

Sustaining behavioral health care in your practice

PART OF THE



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WEBINAR FAQ

How to financially sustain behavioral health integration in your practice

QUESTIONS ANSWERED BY WILLIAM BEECROFT, MD; NELSON BRANCO, MD; AND ANNA RATZLIFF, MD, PHD

As a participating physician, how do I get insurance to fully cover this service?

It depends if it is a Medicare Advantage product or commercial. Medicare mandates the services be covered. If they choose not to cover the service in the commercial space, see if they have a value-based reimbursement program that would, in effect, subsidize the service by paying more for the HEDIS measures, possibly using the Collaborative Care Model (CoCM). Working through your local professional organization or even through state legislation to mandate the coverage are options as well.—*Dr. Beecroft*

Many organizations negotiate with major payers directly. Some professional organizations are also involved in advocacy efforts.—*Dr. Ratzliff*

In our program, with LCSW/LMFT/LPCC and a DO child psychiatrist, we had to credential them with insurers, including the behavioral health plans and learn to bill these codes to the behavioral health plans instead of billing insurers. There was some trial and error involved, so patience, a dedicated billing team/project manager and the resources to pay staff while working through this process is necessary.—*Dr. Branco*

How do I make this financially viable in pediatrics when state Medicaid and commercial payers do not allow the same implementation of Medicare's incident-to-policy for BH providers?

Appealing to the plan's payment policy or fee schedule committee would be one option, as noted in the previous answer. Look into value-based or capitation options for your practice that make this viable as the CoCM has a higher likelihood of achieving the HEDIS measures that value-based reimbursement is based upon. Use a Bachelor of Social Work or even a medical assistant as the BH case manager to trim costs, but in doing so, you might risk quality and details with more heavy reliance on the psychiatrist consultant.

—*Dr. Beecroft*

As in the previous answer, credential the BH practitioners and bill for them directly using psychotherapy, case management, screening, and collaborative care codes.—*Dr. Branco*

What are some operational programming tips for sustaining BH at an FQHC? What are the other primary care centers billing for related to BH during PCP visits?

Make full use of the [BH screening codes](#) and other bundled codes that Medicare will be starting in 2024 for caregiver training, psychological testing, and psychotherapy.—*Dr. Beecroft*

There are several resources (listed below) that can help people get started on billing options.—*Dr. Ratzliff*

- [BHI Compendium](#)
- [Behavioral Health Coding Guide](#)
- [Medicare.gov Mental Health Care \(Outpatient\)](#)
- [Center for Brain Health](#)

Can you describe how you were able to gain commitment or interest from your primary care practices in your networks? We are having some difficulty gaining buy in.

We used incentives, both financial and CME credits, to assist startups. We also provided lots of consultation support.—*Dr. Beecroft*

It is important to understand the needs of the primary care clinics, then co-develop an integration approach. This typically includes a discussion of the realistic availability of resources for referrals and how approaches to integration may actually support better access to care for patients.—*Dr. Ratzliff*

Will LACCs be able to bill in primary care in 2024 or will the additional licenses only be LPC/LMFT?

It depends on whether they are added to the final legislation on health care at year's end. Currently, they are not in the CMS rules as payable providers.—*Dr. Beecroft*

When evaluating expenses, is the cost of psychiatry time/pay considered in the calculation of expenses?

Yes.—*Drs. Beecroft and Branco*

For the CoCM, this expense is considered as part of the valuation for the BHI CoCM codes. Typically, psychiatric providers and primary care organizations have to develop an agreement on sharing reimbursement received for CoCM. This often involves paying directly for psychiatric consultation time or sharing a percentage of the reimbursement received by primary care organization.—*Dr. Ratzliff*