

# ***Behavioral Health Integration in Primary Care Continuum Based Framework:***

## **Sustainability: Coding & Telehealth**

February 3, 2021 | 12-1PM

# Today's Speaker



- Healthcentric Advisors
- Qlarant



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A large, stylized circular graphic composed of two overlapping arcs. The outer arc is orange and the inner arc is green. Both arcs have a thick, brush-stroke-like texture. Four solid circles are positioned around the circle: an orange one at the top, a green one on the right, and two orange ones at the bottom-left and bottom-right. The text "TeleBehavioral Health 101 & How to Get Paid" is centered within the circle in a bold, dark blue font.

## TeleBehavioral Health 101 & How to Get Paid

# Brief Presentation Outline

- Surveying the Telehealth Landscape
  - Telehealth 101: 5,000 Foot Overview
- FAQ's and Life as Regional Telehealth Resource Center
- Topic Examples
  - Interesting Use Cases
- Useful Resources
- Q & A

# Disclaimer

- Any information provided is for educational purposes only and should not be regarded as legal advice.
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# Northeast Telehealth Resource Center

**MCD**



**MEDICAL CARE DEVELOPMENT, INC.**

THE  
**University of Vermont**  
MEDICAL CENTER



NATIONAL CONSORTIUM OF  
**TELEHEALTH**  
RESOURCE CENTERS



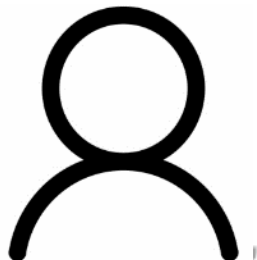
# Housekeeping Information



This session is being recorded and will be available on our website.



If you have questions during the webinar, please ask your questions in Chat.



**This is Your Time Too!**  
Please do not hesitate to stop me on a section; we would rather discuss while it's on your mind than miss the question!



## Questions Following This Event?

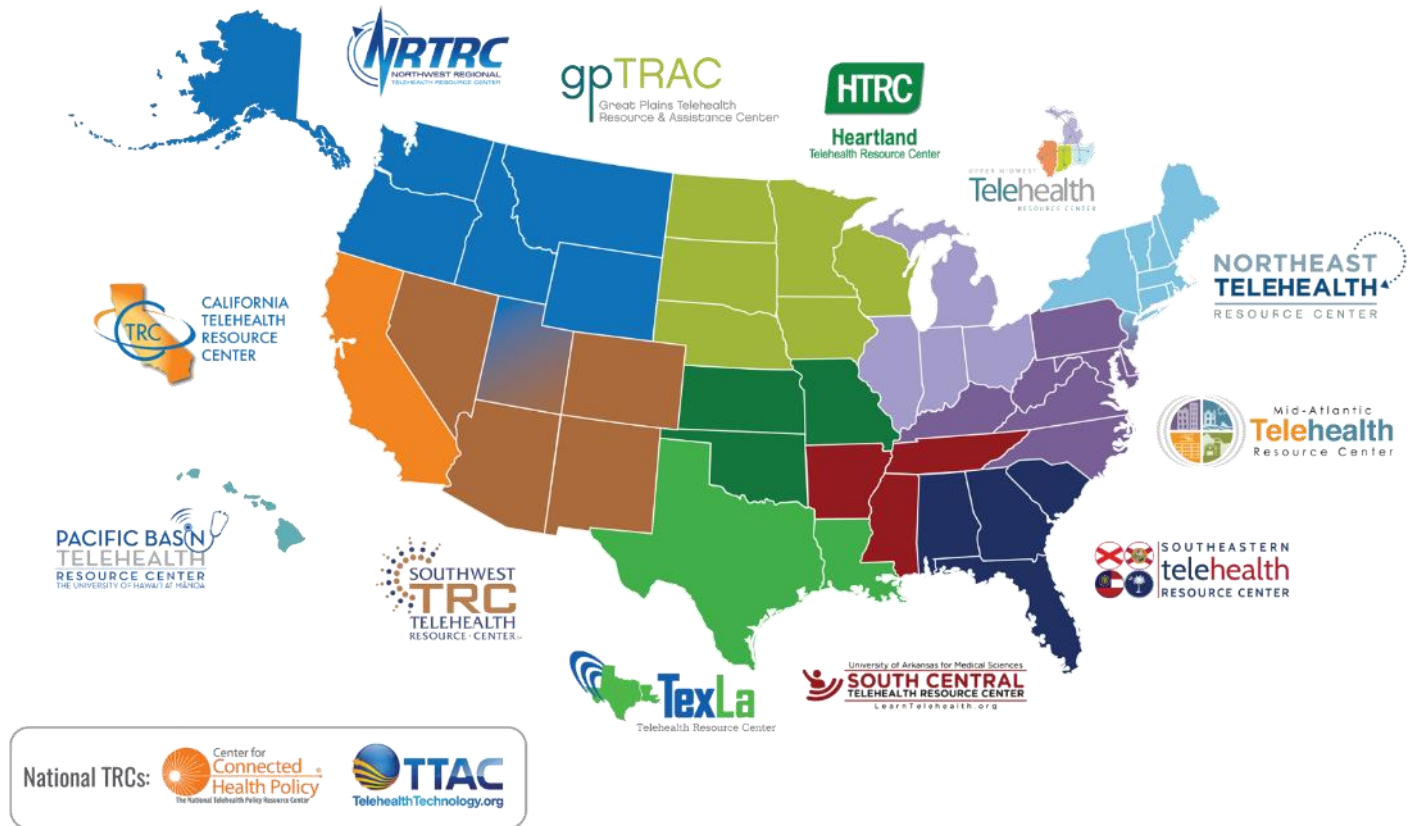
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## Our Mission

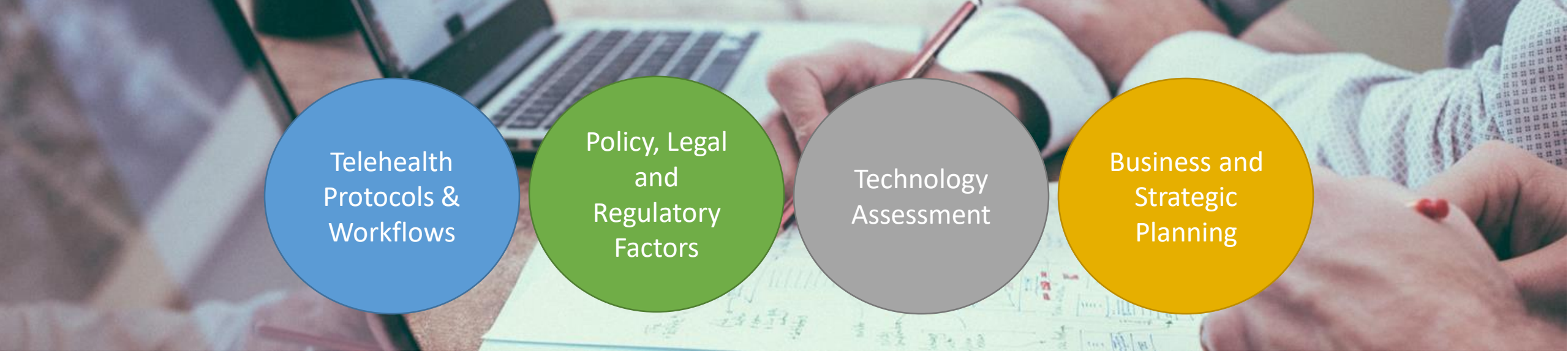
Foster the use of telehealth technologies to provide health care information and education for health care providers who serve rural and medically underserved areas and populations.

## Our Aim

Connecting rural communities and helping them overcome geographic barriers to receive quality healthcare services.







Telehealth  
Protocols &  
Workflows

Policy, Legal  
and  
Regulatory  
Factors

Technology  
Assessment

Business and  
Strategic  
Planning

## Our services

### Technical Assistance

We provide expert technical assistance to help build and enhance telehealth programs across the nation. Key focus areas include but are not limited to: telehealth policy, technology, business planning, workflow, etc.

### Development

We develop educational materials and resources for health systems, providers and patients. Includes: designing/executing needs assessments, identifying funding sources, and assisting with telehealth technology selection are also among our specialties.

### Business strategy

We connect telehealth leaders at local, state, and federal levels to raise awareness and collaboratively produce specialized tools and templates for telehealth programs and providers.



# Considerations for Telehealth from Home

## Patients

- Digital literacy
- Technology Support
- Supports for disabilities
- Interpreting services

## Both

- Ease of use
- Access to technology
- Access to internet
- Continuity of care
- Privacy/security concerns

## Providers

- Provider & staff training
- Legal and regulatory
- Licensure barriers
- Evolving policy
- Others?

# Regulatory Environment

## FEDERAL REGULATIONS

- All Healthcare & Privacy Regs (Stark, Anti-kickback, HIPAA)
- Prescribing Controlled Substances (Ryan Haight Act)
  - In person visit required before prescribing controlled substances (or consultation model)
  - Telemedicine exemption (undefined)
- Medicare (reimbursement)

## STATE REGULATIONS

- State Healthcare Regs (may include separate MH regs)
- Licensing Boards (many are silent regarding telehealth)
- Medicaid (reimbursement)
- Commercial payer regulations (reimbursement)



# Security and Privacy

- Video encounters are always encrypted, (almost) never recorded (separate consent needed to record)
- Using patient equipment and home networks is possible, but challenging (patient email address, IP address, and URL are PHI)
  - BAA's are available from every reputable videoconferencing vendor
- Using your own locations, providers, and equipment is one of the best ways to avoid privacy/security issues



# Common Challenges (in order)

- Value generation & monetization
  - It will take time/effort/money; how will you sustain the program?
- Generating internal interest, utilization, acceptance
  - Need for champions among thought leaders (providers) and executives
- Technical (or policy) decisions misunderstood, inflexible
  - Inadequate information
  - No unified vision OR inability to develop/support local vision(s)

**\*\* These are management issues, not telehealth issues \*\***



# Screening for Depression in Adults US Preventive Services Task Force Recommendation Statement

- The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women.
- Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
- There is little evidence to recommend one screening method over another; therefore, clinicians may choose the method most consistent with the patient being served, the practice setting, and their personal preference.
- There are also insufficient data to recommend how often screening should be done.



# Screening and Assessment

- **Screening** refers to strategies for identifying women who are at risk for or are experiencing symptoms of PMADs. Screening does not replace a diagnostic work up, but can help to identify women in need of further follow-up evaluation and treatment.
- **Assessment** is a more in-depth method used to verify symptoms or diagnosis in women who screen at risk and includes the use of clinical interview questions to identify specific symptoms, make a diagnosis, and choose an appropriate treatment approach.



# Universal Screening

- Essential for early detection and treatment
  - Limited pick up without screening!
  - Appearances can be deceiving
- Provides an opportunity for education
  - Normalizes/Reduces stigma
  - Consider mental health as any other health indicator (BP, weight)
- Can be integrated into routine maternal and infant visits
- Simplifies work flow
- Valuable tool for preexisting diagnosis or treatment
  - Track course of symptoms or efficacy of treatment





# Effective Screening

- Standardized tool
  - Opportunity to discuss emotional health during the visit
  - Gives the patient language to use with the clinician
  - Alerts the clinician to potential concerns that can be addressed during the visit
- Standardized Process
  - Established roles, consistency
- Validated tool
  - screening questionnaire that has been tested for
    - reliability
    - sensitivity and specificity
  - Consider validation in the perinatal period as normal symptoms can confound the results.
  - Scoring cutoffs



# Additional Considerations in Choosing a Tool

- Setting where administered
  - Need to reflect diagnostic criteria?
  - Length
  - Cost
  - Characteristics of the Medical Record
  - Ease of administration and implementation
- 
- Consider language and cultural appropriateness of any tool used to assess psychosocial risk



# Examples of Follow up based on Scores

- Score does not suggest risk
  - Educate about the importance of emotional wellness, reportable symptoms, and insure self care strategies and social support are in place.
  - If borderline consider repeat
- Score suggests risk
  - Lifestyle
  - Engage existing supports
  - Mental health services
  - Notify existing mental health providers with permission
  - Refer to PCP, OB provider. Contact with permission
- + on thoughts of self harm
  - Immediate assessment for need for emergency services



# Implementing Screening: Resources and Services

- Educational resources that demystify perinatal depression and anxiety
- Self-care tools
- Community support programs
- Treatment algorithms
- Mental health services
- Medical providers to prescribe medication
- Electronic referral pathways or directories
- A protocol to address safety/suicide risk



# Billing Direct Care Services

**Service legally occurs at the patient's location (implications for licensure, credentialing, etc.)**

- Provider has the right to bill for services (or assign billing)
- CPT is the same as in-person
- Modifier “GT” (or “95”) added to indicate “via live 2-way video”
  - “GQ” is also available for “store and forward” services
- Place of Service = “02” (telemedicine)
  - Physical location of the provider is usually irrelevant/immaterial
  - Provider’s “location” is the legal address of the billing entity



# Telehealth to Address Social Determinants...

## Start Here:

- Use Community and Patient Needs Surveys to Identify Patients who Would Benefit from Telehealth Services:
  - Patients who identify transportation as a barrier to accessing care
  - Older adults with limited mobility
  - Lack of insurance
- Improving access to, effects of, and value of healthcare services
- Chronic care management among special populations
- Provide remote access to specialists in rural and underserved settings
- Provide healthy weight and physical activity counseling
- Eligibility and enrollment

# Get Paid Here...

- As of December, 2019 - 42 out of 50 states and DC maintain a telehealth commercial payer statute
- 29 states, including DC have payment parity
- Originating (patient) sites may bill the facility fee (Q3014) in many cases  
Train your team: LCSWs, RNs, MAs, etc.
- Most commercial payers pay for the following screenings and services:
  - SBIRT: 99408-99409: \$29.67, \$57.23 (G0442 & G0443)
  - DAST
  - AUDIT
  - Tobacco cessation
  - Development screenings: 96110: \$5-\$60 (2 UNITS ALLOWED)
  - Including MCHAT

# Get Paid Here...

- Emotional and Behavioral Health Screenings: 96127
  - PHQ-9: G0444 (PPS RATE for FQHCs)
  - Vanderbilt
  - GAD
  - Behavior Counseling on Obesity: G0447 - 15 MINUTES



# CPT® Codes Across the Continuum

## Co-Location

**Preventive Medicine**  
99401, 99402, 99403,  
99404, 99411, 99412

**Behavior Change  
Interventions**  
99406, 99407, 99408,  
99409

**Psychotherapy**  
90832, 90833, 90834,  
90836, 90837, 90838

**Developmental /  
Behavioral Screening**  
96127

**Adaptive Behavior  
services**  
97151, 97152, 97153,  
91754, 97155, 97156,  
97157, 97158

**Health Behavior  
Assessment and  
Intervention**  
96156, 96158, 96159,  
96160, 96161, 96164,  
96165, 96167, 96168,  
96170, 96171

## Collaborative Care

**General Behavioral  
Health Integration Care  
Management**  
99484

**Psychiatric Collaborative  
Care Management**  
99492, 99493, 99494

**Cognitive Assessment  
and Care Plan Services**  
99483



# CPT® Code Overview – Towards Co-Location

Co-Location



Collaborative Care

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

Red- CPT® Appendix P  
 Green – CMS, during PHE



# 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)



# Non-Clinical Uses – Integrating Social Care

## Traditional reimbursement may not always be there, but Value is!

Linking medical and non-medical services can help providers meet their bottom line

How? Awareness-Adjustment-Assistance-Alignment & Advocacy

### Case Management

- Patients can meet with WIC counselor for WIC services, without burden of finding transportation
- Parolees can meet with their probation officer
- DHHS-parents can meet with their case worker to increase chances of reunification with children
- OutReach
  - Housing assistance
  - Eligibility assistance
  - Health Educators

<https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health#:~:text=Integrating%20Social%20Care%20into%20the,to%20Improve%20the%20Nation's%20Health&text=This%20recognition%20has%20been%20bolstered,rather%20than%20service%20delivery%20alone>



# Coding for Telehealth MAT Visits

## Federally Qualified Health Center

- Q3014-Originating Site Fee (MaineCare and Medicare) on a UB for FQHC
- 80305-Urine Toxicology to Part B Medicare, FFS MaineCare on a HCFA
- Office Visit-PPS rate and office visit for Medicare and T1015 and office visit for MaineCare

## Fee for Service

- Q3014 on a HCFA form (If patient is at your health center, medical office, etc.)
- 80305-Urine Tox (If completed)
- Office Visit (99202-99205 & 99212-99215)



# State Medicaid Example: Billing Mainecare for Telehealth MAT Visits

## Originating Site

- FQHC-UB Claim Form
- T1015 (Reimbursed at your PPS rate)
- Office Visit E/M w/ GT modifier
- FFS-HCFA Claim Form
- 80305 QW (CLIA Waived)-  
Reimbursed at \$8.41
- Q3014-reimbursed at \$15.86

## Distant Site

- **FQHC-UB Claim Form**
  - T1015 (Reimbursed at your PPS rate)
  - Office Visit
- **FFS-HCFA**
  - Office Visit with GT modifier

Authorization is only required if the patient's plan requires an authorization for an in-person visit. The mode of delivering care is not the determining factor.



# Originating Site Vs. Distant Site

## Originating Site

- Patient comes to health center and checks in with the front desk
- Medical Assistant completes check-in process, including urine toxicology screening, pill count, verifies up-to-date MAT agreement and Controlled Substance Prescription agreement
- MA initiates zoom session, verifies connectivity and leaves the room.
- When patient leaves the room, MA goes back into the room to review the plan, i.e. telehealth at home okay for next visit, next appointment time, etc.

## Distant Site

- Provider sends out a zoom invite to the patient, the front desk staff and MA.
- Front Desk and MA have the Zoom desktop application to view daily zoom schedules.
- Zoom invitation is copied into the schedule.
- During appointment confirmation, the front desk staff asks if connectivity is going to be an issue and lets the patient know that the provider will use telephone only if patient is unable to connect to zoom session. Patient's preferred contact is confirmed with the patient.
- Provider tasks the front desk with next appointment details and whether next visit is a face to face or an originating or distant site telehealth visit.



# Benefits

- Current shift to alternate payment models led by CMS, aligns incentives for the provision of social care.
- Reducing social determinants of health
- Increase primary and specialty care, especially in rural/underserved settings
- Increase social care activities that address health-related social risk factors and social needs
- Increase continuity of care
- Improve patient engagement
- Collaborative partnerships
- Commitment to health equity



# Telehealth Offers Flexibility and Affordability

- Value-Based care will require telehealth
- Telehealth helps increase healthcare value and affordability
- Virtual care technology saves patients time and money
- Telehealth visits have lower no-show rates
- About 20% OF Americans live in rural areas without easy access to specialty services
- Improved team-based care
- Can help with staffing shortages



# Chart Audit-Documentation requirements

MaineCare Benefits Manual: 10-144 Chapter 101, Section 4, Telehealth

Prior to the provision of any Telehealth Service:

Consent & Education: A signed written document will cover the following requirements:

- Telehealth equipment that may be used (secure)
- Member Choice and Education (see MaineCare Benefits Manual noted above for more information)

Required Chart Documentation:

- Verbal consent during the PHE, when a written consent can't be obtained.
- Visit was conducted via interactive audio and video or by telephone only
- Originating Site- Patient was at the health center
- Distant Site-Patient was at home (although home is considered an originating site for MaineCare)
- Who is present during the visit.
- Time spent if basing visit on time



# Clinical Processes Should Drive Design



## **PROGRAM ESSENTIALS**

- Sustainable revenue
- Motivated clinicians
- Community need
- Dedicated staff

## **ALSO IMPORTANT**

- Solid broadband
- Flexible technology
- Knowledgeable partners

# Tips to Get Started

- Find a **champion**
- Think big, **Start small**
- Focus time, effort and \$ on **program development and a sustainable business model**, then choose technology that fits your plan
- **Keep technology simple** when possible – what fits your needs and budget?
- **Reach out** to folks who have already done this!
- **Lead advocacy efforts** for program development and policy growth





# Patient & Provider Resources

FCC [LifeLine Program](#), which provides devices and subsidies on monthly voice and data fees for low income consumers. There are eligibility requirements (see webpage) and an application process for this.

## [National Digital Equity Center](#)

More resources for Devices:

- [Give It – Get It](#)
- [Goodwill's Good Tech Program](#)

Provider Telehealth Best Practices: <http://bit.ly/providerbestpractice>

Sample Provider Etiquette: <http://bit.ly/provideretiquette>

What Patients can expect: <http://bit.ly/telehealthexpectations>

Sample Patient Tips for Telehealth: <http://bit.ly/tipsfortelehealth>

HHS Telehealth Webpage for Patients: <https://telehealth.hhs.gov/patients/>

NCTRC Patient Engagement: <https://www.telehealthresourcecenter.org/wp-content/uploads/2020/03/How-Patients-Can-Engage-Telehealth-FINAL.pdf>



# TeleMental Health Resources

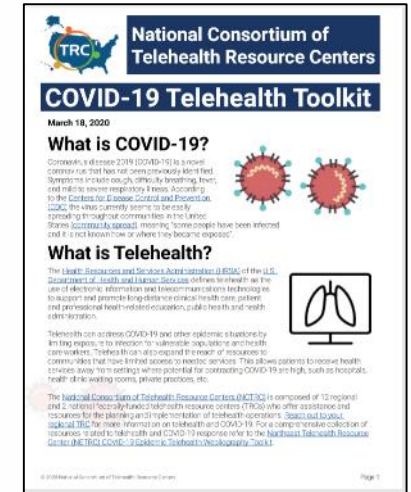
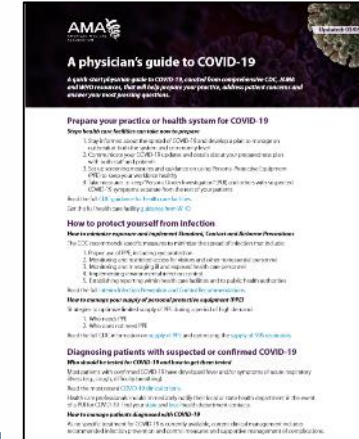
- **Mid-Atlantic Telehealth Resource Center (MATRC) Telebehavioral Health Center of Excellence (TBHCOE):** <https://tbhcoe.matrc.org/>
- **National Institutes of Health (NIH)- Ask Suicide Screening Questions (ASQ) Model** <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml#resource> ; NIH ASQ [Patient Resource List](#).
- **Center of Excellence for Integrated Health Solutions** (Funded by Substance Abuse and Mental Health Services Administration (SAMHSA)  
Operated by the National Council for Behavioral Health)  
<https://www.thenationalcouncil.org/integrated-health-coe/resources/>
- **National Alliance on Mental Illness (NAMI)- Mental health Training for Providers** <https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Provider>

# TeleMental Health Resources

- **US Center for Disease Control and Prevention (CDC)** - Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html>
- **Kaiser Family Foundation (KFF)** White Paper: <https://www.kff.org/womens-health-policy/issue-brief/telemedicine-and-pregnancy-care/>
- **Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCH)**- MCH Navigator Online Training:  
<https://mchb.hrsa.gov/training/mch-navigator-description.asp>
- **Suicide Prevention Resource Center (SPRC)** - Treating Suicidal Patients During COVID-19: Best Practices and Telehealth  
<https://www.sprc.org/events-trainings/treating-suicidal-patients-during-covid-19-best-practices-telehealth>

# Select Resources for COVID-19

- **NETRC Site & Telehealth Resource Library**
  - Telehealth Coordinator eTraining, developed w/California TRC
  - Northeast Telehealth Resource Center COVID-19 Toolkit
- **National Telehealth Resource Center website**
  - Telehealth and COVID-19 Toolkit
  - NCTRC Telehealth and COVID-19
- **CMS General Provider Telehealth & Telemedicine Toolkit**
- **MATRC Telehealth Resources for COVID-19**
- **NRTRC Quick Start Guide to Telehealth**
- **AMA: A Physician's Guide to COVID-19**
- **Hooper, Lundy and Bookman: COVID-19 Resource Page**



# Policy and Reimbursement Resources

## **CMS/Medicare**

- [Medicare Telemedicine Health Care Provider Fact Sheet](#)
- [Medicare Learning Network \(MLN\) Booklet – 2020](#)
- [Medicare - Covered Telehealth Services CY2019 and CY 2020](#)

## **Office of Civil Rights**

- [FAQs on Telehealth and HIPAA during COVID-19 public health emergency](#)

## **DEA COVID-19 Information Page**

## **SAMHSA COVID-19 Page**

## **Center for Connected Health Policy**

- [Telehealth Coverage Policies in the Time of COVID-19](#)
- [COVID-19 Related State Actions](#)
- [Billing For Telehealth Encounters](#) – CCHP 2020 Guide on Fee-for-Service

## **Federation of State Medical Boards – Board by Board Review**

- [States Waiving Licensure Requirements During COVID-19](#)

# Contact Us



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# Thank you!

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# Discussion

**We welcome your  
questions and  
comments!**





# Your SWEEP Team



- Healthcentric  
Advisors
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## Have a question? Contact us!

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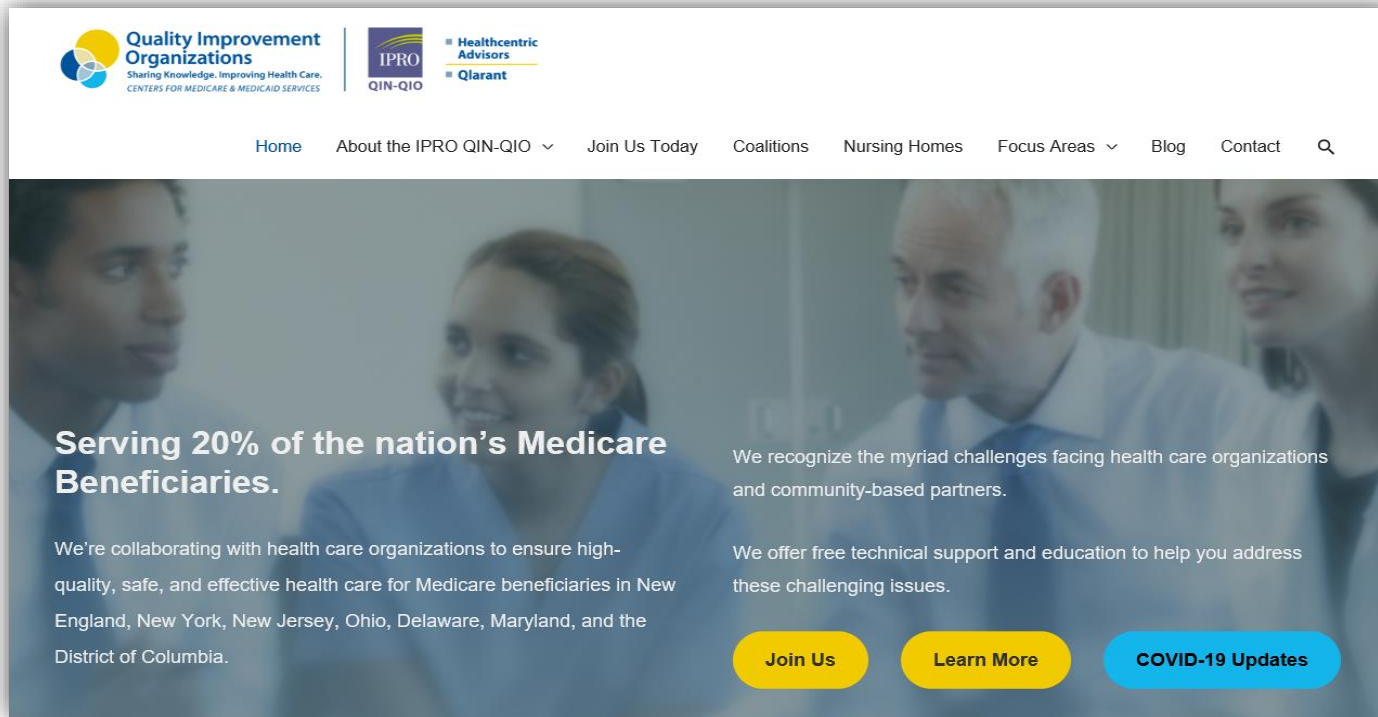
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