Coding for Mental-Behavioral Health Screening and Collaborative Care

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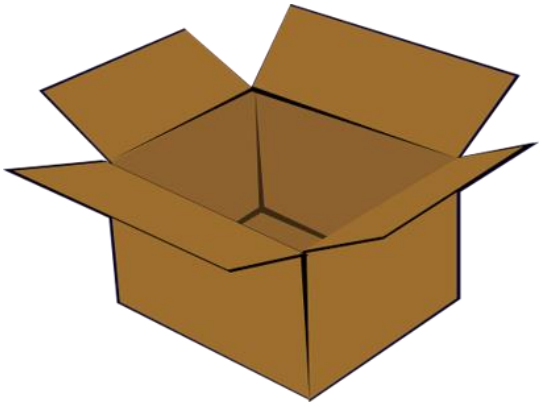
There Are No Disclosures



Learning Objectives:

- **Recognize the appropriate billing codes** to use for mental/behavioral health and substance use screening and inter-professional consultation with Hub staff, community child and adolescent psychiatrists, and other pediatric health care providers.
- **Understand strategies for collaborative care** between primary care and child and adolescent psychiatry, especially with regard to ADHD, other developmental issues, and depression.
- **Discuss practical coding guidance and billing strategies** for payment of mental/behavioral health and substance use screening at well child visits.
- **Utilize effective strategies to address issues related to insurers' payment** in primary care, and best practices for communicating payment guidance to patients and families.

Mental Health Care in General Pediatrics

- Becoming more prevalent in general practice
- Lack of training in managing mental health issues (especially those pediatricians over age 30—meaning ALL!)
- Medication management (to name a few)
  - ADHD
  - Depression
  - Anxiety
  - Stress (patient, parent—and you!)
  - ETC. ETC.

Pediatrician's Role

- Never will you be more needed or valued than when families are stressed and in relative crisis
- You need to be the first line evaluator even if nothing more than performing "triage–type" directing
  - Where do the families go?
  - How urgent?
  - Can you handle things with HUB/PPC Collaborative support?
  - Can you manage and get compensated for the time spent?

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Challenges

- Lack of comfort/training
- Concern over catastrophe on your watch
- Lack of sub-specialty back-up
  - MH professionals
  - Developmental Pediatrician
  - Pediatric Neurology
  - Etc.
- Time (to intake/initial)
- Time (for ongoing)
- Time (away from other patients)

How do we address all the above?

- Chapter (NJAAP) Support
- MH Collaboratives: Pediatric Psychiatry Collaborative (PPC)
  - Training
  - Back up telephonically by sub-specialist
  - Learn to code effectively to compensate for the TIME you will spend and allocate!

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Roadblocks

- Complexity of the problem
- Your comfort level – your stress
- Back-up/support from the PPC MH professional
- Back-up from other sub-specialists (Dev. Ped., etc.)
- Time needed for this patient and taking away from others
- Payment for all the time
  - Recognition by insurers for proper coding
  - Appropriate payments for time spent

How to address coding and billing problems

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Codes for Routine/Recommended Screenings

- 96110 – Used for Conducting developmental screenings, e.g. M-CHAT, ASQ, SWYC
- 96127 – Used for conducting a brief emotional / behavioral screening, e.g. PSC, Y-PSC, PHQ-9
- 96160 – Code for conducting substance use screening, e.g. CRAFFT

Screening Code Payment

CODE	MEDICARE $$
96110	$ 10.09
96127	$ 5.41
96160	$ 3.24

Codes for Risk Factor Reduction and Behavior Change Intervention

- Use for promotion of health and/or preventing illness or injury
- Address issues as family problems, diet, exercise, substance use, etc.
- Services involve:
  - Using specific validated interventions of assessing readiness for change and barriers to change,
  - Advising a change in behavior
  - Assisting by providing specific suggested actions
  - Motivational counseling
  - Arranging for services and follow-up.

Preventive Medicine, Individual Counseling Codes

CODE	MEDICARE $$
99401- Preventive medicine counseling and/or risk factor reduction to individual (separate procedure), approximately 15 min	$39.64
99402 – approximately 30 min	$65.23
99403 – approximately 45 min	$90.46
99404 – approximately 60 min	$115.69

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Problem Brought up at Well Check

Oftentimes parents store up concerns and spring them on you at the periodic yearly Well Check – examples are:

- Behavior Social issues
- School / Learning problems (ADHD, LD, etc)

Two ways of handling:

1. Address the problem right then allocating more time
   - Separate documentation over the usual WCC template
   - Add E/M code and add --25 modifier onto the "99212-4"
   - Co-pay will be triggered
2. Have parent return for disc. at a separate time (better way)

Start with coding for your time properly

E / M Overview

3 Major Key Components to selection of code

- History
- Exam
- Medical Decision Making

3 Contributory Factors

- Counseling
- Coordination of Care
- Nature of Presenting Problem

TIME is a critical issue in this "counseling" realm

TIME (for E/M determination)

- The limiting issue why most do not want to pursue
- Key factor when dealing with MH/counseling encounters
- "When counseling or coordination of care dominates (more than 50%) of the encounter . . ., then time shall be considered the key or controlling factor to qualify for a particular level of E / M service." (CPT Definition)
- Must document the time of face-to-face
- Does not include time spent before or after the service
- Almost all behavioral discussions will be > 50% and likely nearly 100% of time spent counseling for the encounter
- No need for patient to be present – can be parent only!

Typical Time Allocated to Codes

CODE	Time
99212	10 minutes (this code would be rarely used)
99213	15 minutes
99214	25 minutes
99215	40 minutes

Choose the code closest to time you gave / spent

- 21 minute encounter is closest to 99214
- 33 minutes is closest to 99215

DOCUMENT the MINUTES!!

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Prolonged Service Codes

With Direct Contact or Without

Typically a pediatrician will use the “With” codes for office “face-to-face” evaluations

- 99354 – 1st hour (30 – 74 minutes)
- 99355 – each additional 30 minutes

No code for under 30 minutes

Prolonged Services Direct Services Time Chart

Total Duration of Prolonged Services	Codes	Medicare $$
Less than 30 minutes	Not reported separately	No payment
30-74 minutes	99354 (x1)	$132.26
75-104 minutes	99354 (x1) and 99355 (x1)	$132.26 + $100.91
105 minutes or more	99354 (x1) and 99355 (x2) or more for each additional 30 minutes	$132.26 + $100.91 (x2) + $100.91 for each additional 30 minutes

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Prolonged Services Without Direct Service

- Services that are provided that are not face-to-face in the outpatient office setting beyond the usual physician time
- Includes services such as:
  - Record review
  - Telephone/electronic communication to other QHP, schools or agencies involved in the case
  - Coordination of care arrangements
  - Report writing or completing other documents related to patient and service
  - May be reported on a DIFFERENT date from the primary service to which it is related but includes only services performed on that date.

Prolonged Services Without Direct Services Time Chart

Total Duration of Prolonged Services	Codes	Medicare $$
Less than 30 minutes	Not reported separately	No payment
30-74 minutes	99358 (x1)	$113.52
75-104 minutes	99358 (x1) and 99359 (x1)	$113.52 + $54.78
105 minutes or more	99358(x1) and 99359 (x2) or more for each additional 30 minutes	$113.52 + $54.78 (x2) + $54.78 for each additional 30 minutes

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Telephone Care Codes

- Valued with RVU's attached
- Cannot use if leads to a visit at next session (typically by next day) or within 7 days following a "billed" visit
- Cannot use if call is under 5 minutes
  - **99441** – 5 – 10 minutes
  - **99442** – 11 – 20 minutes
  - **99443** – 21 – 30 minutes

Ideal for follow-ups, ex: 2 weeks after ADHD med change

Medicare Payment of Telephone Codes

CODE	Medicare $$
99441 – 5-10 minutes	$ 14.06
99442 – 11-20 minutes	$ 27.39
99443 – 21-30 minutes	$ 40.36

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On-Line Medical Evaluations

- 99444 – non "face-to-face E/M service using internet resources
- Must involve storage / documentation
- Not valued at this time by RUC or CMS

- Be certain discussions are encrypted
- Remember your HIPAA obligations!

On-Line Online Digital Evaluation Service (e-Visit)

- Expanded to 3 timed codes
- Valued by the RUC in Jan 2019
- CMS will review and publish their recommendations in the July 2019 Interim Rule and finalize them in November Final Rule
- Will become effective in 2020.

Caveat

Proper coding doesn't translate into proper payments by insurers!

- You may need to battle or enlist the aid of your NJAAP Chapter
- You may need to preempt by informing parent of possible insurance denial of the claim

Denials and Improper Pay / Recognition What to do?

1. Contact the insurer and appeal (sometimes they really do err, and a simple challenge may overturn a decision)
2. Forewarn patient of potential insurer transgressions and that if insurer balks, parent becomes responsible
3. Unleash Power of the parent / patient
   - First in gets better credibility (you explain first at the visit)
   - Parent pressure to insurer and via the employer HR
   - Parent speaking to their elected State Senator
   - NJ Department of Banking and Insurance
4. NJAAP and the Pediatric Council

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Coding for the Collaborative Effort

- Elements of Collaborative Care
  - Consultations between Primary Care physician and Consultant (Child Psychiatrist)
    - Psychiatrist contracts with pediatrician for payment for rendered services
- Case manager – MSW, Psychologist, APN, PA, clinical nurse who maintains a registry and triages care
  - May be embedded or in a separate location

Types of Programs

- University of Washington AIMS/IMPACT model
  - FQHC with embedded case managers
- HUB models
  - Massachusetts model and New Jersey model
- Private practice model
  - Pediatric office, either individually or with other offices hire a case manager and contracts with a child psychiatrist to provide consultation services

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Collaborative Care Codes

Codes are based on the AIMS/IMPACT model

99492 - Medicare $ 162.18

- Initial psychiatric collaborative care management
  - First 70 minutes in a **calendar month** of behavioral health care manager activities
  - Consultation with a psychiatric consultant
  - Directed by treating physician

Collaborative Care Required Elements

- Treating MD
  - Outreach to and engagement of patient/family
    - Initial assessment of patient
  - Administer validated rating scales
  - Develop treatment plan
- Consultant Psychiatrist
  - Review by the psychiatric consultant and participate in weekly case reviews with psychiatrist
- Case Manager
  - Enter patient in registry, track progress and document
  - Brief interventions – behavioral activation, motivational interviewing, focused treatment strategies
- **Billed by the treating physician**

Collaborative Care Codes continued

99493 - Medicare $129.38

- Subsequent psychiatric collaborative care management
  - First 60 minutes **in a subsequent month** with behavioral healthcare activities, in consultation with the psychiatric consultant, directed by the treating physician
  - Requires tracking patient follow-up and progress in the registry
  - Weekly caseload consultation
  - Ongoing collaboration and coordination with the patient's mental health care team
  - Review of progress and recommendations or modifications in treatment plan
  - Provide brief, evidenced based behavioral interventions as needed
  - Outcome assessments using validated rating scales
  - Relapse prevention planning

Collaborative Care Codes continued

+ 99494- Medicare $67.03

- Initial or subsequent psychiatric collaborative care management
  - Each additional 30 minutes in a calendar month of behavioral care manager activities, in consultation with psychiatric consultant and directed by treating physician
- This is an add-on code which is added to either the initial or subsequent care code when indicated.

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Interprofessional Telephone/Internet/ Electronic Health Record Consultations

- Assessment and management service requested by treating physician for and opinion/treatment advice from a physician consultant
- Patient may be new to the consultant or not seen by the consultant within the last 14 days and will not be seen for the next 14 days.
- Majority of the service time is spent in verbal/internet discussion time
- Written or verbal request for consultation should be documented in the medical record
- Verbal and written report on patient's chart by consultant required

Interprofessional Codes

- 99446- Medicare $18.38
  5-10 minutes of medical consultative discussion and review
- 99447- Medicare $36.40
  11-20 minutes of medical consultative discussion and review
- 99448- Medicare $54.78
  21-30 minutes of medical consultative discussion and review
- 99449- Medicare $72.80
  31 or more minutes of medical consultative discussion and review

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Strategies for the Office Based Pediatrician

- Use E/M codes -time based
- Use prolonged service codes, face to face and non face-to-face
- Use Inter-professional Telephone/Internet/Electronic codes
- Use Telephone or Digital E/M communication codes
- Utilize HUB program if available in your community

Case Vignettes

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Case Study: Patient 1

7 year old male at his well check: 2nd grader who has problems in school. Birthday is August and he is young; doesn't have a lot of friends. Not invited to birthday parties. Teacher calls him unfocused / unmotivated and has been diagnosed with ADHD. He has been on medication (pick your stimulant) but it isn't helping. Child has angry outbursts. At home he doesn't talk much and withdraws to his room for much of the day.

His PE is unremarkable. He cooperates but is sullen and doesn't respond much to direct questions.

Case Study: Patient 2

15 year old male being bullied in school. His grades are slipping. He doesn't want to "squeal" on the bullies, fearing subtle retribution. He occasionally mentions how much better things would be for everyone if he had never been born or if he weren't around. Mom reaches out to you, the pediatrician.

Pediatric Psychiatry Collaborative
Regional Hubs

- Atlantic Health Hub @ Newton Medical Center
- Atlantic Health Hub @ Goryeb Children's Hospital
- Hackensack Meridian Hub @ Hackensack University Medical Center
- Hackensack Meridian Hub @ Palisades Medical Center
- Hackensack Meridian Hub @ Saint Peter's Family Health Center
- Hackensack Meridian Hub @ Jersey Shore University Medical Center
- Cooper Hub @ Cooper University Medical Center
- Cooper Hub @ Pennsville
- ***Essex County served by Rutgers University Behavioral Health Care.***
  More information on the Essex Hub can be found here:
  http://ubhc.rutgers.edu/services/children_family/EssexHUB.html

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Collaborative Hub Procedure

Referring to the Hub: After required routine screening and/or based on clinical judgement following the exam, providers can fax the PPC Hub. Providers should send a complete consult l form, screening tools, and any other clinically relevant information.

What Does the Hub Staff Need? All of the information the PPC Hub staff needs is on the referral form, including relevant background information, current clinical picture, demographic information, and reason for referral. Some providers may choose to send notes from previous visits as well, which can be very helpful, but is not required.

Communicating with the Family: Please be sure you have discussed the PPC Hub with the patient and family prior to faxing a referral to the PPC Hub, so that the family is aware that a Hub staff psychologist/LCSW/other mental health specialist will be contacting them to discuss current concerns and suggestions for support/treatment.

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Collaborative Hub Procedure Cont'd

- What will the PPC Hub Staff Do? Hub staff will call the patient's family and complete a clinical intake. The family will discuss their main concerns. Case managers will evaluate for severity and level of care. Depending on the patient's needs, Hub staff will:
  - Recommend an appropriate level of care (inpatient, PHP, IOP, or outpatient) - the family is sent a list of referrals for therapy services to address current mental health concerns.
  - Match the patient with a therapist based on their insurance and geographical location – the referrals are researched by staff psychologists/LCSWs, and most often accept patient insurance.
- "Closing" the Loop: Hub staff will communicate with you, sending you notes on what occurred with the family. They will also encourage the family to call them back if they need another resource. Hub staff will also follow-up with referred families 3 and 9 months after initial referral.

Summary

- Helping your patients is critical
- Being paid properly is critical to your livelihood
- Code properly to effect proper compensation
- Do not be apologetic or undervalue your services
- Be your same caring self as the family's trusted pediatrician – but don't be a "doormat"
- Challenge Denials and inform NJAAP if reimbursement problems arise

Occasionally stop and smell the roses!

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Thank You!

Questions?

Please contact:

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