



Practice Innovation Program  
UNIVERSITY OF COLORADO  
ANSCHUTZ MEDICAL CAMPUS

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Department of Healthcare Policy  
and Finance per House-Bill 22-1302  
Healthcare Practice Transformation



**COLORADO**  
Department of Health Care  
Policy & Financing

# 1302 Practice Learning Community

## Billing for Behavioral Health: So, I am Not billing COCM (Collaborative Care) - What are my BH Options ?

October 29, 2024



Department of  
Family Medicine



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Welcome!

Please put your name, pronouns, practice name, and role in the chat.

You can ask questions via the chat we will monitor it as we go along. We will also pause for questions periodically.

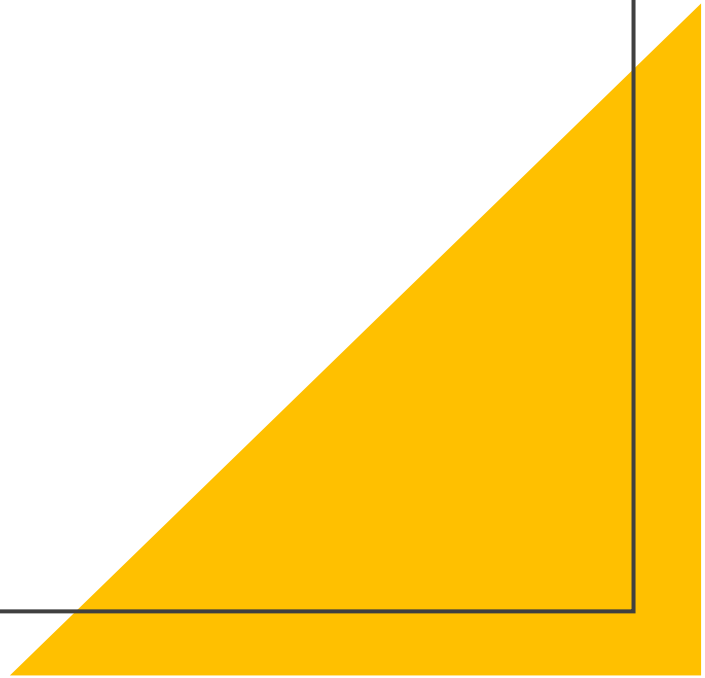
These slides and the recording will be made available on the [Practice Innovation Program website](https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration/for-practices).

<https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration/for-practices>



# Today's Agenda

- HCPF updates – Rachel Shuck
- Billing for Behavioral Health – Pam Ballou-Nelson and Christy Graham



# Scan to complete evaluation



[https://practiceinnovationco.co1.qualtrics.com/jte/form/SV\\_2t9XyrAad4YGAE6](https://practiceinnovationco.co1.qualtrics.com/jte/form/SV_2t9XyrAad4YGAE6)

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# I AM NOT BILLING COLLABORATIVE CARE (CoCM) : WHAT ARE MY OPTIONS ?

OCTOBER 25<sup>TH</sup>

## **PRESENTERS:**

PAMELA BALLOU-NELSON HEALTHCARE

**CONSULTING INC.**

CHRISTY GRAHAM INTEGRITY RCM

**SOLUTIONS, LLC**

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# OBJECTIVES

- Review of billing the six integrated BH visits and how to bill visit 7 and beyond
- Update on status of HCPF 6 visit claims -
- RAE billing challenges, some tips
- Contracting and credentialing with commercial payers for BH
- BH billing codes for commercial and Medicare
- Sharing your billing success and failures

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**SHORT TERM  
BEHAVIORAL  
HEALTH  
SERVICES -  
STBHS**



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Health First Colorado (Colorado's Medicaid Program) members are now able to receive short-term behavioral health services (STBHS) provided by a licensed behavioral health clinician working as part of a member's Primary Care Medical Provider (PCMP).

- **The intent of this change is to provide additional access to behavioral health services for *short-term episodes of care of low-acuity conditions.***
- This may include:
  - grief
  - adjustment conditions,
  - medical conditions where behavioral interventions can support treatment adherence and wellness (such as obesity and diabetes).





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The Department has elected to define an **episode of care as the twelve (12) months of the state fiscal year.**

**Each fiscal year, all behavioral health clinicians working as member of a PCMP practice must bill the first six sessions to HCPF FFS.**

**A member may be able to access the STBHS at their PCMP clinic if the PCMP has a licensed behavioral health clinician on site.**

The PCMP may be reimbursed fee-for-service (FFS) for up to six (6) visits per state fiscal year (defined as July 1-June 30).

**A visit is defined as a single date of service. These visits will not require a diagnosis covered by the capitated behavioral health benefit. That said, PCMPs must use the most appropriate diagnosis that supports *medical necessity*.**

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**The following procedure codes are included as STBHS:**

- Diagnostic evaluation without medical services (90791)
- Psychotherapy – 30 minutes (90832)
- Psychotherapy – 45 minutes (90834)
- Psychotherapy – 60 minutes (90837)
- Family psychotherapy without patient (90846)
- Family psychotherapy with patient (90847)

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**FQHCs and RHCs may be reimbursed by Health First Colorado for short term behavioral health services Fee-for-Service (FFS) for up to six (6) sessions per episode of care. An episode of care is currently defined as a 12-month period. These sessions will not require a covered behavioral health diagnosis.**

**Additional sessions will require authorization from the Regional Accountable Entity (RAE) and will be reimbursed by the RAE under the capitated behavioral health benefit.**

**These claims should be billed using the 900-revenue code.**

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# BILLING

- A PCMP that has a licensed behavioral health clinician who is ***contracted as part of a Regional Accountable Entity's (RAE's) behavioral health network*** may submit claims to the RAE for reimbursement of additional visits beyond six (6) during a state fiscal year. ***All additional visits must be provided in accordance with the RAE's utilization management policies and procedures***
  - Primary Care Medical Providers may submit claims for FFS reimbursement of STBHS if they have a Medicaid-enrolled, licensed behavioral health clinician on site. ***The billing provider must also be contracted with a RAE as a PCMP and billing as one of the following primary care provider types:***
    - • Clinic (primary care);
    - • Federally Qualified Health Center (FQHC);
    - • Rural Health Clinic (RHC);
    - • Indian Health Services provider (IHS); or
    - • Non-physician practitioner group.
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# BILLING

- The rendering provider on the claim must be a Medicaid-enrolled, licensed behavioral health clinician. This includes licensed clinical social workers, licensed professional counselors, licensed addiction counselors, licensed psychologists, and licensed marriage and family therapists.
- The STBHS are billed just like any other service provided by the PCMP.
- Billing providers must follow all standard and Department billing practices and policies, as well as the rules of the Colorado Board of Registered Psychotherapists.
- In addition, the services must be documented in accordance with the Department's most current Uniform Service Coding Standards Manual.

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# HCPF UPDATE ON PAYMENT 6 VISITS RACHEL SHUCK - HCPF

Are all practices impacted with the payment “glitch”

Should practices stop using the six visit codes until fixed

Should practice continue billing visit 7 and beyond to RAE or is the RAE billing impacted by the “glitch”

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## RAE BILLING CHALLENGES - SOME TIPS

- Verify eligibility on the patient every time, they have a scheduled visit
- Be sure you are billing the 7<sup>th</sup> visit and beyond to the correct RAE for the patient
- Check to be sure you are not Missing HE modifiers on the 7<sup>th</sup> visit and beyond when billing the RAE
- Check to be sure the patient is enrolled in the RAE

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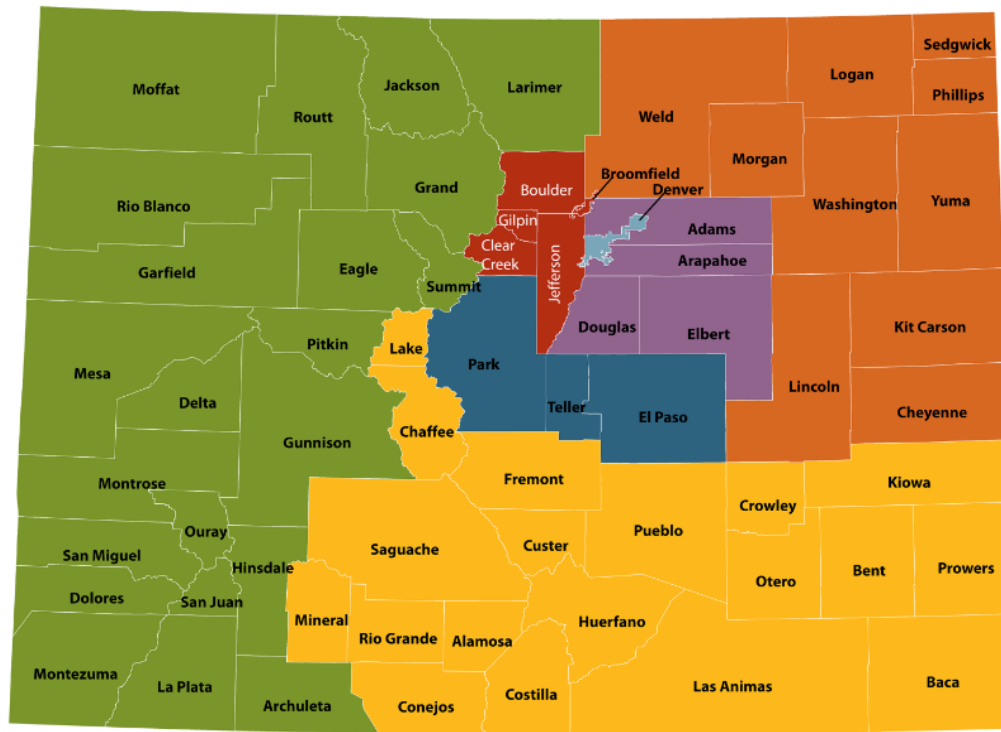
# HELPFUL LINKS:

- The Ways of the RAEs
- <https://www.coloradohealthinstitute.org/research/ways-raes>
- Contact Information for the RAEs
- <https://hcpf.colorado.gov/provider-help>



# THE RAE REGIONS:

Regional Accountable Entity (RAE) Regions in ACC Phase Two

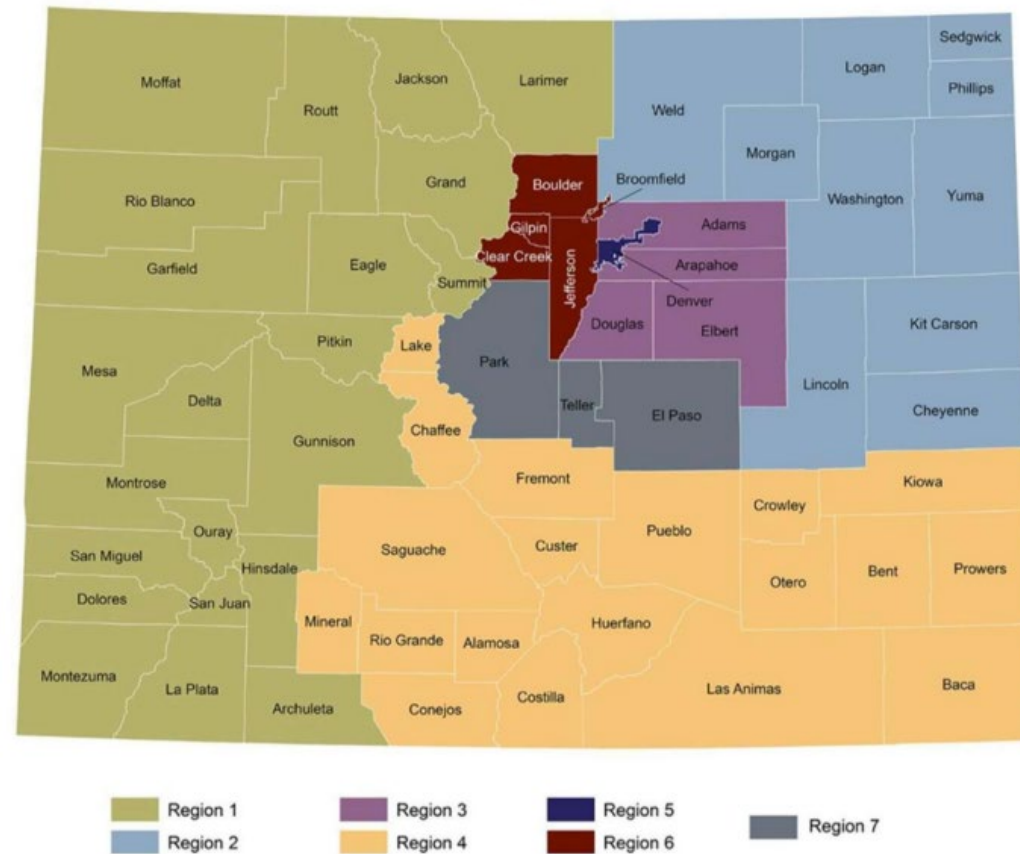


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|----------|--|-----------------------------|----------|--|------------------------------------|----------|--|------------------------------------|
| Region 1 |  | Rocky Mountain Health Plans | Region 4 |  | Health Colorado Inc                | Region 7 |  | Colorado Community Health Alliance |
| Region 2 |  | Northeast Health Partners   | Region 5 |  | Colorado Access                    |          |  |                                    |
| Region 3 |  | Colorado Access             | Region 6 |  | Colorado Community Health Alliance |          |  |                                    |



# THE RAE REGIONS:

Regional Accountable Entity Regions in ACC Phase 2





**CONTRACTING  
CREDENTIALING  
WITH COMMERCIAL  
PAYERS FOR BH**

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# COMMERCIAL BH CREDENTIALING & CONTRACTING

**Most commonly Medical Contracts do not include behavioral health services, so the practice must solicit the payers for Group Behavioral Health Contracts**

**Submit a Letter of Intent, W-9, and provider roster to applicable payers or fill out the application online if that is what is required:**

- **Aetna** – Apply online at [https://www.aetna.com/health-care-professionals/join-the-aetna-network.html#tab\\_content\\_section\\_tabs\\_link\\_tabs\\_4](https://www.aetna.com/health-care-professionals/join-the-aetna-network.html#tab_content_section_tabs_link_tabs_4)
- **Anthem Blue Cross and Blue Shield of CO** Apply online through Availity it will prompt you to go to Carelon (Includes BCBS, Northeast Health Partners (RAE 2) Health Colorado RAE (4)
- **Colorado Community Health Alliance (Medicaid)** - CCHA (Rae 6 and Rae 7) go through Availity

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# COMMERCIAL BH CREDENTIALING & CONTRACTING

**Tricare / Health Net Federal Services** They are for TRICARE West, send your LOI to TRICARE [ProvRel@hnfs.com](mailto:ProvRel@hnfs.com) & [laurie.adams@hnfs.com](mailto:laurie.adams@hnfs.com) go to [https://www.tricare-west.com/content/hnfs/home/tw/prov/res/provider\\_forms/join\\_our\\_network/group-roster-template.html](https://www.tricare-west.com/content/hnfs/home/tw/prov/res/provider_forms/join_our_network/group-roster-template.html) download the provider roster template and email to [PDMRoster@hnfs.com](mailto:PDMRoster@hnfs.com).  
**Valuable information to note:**

**A new TRICARE West Region contract is scheduled to start Jan. 1, 2025. With this, the TRICARE West Region contractor will change from Health Net Federal Services, LLC (HNFS) to TriWest Healthcare Alliance (TriWest). HNFS is honored to continue providing exceptional service throughout the transition period and remainder of our contract. For more information, please review our [frequently asked questions](#).**

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# COMMERCIAL BH CREDENTIALING & CONTRACTING

- Kaiser Permanente – Kaiser is offering the PPO and Medicare network to the state of Colorado email your LOI to [michael.t.mcguire@kp.org](mailto:michael.t.mcguire@kp.org) and **mention that I referred you to him.**
- **Medicare / Railroad Medicare For Enrollment for Medicare**  
<https://pecos.cms.hhs.gov/pecos/login.do#headingLv1> For Medicare Railroad  
[https://www4.palmettogba.com/cx\\_rrPtanStatusv2/initializeEntry.do?actionPath=select](https://www4.palmettogba.com/cx_rrPtanStatusv2/initializeEntry.do?actionPath=select)
- **State of CO Medicaid** for to <https://colorado-hcp-portal.coxix.gainwelltechnologies.com/hcp/provider/Home/tabid/135/Default.aspx> click on Provider Enrollment to start the process
- **Humana** go to <https://provider.humana.com/join-humana-network> click on the Behavioral Health Provider Inquiry form and submit (Humana only offers Medicare in the state of Colorado –)

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# COMMERCIAL BH CREDENTIALING & CONTRACTING

- **United Healthcare for Behavioral Health go to <https://public.providerexpress.com/content/open-provexpr/us/en/contact-us.html> click on Log In 0 (Use your Health One ID to login on the top right-hand corner you will select (Link a new provider follow the prompts) the screen will return to the main page but you will be able to select the provider you added on the top right-hand corner.**
- **Multiplan (PHCS) email your LOI to [nominations@multiplan.com](mailto:nominations@multiplan.com)**

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# COMMERCIAL BH CREDENTIALING & CONTRACTING

- **CIGNA** go to [https://static.evernorth.com/assets/evernorth/provider/resourceLibrary/behavioralResources/doinBusinessWithUs/cbhCredentialing.html?\\_gl=1\\*1onglbu\\*\\_gcl\\_au\\*MTc2ODMwODI2MC4xNzIxMTMwNzIx](https://static.evernorth.com/assets/evernorth/provider/resourceLibrary/behavioralResources/doinBusinessWithUs/cbhCredentialing.html?_gl=1*1onglbu*_gcl_au*MTc2ODMwODI2MC4xNzIxMTMwNzIx) Click on Evernorth Provider information form and fill out the required info and hit submit.
- **Colorado Access and CHP+** (Medicaid) (Rae 3 & Rae 5) email your LOI to ProviderNetworkServices [ProviderNetworkServices@coaccess.com](mailto:ProviderNetworkServices@coaccess.com) & [provider.contracting@coaccess.com](mailto:provider.contracting@coaccess.com) ( I have attached the BH Provider PIF from you will need add in addition to other documents)
- **RMHP Medicaid** (Rae 1) can be requested once the provider is in network with UHC by emailing [raesupport@uhc.com](mailto:raesupport@uhc.com) & [rmhpRAE\\_BH\\_PR@uhc.com](mailto:rmhpRAE_BH_PR@uhc.com)
- Please note that to join the RAEs for Colorado. The group and the provider must be enrolled in Colorado Medicaid First.



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**WHAT CODES  
CAN YOU USE  
FOR BH  
COMMERCIAL  
AND  
MEDICARE**



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## WHAT CODES CAN YOU USE FOR BH COMMERCIAL AND MEDICARE

### **Common Standalone Commercial Behavioral Health CPT Codes for the LPC, LCSW, MFT specialties Psychiatric Nurse Practitioner, Psychologist, Psychiatrists:**

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- 90832: 30 minutes of individual psychotherapy
- 90834: 45 minutes of individual psychotherapy
- 90837: 60 minutes of individual psychotherapy
- 90846: 50 minutes of family psychotherapy without the client present
- 90847: 50 minutes of family psychotherapy with the client present
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- 90849: Multiple-family group psychotherapy
- 90853: Group psychotherapy
- 90791: Evaluation of a psychiatric diagnosis
- 90875: 30 minutes of psychophysiological treatment
- 90839: Psychotherapy for crisis, 60 minutes
- +90840: Addon code for an additional 30 minutes

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## COMMON E/M AND ADD-ON CODES COMMERCIAL BEHAVIORAL HEALTH CPT CODES PSYCHIATRIC NURSE PRACTITIONER AND PSYCHIATRISTS:

**You must bill your codes based on time or MDM (Medical Decision Making) it cannot be both for the same patient visit.**

- **99213 Office or other outpatient visit (15 minutes):** This code represents an evaluation and management (E/M) service for an established patient with a moderate level of complexity. Commonly used for routine office visits and follow-up appointments.
- **99214 Office or other outpatient visit (25 minutes):** Like 99213, this code is used for established patients but allows for a longer duration of face-to-face time. Often employed for more complex medical situations.
- 90792: Evaluation of a psychiatric diagnosis with Medical Services
- **99203 Office or other outpatient visit for new patients (30 minutes):** Geared towards new patients, this code indicates a comprehensive E/M service with a longer consultation time.
- **99204 Office or other outpatient visit for new patients (45 minutes):** This code signifies an extensive evaluation and management service for new patients with a higher level of complexity.
- **99212 Office or other outpatient visit (10 minutes):** Used for brief encounters with established patients requiring minimal face-to-face time.

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## COMMON E/M AND ADD-ON CODES COMMERCIAL BEHAVIORAL HEALTH CPT CODES PSYCHIATRIC NURSE PRACTITIONER AND PSYCHIATRISTS: -

- **99215 Office or other outpatient visit (40 minutes):** Reserved for established patients with complex medical issues, involving a more extended face-to-face consultation.
- **99202 Office or other outpatient visit for new patients (20 minutes):** Represents a moderately complex E/M service for new patients, with a specified duration.
- **99205 Office or other outpatient visit for new patients (60 minutes):** Represents a comprehensive E/M service for new patients, requiring a more extended face-to-face time.
- **G8510 (Medicaid Only) Screening for depression is documented as negative, a follow-up plan is not required**
- **G8431 (Medicaid Only) Screening for depression is documented as being positive and a follow-up plan is documented G8431.**

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## COMMON E/M AND ADD-ON CODES COMMERCIAL BEHAVIORAL HEALTH CPT CODES PSYCHIATRIC NURSE PRACTITIONER AND PSYCHIATRISTS

- 96127 Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument.
- 99417 CPT code G2212 (Medicare, BCBS, Tricare, and UHC) is used to bill for prolonged outpatient evaluation and management services that take place on the same day as the primary service:
  - G2212 & 99417 are used when a physician or other qualified health care professional provides a service that goes beyond the minimum required time of the primary procedure. This can include direct or non-direct patient contact.
  - **Reporting This code is reported separately in addition to codes 99205 or 99215. It is reported "per 15 minutes" beyond the first 99417.**
  - Clinical use This code can be used for alcohol and/or substance abuse structured assessment and brief intervention services.
  - It is important to document how the physician or qualified health care professional spent their time with the patient. This information can be important for legal issues, transferring care, and internal or external audits.



**SHARING  
YOUR BILLING  
SUCCESS AND  
FAILURES**



# THANK YOU

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**THANK YOU!**

