

**What's
your
favorite
activity to
do during
the fall
season?**



Tuesday, October 8; 11 a.m. – 12 p.m. PT

BHI Revenue Cycle Successful Practices

CalHIVE BHI Commons



California Quality
Collaborative

Tech Tips



Welcome!

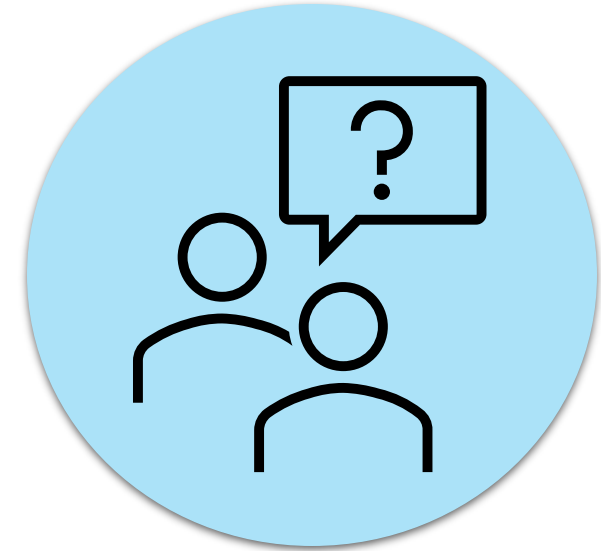
Add your organization to
your name

Turn on video if possible



Engaging Today

- Share questions in the chat or come off mute



Need help?

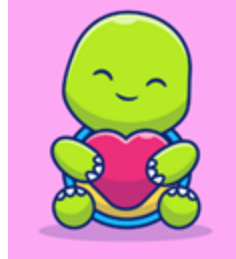
Direct message
Anna Baer
if you have any technical
issues



Welcome!



**CHINESE
HOSPITAL
& CLINICS**



Riverside Family Physicians



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



perlmanclinic++



 **Scripps**




POMONA VALLEY HOSPITAL
MEDICAL CENTER



SHARP



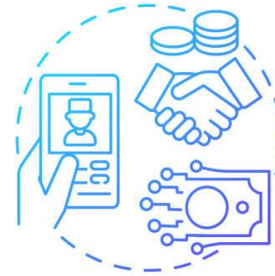
Our Objective

Today, we'll:



Efficiency in Revenue Cycle Management:

Analyze front and back office roles and responsibilities to streamline BHI revenue cycle and enhance operational efficiency



REIMBURSEMENT

Optimize Reimbursement:

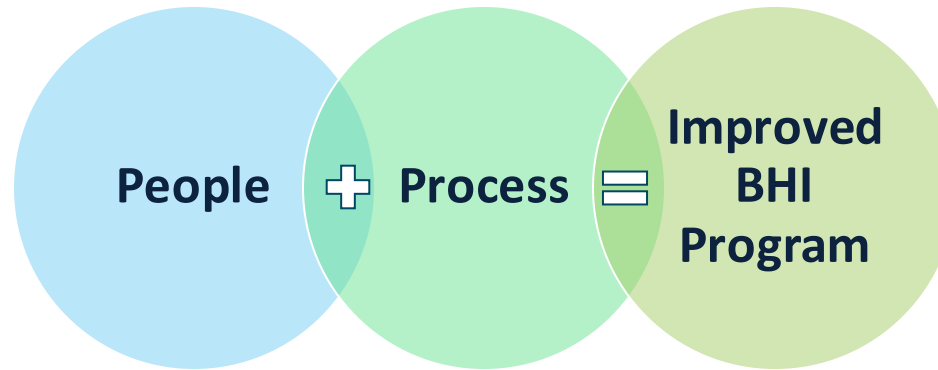
Reflect on new billing and coding opportunities to improve billing practices and maximize reimbursement for behavioral health integration



Successful BHI Revenue Practice:

Identify improvement opportunities for Section 8 by incorporating peer insights to optimize behavioral health integration revenue cycle

Improving BHI Revenue Cycle



Staff Training & Development

- Clarify roles and responsibilities
- Conduct thorough training sessions for all relevant staff
- Provide continuous support and refresher courses to ensure compliance

Process Improvement

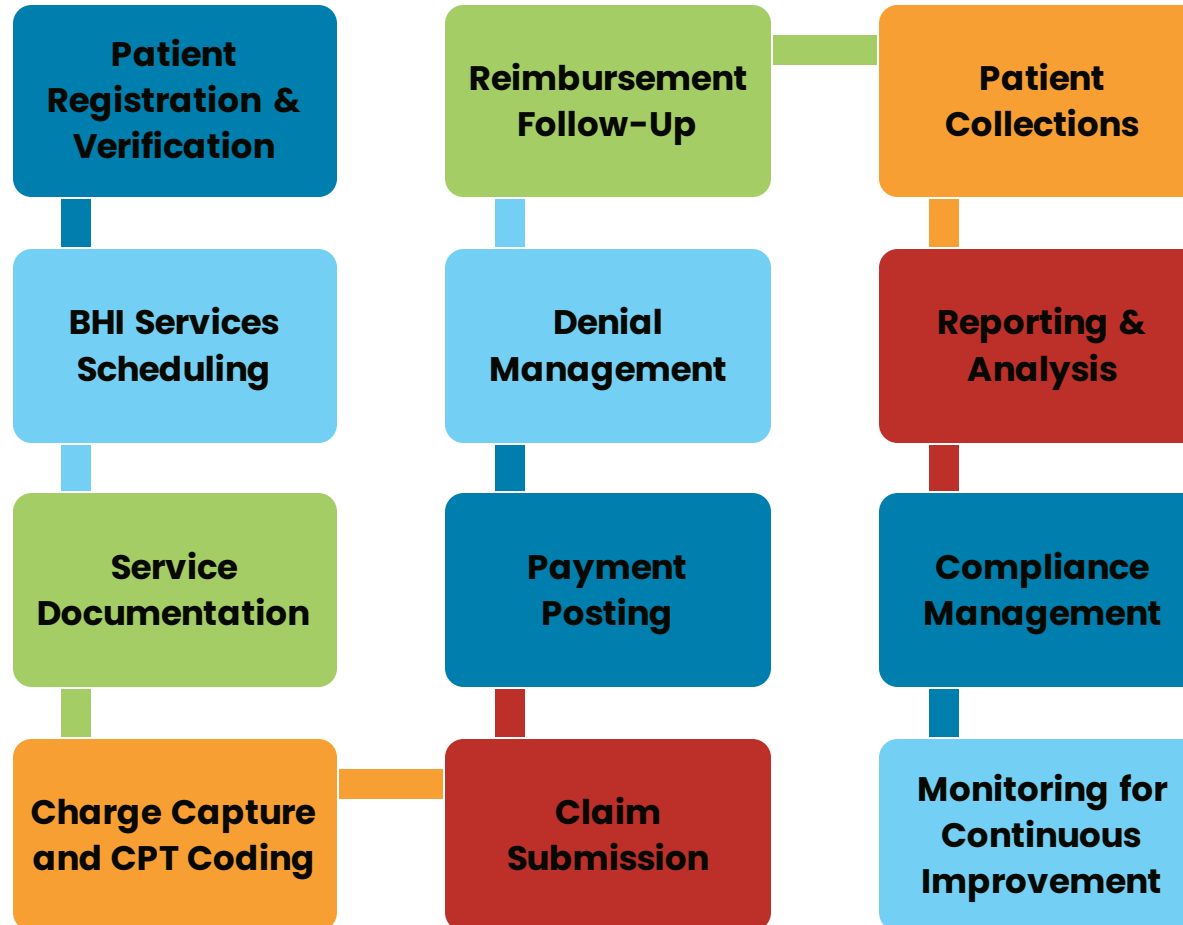
- Evaluate current workflows and identify opportunity for improvement
- Develop standardized procedures for implementing new codes
- Utilize workflow automation tools and standard templates that mirror clinic, streamline the process and reduce errors



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Efficiency in Revenue Cycle Management

What area would you like to see strengthened?



Sources: Centers for Medicare & Medicaid Services, MLN909432 Behavioral Health Integration Services, <https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf>

University of Washington AIMS Center, CMS Final Rule BHI Cheat Sheet, https://aims.uw.edu/wordpress/wp-content/uploads/2023/11/CMS_FinalRule_BHI_CheatSheet.pdf

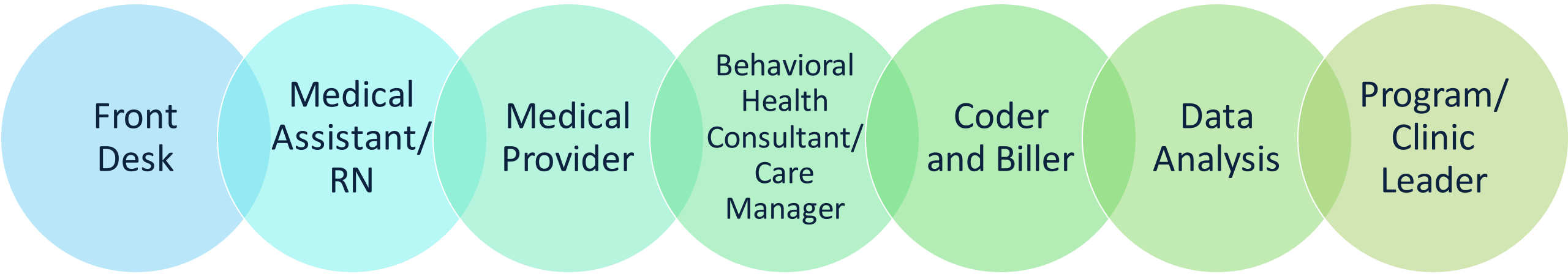
Front of House in the Revenue Cycle of BHI

<p>Patient Registration and Verification</p>	<p>Role: Front desk/medical assistant verifies and collects patient information, including insurance/copay details.</p> <p>Obstacles: Inadequate or incomplete information, data entry errors, verification issues.</p> <p>Improvement Opportunity: Use workflow scripts to ensure accuracy.</p>
<p>BHI Service Scheduling</p>	<p>Role: Front desk/medical assistant/RN/medical provider/BHC/BH Care Manager schedules appointments or separate encounters (and marks patients as "arrived", if necessary).</p> <p>Obstacles: Coordination with other providers, EHR technical issues, patient engagement.</p> <p>Improvement Opportunity: Integrate scheduling into workflow and use effective communication methods.</p>
<p>Service Documentation & Coding for Billing</p>	<p>Role: BHC/BH Care Manager documents all patient interactions, assessments, and treatments in EHR.</p> <p>Obstacles: Complexity, non-compliance with insurer guidelines, inconsistencies</p> <p>Improvement Opportunity: Use standardized forms and templates for consistency and accuracy. Utilize a tip sheet for appropriate CPT and ICD codes and integrate the EHR system.</p>

Back of House in the Revenue Cycle of BHI

<p>Claim Submission</p>	<p>Role: Coders and billers submit claims to insurance providers for reimbursement, ensuring all necessary documentation and coding are included to avoid denials.</p> <p>Obstacles: Workflow/guidelines, training and education, timely claim submission, tracking, and audits.</p> <p>Improvement Opportunity: Use workflow and billing guidelines, track claim submissions, and conduct regular audits.</p>
<p>Payment Posting & Patient Billing</p>	<p>Role: Coders and billers record payments received from insurance providers and patients, reconcile payments with billed amounts, and bill patients for any remaining balances.</p> <p>Obstacles: Reconciliation, payment collection, insurance discrepancies, billing errors.</p> <p>Improvement Opportunity: Standardize procedures, use automation or enhanced technology, implement feedback and process improvement methods, and conduct audits.</p>
<p>Denial Management & Follow-up</p>	<p>Role: Billers and managers address denied claims by identifying reasons for denial, correcting errors, and resubmitting claims.</p> <p>Obstacles: Data collection and analysis on denials, automation, communication across disciplines and roles.</p> <p>Improvement Opportunity: Standardize procedures, use automation or enhanced technology, share concrete feedback (with examples), identify educational opportunities, and implement process improvement methods.</p>

Team Approach for Successful BHI Revenue Cycle



- Identifying roles and responsibilities
- Identifying common bottlenecks and solutions
- Leveraging improvement opportunities and technologies to aid in process efficiency

Build a trusting relationship and leverage expertise of team members across the team.



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Process: Optimize Reimbursement

Most Common Causes for Denials

Coding requirements

License type/ Proper Credentialing

Frequency

Documentation requirements

Time

Link to diagnosis

Documentation/filing completion time

Lack of coding knowledge basics

Health & Behavioral Health Codes: CPT Integrated Codes

ICD-10 Codes for Behavioral Health:

- **F01-F09:** Mental disorders due to known physiological conditions
- **F20-F29:** Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
- **F30-F39:** Mood [affective] disorders
- **F40-F48:** Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders
- **F50-F59:** Behavioral syndromes associated with physiological disturbances and physical factors
- **F60-F69:** Disorders of adult personality and behavior
- **F70-F79:** Intellectual disabilities
- **F80-F89:** Pervasive and specific developmental disorders
- **F90-F98:** Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
- **F99:** Unspecified mental disorder

Source: Simple and Practical Mental Health. (n.d.). *ICD-10 F codes: Mental, behavioral, and neurodevelopmental disorders*. Retrieved from <https://simpleandpractical.com/icd-10-f-codes-mental-behavioral-neurodevelopmental-disorders/>

Revised Billing and Coding Reference Guide

Behavioral Health Integration: Billing and Payment Codes



Streamline and optimize billing and coding processes to ensure compliance with the latest regulations and enhance revenue cycle management.

Changes include:

- Updates to common BHI CPT codes
- Additional CPT codes that can potentially be integrated into your clinic practice
- Best practices to support BHI financial sustainability

CQC, [Behavioral Health Integration Billing and Coding Reference Guide](#) (2024)

BHI CPT Codes

	Collaborative Care Model (CoCM)	Primary Care Behavioral Health (PCBH)
Overview	<ul style="list-style-type: none"> Billed incident to Primary Care Treating Provider Billed under medical benefit (Cost Sharing) Typical episode of care 3-9 months Requires Primary Medical Provider, Behavioral Health Care Manager, and Psychiatric provider CoCM specific CPT codes <ul style="list-style-type: none"> 99492 – Initial month of service 99493 – Subsequent months of service 99494 – add-on codes G0512* - FQHC, initial and subsequent General Behavioral Health Code (<20 min) <ul style="list-style-type: none"> 99484 G0511 *FQHC 	<ul style="list-style-type: none"> Billed Directly by Behavioral Health Consultant Typically billed under the patient’s Behavioral Health Benefit (Cost Sharing) Typically, 1-6 visits per presenting problem Traditional Psychotherapy CPT Codes <ul style="list-style-type: none"> 90832 – 30 min 90834 – 45 min 90837 – 60 min Health and Behavior Codes <ul style="list-style-type: none"> 96156- Assessment 96158- Intervention, individual 96164- Intervention, group General Behavioral Health code (<20 min) <ul style="list-style-type: none"> 99484 G0511 *FQHC

Behavioral Health Screening & Care Coordination CPT codes

Behavioral Health Screening Codes:

- Facilitates early detection of behavioral health issues.
- Supports timely intervention and treatment.
- Enhances overall patient care and outcomes
- **96127:** Brief emotional/behavioral assessment for initial screening and follow-up of behavioral health conditions
- **96110:** Developmental screening typically for children
- **96160:** Patient-focused health risk assessment instrument (e.g., health hazard appraisal)
- **96161:** Caregiver-focused health risk assessment instrument for the benefit of the patient

Principal Illness Navigation (PIN) Codes:

- Care management service to help patients with serious, high-risk conditions navigate
- Helps manage complex healthcare needs and ensured timely coordinated care
- Enhances patient understanding of their condition and treatment options
- Under the direction of a physician or other practitioner
- **G0023:** Services by auxiliary, 60 min/month
- **G0024:** Additional 30 min/month, listed separately from G0023.
- **G0140:** Peer Support by auxiliary, 60 min/month
- **G0146:** Peer support, an additional 30 min/month, listed separately from G0140

Tenovi. (n.d.). *Principal Illness Navigation services*. Retrieved September 26, 2024, from <https://www.tenovi.com/principal-illness-navigation-services/>

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is a public health approach for early intervention and treatment of substance use disorders, used in primary care, hospitals, and community settings to enhance early detection, improve health outcomes, and reduce healthcare costs.

Benefits of SBIRT:

- Reduces healthcare costs
- Decreases severity of substance use
- Lowers physical trauma risks
- Increases access to specialized treatment

Key Points:

- SBIRT services are reimbursable through multiple payers.
- Effective in primary care settings for early intervention.
- Supports overall public health by addressing substance use disorders.

Revenue Sources:

- Commercial Insurance:
 - CPT 99408: 15-30 mins
 - CPT 99409: >30 mins
- Medicare:
 - G0396: 15-30 mins
 - G0397: >30 mins
- Medicaid:
 - H0049: Screening
 - H0050: Brief intervention, per 15 mins

SBIRT Oregon. (n.d.). SBIRT Oregon. Retrieved September 24, 2024, from <https://www.sbirtoregon.org/>

Department of Health Care Services. (n.d.). SBIRT Landing Page. Retrieved from https://www.dhcs.ca.gov/provgovpart/Pages/Pv_SBI_Landing_Page.aspx

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Scenario: PCBH Model CPT Code Claim

- **Background:** Your primary care clinic has a Behavioral Health Consultant (BHC) on site, utilizing the PCBH model to optimize reimbursement through effective use of CPT codes for behavioral health integration.
- **Situation:** During a routine check-up, a patient reports increased anxiety and stress. The PCP involves the BHC for a brief intervention. The patient is screened for anxiety using the GAD-7 and meets with the BHC for 25 minutes.
- **Question:** What CPT and ICD code(s) can your BHC utilize for this encounter?

Billing for PCBH Session

Possible CPT codes:

- 96127: Brief emotional/behavioral assessment (e.g., GAD-7 screening).
- 90832: 30 min psychotherapy code

Possible ICD Codes:

- F41.1: Generalized anxiety disorder (GAD).
- F43.22: Adjustment disorder with anxiety.
- Additional codes may apply based on the patient's specific condition.



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Successful Integration of BHI Revenue Cycle

Pomona's BHI Revenue Cycle



POMONA VALLEY
HEALTH CENTERS

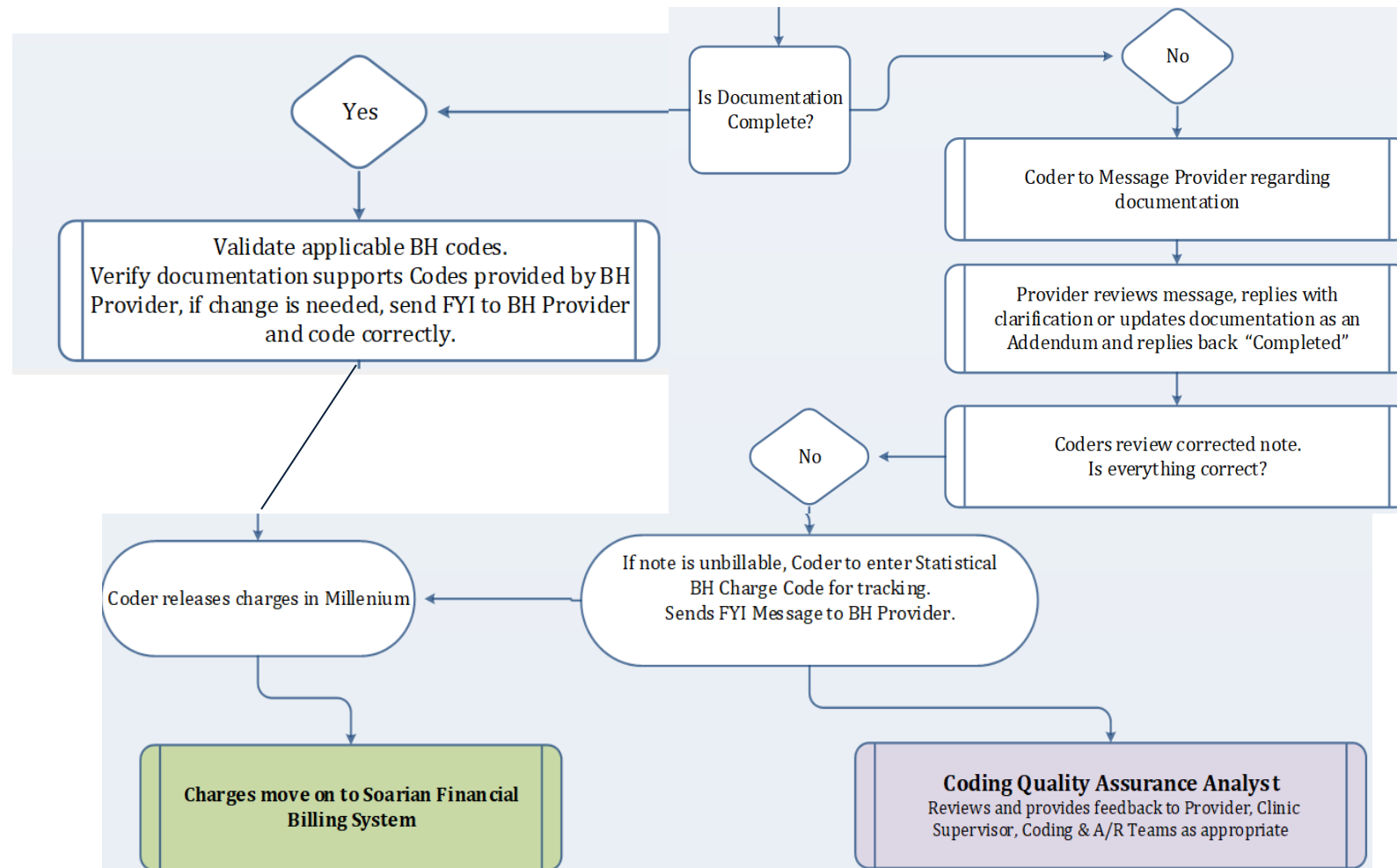
Behavioral Health Provider & Clinic Overview

1. Premier Provider determines patient would benefit from Counseling Services
2. Provider reaches out to Dr. Blocker
3. Dr. Blocker provides services to patient
4. Clinic staff creates BH encounter, allocates insurance
5. Dr. Blocker documents Clinical Note on BH Enc
6. Dr. Blocker enters CPT Codes which generates \$ charges
7. Follow-up with patient as needed

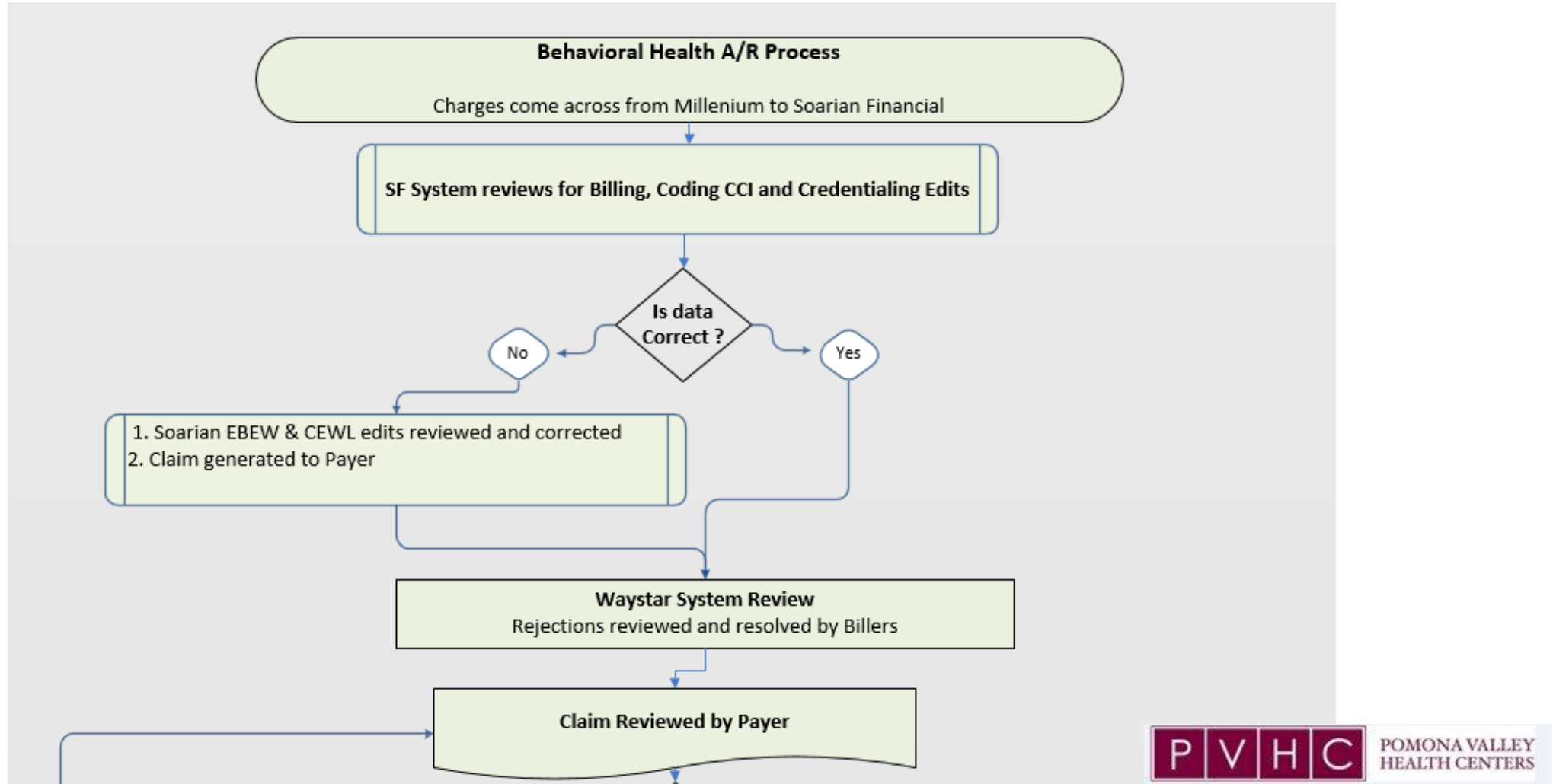
Behavioral Health Coding Review

Coders reviews Clinic Notes
Reference Coding Behavioral Health Tip Sheet

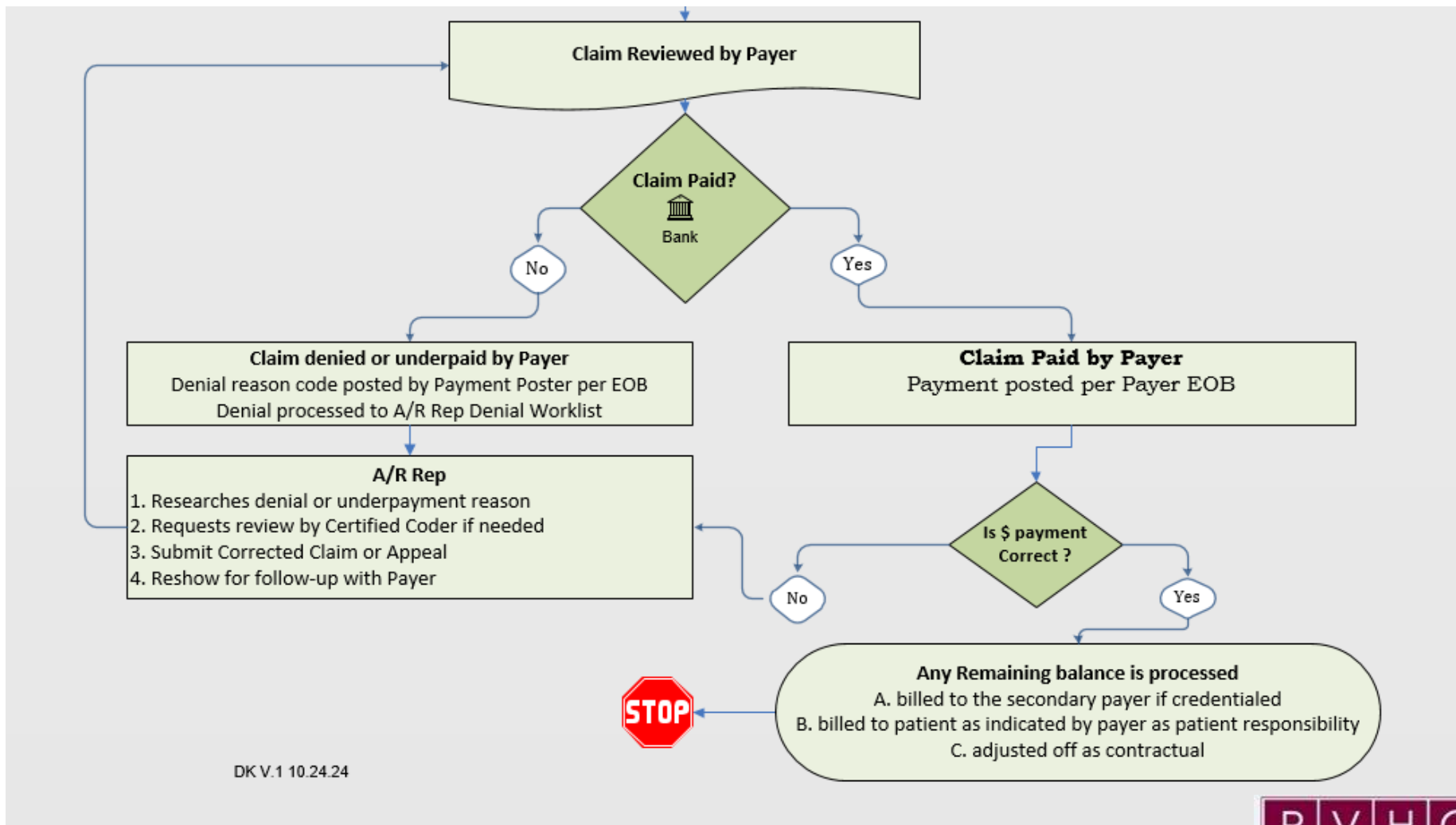
Behavioral Health Coding Review



Pomona's BH AR Process Flow



Pomona's BH AR Process Flow



DK V.1 10.24.24



Behavioral Health Coding Cheat Sheet



Behavioral Health Services Coding and Documentation

The **Psychiatric Diagnostic Evaluation** (90791) must include date, referral source, length of session, chief complaint, patient history, mental status exam results, content of session, diagnosis, therapeutic technics and approaches, assessment of patient's ability to adhere to treatment.

Do NOT bill 90791 if psychotherapy or crisis psychotherapy is provided on the same day.

- Recommended:
 - Patient's strengths and vulnerabilities
 - Plan of care
 - Recommendations: Type, amount, frequency of interventions
 - Treatment Goals that are objective and measurable

Health and Behavior Assessment/Interventions (96156-96171) are used for patients with an acute or chronic medical illness that have a documented need for psychological support to successfully manage their medical condition. The encounter can NOT be for the diagnosis and treatment of mental illness.

Documentation for Assessment must include date, evaluation method used, observations, results of psychophysiological monitoring, summary of the assessment, recommendations, and diagnosis (must be medical).

Documentation for Intervention must include date, intervention method used, observations, results of psychophysiological monitoring, summary of the intervention, recommendations, diagnosis (must be medical).

Bill in 15-minute units for time spent. You can bill for a unit if the majority of the time (8 minutes) has been achieved.

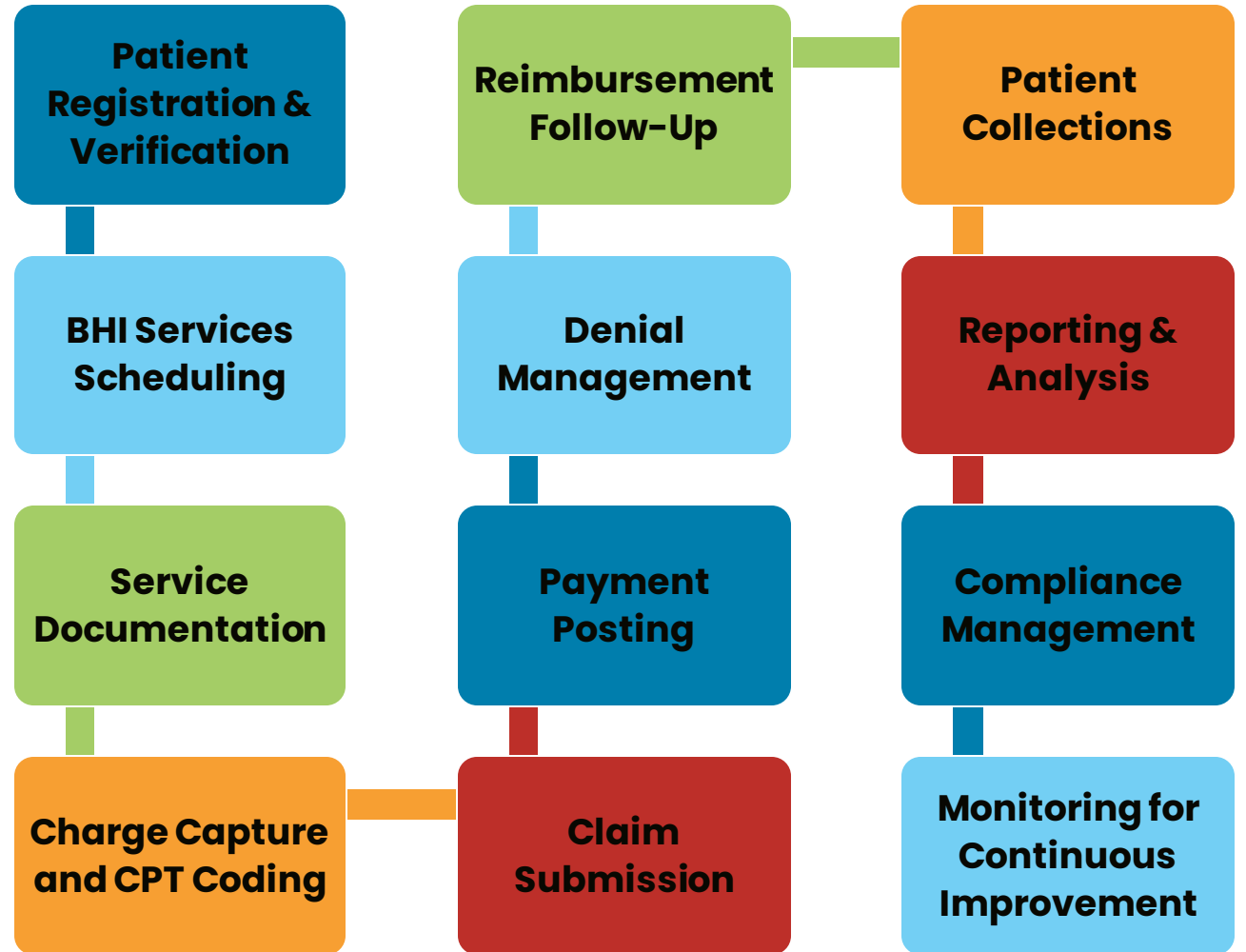
- [96156](#) Health behavior assessment, or re-assessment (i.e. health-focused clinical interview, behavioral observations, clinical decision making)
- [96158](#) Health behavior intervention, individual, face-to-face; initial 30 minutes
- [96159](#) Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
- [96164](#) Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
- [96165](#) Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
- [96167](#) Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
- [96168](#) Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

Q&A



Activity

- What insights did you gain today that you found most valuable for your BHI revenue cycle?
- How will you integrate today's insights into your BHI revenue cycle strategies (Section 8)?



Resources for BHI Revenue Cycle

- Updated [Behavioral Health Integration Billing and Coding Reference Guide](#)
- For coverage and frequency, refer to the insurers' resources (the links below may become inactive or updated by insurer) for guidelines:
 - Center for Medicare and Medicaid Services (CMS): [Medicare Behavioral Health Integration Services](#) and [Medicare & Mental Health Coverage](#)
 - California Medi-Cal: Website with [All Provider Manuals](#)
 - Please refer to commercial health plans and managed behavioral health organizations for their guidelines
- California Commercial Insurer and MBHO Tip Sheet (next slide)

California Commercial Health Plans & Managed Behavioral Health Organizations

Health Plan

Medical Coverage

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

BH Carve Out



Managed Behavioral Health Organization (MBHO)

Behavioral Health

- Outpatient, Intensive Outpatient, Partial Hospitalization, and Inpatient Behavioral Health services
 - Mental Health
 - Substance Use Disorder
 - Neurological and Developmental Disorder

Health Plans	Managed Behavioral Health Organizations (MBHOs)
Aetna	Aetna
Anthem/Elevance	Carelon
Blue Shield of California (commercial)	Magellan Health
Cigna	Evernorth
Health Net	MHN (in-house)
United Healthcare of California	Optum Health
Western Health Advantage	Optum Health

Q4 2024 Sprint: Reflect and Adjust

OCTOBER

Improvement Advising

- Collaborate on Section 8 (BHI Workflows, Evaluation & Measurement, BHI Billing & Coding and Sustainability)

Thurs. 10/3 (12-1) – Data Office Hours: Cycle 2

Tues. 10/8 (11-12) CalHIVE BHI Commons

BHI Revenue Cycle Successful Practices

- Share practices and lessons learned around BHI revenue cycle, including codes, training approaches and monitoring processes
- Troubleshoot current practices

Fri. 10/11 – Cycle 2 Data due

Measurement reporting periods:

- 5/1/2023 – 4/30/2024; 6/1/2023 – 5/31/2024; 7/1/2023 – 6/30/2024

Tues. 10/22 (11-11:45) [OPT] CalHIVE BHI BeeHIVE: Data Trends & Improvements

- Review CalHIVE BHI Tableau dashboard
- Identity drivers for improvement

NOVEMBER

Improvement Advising

- Collaborate on Section 8 (Screening, Pilot Site Engagement and Training)

Tues. 11/12 (11-12) CalHIVE BHI Commons Monitoring and Process Improvement

- Highlight Tools and processes to monitor BHI implementation fidelity (post go-live and ongoing), and how to incorporate improvements

Wed. 11/13 (11-12)

[OPT] CQC Public Webinar: Behavioral Health Integration Lessons Learned

- [Register Here](#)

Improvement Advising

Webinars

In Person Events

Data / Reporting

Assignments

DECEMBER

Improvement Advising

- Complete Section 8 (Reflect and Adjust)

Wed. 12/4 (12-1)

[OPT] CFHA/CQC Cal-IN Meeting

- Connect and learn from integrated peers

Tues. 12/10 (11-12)

CalHIVE BHI Commons Hello 2025, Goodbye 2024

- Celebrate wins and accomplishments of 2024
- Preview 2025 program milestones and events

Thurs. 12/12 (12-1) – Data Webinar: Cycle 3

By Mon. 12/16

BHI Implementation Plan: Section 8 (Reflect and Adjust)

- Due to IA

Reminder

Join the optional CalHIVE BHI Webinar on Data Trends and Improvement Tuesday, October 22, 11 a.m. – 11:45 a.m. PT.

We will discuss CalHIVE BHI cohort data trends and identify drivers for improvement.

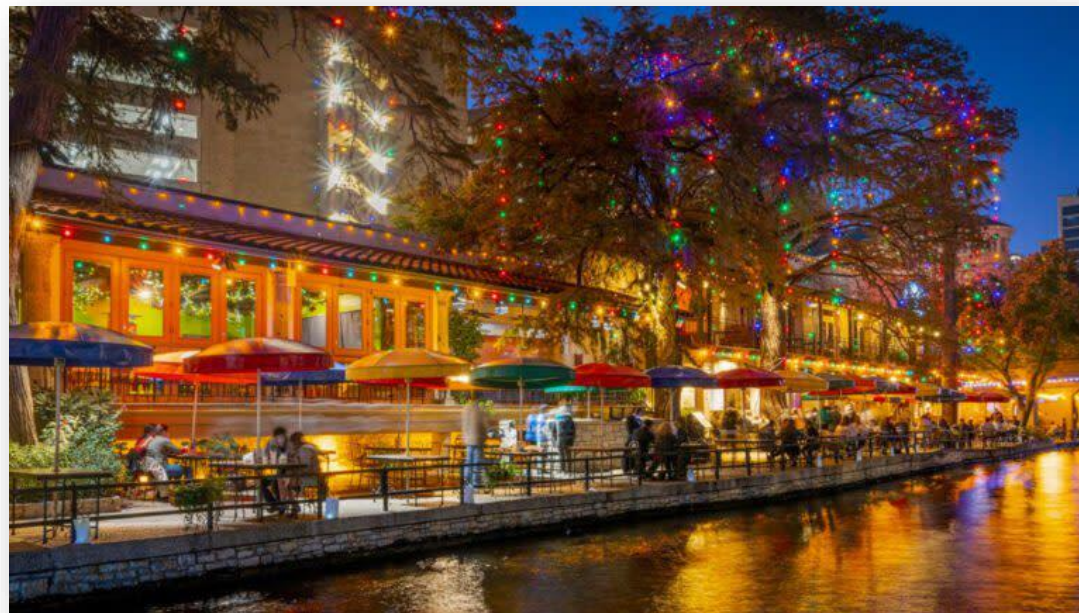


Collaborative Family Healthcare Association Conference

Reminder!

[Register](#) today for the 2024 CFHA Conference in San Antonio

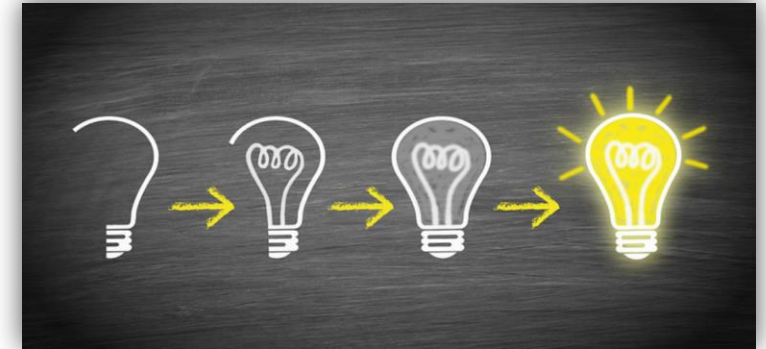
Join our California / CalHIVE BHI Meetup on Thursday, October 24 at 6 p.m. in San Antonio. More details to follow!



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]*

- Analyze front and back office roles and responsibilities to streamline BHI revenue cycle and enhance operational efficiency.
- Reflect on new billing and coding opportunities to improve billing practices and maximize reimbursement for behavioral health integration.
- Identify improvement opportunities for Section 8 by incorporating peer insights to optimize behavioral health integration revenue cycle.

Thank you!

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