Supporting Bi-Directional Integration Through Potential Billing Opportunities: The Michigan Interim Billing Worksheets

Presented by:
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Overview

- Essential Nature of Billing and Reimbursement
- Billing and Coding Infrastructure
- Billing Opportunities in Public Sector Partnership
- State Based-Interim Billing Worksheets
- Using Billing and Claims Information for Quality Improvement
Essential Nature of Effective Billing and Reimbursement

• Impact of the third party payers/entities in the field
  • Managed Care Entities
  • Insurance Exchanges
  • Accountable Care Organizations
• Medicaid Reform and Health Homes
• Revenue for the organization
• Data for Quality Improvement
Potential Billing Opportunities for Behavioral Health Services in Primary Care

- Two services in one day
- Health and Behavioral Assessment Codes – HBAI
- Maximizing who can bill for what, when and by whom
Two Services in One Day

- **Myth:** The federal government prohibits this or Medicaid won’t pay for this!
- **Reality:** This is a state by state Medicaid issue, not a federal rule or regulation – Georgia does not allow two services in one day to be billed

**Federal Citations:**
- Medicare will cover a physical health and mental health visit same day/same provider – CFR Title 42 Volume 2, Part 405. Section 405.2463
- Medicaid “In terms of FQHC’s/RHC’s there are no applicable, current (federal) Medicaid regulations, but some States follow Medicare requirements pertaining to same day billing. In terms of same day billing in the Community Mental Health Centers and Outpatient Hospital setting, there are no specific Medicaid statutes or regulations on this matter.
Two Services in one Day

• Medicaid is currently paying for two services in 28 states by one provider (FQHC) including Michigan

• Two providers can bill for the services they provide on the same day – Contractual Business Model
  - Behavioral Health Provider bills for BH service under their provider number
  - Primary Care bills for their services under their provider number
Group Discussion

How is this working in your FQHC?
The Health and Behavior Assessment/Intervention Codes (96150 - 96154)

- Approved CPT Codes for use with Medicare right now
- Some states are using them now for Medicaid
- State Medicaid programs need to “turn on the codes” for use
- Behavioral Health Services “Ancillary to” a physical health diagnosis
  - Diabetes
  - COPD
  - Chronic Pain
States use of Medicaid’s Health and Behavior Assessment/Intervention (HBAI) codes (96150–96155 CPT Series)
Maximizing Who Can Bill, for What, and By Whom

- Reimbursable bill must have the correct CPT Code, Correct Diagnostic Code and be provided by the appropriately credentialed staff person
Maximizing Who Can Bill, for What, and By Whom – Interim Billing Worksheets

What are the Interim Billing Worksheets?

- Point in time review of each state’s Medicaid program on what may or may not be reimbursable in your state for integration using currently available codes
- Point in time review of Medicare reimbursement
- Link CPT, Diagnostic Code and Credential
- One of many tools – an place to start the conversation and billing locally and in a state
- Do not GUARANTEE you will be paid based on the worksheet
Recent Updates in Billing

- Billing for Smoking Cessation
- Billing for “Obesity”
Michigan Interim Billing Worksheet

Viewed on the web from
www.integration.samhsa.gov
Resources

Worksheet Available at:
www.integration.samhsa.gov

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