Behavioral Health Practice Challenges & New Opportunities

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Behavior Change Intervention

- Behavior change services involve specific validated interventions of assessing readiness for change and barriers to change,
- advising a change in behavior,
- providing specific suggested actions and motivational counseling,
- and arranging for services and follow-up.
Smoking Cessation Services

• May be reported separately and in addition to other E/M services.
• However, it is important to note that the other additionally reported E/M services must be distinct
• the time spent performing the other services may not be used as a basis to select the E/M code to report the other services.

Smoking Cessation Services

• For a Medicare patient to qualify for smoking cessation counseling they must meet the following requirements:
  – Use tobacco, regardless of whether they exhibit signs or symptoms of tobacco-related disease
  – Patient must be competent and alert at the time of counseling.
  – Counseling must be provided by a qualified physician or other Medicare-recognized healthcare provider.
Smoking Cessation Services

CPT Codes 99406 and 99407

- 99406 – Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
  - .35 RVUs  ≈ $12 Medicare

- 99407 – Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
  - .73 RVUs  ≈ $26 Medicare

The documentation in the ED record must support the billing of the cessation code. Simply documenting “XX minutes spent counseling the patient on tobacco use” is not sufficient.

The documentation needs to record what was discussed during counseling and should show a significant and separately identifiable service. Documentation may include the following elements:

- The patient’s tobacco use
- Advised to quit and impact of smoking
- Assessed willingness to attempt to quit
- Providing methods and skills for cessation
- Resources provided
- Setting quit date
- Follow-up arranged
- Amount of time spent counseling patient
Smoking Cessation Services

• Patient admits to smoking 15-20 cigarettes per day. I explained the impact on health due to the use of tobacco and asked if the patient was willing to stop smoking if there were aids and options to help. The patient expressed a willingness to try these out.

• I explained the different methods that could be used for tobacco cessation and offered various options to the patient and gave him printed materials for education.

• After discussion, the patient agreed to set a quit date of XX/XX/2020. We set a follow-up date for further counseling on __________.

• Amount of time spent ______

Smoking Cessation Services

Some commonly used ICD-10 diagnosis codes used, if appropriate given your patient’s situation, may include:

- F17.200 Nicotine dependence, unspecified, uncomplicated
- F17.201 Nicotine dependence, unspecified, in remission
- F17.210 Nicotine dependence, cigarettes, uncomplicated
- F17.211 Nicotine dependence, cigarettes, in remission
- F17.220 Nicotine dependence, chewing tobacco, uncomplicated
- F17.221 Nicotine dependence, chewing tobacco, in remission
- F17.290 Nicotine dependence, other tobacco product, uncomplicated
- F17.291 Nicotine dependence, other tobacco product, in remission
- Z87.891 Personal history of nicotine dependence
**SBIRT Codes CPT / HCPCS - Time Based!**

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- **Commercial (CPT)**
  - 99408 Alcohol and/or substance abuse structured assessment (e.g., DAST) and brief intervention **15-30 minutes**
  - 99409 Alcohol and/or substance abuse structured assessment (e.g., DAST) and intervention **greater than 30 minutes**

- **Medicare (HCPCS) G Codes**
  - G0396 Alcohol and/or substance abuse structured assessment (e.g., DAST) and brief intervention **15-30 minutes**
  - G0397 Alcohol and/or substance abuse structured assessment (e.g., DAST) and intervention **greater than 30 minutes**

**Structured Assessment Tool**

*Drug Abuse Screening Test (DAST-10)*

These questions refer to drug use in the past 12 months. Please answer No or Yes.

1. Have you used drugs other than those required for medical reasons?
   - [ ] No
   - [ ] Yes

2. Do you use more than one drug at a time?
   - [ ] No
   - [ ] Yes

3. Are you always able to stop using drugs when you want to?
   - [ ] No
   - [ ] Yes

4. Have you had "blackouts" or "flashbacks" as a result of drug use?
   - [ ] No
   - [ ] Yes

5. Do you ever feel bad or guilty about your drug use?
   - [ ] No
   - [ ] Yes

6. Does your spouse (or parents) ever complain about your involvement with drugs?
   - [ ] No
   - [ ] Yes
Structured Assessment Tool (cont.)

7. Have you neglected your family because of your use of drugs?
   □ No  □ Yes

8. Have you engaged in illegal activities in order to obtain drugs?
   □ No  □ Yes

9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
   □ No  □ Yes

10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?
    □ No  □ Yes

**Scoring**
Score 1 point for each question answered “Yes,” except for question 3 for which a “No” receives 1 point.

**DAST Score: **

**Interpretation of Score:**

<table>
<thead>
<tr>
<th>Score</th>
<th>Degree of Problems Related to Drug Abuse</th>
<th>Suggested Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>no problems reported</td>
<td>None at this time</td>
</tr>
<tr>
<td>1-2</td>
<td>low level</td>
<td>monitor, review at a later date</td>
</tr>
<tr>
<td>3-5</td>
<td>moderate level</td>
<td>further investigation</td>
</tr>
<tr>
<td>6-8</td>
<td>substantial level</td>
<td>intensive assessment</td>
</tr>
<tr>
<td>9-10</td>
<td>severe level</td>
<td>intensive assessment</td>
</tr>
</tbody>
</table>

SBIRT- Documentation Example

- The patient completed a DAST screening tool today and the total score suggests: an increased risk of health problems related to substance use and a severe substance use disorder.
- In discussing the issue, my medical advice was that the patient be referred for outpatient alcohol detox.
- The patient's readiness to change was (7) on a scale of 1-10.
- The patient agreed to outpatient treatment and follow up. Resources provided and referral paperwork completed.
- Total time administering and interpreting the screening form along with performing face-to-face brief intervention was 25 minutes exclusive of E/M time.
SBIRT RVUS

• 99408/ G0396:
  – 0.94 total RVU
  – Approximate payment $33

• 99409/ G0397:
  – 1.88 total RVU
  – Approximate payment $66

Observation and Behavioral Health

• CPT query regarding specific vignette
  Official Answer
  – Obs day 1  99218-99220
  – Middle days 99224-99226
  – Final day  99217

• 5 day stay 4.89 RVUs  13.47 RVUs
Behavioral Health CPT Vignette Summary

- The patient presents with agitation, is severely decompensated
- The plan is for a psychiatric admission, but no psychiatric beds are available at this hospital, and the patient remains in the emergency department for three days until he can be transferred
- The patient remains under the care of the ED group for daily rounds, medication adjustments, and the management of any threats to the patient or hospital staff

Behavioral Health Observation General Documentation Requirements

- This is a typical Observation stay
  In addition to the ED Note:
  - An observation plan
  - A timed dated entry regarding the start of Observation
  - Progress notes
  - A Discharge summary
The RVUs for a Multi Day Stay

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>2019 Facility Total RVU</th>
<th>2019 Medicare Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>99220 Day #1</td>
<td>5.23</td>
<td>$188.48</td>
</tr>
<tr>
<td>(99218-99220)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99224</td>
<td>1.12</td>
<td>$40.36</td>
</tr>
<tr>
<td>99225</td>
<td>2.06</td>
<td>$74.24</td>
</tr>
<tr>
<td>99226</td>
<td>2.95</td>
<td>$106.32</td>
</tr>
<tr>
<td>99217 DC Day</td>
<td>2.06</td>
<td>$74.24</td>
</tr>
</tbody>
</table>

The Middle Days:
Subsequent Observation
General Documentation Requirements

“All levels of subsequent observation care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the patient’s status (changes in history, physical condition, and response to management) since the last assessment.”

CPT Professional Edition 2020 page 16
The Middle Days-Daily Progress Notes Documentation Considerations

- Round On Patient- Interval History and Exam

<table>
<thead>
<tr>
<th>Code</th>
<th>Interval History</th>
<th>Physical Exam</th>
<th>MDM</th>
</tr>
</thead>
<tbody>
<tr>
<td>99224</td>
<td>Problem Focused</td>
<td>Problem Focused</td>
<td>Low</td>
</tr>
<tr>
<td>99225</td>
<td>EPF: 1 HPI 1 ROS 1 PFSHx</td>
<td>EPF 2-7 Organ Systems</td>
<td>Moderate (RX Mgmt.)</td>
</tr>
<tr>
<td>99226</td>
<td>Detailed: 4 HPI 2 ROS 1 PFSHx</td>
<td>Detailed 2-7 Organ Systems</td>
<td>High (Active S.I.)</td>
</tr>
</tbody>
</table>

Note: 2 out of 3

- Medical Decision Making
  - Meds- Moderate or High
  - High Risk Issues- Overdose, Active S.I. H.I.

Opioid Crisis in Michigan

In September, CMS announced that 15 states were awarded Medicaid planning grants: AL, CT, DE, DC, IL, IN, KY, ME, MI, NV, NM, RI, WA, VA, and WV

In 2016...
1,786 people died from an opioid-related overdose, increasing 145% since 1999.

Drug overdoses have surpassed transport injuries as the leading cause of injury death since 2008.

4 in 5 of all opioid-related overdose deaths were accidental.

62% of accidental overdose deaths occurred among youth and younger adults (15-44 years).
### Medication Assisted Treatment (MAT)

#### Drugs Used To Treat Opioid Disorders

- **Narcan/Nalaxone**: short acting opioid antagonist
- **Naltrexone**: must be opioid free; daily dosing opiate antag.
- **Vivitrol**: long acting IM naltrexone given monthly
- **Methadone**: actual opioid, improved safety profile  
  - Only at specially licensed clinics
- **Buprenorphine (Subutex)**: partial opioid agonist suppresses withdrawal symptoms – only authorized prescribers
- **Suboxone/Zubsolv**: Buprenorphine/naloxone  
  - Authorized prescribers

### 2020 Expansion of Federal Funding for Opioid Treatment

- **SUPPORT Act**: Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act  
  - New Medicare Part B benefits for Opioid Tx.
- **Opioid Use Disorder (OUD) treatment services**  
  - Including Medication-Assisted Treatment (MAT)  
  - Furnished by Opioid Treatment Programs (OTPs)  
  - Furnished in Office/Clinic settings  
  - Beginning January 1, 2020
Michigan Medicaid FFS and Managed Care Coverage

Services Funded by MI Medicaid

- Medication Assisted Treatment
  - Suboxone
  - Buprenorphine alone
  - Injectable Naltrexone (VIVITROL®)
  - Zubsolv (Buprenorphine/Naloxone) on Michigan Medicaid’s Preferred Drug List
- Detoxification
- Outpatient Services
- Case Management
- Also Michigan has a Federal block grant

Suboxone Detail

- Suboxone treatment for narcotic (opioid) addiction
  - Blocks the effects of narcotics
  - Contains a combination of Buprenorphine (an opioid medication) and Naloxone (an opioid blocking medication)
- Induction phase followed by ongoing treatment
- Historically patients would need to be treated in addiction centers resulting in delays and treatment failures
- Now Tx. can take place in new Opioid Treatment Program or Office/Clinics manned by DEA certified providers
Suboxone Prescriber Requirements

• Drug Addiction Treatment Act of 2000 requires a DEA waiver ("X Waiver") to prescribe buprenorphine
• Training requirements
  – Physician – 8 hours
  – Non-physician practitioners- 24 hours
• Limit of 30 patients at one time for first year
  – Patient maximums then escalate
• Review for waiver typically completed within 45 days.
• Provider must have valid license and valid DEA registration which is then augmented

How To Apply For An X Waiver

• To receive a waiver to prescribe buprenorphine must be approved by SAMHSA:
  http://www.samhsa.gov/about-us/who-we-are/offices-centers/csat

• Get Your 8 hours of training:
  https://www.aaap.org/clinicians/education-training/mat-waiver-training/

• Complete the Online Request for New Waiver
  http://buprenorphine.samhsa.gov/pls/bwns/waiver
  – Complete the Request for Patient Limit Increase
  http://buprenorphine.samhsa.gov/pls/bwns/waiver
2020 New Opioid Treatment Program Services Reimbursed By CMS

- 2020 Phys. Final Rule - payment for weekly Tx. in an Opioid Treatment Program based on drugs given:
  - Methadone, oral buprenorphine, injectable buprenorphine, buprenorphine implants, monthly injectable naltrexone
- Copayment is set at zero
- Counseling can be furnished via two-way interactive audio-video communication technology,
- To receive payment OTPs must be:
  - Enrolled in Medicare
  - Certified by SAMHSA

2020 Codes and Payment Detail: New Opioid Tx. Program Services

<table>
<thead>
<tr>
<th>HCP Code</th>
<th>Description</th>
<th>Drug Cost*</th>
<th>Non-drug Cost**</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>G2067</td>
<td>Medication-assisted treatment: methadone, weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)</td>
<td>$35.28</td>
<td>$172.21</td>
<td>$207.49</td>
</tr>
<tr>
<td>G2068</td>
<td>Medication-assisted treatment: buprenorphine (oral), weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)</td>
<td>$86.26</td>
<td>$172.21</td>
<td>$258.47</td>
</tr>
<tr>
<td>G2069</td>
<td>Medication-assisted treatment: buprenorphine (injectable), weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)</td>
<td>$1,378.64</td>
<td>$178.65</td>
<td>$1,575.29</td>
</tr>
<tr>
<td>G2073</td>
<td>Medication-assisted treatment: naltrexone, weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)</td>
<td>$1,164.02</td>
<td>$178.65</td>
<td>$1,342.67</td>
</tr>
<tr>
<td>G2074</td>
<td>Medication-assisted treatment: weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)</td>
<td>$0</td>
<td>$161.71</td>
<td>$161.71</td>
</tr>
</tbody>
</table>
New **Office/Clinic** Payment for Substance Use Disorder Tx

- 2020 Final Rule CMS - bundled payments for Opioid Tx.
  - New G-codes – **Office Based**
  - **Monthly** bundled care - overall management, care coordination, individual and group psychotherapy & counseling
  - Time based
- “Counseling, therapy, and care coordination” can be provided by “professionals who are qualified under state law and within the scope of practice **incident to** the services of the billing physician.” CMS requires the billing clinician manage the patient’s overall care and supervise other individuals.

### 2020 Office Based Opioid Tx. Codes and Payments

Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month. **At least one psychotherapy service must be furnished.**

<table>
<thead>
<tr>
<th>Code</th>
<th>Time</th>
<th>Total RVUs Fac.</th>
<th>CMS Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>G2086</td>
<td>70 minutes</td>
<td>8.35</td>
<td>$301.02</td>
</tr>
<tr>
<td>G2087</td>
<td>60 minutes</td>
<td>8.14</td>
<td>$293.45</td>
</tr>
<tr>
<td>G2088</td>
<td>+ 30 minutes</td>
<td>.97</td>
<td>$34.97</td>
</tr>
</tbody>
</table>
Conclusion

• Opioid epidemic - Michigan is in crisis
• There are solid codes to report behavioral health and addiction related services
• 2020 significant expansion of CMS reimbursement
  – Weekly Opioid Tx Programs
  – Monthly Office visit codes
• If passionate there is opportunity

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Educational Appendix

Economic Impact
A Five-day Mental Health Stay

- Previously: 99285 on day one and no charges for days two through five: 4.89 RVUs
- Total five day stay: 4.89 RVUs
- Updated: 99220 day one (5.23 RVUs), 99225 days two through 4 (3 X 2.06 RVUs), day five 99217 (2.06 RVUs)
- Total five day stay: 13.47 RVUs
Subsequent Observation Grid

### Subsequent Observation

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>0224</th>
<th>0225</th>
<th>0226</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total RVUs Non-Facility/Facility - 2019</td>
<td>1.12</td>
<td>2.06</td>
<td>2.95</td>
</tr>
</tbody>
</table>

#### History

- **Problem Focused Interval**
  - *No HPI*
  - *No ROS*
  - *No PPSH*

- **Expanded Problem Focused Interval**
  - *1-2 HPI or status of 1-2 chronic condition(s)*
  - *1 ROS*
  - *No PPSH*

- **Detailed Interval**
  - *1 HPI or status of 3 or more chronic condition(s)*
  - *2+ ROS*
  - *1 PPSH*

#### Physical Exam

- **Problem Focused - 1 Body Area or Organ System**
- **Expanded Problem Focused - 2-7 Systems**
- **Detailed - 2-7 Systems**

#### Medical Decision Making

- **Straightforward/Low**
- **Moderate**
- **High**

- **Typical Face-to-Face Time**
  - 15 min
  - 25 min
  - 35 min

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Final Rule Tele Health and Opioid Related Treatment

### Expanding the Use of Telehealth Services for the Treatment of Opioid Use Disorder and Other Substance Use Disorders

- CMS is implementing a provision from the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act that removes the originating site geographic requirements and adds the home of an individual as a permissible originating site for telehealth services furnished for purposes of treatment of a substance use disorder or a co-occurring mental health disorder for services furnished on or after July 1, 2019.
Suboxone Private Payers

Suboxone Treatment Overview

- Screening- SBIRT Codes (99408-99409)
  - Structured tool
- Initial treatment- Office E/M Codes
  - (99201-99205)
  - Induction dose of Suboxone
- Ongoing care - Office E/M Codes
  - (99211-99215)
  - Ongoing treatment program
Reporting Ongoing Treatment After Induction

- Treatment beyond initial induction is typically reported with E/M codes
- Generally E/M services will be reported based on counseling and/or coordination of care
- Timed based, not dependent on H&P documentation
- Must be at least 50% of the encounter
  - Includes time spend with parties who have assumed responsibility for the patient
  - Extent of counseling and/or coordination of care must be documented

Ongoing Tx Typical Times and RVUs

<table>
<thead>
<tr>
<th>New Patient E/M</th>
<th>Typical time (min)</th>
<th>Total RVUS</th>
<th>Est. Patient E/M</th>
<th>Typical time (min)</th>
<th>Total RVUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>10</td>
<td>.76</td>
<td>99211</td>
<td>N/A</td>
<td>0.26</td>
</tr>
<tr>
<td>99202</td>
<td>20</td>
<td>1.43</td>
<td>99212</td>
<td>10</td>
<td>0.73</td>
</tr>
<tr>
<td>99203</td>
<td>30</td>
<td>2.15</td>
<td>99213</td>
<td>15</td>
<td>1.45</td>
</tr>
<tr>
<td>99204</td>
<td>45</td>
<td>3.64</td>
<td>99214</td>
<td>25</td>
<td>2.23</td>
</tr>
<tr>
<td>99205</td>
<td>60</td>
<td>4.78</td>
<td>99215</td>
<td>40</td>
<td>3.15</td>
</tr>
</tbody>
</table>
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