



Maine Medical Association



# Caring for ME Leadership Meeting

**October 12th, 2017, 9-10 am**

Audio is available through your computer speakers

*For audio by phone, call 1-646-558-8656 (US Toll) and enter  
Webinar ID# **363 389 261***

# MAT REIMBURSEMENT RESOURCES AND INFORMATION – *PRELIMINARY REPORT*

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Quality Counts Caring for ME Steering Committee

October 12, 2017

# Objectives:

To:

- Describe reimbursement models for delivering substance use treatment, specifically MAT, services in primary care
- Identify billing and coding information that will inform the planning and implementation process
- Identify key areas of interest and information gathered from grantees
- Elicit additional questions and ideas about resources and direction
- Plan for the completion of the toolkit

Disclaimer:

- This information does not represent how a payer might respond to a claim
- This information does not replace any regulatory information
- Always seek information from your own local agency consultants regarding any billing and coding practices

# Official Disclaimer

- Consultant makes no warranty regarding the manner in which any payer, governmental or private, will accept or deny any claim for reimbursement relating to integrated mental health services.
- In publishing or otherwise disseminating any Work Product this author makes no representation or warranty regarding the manner in which any payor, governmental or private, will accept or deny any claim for reimbursement relating to integrated mental health services; that the provided is not intended to replace the information contained in the ICD-9-CM and CPT-4 manuals or specific coding, reporting, or reimbursement information that may be disseminated by third-party or government payers; and that providers should seek advice for their own consultants with respect to submission of particular claims or categories of claims for reimbursement by payors.

# Work thus far

- Contact MeHAF grantees
- Talk to or meet with most participants to gather:
  - What are their questions and areas of concern?
  - If they had information and experience, were they willing to be a resource to others?
- Common Themes
  - Billing for behavioral health within primary care settings
  - Billing for groups within primary care settings

# Typical billing scenario

- Medical billing for physician
- Medical billing for labs
- Behavioral health billing for assessments
- Behavioral health billing for groups
- Other?



# Basic questions for each group

- What programming do you need?
- Where do you want it delivered?
- How coordinated or integrated do you want it to be?
- What is your business model?
- Co-occurring or substance use treatment specialist services?
- How will you get reimbursed for these services?



# Levels of Integration

		Level	Attributes
<b>Coordinated</b>	Minimal Collaboration	I	Separate site & systems Minimal communication
	Basic Collaboration at a distance	II	Active referral linkages Some regular communication
<b>Co-Located</b>	Basic Collaboration on site	III	Shared site; separate systems Regular communication
	Close Collaboration Onsite	IV	Shared site, some shared systems Routine communication and coordination
<b>Integrated</b>	Close Collaborative Approaching Integrated Practice	V	Shared site; shared systems Coordinated treatment plans Regular communication
	Full Collaboration in a Transformed Integrated Practice	VI	Shared site, vision, systems Shared treatment plans Regular team meetings Population based behavioral health



# Making Connections

<b>Coordinated</b>	Minimal Collaboration	I	Separate site & systems Minimal communication
	Basic Collaboration at a distance	II	Active referral linkages Some regular communication

- Link between Primary Care and local Substance Use and Co-occurring Treatment providers
- Can happen at every “level of integration”
- It’s generally the R and T of SBIRT (Screening and Brief Intervention and Referral for Treatment)

# On-site “co-occurring” treatment

Co-Located	Basic Collaboration on site	III	Shared site; separate systems Regular communication
	Close Collaboration Onsite	IV	Shared site, some shared systems Routine communication and coordination

- Can be all elements of SBIRT
- Allows for focused substance use treatment
- For FQHC’s or RHC’s: Allows for billing for groups through Section 65 for Behavioral Health Clinician and practice billing for medical portion
- May have to consider confidentiality complications

# Co-Located Model

## Con's

- Separate medical record
- Separate registration
- Different patient panels
- Confidentiality split
- May not increase communication and connection
- Separate from PCP team

## Pro's

- No cost to Medical practice
- Set-up for increased referrals and communication
- Patient familiarity with site

# Fully Integrated Behavioral Health Clinician in Practice

<b>Integrated</b>	Close Collaborative Approaching Integrated Practice	V	Shared site; shared systems Coordinated treatment plans Regular communication
	Full Collaboration in a Transformed Integrated Practice	VI	Shared site, vision, systems Shared treatment plans Regular team meetings Population based behavioral health

- Allows for integrated service delivery
- FQHC's and RHC's : Group visits not reimbursed by Medicare but are reimbursed by MaineCare
- “Co-occurring” vs. “Addiction Specialist”: what they call themselves is important re: confidentiality

# Fully Integrated Model

## Pro's

- Same record
- Same patient population
- Shared responsibility
- Streamlined processes
- Solid communication and coordination
- Part of primary care team

## Con's

- Start-up challenge to practice – contracts, billing
- Financial risk to medical practice

# Confidentiality and 42 CFR part 2 – general guidelines

You must follow 42 CFR part 2 Confidentiality Rules if you are:

- **An identified unit** within a general medical facility **that holds itself out** as providing, and does provide drug/alcohol diagnosis, treatment, or referral for treatment....
- **Individual or entity** other than a general medical facility **that holds itself out** as providing, and does provide, drug/alcohol diagnosis, treatment, or referral for treatment....
- **Medical personnel or other staff in a general medical care facility** whose **primary function** is the provision of drug/alcohol diagnosis, treatment, or referral for treatment

You do NOT fall under these rules if:

- This is just a piece that is delivered as part of general medical care
- This is just a piece that the behavioral health clinician offers as part of their overall integrated practice
- You need to get clarity from your legal counsel

For more information: Legal Action Center

[https://www.integration.samhsa.gov/operations-administration/PrivacyConfidentialityHealthCare\\_508.pdf](https://www.integration.samhsa.gov/operations-administration/PrivacyConfidentialityHealthCare_508.pdf)

# Elements of Billing for MAT

## Behavioral Health Billing

- IOP
- OHH
- Primary care: Individual and Group Treatment
- BHH connection?
- Section 65 billing for individual and group

## Primary Care Medical Billing

- E/M for medical visits for med management
- Group medical visits?
- Labs
- Payment for medication?
- OHH

# Types of Billing Codes for Substance Use Treatment in Primary Care

- Mental Health Codes also used for Substance Use Treatment
  - Assessment (Paid by all)
  - Individual and Family Treatment (Paid separately or connected to E/M code – allowed by all)
  - Group Treatment (not allowed by Medicare in FQHC's or RHC's but could be delivered and billed by co-located clinician)
- E/M codes
  - Used by medical providers and psychiatric providers
- SBIRT billing codes



# Behavioral Health Codes

Used by LCSW (or LCPC)

- 90791: Initial Assessment
- 90832, 90834, 90837: Individual Therapy
- 90846, 90847: Family Therapy
- 90853: Group Therapy

Used by Psych NP/PA

- Use E&M codes 99201-99201 for new patients or 99211-99215 for ongoing patients
- Services must be medically necessary
- Practitioner must be practicing within their scope of practice
- Used in conjunction with a medical or psychiatric diagnosis

# E/M codes and Psych NP's

- 90792, Psychiatric Diagnostic Evaluation with medical services
- 99201 New patient
- 99211 – 99215 Ongoing Patient codes

Add-on psychotherapy codes:

- 90832, Psychotherapy with E/M, 30 mins (16-37)
- 90834, Psychotherapy with E/M, 45 mins (38-52)
- 90837, Psychotherapy with E/M, 60 mins (53 or more)

	<u>Time (Min)</u>	<u>CPT Code</u>	<u>History</u>	<u>Exam</u>	<u>Decision Making</u>
Office or outpatient visit, new pt, 10 min	10	99201	Problem Focused	Problem Focused	Straightforward
Office or outpatient visit, new pt, 20 min	20	99202	Expanded	Expanded	Straightforward
Office or outpatient visit, new pt, 30 min	30	99203	Detailed	Detailed	Low Complexity
Office or outpatient visit, new pt, 45 min	45	99204	Comprehensive	Comprehensive	Moderate Complexity
Office or outpatient visit, new pt, 60 min	60	99205	Comprehensive	Comprehensive	High Complexity
Office or outpatient visit, estab pt, 5 min	5	99211	Minimal	Minimal	Minimal
Office or outpatient visit, estab pt, 10 min	10	99212	Problem Focused	Problem Focused	Straightforward
Office or outpatient visit, estab pt, 15 min	15	99213	Expanded	Expanded	Low
Office or outpatient visit, estab pt, 25 min	25	99214	Detailed	Detailed	Moderate Complexity
Office or outpatient visit, estab pt, 40 min	40	99215	Comprehensive	Comprehensive	High Complexity
			<b>Chief Complaint (CC)</b>		
			<b>History of Present Illness (HPI)</b>		
			<b>Review of Systems (ROS)</b>		
			<b>Past, family and/or social history (PFSH)</b>		
<b>Type of Hx</b>	<b>HPI</b>	<b>ROS</b>	<b>PFSH</b>		
<b>Problem Focused</b>	Brief	N/A	N/A		
<b>Expanded Problem Focused</b>	Brief	Problem P	N/A		
<b>Detailed</b>	Extended	Extended	Pertinent		
<b>Comprehensive</b>	Extended	Complete	Complete		
<b>HISTORY OF PRESENT ILLNESS (HPI)</b>					
A chronological description of the development of the patient's present illness from the first sign and/or symptoms or from the previous encounter					
Location					
Quality					
Severity					
Duration					
Timing					
Context					
Modifying factors, and					
Associated signs and symptoms					
<b>PAST, FAMILY AND/OR SOCIAL HISTORY (PFSH)</b>					
PFSH consists of 3 areas:					
			1 Past history (the patient's past experiences with illnesses, operations, injuries and treatments)		
			2 Family history (a review of the medical events in the patient's family, including diseases which may be		
			3 Social history (an age appropriate review of past and current activities)		

# Medicaid – MaineCare – Different Rules for Different Settings

## **Mental Health Licensed Agency or Clinician:**

**Section 65** – Behavioral Health Services i.e. “Mental Health Agency” and Individual Mental Health Clinician

## **Medical Practices**

**Section 90** – Private (Medical) Practice i.e. “Doctors’ Office”

**Section 45** – Hospital Owned Practice i.e. “Doctors’ Office or Outpatient Clinic”, provider based

## **FQHC’s and RHC’s**

**Section 31** – Federally Qualified Health Center (FQHC)

**Section 103** – Rural Health Clinic (RHC)

# Billing for Groups

- Medicare does not allow group billing for FQHC's and RHC's but some practices are delivering services and not billing Medicare
- MaineCare does appear to reimburse for group services for FQHC's and RHC's
- Medicare and MaineCare both allow within Provider based practices (non-FQHC or RHC). Medicare requires LCSW for any billing

# Ways to bill for groups in primary care

- Medical before or after group:
  - Behavioral health delivers group services - bills
  - Medical provider bills for the medical visit as well.
- Medical “pull out” of group:
  - Medical provider “pulls out” patients throughout group session – bills for medical visit
  - Behavioral health bills for group, minus time away with provider

Other?

Payers allow 2 services on the same day as long as one is medical and one is behavioral health under provider-based rules. Section 65 may allow more than one mental health bill on same day.

# Who can get reimbursed for services in medical practices?

## Master Level Clinicians

- Medicare - LCSW's only
- Medicaid allows: LCSW's, LCPC's and LMFT's, as well as conditional. May vary by practice type.
- Commercials may also differ but generally more inclusive

Psychologists: Paid by Medicare, Medicaid and Commercial

## Psych NP's/PA's

- Follow rules for E/M codes
- Generally paid by all payers

# What to do for the uninsured? OHH

- Opioid Health Homes are an option
  - OHH factors to consider:
    - Need to have a mix of MaineCare and uninsured
    - May be able to partner with pharmacy or other parts of the team (e.g. peer recovery)
    - OHH will pay for medication for uninsured
    - Financially viable for MaineCare patients in induction phase due to need for multiple medical visits vs. those in maintenance phase?
  - For more information please contact:
    - [Michelle.Ayotte@maine.gov](mailto:Michelle.Ayotte@maine.gov)
    - <http://www.maine.gov/dhhs/oms/rules/adopted.shtml#anchor75961>
- 4



# Ongoing Issues

- Large percentage of uninsured
- Medicare rules that don't allow payment for groups in FQHC's and RHC's
- “Shared medical appointments” – how best to bill?
- Psych NP and LCSW both billing. Same day? Both assess?



# Next Steps

1. Determine what additional information or consultation people need to get reimbursed for this work
2. Continue to gather information and questions from grantees. Link grantees around specific reimbursement Q&A
3. Create toolkit including:
  - a. Summary PowerPoint
  - b. Supporting documents, links and references
4. Remain available to consult to grantee teams as needed and required by QC
5. Other?



# Reimbursement Resources

## Medicare Links

- <http://www.cms.gov/Manuals/IOM/list.asp>
- [http://www.cms.gov/Transmittals/01\\_overview.asp](http://www.cms.gov/Transmittals/01_overview.asp)
- Medicare Documentation Guidelines for Evaluation and Management Services 95 & 97  
[http://www.cms.gov/MLNEdWebGuide/25\\_EMDOC.asp](http://www.cms.gov/MLNEdWebGuide/25_EMDOC.asp)
- NHIC <http://www.medicarenhic.com/>
- CMS National Correct Coding Initiative
- Evaluation and Management Service Guide - [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/eval\\_mgmt\\_serv\\_guide-ICN006764.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/eval_mgmt_serv_guide-ICN006764.pdf)
- <http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html/nationalcorrectcodinited>
- [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/eval\\_mgmt\\_serv\\_guide-ICN006764.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/eval_mgmt_serv_guide-ICN006764.pdf)
- CMS. Local Coverage Determination (LCD): Psychiatry and Psychology Services (L26895)
  - for provider based services and medical necessity that can be applied to services billed under Part B by individual providers

## Other

- [www.thenationalcouncil.org](http://www.thenationalcouncil.org) – the National Council for Community Behavioral Healthcare
- [www.ibhp.org](http://www.ibhp.org) – Integrated Behavioral Health Project
- [www.mainehealth.org/mentalhealthintegration](http://www.mainehealth.org/mentalhealthintegration)

# Contact

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Don't Be Afraid  
To Talk About  
Money!

# SBIRT

- **S – Screening**
  - Can be done in many locations including Primary Care
  - May be done by various staff in the practice
- **B I – Brief Intervention**
  - Follows screening.
  - May be done by various staff in the practice including behavioral health
- **R – Referral for**
  - If needed – can be made by any informed staff in practice
- **T – Treatment**
  - Generally coordinated with services outside of medical practice
  - Could be delivered in practice with specialized staffing

# SBIRT and Prevention and Screening for Alcohol Misuse

	Ages	Frequency	Title	Recommended Tool May use any nationally recognized tool	Reimbursement Information	Codes Used for Reimbursement	Payment for Codes	Health Care Providers allowed to use codes	Helpful Publications
Adults	≥ 18	annually	SBIRT	Any nationally recognized, structured tool, e.g., AUDIT or DAST	SBIRT - Brief Screening, Intervention and Referral for Treatment	Medicare - G0396 15-30 minutes Medicare G0397 - > 30 minutes MaineCare 99408 - 15 - 30 minutes MaineCare 99409 > 30 minutes Commercial insurers - check with provider relations	Medicare - \$33.37 - 15 - 30 min Medicare \$65.75 - > 30 minutes MaineCare \$21.04 - 15 - 30 minutes MaineCare \$41.08 > 30 minutes Commercial - check with provider relations	Medicare - Physician, NP/PA, CNS, Clinical Psychologist, LCSW MaineCare - Medical providers Commercial insurers - generally medical providers - check with each insurer	MLN publication titled "Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services" located at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIR">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIR</a>
Adults	>18	Annually and up to four 15 minute Brief Counseling Sessions per year	Prevention: Screening for alcohol misuse in adults	Must use the 5A's (Assess, Advise, Agree, Assist, and Arrange) for the Behavioral Counseling .	Alcohol Screening allowed 1 time in 12 month period	Annual Alcohol Misuse Screening - Medicare - G0442 Brief Face-To-Face Behavioral Counseling for Alcohol Misuse - 15 minutes - Medicare - G0443	Medicare G0442 - \$16.46 Medicare G0443 - \$24.23		
Children and Adolescents	11 to 21	annually		CRAFTT	SBIRT - Brief Screening, Intervention and Referral for Treatment	Medicare - G0396 15-30 minutes Medicare G0397 - > 30 minutes MaineCare 99408 - 15 - 30 minutes	Medicare - \$33.37 - 15 - 30 min Medicare \$65.75 - > 30 minutes MaineCare \$21.14 - 15 - 30 minutes	Medicare - Physician, NP/PA, CNS, Clinical Psychologist, LCSW MaineCare - Medical providers Commercial insurers -	See above

# MAINECARE SERVICES

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## Opioid Health Homes



Department of Health  
and Human Services

*Maine People Living  
Safe, Healthy and Productive Lives*

Paul R. LePage, Governor

Ricker Hamilton, Acting Commissioner

# Opioid Health Home (OHH) Background

## Timeline

Spring 2017: Funding authorized

*In spring 2017, the Maine Legislature passed legislation to allow for the implementation of the OHH program.*

April 2017: Emergency rule adopted

*Recognizing the urgency of this issue, the OHH rule was adopted via emergency rulemaking in April 2017, and the Department of Health and Human Services began accepting applications from potential OHH providers. The first OHH provider was approved by the end of April.*

May 2017: Public hearing held

*In May, the Department held the public hearing for the permanent rulemaking, and based on public comments, made significant changes to the program design prior to the rule's final adoption in July.*

July 2017: Final rule adopted



# Opioid Health Home (OHH) Overview

## What it is

The OHH model is an innovative and evidence-based program that provides treatment for MaineCare members and the uninsured who are struggling with opioid dependency. It is a team-based model of care that focuses on treating the whole person through:

- Substance abuse counseling
- Care coordination
- Medication-assisted Treatment (MAT)
- Peer support
- Medical consultation

Opioid Health Homes are comprised of a comprehensive group of providers that furnish services based on an integrated care delivery model that is focused on whole-person treatment. Through this model, individuals are provided with care that is focused on their physical, social, and emotional wellbeing, instead of just their addiction.

# Opioid Health Home (OHH) Overview

## **Program Design**

The OHH program is designed with flexibility and accessibility in mind for the providers and members. The OHH model is closely aligned with the Department's Behavioral Health Home (BHH) model and shares similarities in the team design and core standards.

Also like the BHH model, the payment rate is bundled; there is no fee-for-service. There are two payment and program-design options for providers to choose from in order to ensure maximum flexibility, allowing members to access medication in the office or at local pharmacy.

Providers have access to their members' utilization data, which makes care coordination more possible and effective.

With a rolling application process, providers may apply to become an OHH at any point in time.

# Opioid Health Home (OHH) Overview

## Option A

- Dispensing Medication: \$1,000/PMPM
- One (1) Section 93.05-7 office visit with the MAT prescriber and member each month; AND
- The OHH must provide adequate counseling to address opioid substance use disorder. Section 93.05-8 counseling must be provided to each member at a minimum of one (1) counseling session per month; AND
- Delivery of at least one additional covered service described in Sections 93.05-1 through 93.05-6, to an enrolled member within the reporting month, pursuant to the member's Plan of Care/ITP; AND
- Provision of a maximum of a thirty (30) day supply of medication (Section 93.05-9).

## Option B

- Prescribing Medication: \$496/PMPM
- One (1) Section 93.05-7 office visit with the MAT prescriber and member each month; AND
- The OHH must provide adequate counseling to address opioid substance use disorder. Section 93.05-8 counseling must be provided to each member at a minimum of one (1) counseling session per month; AND
- Delivery of at least one additional covered service described in Sections 93.05-1 through 93.05-6, to an enrolled member within the reporting month, pursuant to the member's Plan of Care/ITP.

# Opioid Health Home (OHH) Overview

## Program Design

<b>Opioid Health Home Team</b>
Clinical Team Lead
Opioid Dependency Counselor
Nurse Care Manager
MAT Prescriber
Peer Recovery Coach

<b>Opioid Health Home Core Standards</b>
Demonstrated Leadership
Team-Based Approach to Care
Population Risk Stratification and Management
Enhanced Access
Practice Integrated Care Management
Behavioral-Physical Health Integration
Inclusion of Members and Families
Connection to Community Resources and Social Support Services
Commitment to Reducing Waste, Unnecessary Healthcare Spending, and Improving Cost-Effective Use of Healthcare Services
Integration of Health Information Technology

# Opioid Health Home (OHH) Overview

## Eligibility & Accessibility

Any entity that meets the eligibility requirements and core standards is allowed to become an OHH. Providers can be, but are not limited to, mental health and substance abuse agencies, including methadone clinics, FQHCs, or practices that are part of a larger health system. To ensure maximum accessibility for members, care can be provided anywhere, and can be customized to work in almost any setting.

Arrangements can look like:

- A primary care office working with a local behavioral health agency
- An FQCH providing all services under one roof
- A methadone clinic
- A behavioral health agency partnering with local MAT provider to provide services in-house
- Mobile services

# Opioid Health Home (OHH) Overview

## Eligibility & Accessibility

Opioid Health Home services are available for MaineCare members and the uninsured, with identical eligibility criteria, core standards, and enrollment process.

OHHs serving the uninsured population must have access to HealthInfoNet to access claims data. OHHs serving MaineCare members can access the Department's VMS portal for claims data.

Like MaineCare members, uninsured individuals who receive OHH services must have a connection with a primary care provider, which they would receive through free care rather than MaineCare coverage.

# Opioid Health Home (OHH) Overview

## Current Status

At this time, there are four approved OHH providers, with seven distinct sites. There are an additional 16 applications in the approval process.

Providers vary from Federally Qualified Health Centers (FQHCs) to methadone clinics and other substance abuse providers, to behavioral health providers.

The Department anticipates receiving applications from a number of primary care providers who intend to provide OHH as an integrated service, or partner with a substance abuse provider.

The first OHH to begin serving MaineCare members is located in Calais and will begin offering services in October.