FAQ from June 8, 2018 Missed Revenue Opportunities Webinar

Webinar Recording: https://vimeo.com/274126738/f7765b2bb2
Slide Handout:
http://aims.uw.edu/nyscc/training/sites/default/files/Missed%20Revenue%20Opportunities%20for%20BH%20Integration%20in%20Primary%20Care_Slide%20Handout_060818.pdf

Chat box questions

Question: What is meant by retainage?
Answer: The Office of Medicaid pays 75% of the $150 monthly case rate for providing collaborative care. 25% is retained. If Article 28 clinics submit an additional quality measure, they can receive the 25% retainage. This document contains all of the billing guidance for the Medicaid case rate: https://aims.uw.edu/nyscc/training/sites/default/files/Article%2028%20Collaborative%20Care%20Billing%20Guidance%20-%20FINAL.pdf

Question: Are the claims missed because E&M codes weren't submitted, or because the retainage list did not include that patient?
Answer: Retainage Most retainage reimbursement is missed because claims are never submitted at all. Practices need to establish a workflow to be able to identify patients that meet the retainage criteria.

Question: Can FQHCs bill for PHQ2/GAD2?
Answer: The PHQ9, yes, but not sure about the 2. FQHCs can use the codes for billing /reimbursement for tools but they will not get paid above their PPS rate; however, they will get reimbursement from Medicare and some commercial payers.

Question: What about for Non-Article 28 sites?
Answer: Private provider rates are lower than Article 28 across the board, so they get the flat $112.50 per patient per month.

Question: I am confused with billing for the individual visits to the different payers and then also billing for the depression care management. Do we do both for same visits?
Answer: Yes, providers can still bill for office visits for patients receiving Collaborative Care for Medicaid or Medicare.

Question: May I have a copy of the Medicaid Maternal Depression guidelines?
Answer: Billing guidance:
http://aims.uw.edu/nyscc/training/sites/default/files/Medicaid_Update_Postpartum_Maternal_Depression_Screening_August_2016.pdf
CMS Informational Bulletin Maternal Depression:
http://aims.uw.edu/nyscc/training/sites/default/files/CMS%20Informational%20Bulletin%20Maternal%20Depression%20_%20Medicaid%20Mothers%20and%20Children.pdf

Question: If you are receiving payments through DSRIP for Depression Screening, can you bill for depression screening as well?
Answer: You can bill for Collaborative Care and screening.

Question: Just to be clear- time spend can be submitted under only one of these (chronic care management or collaborative care. right?
Answer: If you are spending X amount of time doing chronic care management and Y amount of time doing collaborative and those services don't overlap, you can bill both.

Question: Should we be billing individual visits to Medicaid managed care and case rate billing to straight Medicaid? Or are we supposed to negotiate collaborative care depression management reimbursement with the Medicaid Managed care payer?
Answer: The CCMP is a carve-out from Managed Care, so it is billed directly to NY Medicaid, not to plans.

Question: Is anyone seeing reimbursement for phone or telehealth BH contact by care manager?
Answer: The level of licensure for the BH CM and being in a primary care practice usually doesn't meet criteria for telehealth reimbursement. Phone contacts would be not be considered telehealth, and the BH CMs are not able to bill telehealth in a primary care setting due to their licensure.

Question: If a patient sees a provider and addresses depression or anxiety, but a PHQ9 or GAD7 was not done, could that still count as a follow-up visit? Would there be an E&M code? *medical provider?
Answer: They would bill for that visit as a normal provider visit, and it would count as a 'contact,' but the PHQ or GAD would have to be administered at least once some other time during the month.

Question: Can you send the rates?
Answer: The CC Medicaid Rate is $112.50 per patient per month; The Medicare varies by time spent, and we can send out a fact sheet for Medicare rates to all.

- Medicare payment cheat sheet: https://aims.uw.edu/sites/default/files/CMS_FinalRule_BHI_CheatSheet.pdf
- Medicare cheat sheet for FQHCs and RHCs: https://aims.uw.edu/new-cheat-sheet-fqhcs-and-rhcsInfo on the NYS Collaborative Care MEDICAID program: https://aims.uw.edu/nyscc/

Question: Can the depression screening codes be billed along with other medical CPT codes (using HD modifier)? What is the rate?
Answer: Yes they would get submitted along with the appropriate EM code, the rate varies by payer. They would not be reimbursed above your PPS rate however you would get varied reimbursement from Medicare and commercial payers.

Question: In order to bill LMSW for individual visits to Medicaid I was told that I need to connect the LMSW to the LCSWR and then do I bill as the LCSWR?
Answer: For Collaborative Care, the SW does not bill directly so this does not matter. As an FQHC, if you wanted to bill for psychotherapy the LMSW provides, the LMSW needs to be under the supervision of an LCSW (not and LCSWr) and any individual visits are billed under the LMSW.

Question: What about a collaborative care patient but her primary insurance is commercial, secondary insurance is Medicare? Can we bill collaborative care, and/or is she CCMP eligible?

Answer: Supplemental insurers are paying for Collaborative Care.

Question: They are not CCMP eligible though, am I correct?
Answer: CCMP is Medicaid only. If they don't have Medicaid, the CCMP case rate does not apply. For questions or interest, email: NYSCollaborativeCare@omh.ny.gov. Link for rate and codes for depression screening. https://m3clinician.com/Documents/M3%20Reimbursement%20Overview.pdf