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Psychiatry & Behavioral Sciences

AIMS Center Quarterly Webinar Series

Billing Collaborative Care Codes: Experiences from Three Health Systems

OCTOBER 18, 2022

AIMS Center Introductions

Debra Morrison, BS
Senior Project Manager/Practice Coach

Sara Barker, MPH
Associate Director for Implementation

Kristi Malmstrom, BS
Program Coordinator

Zoom Housekeeping

- This webinar is being recorded
  - Link to recording and slide set will be sent out following the presentation
- Using the Q&A function
  - Enter your question at any time
  - We'll answer questions when all presenters are done
  - General questions about CoCM codes or financing should be directed to AIMS Financing Office Hours or the AIMS website FAQs

Learning Objectives

By the end of this session, participants should be able to:

- Understand the options for billing workflows with CoCM codes
- Describe the benefits and challenges of billing CoCM codes
- Feel more confident about advocating for CoCM billing in their organization
- Identify resources available to help with CoCM billing

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CoCM Billing Basics

Codes for CoCM/BHI – 2022 Medicare

CPT	Description	Payment Primary Care Settings	Payment Hospitals and Facilities
99492	Initial psych care mgmt, 70 min/month - CoCM	**$149.14**	$91.36
99493	Subsequent psych care mgmt, 60 min/month - CoCM	**$144.44**	$100.43
99494 2x/month	Initial/subsequent psych care mgmt, additional 30 min CoCM	**$61.81**	$40.98
G2214	30 min/month for either initial or subsequent months CoCM services	**$60.13**	$37.96

50% + 1 rule applies to these codes

These CPT® codes are NOT used for FQHC-RHC billing

Billing with Psychiatric CoCM Codes

- Codes billed under medical provider as "incident to" under "general supervision"
- Codes pay for CoCM services provided by the BH Care Manager during a calendar month
- CoCM BH Care Manager need not be licensed to bill Medicare independently (qualifications vary by payer)
- Pays for any BH diagnosis, including substance use disorder
- May be billed in same month as traditional psychotherapy codes if no minutes are counted twice

Direct and Indirect Services

- Pays for services not usually billable under psychotherapy codes
  - Brief visits under 16 minutes
  - Phone calls with patient
  - Care coordination/communication between BHCM and CoCM team or other BH providers
  - Psychiatric consultation for individual patients during Systematic Caseload Review sessions
  - Management of a registry

Required Elements for Billing CoCM codes

- ✓Engagement and assessment using validated measures, resulting in a treatment plan
- ✓Weekly Systematic Caseload Review with Psychiatric Consultant and Tx modifications, as needed, for individual patients
- ✓Use of registry to track visits and outcomes
- ✓Ongoing collaboration with PCP and other treating providers
- ✓Provision of brief evidence-based behavioral interventions
- ✓Outcome monitoring using validated scales
- ✓Relapse Prevention Planning in preparation for completing an episode of CoCM

Today's Presenters

- **Angela Kypriotis, LCSW**, Manager Behavioral Health and Social Services, Allegheny Health Network
- **Dr. Jennifer Thomas, MD**, Family Medicine Physician and Medical Director of Integrated Behavioral Health Program, Morris Hospital. Dr Thomas will be joined by **Sheryl Janz** (BHCM) and **Shannon Ghesquiere** (CoCM coder)
- **Sarah DeVries**, Behavioral Health Business Coordinator, and **Wendy Ross**, Manager Behavioral Health Associates, Intermountain Healthcare – Intermountain Healthcare – SCL Health Medical Group

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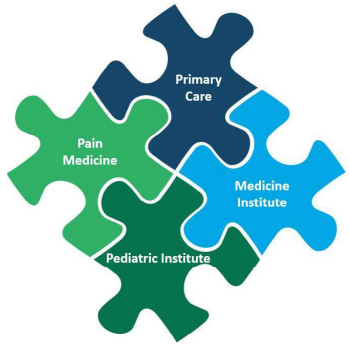
Allegheny Health Network

Pittsburgh, PA

Presenter: Angela Kypriotis, MSW, LCSW

Organization Characteristics

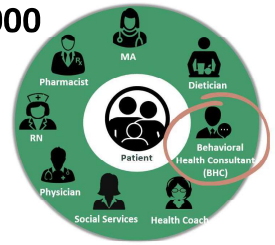
- Large health system
- Practice Transformation – PCMH Model
- Population Health – Team Based Care
- Cross Institute Collaboration



- Primary Care (70 sites)
  - BHC Supervisors: 2
  - BHCs: 36
  - SWs: 6
- Medicine Institute (10 sites)
  - BHC Supervisor: 1
  - BHCs: 6
  - Caseworkers: 3
- Pain Medicine (6 sites)
  - BHC Supervisor: 1
  - BHCs: 3
  - Caseworkers: 1
- Pediatrics (4 sites)
  - BHCs: 1
  - SWs: 1

Organization Characteristics

- 70 primary care sites – 1 is a Rural Health Clinic
- 20 more clinics to go
- Geographically spread out over Southwestern & Northwestern PA
- 1.0 BHC FTE=PCP panel size 6,000
- BHC Caseload 35-50 active



Why Choose CoCM codes?

- Need for sustainable funding mechanism
- Did not want to independently credential BHC's with payers since that would mean some patients would not be able to access – can now work with any patient the PCP can bill for
- Flexibility of billing for LCSW's and LPC's (especially with Medicare rules around LPC's)
- Copays are pretty low for patients (except high deductible plans)
- Luckily, PA Medicaid does reimburse for these codes

Billing Workflow

- Established a relationship with billing and coding team to make sure appropriate documentation was in place
- Trained billing and coding team on codes
- BHC drops "dummy" miscellaneous code Misc680 in charge capture in EPIC note
- Flows to special work queue for Misc680 codes, staffed by those who have been trained
- Billing team drops appropriate CPT code after month end/total minutes tallied-they drop one claim for previous month

EHR Documentation

- Worked with billing team initially to make sure we had all required CoCM components built into EPIC flowsheet that pulls into note (PHQ-9/GAD-7, etc.)
- Smart phrases used for consent and explaining sharing of information with the care team as well as cost sharing by patient
- Now have Quality Improvement Process in place to sit down with BHC's and conduct peer reviews as well as supervisor random note reviews

Revenue Goals

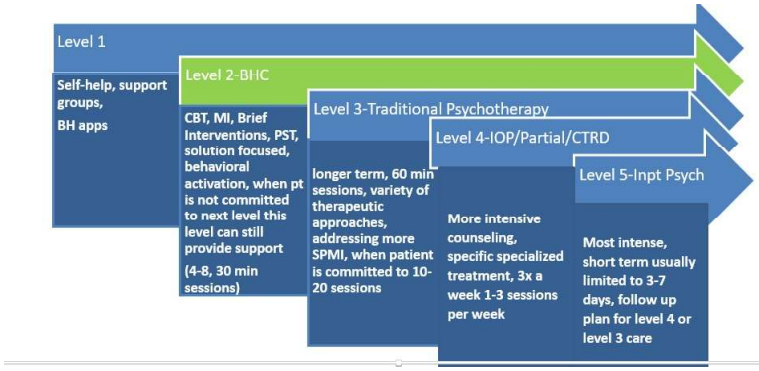
- Goal is to be at 100% break even
- We have a handful of clinics who are consistently breaking even – reviewing patterns of this since it is new for us
- All remaining clinics are at least at 75% of paying for BHC salary
- Clinic revenue varies by payer mix
- To reach goal we would need all payers to at least pay the gold standard CMS rate for reimbursement. Some are higher but several are lower than CMS rate.
- No copay would increase patient participation
- Payers have to keep up with increased cost of living

Benefits and Challenges to Billing the CoCM Codes

- **Benefits**
  - Not juggling various code types (not mixing with psychotherapy codes) allows us to stay true to the model
  - Providing care under the medical billing and not behavioral health carve out
  - Allows us to expand to additional clinics and areas
- **Challenges**
  - Not all payers recognize
  - Patients with high deductible plans often don't participate
  - Many payers still don't reimburse at CMS rate
  - Manually dropping codes is labor intensive

What Else is Important to Share?

Internal Health System Levels of Care – To Improve Overall Access



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Morris Hospital and Healthcare Centers

Morris, IL

Jennifer Thomas, MD
PCP Champion/IBH
Medical Director

Sheryl Janz, LCPC
BH Care Manager

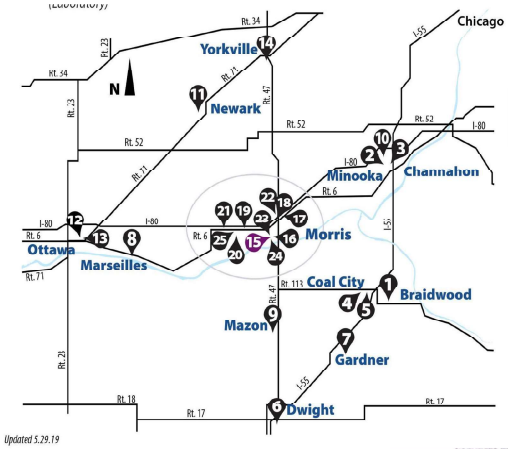
Shannon Ghesquiere
Coding Representative

Organization Characteristics

Morris Hospital and Healthcare Centers

109,000
Outpatient
Visits per Year

37 Primary Care
Providers



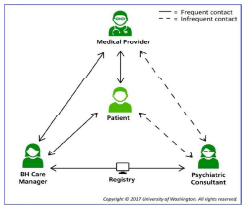
25
Locations

CoCM at 8 of these locations

Serving 5 Illinois
Counties
19 Zip Codes

Organization Characteristics

Morris Hospital
Integrated Behavioral Health Workforce



Medical Director: 0.16 FTE
Clinical Manager: 0.40 FTE

Primary Care Providers

- 16 PCPs trained in CoCM and referring patients

Care Managers

- 4 Care Managers
- 3.30 FTE
- Caseload size:
  - 1.0 FTE BHCM = approx. 70 active patients

Psychiatric Consultant

- 1 psych consultant
- 0.20 FTE

Why Choose CoCM codes?

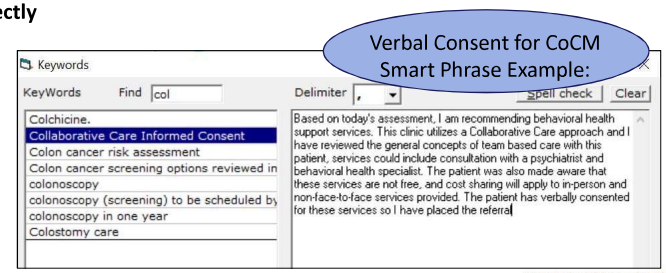
- **Evidence-based model of BHI**
- **Standardized billing workflow**
- **More flexibility with workforce development**
  - **Since CoCM codes are billed under the PCP, we have more flexibility in who can serve in the Care Manager role**
  - **If billing psychotherapy codes, the Care Manager will need to be credentialed with the payer; also some payers only allow certain licensure types to bill psychotherapy codes**

Billing Workflow

- **At the end of the month, Care Manager tallies the total minutes patient was seen that month**
- **Care Manger creates a claim under the referring provider with the DOS of last visit for the month**
- **Coding rep tracks every CoCM patient within an Excel sheet (lists patients by the referring provider)**
- **These claims are then reviewed by coding rep and sent through for billing**

EHR Documentation

- Minutes for the month are tracked in both EHR and patient registry
- Coding rep reviews every encounter for CoCM
- Initial visits are reviewed for patient CoCM consent (verbal consent from PCP is acceptable) and PCP referral to CoCM
- Subsequent encounters are reviewed for all necessary documentation and time
- If there is documentation lacking, coding rep will reach out to Care Manager directly



Revenue Goals

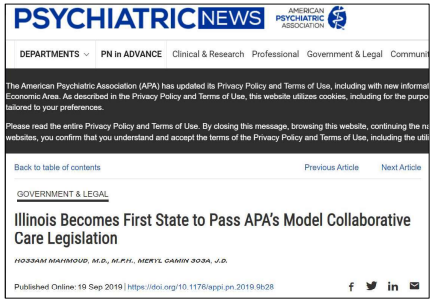
- Revenue goal: at least break even
- Learned we need to standardize our billing workflow for screening revenue
  - Ex: Billing 96127 for PHQ-9 screenings
- Timely financial analysis is a challenge for us

Benefits and Challenges to Billing the CoCM Codes

- Benefits
  - One standardized billing workflow (avoid need to use psychotherapy codes for Medicaid patients)
  - Funding mechanism to work toward financial sustainability
- Challenges
  - Relatively low reimbursement rate
  - Time investment to drop the codes at the end of the month

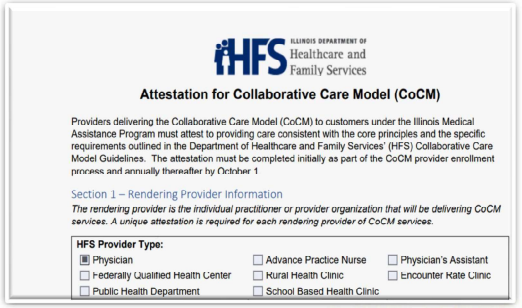
Benefits and Challenges to Billing the CoCM Codes

- Historically, IL Medicaid did NOT reimburse CoCM codes, despite SB 2085 signed into law, effective Jan. 1, 2020
- We billed CoCM codes for private payers and Medicare and psychotherapy codes for Medicaid patients
- CoCM codes were just added to the IL Medicaid fee schedule in Aug. 2022



What Else is Important to Share?

- Develop close collaboration with the coding rep(s) that will be working with your team
- Network with other health systems delivering and billing the CoCM codes in your region/state
- Build strong collaboration with your local state Medicaid/MCO rep; Medicaid may require an attestation form



IHFS Illinois Department of Healthcare and Family Services

Attestation for Collaborative Care Model (CoCM)

Providers delivering the Collaborative Care Model (CoCM) to customers under the Illinois Medical Assistance Program must attest to providing care consistent with the core principles and the specific requirements outlined in the Department of Healthcare and Family Services' (HFS) Collaborative Care Model Guidelines. The attestation must be completed initially as part of the CoCM provider enrollment process and annually thereafter by October 1.

Section 1 – Rendering Provider Information

The rendering provider is the individual practitioner or provider organization that will be delivering CoCM services. A unique attestation is required for each rendering provider of CoCM services.

HFS Provider Type:

☑ Physician	☐ Advance Practice Nurse	☐ Physician's Assistant
☐ Federally Qualified Health Center	☐ Rural Health Clinic	☐ Encounter Rate Clinic
☐ Public Health Department	☐ School Based Health Clinic	

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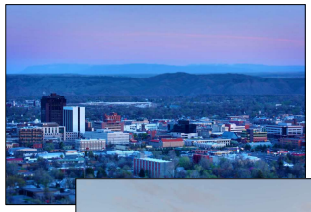
SCL Health MEDICAL GROUP

Billings, Montana

Now Intermountain Healthcare

Wendy Ross
Office Manager



Sarah DeVries
Business Coordinator

Organization Characteristics

Intermountain Health – SCL Health Medical Group
17 primary care/walk-in clinics; 16 specialty clinics;
5 rural primary care/walk-in clinics

- Broadwater Family Medicine – 7 PCPs; 1 BH provider; Caseload – 68
- Bozeman Clinic – 3 PCPs; 1 BH provider; Caseload – 27
- Hardin Clinic (rural) – 3 PCPs; 1 BH provider - provider starting 9/2022
- Heights Family Medicine – 8 PCPs; 1 BH provider; Caseload – 85
- Downtown Internal Medicine – 13 PCPs; 2 BH provider; Caseload – avg 85 per provider
- Laurel Family Medicine – 6 PCPs; 1 shared BH provider; Caseload – 60
- Lockwood Clinic – 2 PCPs; 1 BH provider (open position)
- North Shiloh Clinic – 5 PCPs; 1 shared BH provider; (open position)
- Red Lodge Clinic (rural) – 2 PCPs; 1 shared BH provider; Caseload – 15
- West Grand Family Medicine – 5 PCPs; 1 shared BH provider; (open position)

~Average Caseload per BH provider – 75~

Why Choose CoCM Codes?

We chose the Collaborative Care Model because it allowed us to provide behavioral health resources within primary care

- Patient-Centered Team Care
- Allows better access for behavioral health resources
- Larger hiring pool

We are using the CoCM codes because:

- Licensure limitations
- Allows us to utilize Incident To Billing
- Allows for a higher reimbursement rate –
  - Medicare Reimbursement – CoCM vs. Traditional
    - CPT - 99492 – 46% reimbursement
    - CPT - 90837 – 33% reimbursement

Billing Workflow

- Billing is done at the end of the month
  - Each individual visit throughout the month is given a No-Level of Service billing code to close the encounter
- Billing completed by the BH provider
  - BH providers block time in their daily schedule to complete the billing as it does take time to complete all the steps
- Utilize AIMS Caseload Tracker for monthly minutes
  - BH provider does need to keep this up to date daily so they do not need to back track to count minutes spent in the month
- Bill in the EMR (Epic)
  - BH providers utilize "Episodes of Care" and "Care Coordination" encounters – noting time spent, method of visits (i.e., face-to-face, virtual, phone), and time spent in psychiatric consultation or PCP collaboration with smart phrases
  - Incident To billing

EHR Documentation

- Each encounter is scheduled through the EHR so all documentation is completed in the EHR
- Monthly Episodes are created to link together all encounters for the month including – face-to-face, phone, telehealth, psychiatric consultations, and collaboration with referring provider. Care team has access
- Psychiatric consultants have access to the EHR so they are able to document encounters as need and they also link those to the Episodes of Care
- Progress Note Templates built to pull in pertinent information such as PHQ/GAD scores and make documentation easier
- Smart phrases utilized by referring provider/BH provider for consent and cost sharing information

Revenue Goals

- Goal in 2018 was for the model to be self-sustaining
  - End of 2019 100% self-sustained
  - Currently maintaining self-sustainability
- 2022 – space limitations prevent us from expanding

Benefits and Challenges to Billing the CoCM Codes

- Benefits:
  - We are able to utilize provisionally licensed providers
  - Able to provide easier access to services for our community, which is unfortunately lacking in providers
  - Provides support for our Primary Care providers
- Challenges:
  - Billing workflow is time consuming with having to track minutes and enter charges manually in separate applications
  - BH providers are spending more time in a month than is reimbursable by CMS guidelines

What Else is Important to Share?

- Implementing Collaborative Care in our primary care clinics has lifted some of the burden/concerns that our PCPs had regarding being able to help their patients through behavioral concerns
- Incident to billing is not straight forward and there are more steps to it that require mindfulness to the process
- Specific to these codes, once a month billing requires that providers block time normally spent with patients for administrative duties
  - It is about TIME MANAGEMENT

MANY THANKS TO OUR PRESENTERS!

Q & A

Additional Resources

AIMS Center Billing Resources:
https://aims.uw.edu/resources/billing-financing

CoCM Billing FAQs:
https://aims.uw.edu/CoCM-Billing-FAQs

Financial Office Hour Info:
https://aims.uw.edu/what-we-do/office-hours

APA Billing Resources:
https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-paid/get-paid-for-integrated-care

Upcoming Quarterly Webinars
3rd Tuesday 10 – 11 AM Pacific

- **January 17, 2023**
- **April 18, 2023**
- **July 18, 2023**
- **October 17, 2023**

Upcoming Topics:

- Pediatric CoCM
- Sharing the BH Care Manager role
- Registry Innovations
- **Let us know what you'd like to hear about!**

Webinar Survey

https://redcap.link/nw46ra7r

Thank you for joining us!

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