Webinar Q&A: How to Succeed with Medicare's General Behavioral Health Code

This document was compiled from questions asked during the May 22, 2018 webinar "*How to Succeed with Medicare's General Behavioral Health Code.*"

Q: Are FQHC's able to bill BHI?

Yes. There is a new code this year for FQHCs and RHCs that is more consistent with the principle of bundling services. The new General Care Management code, G0511, can be billed when the requirements for any of the three care management codes 9CPT 99490 (20 minutes of CCM), 99487 (60 minutes of CCM), or 99484 (20 minutes of General BHI) are met. G0511 can be billed alone or in addition to other services furnished during the RHC or FQHC visit. It can be billed once per month per beneficiary and cannot be billed if other care management services (such as TCM or home health care supervision) are billed for the same time period.

The CoCM codes, CPT 99492 and 99493 (not discussed in this webinar), are also billable by FQHCs under the new bundled code G0512.

Additional information about Care Management codes for FQHCs and RHCs can be found at the links below:

Care Management Services in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Frequently Asked Questions

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf

https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html

Q: Is this only for Medicare patients or all insurances?

The General BHI code discussed in this webinar is for Medicare patients.

Q: What type of clinical support staff does Dr. Ahlberg uses for the call?

Structured clinically trained and supervised clinical staff under Dr. Ahlberg's direct supervision.

Q: Does the regulation mandate telephonic outreach each month or can a touchpoint be via email?

Any time spent providing care management services to the patient can count towards the 20 minutes, such as time spent on the phone with the patient, care giver, pharmacist or other provider, time spent reviewing the chart, or time spent reading and writing an email correspondence with the patient. Systematic assessment and monitoring, using applicable validated clinical rating scales, is also a required element of the scope of service.

While technically time spent typing and sending an email can qualify towards the 20-minutes, there is no way to guarantee that a patient has received and read an email, e.g. actually received the service, unless you receive a response back from the beneficiary. In addition, the patient has a copay for this service, so if the patient doesn't perceive they are receiving value, they will be more likely to drop out of the program. For these reasons, we do not recommend counting time spent typing and sending an email towards the 20 minutes.

Q: How do you document the note as a PCP?

If your question is specific to the Smartlink Health Solution, the software automatically tracks the time in the background as soon as you open a new encounter with your patient. You would also document the notes for that encounter within the encounter in Smartlink.

If you are using an EHR, you can document the note and the time within the EHR. Although it would be very tedious, you could also manually do this in an excel spreadsheet depending on patient volume.

Q: Can Certified Medical Assistant make the calls?

In most states, yes. BHI services that are not provided personally by the billing practitioner are provided by the other members of the care team (other than the beneficiary), under the direction of the billing practitioner on an "incident to" basis (as an integral part of services provided by the billing practitioner), subject to applicable State law, licensure, and scope of practice.

Q: If client is in treatment in a mental health outpatient clinic and they are not doing BHI, can a social worker from a primary care setting engage in that activity?

Yes.

Q: Would you please review who (MDs, MAs, PAs, NPIs) can deliver services? Also, would you re-post the slides that showed the statistics of number of suicides after PCP visit, etc.?

The General BHI code can be billed (directly reported) by physicians and non-physician practitioners whose scope of practice includes evaluation & management (E/M) services and who have a statutory benefit for independently reporting services to Medicare. This includes physicians of any specialty,

physician assistants, nurse practitioners, clinical nurse specialists, psychiatrists, and certified nurse midwives.

In terms of who can provide the service, the practitioner billing General BHI may (but is not required to) use other qualified individuals termed ‘‘clinical staff” to provide certain aspects of the service in a team-based approach to care. The term “clinical staff” is defined by CPT (see the Introduction to the CPT manual) and also means an individual who is clinical (not strictly clerical or administrative) and performs their services “incident to” (as an integral part of) services of the billing practitioner, subject to applicable state law, licensure, scope of practice and supervision. The clinical staff may, but are not required to, include individuals who meet the qualifications for the CoCM behavioral health care manager or psychiatric consultant. For example, for General BHI, a behavioral health consultant who is not authorized to prescribe medication, such as a psychologist, could participate in the care team. Clinical staff may be employees of the billing practitioner or may be a contracted “third party.” Refer to the BHI Fact Sheet and governing regulations for a complete description of BHI staffing requirements.

Here is the link to the research study referenced in the webinar that cites the statistics on suicides after a PCP visit: http://beaconlens.com/wp-content/uploads/2016/02/Beacon-Whitepaper-FINAL.pdf (page 8)

Q: Can you do CCM & BHI together?

Yes. Beneficiaries can receive both services in the same month.

Q: What are the codes for BHI?

The CPT code for General BHI is 99484. The other Psychiatric CoCM codes, which were not discussed in this webinar, are 99492, 99493, and 99494.

Q: Can a provider bill both CCM and the BHI code in the same month? Are there NCCI edits for CMS?

Yes, both the CCM and the General BHI code can be billed in the same month for the same beneficiary, unless you are a FQHC/RHC provider.

For questions related to the NCCI manual/table, please download the table and type in the relevant codes.

Q: What are the staff qualifications to offer BHI?

The General BHI code can be billed (directly reported) by physicians and non-physician practitioners whose scope of practice includes evaluation & management (E/M) services and who have a statutory benefit for independently reporting services to Medicare. This includes physicians of any specialty,

physician assistants, nurse practitioners, clinical nurse specialists, psychiatrists, and certified nurse midwives.

In terms of who can provide the service, the practitioner billing General BHI may (but is not required to) use other qualified individuals termed ‘‘clinical staff” to provide certain aspects of the service in a team-based approach to care. The term “clinical staff” is defined by CPT (see the Introduction to the CPT manual) and also means an individual who is clinical (not strictly clerical or administrative) and performs their services “incident to” (as an integral part of) services of the billing practitioner, subject to applicable state law, licensure, scope of practice and supervision. The clinical staff may, but are not required to, include individuals who meet the qualifications for the CoCM behavioral health care manager or psychiatric consultant. For example, for General BHI, a behavioral health consultant who is not authorized to prescribe medication, such as a psychologist, could participate in the care team. Clinical staff may be employees of the billing practitioner or may be a contracted “third party.” Refer to the BHI Fact Sheet and governing regulations for a complete description of BHI staffing requirements.

Q: Is the care delivered by RNs through the phone non-face to face care?

Yes, care delivered over the phone is considered non-face-to-face care.

Q: Can the CPT code 99484 code be billed by a LCSW?

No. An LCSW can provide the service, but cannot be the billing provider.

Q: Can a psychologist bill the 99492?

No. CPT code 99492, which was not discussed in this webinar, is one of the Psychiatric CoCM codes and cannot be billed by psychiatrists or psychologists. A physician and/or non-physician practitioner (PA, NP, CNS, CNM); typically primary care, but may be of another specialty (e.g., cardiology, oncology) can bill the CoCM codes.

Q: Do you have any issues with Medicare Reimbursement?

No. Thus far, Dr. Ahlberg is experiencing a two week turn-around time on average to receive payment from Medicare.

Q: Can you have a patient enrolled in CCM for other chronic conditions and BHI for a mental health issue concurrently and bill from the same billing number?

Yes.

Q: Is the 20 minutes combined with BHI and CCM?

No. Time spent for care management services cannot be double billed against both codes. In order to bill both CCM and General BHI services for an individual beneficiary in the same month, a total of 40 minutes of care management services must be provided and the scope of service for both codes must be met.

Q: Is the 99484 code used for non-face-to-face phone calls?

Yes, generally the service is provided to beneficiaries telephonically.

Q: Can you bill BHI if you are in the CPC+ program?

The Psychiatric CoCM codes, which were not discussed in this webinar (99492, 99493, and 99494) can be billed by providers participating in CPC+. The General BHI code discussed in this webinar, 99484, cannot be billed by providers participating in CPC+.

For additional information, please review the CPC+ FAQ at the following link:
https://innovation.cms.gov/Files/x/cpcplus-practiceapplicationfaq.pdf

Q: Where do you go to enroll in order to be able to bill for the 99484 code, or does a provider have to directly enroll in order to bill for this code?

There is no enrollment process required in order to bill CPT 99484. The General BHI code can be billed (directly reported) by physicians and non-physician practitioners whose scope of practice includes evaluation & management (E/M) services and who have a statutory benefit for independently reporting services to Medicare. This includes physicians of any specialty, physician assistants, nurse practitioners, clinical nurse specialists, psychiatrists, and certified nurse midwives.

Q: Does 20 minutes include internal staff time i.e., med management?

Yes. The 20-minutes includes any time involved providing care management for the beneficiary. For example, 15 minutes with the beneficiary and 5 minutes of internal staff time for medication management or reviewing the chart would count towards to the 20-minutes.

Dr. Ahlberg's staff completes the documentation as they are talking to the patient on the phone, including review of medications. This allows for more efficiency after the call has finished.

Q: Can you complete the Advanced Care Planning during the BHI?

No. Time spend providing BHI services cannot be double counted towards billing additional codes. Additionally, Advanced Care Planning (ACP) should be completed during a face-to-face encounter with the beneficiary. The ACP services are primarily the provenance of patients and physicians; accordingly CMS expect the billing physician or NPP to manage, participate and meaningfully contribute to the provision of the services in addition to providing a minimum of *direct supervision*. The usual PFS payment rules regarding ''incident to'' services apply, so that when the services are furnished incident to the billing physician or practitioner all applicable state law and scope of practice requirements must be met and there must be a minimum of direct supervision in addition to other incident to rules.

Q: Is this code different from the 70-minute BHI code?

The topic of this webinar is CPT 99484, General BHI. CPT 99492, one of the Psychiatric CoCM codes, requires 70-minutes of service.

Q: What do you mean the patient has to enroll. Is there some form to be documented?

Prior beneficiary consent is required for all of the BHI codes, recognizing that any applicable rules continue to apply regarding privacy. The consent will include permission to consult with relevant specialists, including a psychiatric consultant, and inform the beneficiary that cost sharing will apply to in-person and non-face-to-face services provided. Consent may be verbal (written consent is not required) but must be documented in the medical record.

Q: Is verbal consent into program ok?

Yes, as long as it is documented in the patient record.

Q: What is the ICD code to be used?

The ICD code should align with the diagnosis. Any mental, behavioral health, or psychiatric condition being treated by the billing practitioner, including substance use disorders, that, in the clinical judgment of the billing practitioner, warrants BHI services. The diagnosis or diagnoses could be either pre-existing or made by the billing practitioner and may be refined over time. Beneficiaries may, but are not required to have, comorbid chronic or other medical condition(s) that are being managed by the billing practitioner.