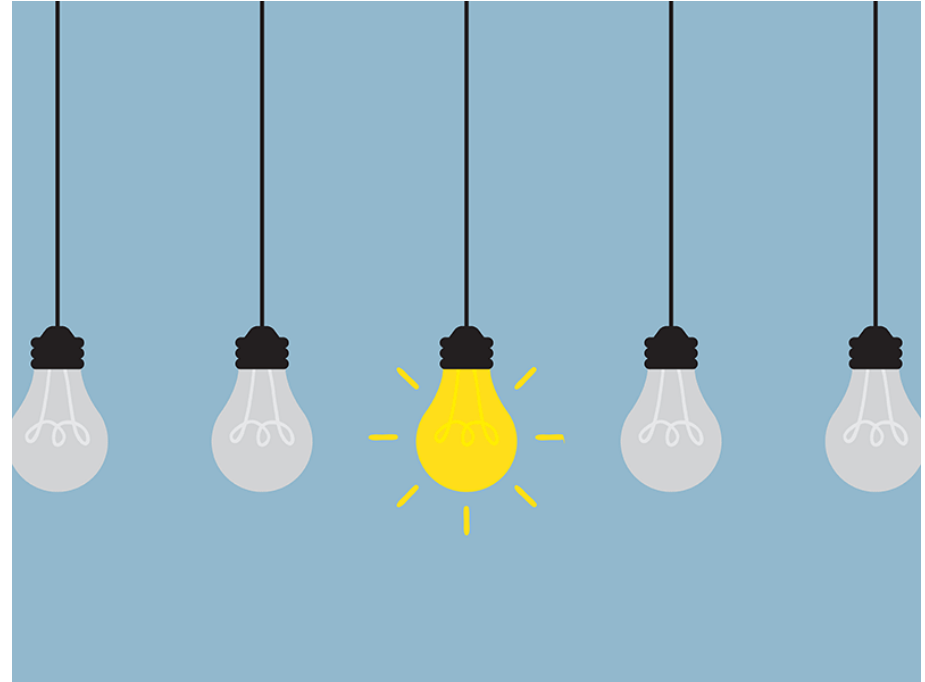
- *Prospective Success*
- *Happier Healthier patients- The most important reason*



Where to start

- 1. What are my providers credentials? (Degree, Previous experience etc.)*
- 2. What specific services is your provider giving? (Individual Therapy, Family Therapy , Crisis Intervention)*
- 3. Can any Payer HP be billed for these services? (Credentialing / Contracting guidelines and requirements)*

Questions?





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BHI Billing/Coding Recommendations

Team: Training, Education & Internal Alignment

- **Make sure provider perspective (medical and behavioral health) part of billing /coding work**

Action Steps:

- Review BHI Billing & Coding list with providers: What's currently happening? What could be/needs to be happening?
- For CoCM, ensure medical providers understand CPT codes are being billed "incident to" (under them)

- **When new workflows roll out, provide training/education around billing, coding & documentation**

Action Steps:

- Identify the changes needed – integrate with current workflows whenever possible
- Develop education materials (e.g. "tip sheets") for different audiences (e.g. for providers, billing/coding)
- Create a process for regularly updating education materials with current information
- Make sure BHI billing/coding is part of standard training / onboarding materials



Monitoring Claims & Denials

- **Regularly monitor and share information on claims with providers**

Action Steps:

- Ensure you have a process to detect initial process and formal improvement cycle to close loops
- Leverage technology/automation to share feedback with provider regularly

- **Strengthen/create process to investigate denials**

Action Steps:

- For denials, investigate thoroughly (e.g., coding errors, missing/incorrect information, coverage, formatting)
- Brainstorm how different roles (not only provider) can help address denials and make corrections
 - What is the educational follow-up?
 - Who are the point people?
- Identify changes needed to organizational policies

Preparing for Sustainability

- **Set up for success around tracking for program outcomes & future reimbursement**

Action Steps:

- Ensure that all codes are being dropped (“zero charge”)

- **Perform regular chart reviews to ensure that 1) documentation is supporting bills AND 2) identify what other appropriate codes could maximize billing**

Action Steps:

- Consider investigating: e-consult; coding for all services rendered (e.g., use of a zero-charge item when they may be able to include some CPT code); underutilization of certain codes (e.g., screening); prevention instead of diagnosis codes

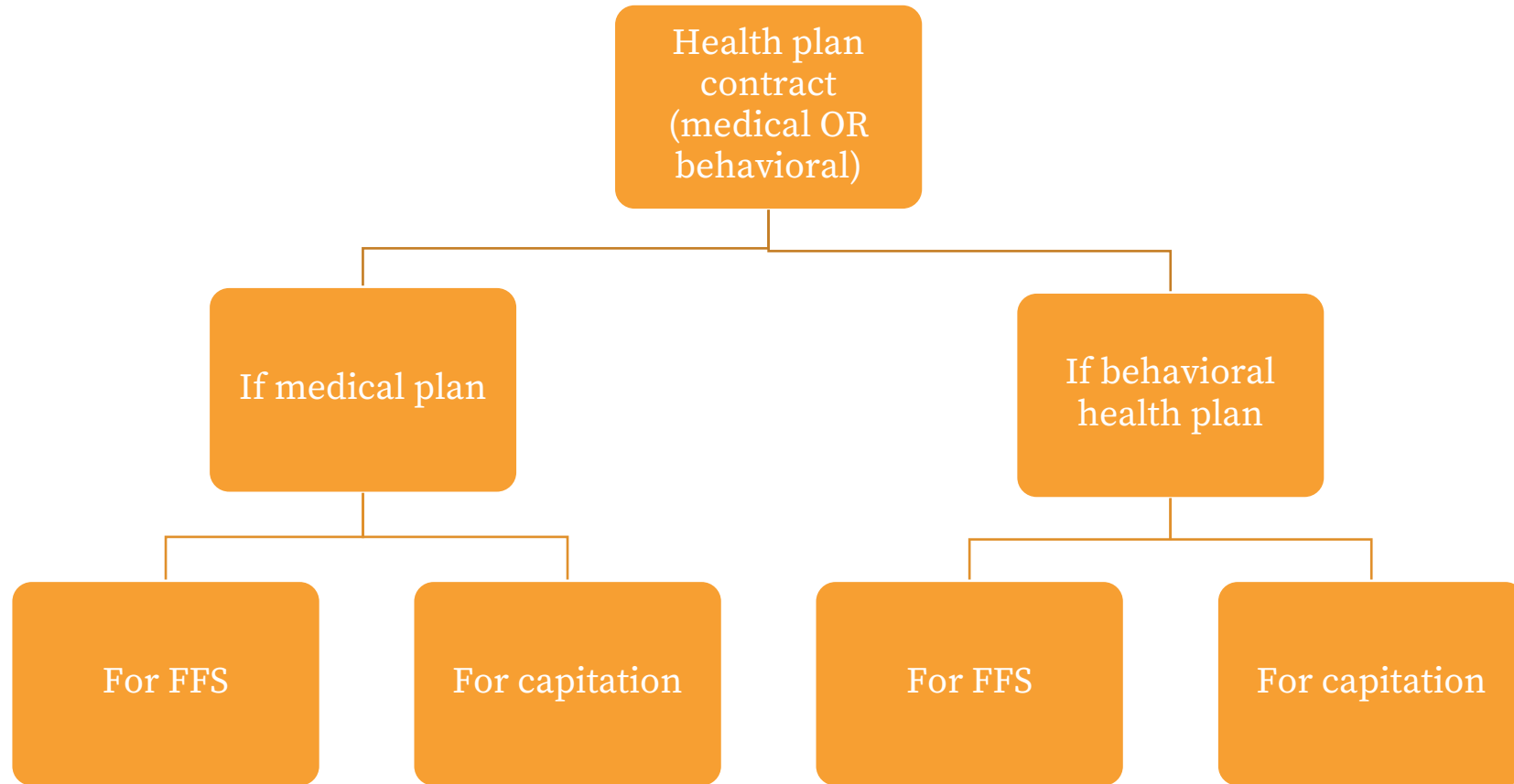
PCBH – Contracting

Billed under the patient's Behavioral Health Benefit (Cost Sharing)

Can be billed under either a medical or behavioral health contract, depending on specifics of the insurance plan and nature of the services provided.

Action Steps:

- ❑ Action step: work with plans to identify contract specifics (especially if using trainees)
- ❑ Required: Credential BHC with appropriate plan
- ❑ *Recommended:* Credential BHC with BOTH plans
- ❑ For (new) BH plans, make sure your team has time to make connections with right contacts



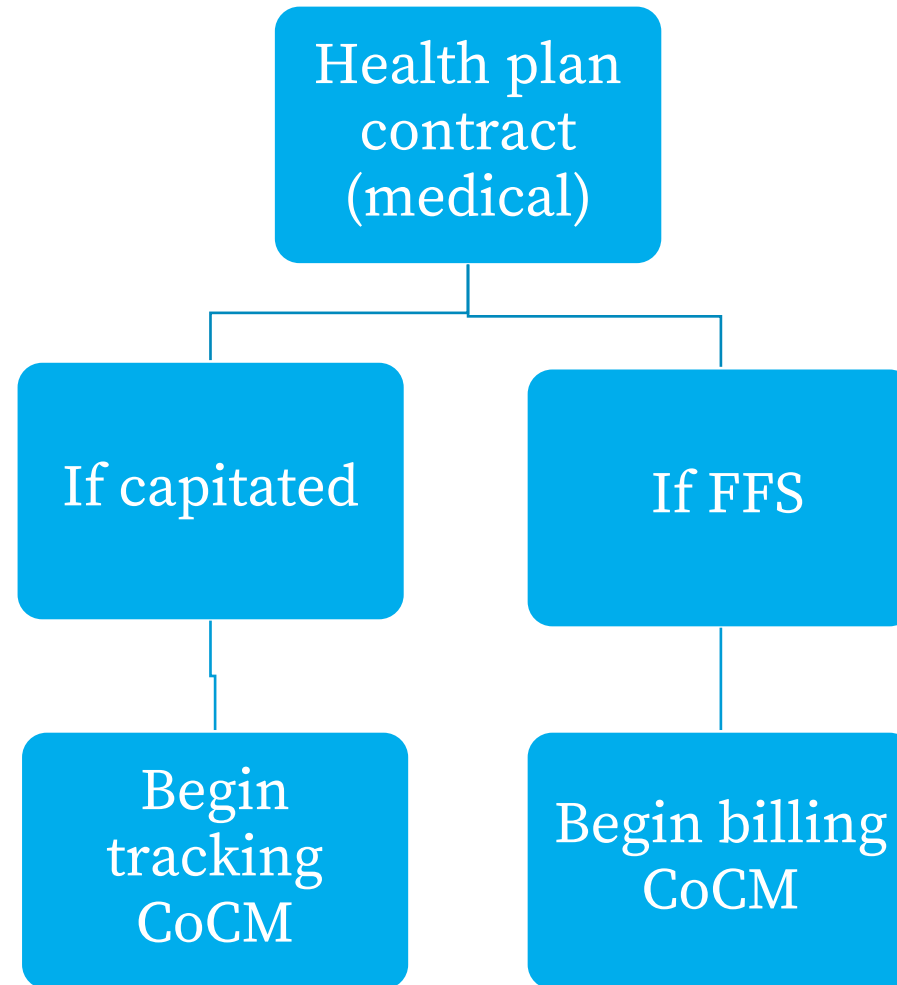
*FQHCs may have specific billing requirements

CoCM – Contracting

Since CoCM bills under primary care provider, should not matter if BH carved out to BH plan
(though does not always hold true)

Action Steps:

- ❑ Action step: work with plans to verify contract specifics
- ❑ Capture data to show impact of CoCM for: potential rate adjustment, wraparound CoCM payment
- ❑ Be prepared to share information on CoCM billing/coding



*FQHCs may have specific billing requirements

Credentialing General Tips

NPI

- Register the provider has an individual and/or group National Provider Identification ([NPI](#)) number(s) if they do not have one. This process is quick and easy.

Medi-Cal & Medicare

- **Medi-Cal** participants, register provider with DHCS first for a Provider Identification Number ([PIN](#)). Medi-Cal process can take up to 120 days.
- **Medicare** participants, enroll with [CMS](#) for a Medicare Provider Number. Medicare process can take up to 90 days.

CAQH

- Register provider with the Council for Affordable Quality Healthcare ([CAQH](#)) ProView. Application takes upward of 2 hours to complete but will reduce the time spent on applying to individual managed care plans. Credentialing can take up to 120 days.

Managed Care Plans

- Apply to be credentialed directly to managed care plans. Some plans are not found on CAQH. Credentialing directly with a managed care plan can take up to 90 days.

California Commercial & Medi-Cal Health Plans and their Behavioral Health Plan Partners

Health Plan

Medical Coverage

- Routine Well-being Visit
- Specialty Medical Care
- Physical/ Occupational/ Speech Therapy
- Emergency & Hospital

Carve out BH



Behavioral Health Plan Partner

Behavioral Health

- Outpatient, Intensive Outpatient (IOP), Partial Hospitalization Program (PHP)m and Inpatient Behavioral Health services
 - Mental Health
 - Substance Use Disorder (SUD)
 - Neurological & Developmental Disorder

Health Plans	Behavioral Health Partners
Cigna	Evernorth
United Healthcare of California	Optum Health
Western Health Advantage	Optum Health
Blue Shield of California (commercial)	Magellan
Anthem Blue Cross	Anthem Blue Cross
San Francisco Health Plan	Carelon Behavioral Health (formally Beacon)
Health Plan of San Mateo	Health Plan of San Mateo
Gold Coast Health Plan	Carelon Behavioral Health



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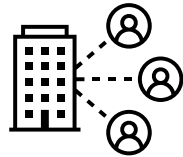
Resources

CQC 2024 Project: Sustainable BHI Financing

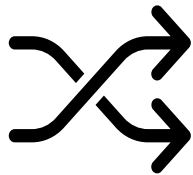
2024



Interview provider organizations



Interview health plans
(medical and behavioral)



Synthesize and get feedback
on successful practices for
providers and health plans



Publicly disseminate
successful practices

Objective: work across California to identify, synthesize and communicate successful practices to ensure sustainable payment for behavioral health integration (BHI) into primary care for commercial settings

Resources: Training & Education

I. Primary Care Behavioral Health Codes			Billed Directly by Behavioral Health Provider Billed under the patient's behavioral health benefit (cost sharing) • Can be billed under either a medical or behavioral health contract, depending on the specifics of the insurance plan and the nature of the services provided. • In many cases, behavioral health services, including those represented by code 90791, are billed under a behavioral health contract. However, in integrated care settings where medical and behavioral health services are provided together, these services may also be billed under a medical contract Typically, 1-4 visits per presenting problem (90832)			
Psychotherapy Codes	Service	Time	Service Description	Required Documentation	Provider Types	
Psychiatric/ Mental Health Diagnosis Required	90791		CMS requires at least 16 minutes and not more than 90 minutes in the designated session time, with 60-minutes being the typical stand	Diagnosis, rationale for the diagnosis, and a written treatment plan supported by the assessment and interview data. Prior diagnostic assessment is not required to bill psychotherapy codes below.	1. Independently Licensed 2. Payor Enrollment/Credentialing Psychologist (PsyD, PhD) Social Workers (LCSW) Marriage and Family Therapist (LMFT) (Medicare 2024) Counselor (LPC) (Medicare 2024)	
	90832	30 Minutes (16-37)	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, face-to-face with the patient	Time spent with the patient, therapeutic communication, attempts to alleviate the emotional disturbances or change maladaptive patterns of behavior		
	90834	45 Minutes (38-52)				
	90837	60 minutes (2-53)		PCBH documentation mirrors primary care SOAP (Subjective, Objective, Assessment, Plan) note		
Health & Behavior Codes	Service	Time	Service Description	Required Documentation	Provider Types	
Medical diagnoses are the primary reason for this intervention	96156	Initial Assessment & re-assessment	Not timed	Used when identifying the psychological, behavior, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems	Diast and history of physical illness, rationale for assessment, assessment outcome including mental status and ability to understand or respond meaningfully, and goals and expected duration of specific psychological intervention(s), if recommended. Limited to a maximum of two units per rolling 180 days, any provider.	1. Independently Licensed 2. Payor Enrollment/Credentialing Psychologist (PsyD, PhD) Social Workers (ECOW) (2024) Marriage and Family Therapist (LMFT) (2024) Counselor (LPC) (2024)
	96158	Individual Intervention	30 Minutes	Health behavior intervention, individual, face-to-face; initial	Evidence that the patient has the capacity to understand and to respond meaningfully, and psychological intervention planned and the goals, expectation to improve compliance with the medical treatment plan, and frequency and duration of services. 1 unit per day – max 8 units per rolling 180 day, by any provider	
	96159	Individual Intervention – extended time	15 Minutes	Health behavior intervention, individual, face-to-face; each additional 15 minutes (list separately in addition to code for primary service)	Must be used with 96158 as an add-on code. 2 units per day – max of 14 units per rolling 180 days, by any provider	
Care Coordination	Service	Time	Service Description	Required Documentation	Provider Types	
90823 (2024)	General Behavioral Health	(220min/mo) clinical staff time	Initial assessment/follow up monitoring, use of applicable validated rating scales; behavioral health care planning; facilitating, coordinating and/or referral to treatment; and continuity of care with a	Initiating visit (can be BH provider) Administration of applicable validated rating scale(s); Systematic assessment and monitoring, using applicable validated clinical rating scales; Care planning by the primary care team jointly with the beneficiary, with care plan revision for patients whose condition is not	Psychologist (PsyD, PhD) (2024) Social Workers (ECOW) (2024) Marriage and Family Therapist (LMFT) (2024)	

Clinician CPT Codes

Code	Service	Time Face-to-Face
90832	Psychotherapy	16-37 minutes (session time)
90834	Psychotherapy	38-52 minutes (session time)
90837	Psychotherapy	53+ minutes (session time)
90791	Intake Assessment	n/a
90839	Crisis	30-74 minutes
H2015	Activity to directly assist client; short psychotherapy session, re-assessment, assessment follow-up, team conference etc.	Varies
T1017	Targeted Case Management services that assist patient to access needed medical, educational, social, or community services; prep & review of client history. When client is hospitalized.	Varies

2024 CA BHI Billing & Coding (CalHIVE BHI)

- Updated February 2024 to include CMS guidance

- Example Billing/Coding “Tips Sheets”

See: CalHIVE BHI/Learn/Billing & Coding

Resources: Medicare Updates

CY 2024 Physician Fee Schedule Final Rule Behavioral Health Services ([CR13452](#))

[Marriage and Family Therapist \(MFTs\) and](#) Mental Health Counselors (MHCs)

- Can bill independently for services furnished for diagnosis and treatment of mental illnesses
- Finalized policies allow addiction counselors or drug and alcohol counselors who meet the applicable requirements to be an MHC
- Must [enroll in Medicare](#) to submit claims for covered items or services.
- Updates [Internet Only Manual \(IOM\) 100-08, Chapter 10](#)
- [Psychotherapy for Crisis](#)- New HCPCS codes G0017, G0018
 - Allowed at 150 percent of fee schedule for 90839 and 90840
 - Non-facility settings outside of the office, including home or a mobile unit
 - Not on [Telehealth Services](#) list
- **Health Behavior Assessment and Intervention (HBAI)**
 - Psychological, behavioral, emotional, cognitive, and social factors
 - CPT codes 96156, 96158, 96159, 96164, 96165, 96167, 96168
- [FAQs \(PDF\)](#)

Resources: Medicare Updates & Other

Medicare Resources (continued)

- [Department of healthcare Services / California Department of Aging: Supporting Medicare Patients in California: Coverage for Behavioral Health Services](#) (January 2024)
- [Center for Medicare and Medicaid Services \(CMS\) – Frequently Asked Questions about Billing Medicare for Behavioral Health Integration \(BHI\) FAQ – CMS \(12-2023\)](#)

Other Resources

- American Psychological Association - [How to report interprofessional telephone/internet/electronic health record consultations](#)
- California [Behavioral Health Integration Credentialing Tip Sheet](#)





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Q&A

Come off mute or add in the chat





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Closing

Wrapping Up

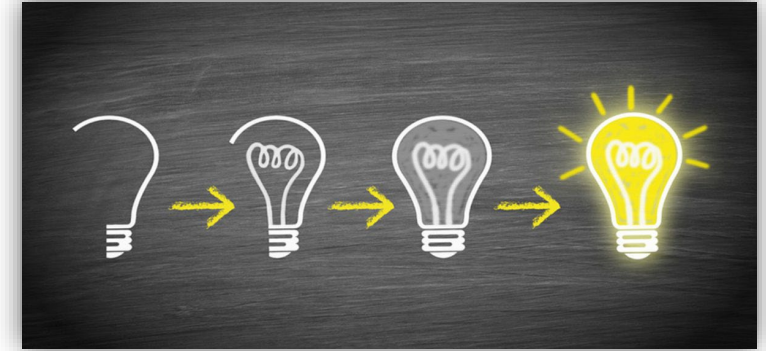
What did you hear today that will improve your BHI Billing and Coding readiness?



Feedback please!

1. Today's webinar was useful for me and my work *[select one]*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



2. Of the topics we covered today, what was especially helpful? *[select multiple]*

- Exchange billing and coding experiences and takeaways
- Review recommendations & resources supporting BHI Billing and Coding (Section 5 Implementation Plan)

Q1 2024 Sprint: Pilot Site Roll-Out

JANUARY

Improvement Advising

- Complete Implementation Plan Section 5: BHI Billing and Coding
- In-Person Improvement Advising Site Visit (Q1 2024)
- Review CFHA Membership opportunities

Tues. 1/9 (11-12)

CalHIVE BHI Commons – Pilot Site Evaluation & Engagement

- Identify how to select and monitor Pilot Site evaluation measures
- Review successful practices to maximize pilot project buy-in and engagement

Tues. 1/30 (11-12)

[OPT] BeeHIVE Webinar – Pilot Site Evaluation & Engagement

- Peer sharing & resources supporting pilot site

By Wed. 1/31

BHI Implementation Plan Section 5 – BHI Billing and Coding

- Due to IA

Improvement Advising

Webinars

In Person Events

Data / Reporting

Assignments

FEBRUARY

Improvement Advising

- Complete Implementation Plan Section 6: Pilot Site Evaluation & Engagement
- In-Person Improvement Advising Site Visit (Q1 2024)
- Review CFHA conference presentation opportunity

Tues. 2/13 (11-12)

CalHIVE BHI Commons – BHI Workflows

- Identify operational changes and document operational, clinical and health IT workflow changes for BHI at pilot clinic
- Highlight successful practices for BHI operations including as warm handoffs and scheduling

Tues. 2/27 (11-12)

[OPT] BeeHIVE Webinar - BHI Billing and Coding (Implementation Plan Section 5)

- Highlight bright spots from your Implementation Plan Section 5 submissions
- Identify general recommendations and opportunities for improving BHI billing and coding

By Thurs. 2/29

BHI Implementation Plan

Section 6 – Pilot Site Evaluations & Engagement

- Due to IA

MARCH

Improvement Advising

- Complete Implementation Plan Section 7: BHI Workflows
- In-Person Improvement Advising Site Visit (Q1 2024)

Thurs. 3/7 – Data Webinar: Baseline Submission

Tues. 3/12 (11-12)

CalHIVE BHI Commons – BHI Data Best Practices

- Hear from BluePath Health
- Analyze changes needed to ensure compliant BHI for patient consent, privacy and security

Tues. 3/26 (11-12)

[OPT] BeeHIVE Webinar – Model For Improvement Fundamentals (1 of 2)

- Cover basics for Model for Improvement and launching tests of changes

By Fri. 3/29

BHI Implementation Plan Section 7 – BHI Workflows

- Due to IA

Thank you!

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