BHI COLLABORATIVE PRESENTS



October 6, 2020

Overcoming Obstacles Webinar Series

This series is focused on enabling physicians to sustain a collaborative, integrated, whole-person, and equitable approach to physical and behavioral health care in their practices during the COVID-19 pandemic and beyond.

About the BHI Collaborative

The BHI Collaborative was established by several of the nation's leading physician organizations** to catalyze effective and sustainable integration of behavioral and mental health care into physician practices.

With an initial focus on primary care, the Collaborative is committed to ensuring a professionally satisfying, sustainable physician practice experience and will act as a trusted partner to help overcome the obstacles that stand in the way of meeting patients' mental and behavioral health needs.

^{**}American Academy of Child & Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Osteopathic Association, and the American Psychiatric Association.

TODAY'S TOPIC:

Behavioral Health Billing & Coding 101: How to Get Paid

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TODAY'S SPEAKERS



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Behavioral Health Integration Presentation: Behavioral Health Billing & Coding 101 How to Get Paid

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October 6, 2020

The Continuum

Co-located model

Onsite behavioral health clinicians provide enhanced access within physician practices

Collaborative care model

Offsite behavioral health clinicians (usually psychiatrists) supervise onsite care managers who help nonbehavioral health clinicians meet their patients' behavioral health needs

Source: Mala tre-Lansac A, Engel C, Xenakis L, Carlasare L, Blake K, Vargo C, Botts C, Chen P, & Friedberg M (July 2020). Factors Influencing Physician Practices' Adoption of Behavioral Health Integration in the United States: A Qualitative Study. *Annals of Internal Medicine*, 173(2), 92-100.

CPT® Codes Across the Continuum

Co-Location			Collaborative Care
Preventive Medicine Psychotherapy 99401, 99402, 99403, 90832,90833,90834, 99404, 99411, 99412 90836,90837,90838 Behavior Change Developmental / Interventions Behavioral Screening 99406, 99407, 99408, 96127 99409	Adaptive Behavior services 97151, 97152, 97153, 91754, 97155, 97156,	General Behavioral Health Integration Care Management 99484	
	Behavioral Screening	97157, 97158 Health Behavior Assessment and Intervention	Psychiatric Collaborative Care Management 99492, 99493, 99494
		96156, 96158, 96159, 96160, 96161, 96164, 96165, 96167, 96168, 96170, 96171	Cognitive Assessment and Care Plan Services 99483

CPT® Code Overview – Towards Co-Location

Co-Location



Engage patients earlier in the care continuum Easier to incorporate in smaller settings

Counseling Risk Factor Reduction and Behavior Change Intervention

- Preventive Medicine
 - 99401, 99402 99403, 99404 (Individual)
 - 99411, 99412 (Group)
- Behavior Change Interventions
 - 99406, 99407 Smoking and tobacco use cessation counseling visit
 - 99408, 99409 Alcohol and/or substance (other than tobacco) abuse structured screening, brief intervention (SBI) services

CPT® Code Overview – Towards Co-Location

Co-Location

Collaborative Care

Behavioral health focus, not requiring larger collaboration Psychotherapy – options for inclusion in patient care episode

Psychotherapy

- 90832, 90834, 90837 Psychotherapy (30, 45, 60 min)
- 90833, 90836, 90838 Psychotherapy when performed with E/M service

Developmental / Behavioral screening

 96127 Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

CPT® Code Overview - Assessments

Co-Location

Collaborative Care

Clear focus on behavioral health
Broader range of roles (Physician/QHP vs. technician)

Adaptive Behavior Services

- 97151, 97152 (Assessment), 97153-97158 (Treatment)
- Address deficient adaptive behaviors, maladaptive behaviors, or other impaired functioning secondary to deficient adaptive or maladaptive behaviors (e.g. instructionfollowing, verbal and nonverbal communication, imitation, play and leisure, social interactions, self-care, daily living, personal safety)

Health Behavior Assessment and Intervention

- 96156-96171 (Individual, Group, Family)
- Focus on psychological, behavioral, emotional, cognitive, and interpersonal factors complicating medical conditions and treatments

CPT® Code Overview – Care Management

Co-Location



Collaborative Care

Expansive coordination model

Report over extended period (per calendar month or longer)

Care Management

- 99484 General Behavioral Health Integration Care Management
- 99492-99494 Psychiatric Collaborative Care Management

Not Behavioral Health Focused:

Chronic Care Management (99490, 99491) Complex Chronic Care Management (99487, 99489)

Cognitive Assessment and Care Plan Services, 99483

- Provided when a comprehensive evaluation of a new or existing patient, who exhibits signs and/or symptoms of cognitive impairment, is required to establish or confirm a diagnosis, etiology and severity for the condition.
- Thorough evaluation of medical and psychosocial factors, potentially contributing to increased morbidity.

CPT® Codes: Telemedicine

Co-Location			Collaborative Care
Preventive Medicine	Psychotherapy	Adaptive Behavior	General Behavioral
99401, 99402, 99403,	90832,90833,90834,	Services	Health Integration Care
99404, 99411, 99412	90836,90837,90838	97151, 97152, 97153,	Management
		91754, 97155, 97156,	99484
Behavior Change Interventions	Developmental /	97157, 97158	
	Behavioral Screening		Psychiatric Collaborative
	96127	Health Behavior	Care Management
99406, 99407, 99408,		Assessment and	99492, 99493, 99494
99409		Intervention	
		96156, 96158, 96159,	Cognitive Assessment
Pod CDT® Appondix D		96160, 96161, 96164,	and Care Plan Services
Red- CPT [®] Appendix P Green – CMS, during PHE		96165, 96167, 96168,	99483
,		96170, 96171	
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CPT® Codes: Internet / Virtual Visits

 99452 Interprofessional Telephone/Internet/Electronic Health Record Referral Service(s)

Telephone/Virtual Visits

	Physician / QHP	Qualified nonphysician (may not report E/M)
Telephone	99441 (5-10 min) 99442 (11-20 min) 99443 (21-30 min)	98966 (5-10 min) 98967 (11-20 min) 98968 (21-30 min)
Online Visits (eg EHR portal, secure email; allowed digital communication)	99421 (5-10 min) 99422 (11-20 min) 99423 (21 or more min)	98970 (5-10 min) 98971 (11-20 min) 98972 (21 or more min)



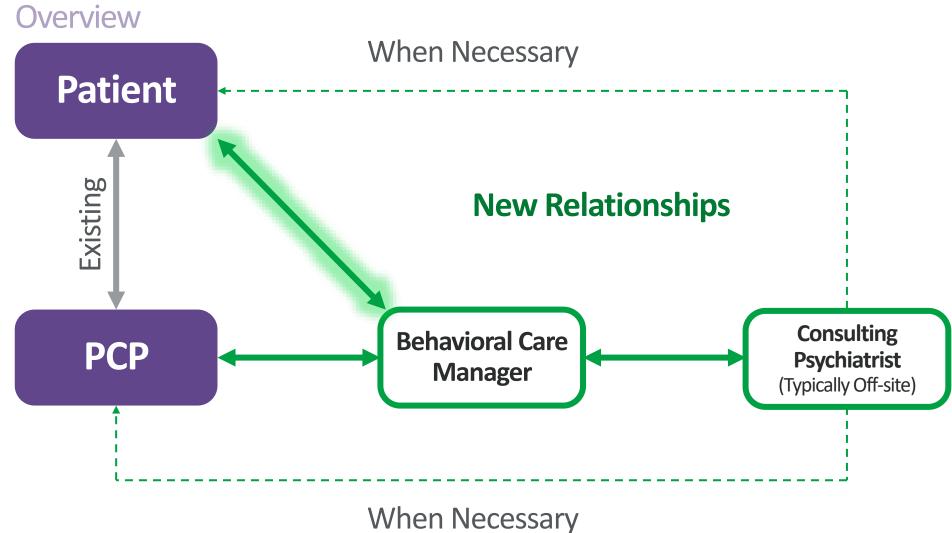
Collaborative Care
Management Implementation

Lessons Learned at Northwestern Medicine

Presented by Jacob Atlas



Collaborative Care Management





Collaborative Care Management

Implementation Considerations

Clinical Component

Operational & Financial Goals



Collaborative Care Management

Keys to Achieving Operational and Financial Goals

Implementation Challenges: Tools:

- Adoption

- Integration

of clinical, financial, and operation levers

- Expansion



of all billing processes



Adoption Challenges

Facilitating Adoption of Billable Processes

Lessons from peers:

- Avoid manual, time-intensive, non-value adding billing workflows
- Simpler = more likely to adopt
- Solutions must fit the enterprise

Northwestern Medicine Solution:

- Integrated "time capture" feature
- Reduced "click fatigue"
- Leveraged necessary time capture workflow to drive performance measurement



Expansion Challenges

Automation of Billable Processes

Removing human element from charge capture



Algorithms to determine CPT®



Empowered clinicians to spend more time on clinical work



Additional Considerations

- Managed Care obstacles
 - Contracting for services
 - Payer understanding and recognition of medical component
- Patient impact of obtaining consent



Northwestern Medicine Takeaways

- Tailor to fit organization's needs
- Remove 'burnout' factor
 - CoCM benefits patients AND Primary Care Providers...
 - ...Don't let billing get in the way of this benefit
- Integration is key
- Embrace what makes Collaborative Care Management different!





QUESTIONS?



UPCOMING WEBINARS

Keys to Success: Implementation Strategies for Virtual Behavioral Health Integration

October 22, 2020, 7PM - 8PM CT

Physician experts will explore how physician practices can virtually support the behavioral health of their patients. Experts will examine when it is appropriate to employ video and/or telephonic telehealth technologies, and the steps needed to ensure they best support patients (adults, adolescents, and children) across a variety of care settings.

Thank you for joining!