Billing and Coding for Health Psychologists

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Objectives

Discuss APA coding and billing strategy

Review existing codes that capture behavioral health services

Describe and discuss new codes for 2024/2025.

Discuss relationship between medical necessity criteria and billing

Let's Talk Codes.....

Diagnosis codes

- DSM
- ICD-10

Procedure Codes

- CPT
- HCPCS

Coding – It is not just for payment

The CPT descriptive terminology and associated code numbers provide the most widely accepted medical nomenclature used to report medical procedures and services for processing claims, conducting research, evaluating healthcare utilization, and developing medical guidelines and other forms of healthcare documentation.

Data are used to track healthcare utilization, identify services for payment, and to gather statistical healthcare information about populations.

Secondary diagnosis codes are important for data analysis, population health, and driving health policy.

Example: (U09.9 postCOVID-19 condition, unspecified) for Long COVID and (Z55 – Z65) for Social Determinants of Health.

CPT® Code Strategy – Three Areas of Focus

1) Pursue access to existing CPT codes that represent the work psychologists provide but have not been reimbursed by the majority of payors
    a. Goal - Obtain access and reimbursement for psychologists.

2) Ensure that as new codes are developed and proposed by other societies but represent clinical work that psychologists also provide, that psychologists will be able to use these codes and receive reimbursement from payors.
    a. Goal - Ensure psychologists can access and receive reimbursement.

3) Propose new codes to capture clinical services provided by psychologists
    a. Goal - Lead in code development for health behavior services.

Psychotherapy Services: Medical Necessity

- Expand Medical Necessity Definition
  - Allow individual and family psychotherapy to be billed under infants and toddlers when a concrete mental health or behavioral health diagnosis is not present for the provision of dyadic services
  - California
  - Colorado
  - Massachusetts
  - New York
    - : https://www.health.ny.gov/health_care/medicaid/program/update/2023/no02_2023-01.htm#psychotherapy

Psychotherapy Services: Medical Necessity

- New York Medicaid
- Two-generational and preventative approaches are critical when supporting and caring for the health and well-being of children and their caregivers. To support these approaches, the following clarification for medical necessity related to individual, group, and family psychotherapy services, allowing for reimbursement for services to be provided to the child and/or the caregiver to prevent childhood behavioral health issues and/or illness.
- New York State (NYS) Medicaid fee-for-service (FFS) accepts International Classification of Diseases, Tenth Revision (ICD-10) code "Z65.9" (problem related to unspecified psychosocial circumstances) as an indication of medical necessity on claims for the psychotherapy services listed below when provided by qualified NYS Medicaid-enrolled providers to NYS Medicaid members under 21 years of age. A diagnosis of "Z65.9" is intended for prevention-based services when no other behavioral health diagnosis is present.
- Effective April 1, 2023, NYS Medicaid Managed Care (MMC) Plans and providers should ensure claiming systems do not exclude ICD-10 code "Z65.9" in the identification of medical necessity for the psychotherapy services and Current Procedural Terminology (CPT) codes listed below.

Comprehensive Code Lists

- Behavioral Health Services Code List
  - Psychotherapy codes
    - Interactive Complexity Code
      - https://www.apaservices.org/practice/reimbursement/health-codes/2022-reporting-interactive-complexity
  - HBAI Codes
    - https://www.apaservices.org/practice/reimbursement/health-codes/2022-health-behavior-assessment-codes-factsheet.pdf
  - Psychological and Neuropsychological Testing Codes
    - https://www.apaservices.org/practice/reimbursement/health-codes/testing/billing-coding.pdf
- Integrated Care “Wish List”

Obtaining Code Access in Health System

1. Billing/Compliance Office
   - Coordinating on which codes can be used
   - Check if code is already being billed/reimbursed for other providers (interprofessional consultation code)
   - Advocate why a code should be billed
2. Electronic Health Record
   - Build in codes in the EHR
3. Contracting Office
   - Advocate with payors to reimburse

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2023 Codes

Interprofessional Consultation Code

Changes to Interprofessional Telephone/Internet/Electronic Health Records Consultations Codes

Practice Update article – https://www.apaservices.org/practice/reimbursement/health-codes/interprofessional-record-health-consultations

Payor Resource – https://www.apaservices.org/practice/reimbursement/health-codes/interprofessional-consultation-codes

Interprofessional Consultation Code

- -Codes were revised to include “other qualified health care professionals” in the code descriptors, guidelines, and instructional parenthetical language, where previously it had only specified “physician.”
- ▪ Interprofessional telephone/internet/electronic health record consultations are assessment and management services in which “a patient’s treating QHP requests the opinion and/or treatment advice of a QHP with specific specialty expertise (the consultant) to assist in the diagnosis and/or management of the patient’s problem without patient face-to-face contact with the consultant”
- ▪ Codes are reported by consulting providers who communicate with, and provide expert advice to, treating providers regarding a diagnosis or management of a patient’s problem.
- For 2025 HCPCS codes for Behavioral Health Providers: G0546-G0549, G0550, G0551

Clinical Case Example

A primary care physician (PCP) consults a psychologist by telephone conversation. The PCP states that consultative services are needed for a 20- year-old Latinx female patient who presents with flat affect, weight gain, and significant fatigue. The patient reports that she has been staying up until 3 or 4 a.m. and sleeping all day. She failed two of her classes and will have to attend summer school to make up the credits. Her PHQ-9A is elevated (14) and she reports having thoughts of harming herself on item 9.

The psychologist consultant reviews the case and verbally provides the PCP with assessment and management recommendations which include the need to complete a risk assessment and safety plan prior to leaving the clinic, a plan to conduct ongoing safety checks, and referral to a community therapist. Also, recommendations on sleep hygiene, behavioral activation, and lifestyle issues related to weight management.

The psychologist then writes up the assessment and management recommendations and transmits the report to the treating/requesting provider for inclusion in the patient medical record.

Billing Guidance

- Billing: Report one unit of CPT code G0549, indicating the psychologist spent a total of 35 minutes of consultative services, including 20 minutes of verbal discussion with the patient's treating provider, and 15 additional minutes reviewing the patient's medical record, doing research review, creating and sending the written report of findings, and expert advice.

General BHI Code

- HCPCS code G0323 for Behavioral Health Integration (BHI)
  - Practice Update article – https://www.apaservices.org/practice/reimbursement/health-codes/mental-behavioral-health-medicare

General BHI Code

- New coding and reimbursement for general behavioral health integration (BHI)
- HCPCS code G0323 is care management services for behavioral health conditions and is used to account for monthly care integration where mental health services are provided by a clinical psychologist or clinical social worker serving as the focal point of care integration.
- This service requires the CP or the CSW to perform at least 20 minutes of care management services over the course of a calendar month.
- Service can be billed incident-to the psychologist

Group Caregiver Behavior Management Training Service (CPT® codes 96202 & 96203)

Practice Update article:
https://www.apaservices.org/practice/reimbursement/health-codes/caregiver-behavior-management-training

Payor Resource:
https://www.apaservices.org/practice/reimbursement/health-codes/caregiver-behavior-management

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2024 Codes

Social Determinants of Health (SDOH)

- Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- Healthy People 2030 organizes the SDOH around five key domains: (1) Economic Stability, (2) Education Access & Quality, (3) Health Care Access & Quality, (4) Neighborhood and Built Environment, and (5) Social and Community Context
- Addressing SDOH is a primary approach to achieving health equity. Health equity is “when everyone has the opportunity to 'attain their full health potential' and no one is ‘disadvantaged from achieving this potential because of their social position or other socially determined circumstance.’
- https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Social Determinants of Health (SDOH)

- ICD-10 Codes
  - Z55 – Z65
  - Z codes are a special group of codes provided in ICD-10-CM for the reporting of factors influencing health status

- https://www.cms.gov/files/document/zcodes-infographic.pdf

- Needed CPT® codes to capture the work involved in assessing and intervening with patients on their SDOH and the impact on their health.

SDOH Assessment Code

- G0136
  - Administration of a standardized, evidence-based SDOH assessment, 5–15 minutes, not more often than every 6 months
  - The purpose of this assessment is to evaluate the patient's social risk factors that influence the diagnosis and treatment of physical and behavioral health conditions.
  - Need to document the corresponding Z codes

SDOH Assessment Code

- G0136
  - Work RVU = 0.18
  - Total RVU = 0.57
  - Medicare Reimbursement = $18.97
  - Can be performed via telehealth
  - Patient cost sharing applies as it does for any medical service.

SDOH Assessment Code – G0136

- Assessment tool should include the following SDOH domains:
    - Food Insecurity: Assessing whether the patient has reliable access to nutritious food.
    - Housing Insecurity: Evaluating housing stability and safety.
    - Transportation Needs: Identifying transportation barriers that may affect healthcare access.
    - Utility Difficulties: Examining challenges related to utilities (e.g., electricity, water) and their impact on health

- Examples of possible evidence-based tools for SDOH Assessment

  CMS Accountable Health Communities (AHC) Tool

  This tool is recommended by CMS (Centers for Medicare & Medicaid Services). It assesses various social determinants, including economic stability, education access, neighborhood environment, and community context.

  Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) Tool

  PRAPARE is widely used in healthcare settings. It covers a comprehensive range of social determinants, allowing providers to identify patients' needs related to housing, food security, transportation, and more.

Principal Illness Navigation (PIN) Services

- Principal Illness Navigation (PIN) services were developed by the Centers for Medicare & Medicaid Services (CMS) to assist patients with serious conditions in navigating their health care treatment.
- PIN services are a type of care management that helps patients understand their health condition or diagnosis and guides them through the health care system.
- These services are designed for individuals with serious conditions that are expected to last at least 3 months, such as cancer, HIV, severe mental illness, or substance use disorder.
- Patients who are at high risk for hospitalization, nursing home placement, sudden worsening of preexisting symptoms, physical or mental decline, or death can benefit from principal illness navigation services.

Principal Illness Navigation (PIN) Services

- G0140: Principal Illness Navigation-Peer Support provided by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; 60 minutes per calendar month
  - Work RVU = 1.00
  - Total RVU = 2.42
  - Medicare Reimbursement = $80.55

- G0146: This code captures each additional 30 minutes of Principal Illness Navigation-Peer Support services per patient per month beyond the initial 60 minutes provided by G0140.
  - Work RVU = 0.70
  - Total RVU = 1.51
  - Medicare Reimbursement = $50.26

- Informed Consent and Cost Sharing

Principal Illness Navigation (PIN) Services

- G0023: Principal Illness Navigation services provided by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month.
  - Work RVU = 1.00
  - Total RVU = 2.42
  - Medicare Reimbursement = $80.55

- G0024: This code captures each additional 30 minutes of Principal Illness Navigation services per patient per month beyond the initial 60 minutes provided by G0023.
  - Work RVU = 0.70
  - Total RVU = 1.51
  - Medicare Reimbursement = $50.26

- Informed Consent and Cost Sharing

Principal Illness Navigation (PIN) Services

- Core Components of PIN Services:
  - Person-Centered Assessment: Understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes.
  - Goal Setting and Action Plans: Work with patients to establish personalized goals and create action plans.
  - Identify or Refer to Supportive Services: Connect patients to appropriate supportive services.
  - Care Coordination: Coordinate services from various healthcare providers.
  - Communication and Coordination: Facilitate communication among practitioners and providers.
  - Care Transitions: Ensure smooth transitions between different healthcare settings.
  - Access to Social Services: Help patients access community-based services.
  - Health Education: Contextualize health education for patients.
  - Self-Advocacy Skills: Empower patients to participate effectively in medical decision-making.
  - Healthcare Access and System Navigation: Assist patients in accessing appropriate healthcare.
  - Behavioral Change Facilitation: Support necessary behavioral changes.
  - Social and Emotional Support: Help patients cope with their condition and adjustments to daily routines

SDOH Assessment and PIN Services

- Medicare Learning Network: Health Equity Services in the 2024 Physician Fee Schedule Final Rule https://www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0

- Web resources should be available sometime in December.

Don’t Forget ……

SBIRT Codes

- Practice Update article: https://www.apaservices.org/practice/reimbursement/health-codes/substance-alcohol-abuse-services
- Monitor article: https://www.apa.org/monitor/2022/07/news-screen-alcohol-drug-misuse

Brief Tobacco Cessation Codes

- Practice Update article: https://www.apaservices.org/practice/reimbursement/health-codes/smoking-tobacco-cessation-counseling
- Monitor article: https://www.apa.org/monitor/2022/10/psychologists-stop-smoking

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New Opportunites

Remote Therapeutic Monitoring (98975 - 98978)

- 98975 - Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment

  - Work RVU = PE only
  - Total RVU = 0.60
  - Medicare Reimbursement = $19.97

Remote Therapeutic Monitoring (98975-)

- 98976 - Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days transmission to monitor respiratory system, each 30 days

- 98977 - Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
  - Work RVU = PE only
  - Total RVU = 1.42
  - Medicare Reimbursement = $47.27

Remote Therapeutic Monitoring

- 98978 - Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days

  - Work RVU = PE only
  - Total RVU = carrier pricing
  - Medicare Reimbursement = carrier pricing

Remote Therapeutic Monitoring (98980 - 98981)

- 98980 - Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
  - Work RVU = 0.62
  - Total RVU = 1.52
  - Medicare Reimbursement = $50.60
- 98981 - Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)
  - Work RVU = 0.61
  - Total RVU = 1.20
  - Medicare Reimbursement = $39.95

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2025 Codes

Safety Planning Intervention (G0560)

- G0560; *Safety planning interventions, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suicidal or substance use-related crisis; employing internal coping strategies; utilizing social contacts and social settings as a means of distraction from suicidal thoughts or risky substance use; utilizing family members, significant others, caregivers, and/or friends to help resolve the crisis; contacting mental health or substance use disorder professionals or agencies; and making the environment safe*

  - Work RVU = 1.09
  - Total Non-Facility RVU = 1.28
  - Medicare Non-Facility Payment = $41.40

  - Can be performed via telehealth.
  - Can bill multiple units, in 20-minute increments.
  - Patient cost sharing applies as it does for any medical service.

Safety Planning Follow-Up (G0544)

- G0544; *Post discharge telephonic follow-up contacts performed in conjunction with a discharge from the emergency department for behavioral health or other crisis encounter, 4 calls per calendar month.*

  - Work RVU = 1.00
  - Total Non-Facility RVU = 1.91
  - Medicare Non-Facility Payment = $61.78

  - Must obtain verbal or written beneficiary consent either prior to, or during the initial phone call, and document in the patient record.
  - Need to have at least one (1) real time telephone interaction per month, lasting between 10-20 minutes, to report G0544.
  - Can be provided by auxiliary personnel incident to the services of the billing practitioner.
  - Patient cost sharing applies as it does for any medical service.

Digital Mental Health Treatment (G0552-G0554)

- G0552; *Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan*

  - Work RVU = carrier priced
  - Total RVU = carrier priced
  - Medicare Reimbursement = carrier priced

  - Billable only if the device is FDA-cleared or has been granted De Novo authorization and the billing practitioner is incurring the cost of furnishing the DMHT device to the beneficiary.

  - Patient cost sharing applies as it does for any medical service.

Digital Mental Health Treatment (G0552-G0554)

- G0553; *First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the DMHT device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month*
  - Work RVU = 0.62
  - Total Non-Facility RVU = 1.60
  - Medicare Non-Facility Payment = $51.75

  - Patient cost sharing applies as it does for any medical service.

Digital Mental Health Treatment (G0552-G0554)

- G0554; *Each additional 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing data generated from the DMHT device from patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month (List separately in addition to HCPCS code G0553)*

  - Work RVU = 0.61
  - Total Non-Facility RVU = 1.23
  - Medicare Non-Facility Payment = $39.79

  - Patient cost sharing applies as it does for any medical service.

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Thank You!

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