

# *Cracking the (CPT) Code for Tobacco Cessation & Cancer Prevention*

Wednesday, September 13th, 2017, 3:00pm EDT

Presented by:

Marcey Dolgoff Alter, MBA, MHA

Moderated by:

Dawn Randolph, MPA



National Behavioral Health Network  
*For Tobacco & Cancer Control*

# Welcome!



## **Dawn A. Randolph, MPA**

- DIR Consulting Group, LLC
- Health Financing Consultant, National Behavioral Health Network for Tobacco & Cancer Control

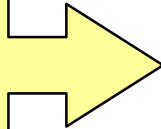


## **Lea Simms**

- Project Coordination, Policy & Practice Improvement
- Coordinator, National Behavioral Health Network for Tobacco & Cancer Control
- National Council for Behavioral Health
- [LeaS@thenationalcouncil.org](mailto:LeaS@thenationalcouncil.org)

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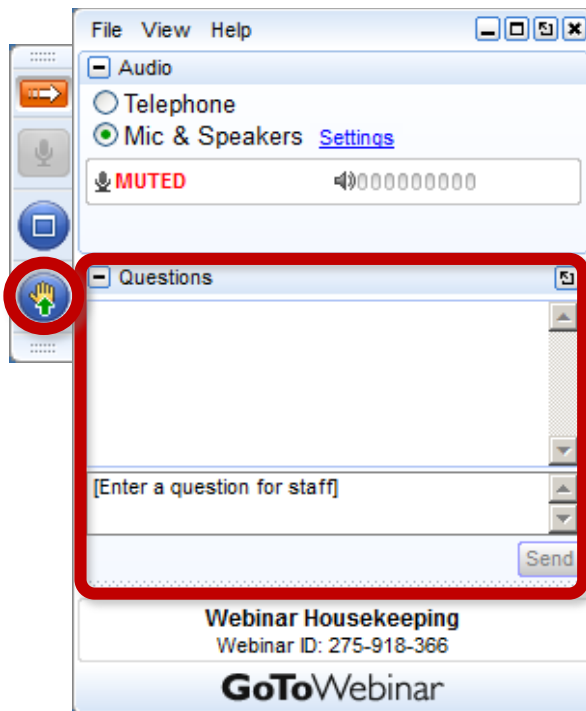
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# National Behavioral Health Network

*For Tobacco & Cancer Control*

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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# Today's Agenda

- Understanding CPT codes
- Paying for prevention and early intervention
- Chronic care management
- Resources
- Moderated Q&A



## Quick Surveys

1. Who is here?
2. Who has basic knowledge of CPT Codes?
3. Who is providing integrated care?



## Survey Questions

- Who is here today?
  - C-level Executive
  - Behavioral Health Clinical Team member
  - Billing Staff
  - People living with multiple physical and behavioral health conditions
  - Peer Specialist
  - Other (please type into chatbox)
- Do you have basic knowledge of CPT Codes and Billing?
  - Yes
  - No
- Are you providing Integrated care?
  - Yes
  - No





# Guest Speaker #1

## Marcey Dolgoff Alter, MBA, MHA



- Human services and healthcare professional with over 20 years in a variety of healthcare arenas and capacities
- Experience includes leading projects on disability, aging, and behavioral health in multiple states
- Recently lead state agency Medicaid operations
- Master in Business Administration and Master in Healthcare Administration from Georgia State University



# Understanding CPT Codes

- Current Procedural Terminology (CPT)
- Common medical code set
- Developed by the American Medical Association
- Establishes standardization across insurers
- Updated regularly/annually
- Reflects the services performed by the doctor/clinician/therapist, specifically what they do to assess, diagnose, or treat a condition

## Federal Regulations and Guidance

- HIPAA regulations require CPT codes to be used for procedures provided by all providers and payers in the United States
- The Centers for Medicare and Medicaid (CMS) assigns dollar values to CPT codes covered by Medicare
- Most insurers use these values to benchmark and establish their own reimbursement rates



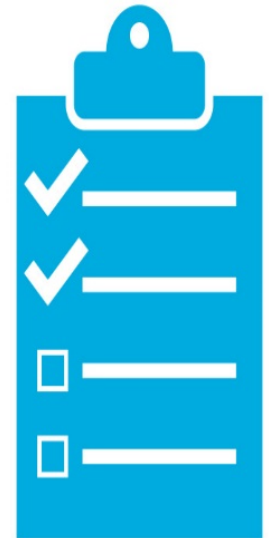
# CPT Specifics

- HCPCS—Healthcare Common Procedure Coding System developed by CMS
  - > Level I codes for medical services, identical to CPT
  - > Level II HCPCS codes are for products, supplies, and services not included in the CPT codes
- CPT is a 5-digit code. Examples:
  - > 99408: Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes. (99409: greater than 30 minutes)
- Guidelines in CPT manual instruct about when best to use certain codes or multiple codes
- Modifiers – 2-digit add-ons to the CPT code
  - > May be numeric or alphanumeric
  - > Allows for additional complexity and customization



## Standardization: Why is it important?

- Establishes a universal language commonly understood by policy makers, payers, researchers, and others interested parties
- Key to actuarial analysis and rate setting
  - > Supports accurate tracking of healthcare utilization
  - > Enables gathering of statistical population-specific healthcare information
- Ensures a claim will process and pay accurately
- Enables a claim to be adjudicated across multiple payers





## Claims Billing

- CPT codes are used as the basis for billing
- For the provider, the key to appropriate insurance reimbursement lies in accurate procedure coding
- For the insurer, how the provider uses CPT codes could trigger an audit
- National Correct Coding Initiative (NCCI)
  - > CMS program designed to prevent improper payment of procedures that should not be submitted together
  - > Modifiers can be used to bypass NCCI edits (State policy may allow or restrict)



# Documentation for CPT Codes

- Because the CPT code used for billing should most accurately reflect the service rendered, the provider's documentation must support its use
- Notes should thoroughly document what was done for the patient and why. Examples of items to be covered:\*
  - > Patient type (established or new)
  - > Basis for treatment (assessed condition and history)
  - > Why it's medically necessary (likely progression of condition if left untreated)
  - > Description of counseling and goal setting for plan of care
  - > Start and end time of visit
  - > Complexity and severity
  - > Prescriptions
  - > Other associated recommendations
  - > Appropriate signatures and dates

*\*Not intended as formal guidance*



# Documentation Requirements Smoking Cessation Example

To support the billing of the cessation code 99407, the record might include the following:

- Establish patient's tobacco use
- Advised to quit and impact of smoking
- Assessed willingness to attempt to quit
- Providing methods and skills for cessation
- Medication management of smoking session drugs
- Resources provided
- Setting quit date
- Follow-up arranged
- Amount of time spent counseling patient

An entry in the patient's health record simply stating that the doctor spent 11 minutes counseling the patient on tobacco use would not sufficiently meet the standard for medical necessity or to be able to bill the codes.



## Guest Speaker #2

### Dawn A. Randolph, MPA



- 30 year public policy professional with an emphasis in management and budget
- Founding COO of the Georgia Council on Substance Abuse
- Served as staff or committee member of various task forces, commissions and study committee on behavioral health and developmental disabilities
- Principle Consultant and Founder of DIR Consulting Group providing policy, technical assistance, research and finance consulting in behavioral health



# Our Goal

1. Give you a basic grounding in the topic
2. Resources
3. Network

# Other Coding Acronyms

- **HCPCS** – **H**ealthcare **C**ommon **P**rocedure **C**oding **S**ystem
  - Used by Medicare and Medicaid
  - Became universal when HIPPA became effective in 2002.
  - [www.hcpcs.codes](http://www.hcpcs.codes) provides look-up and coding procedures
  - **G Codes** – Temporary codes assigned before CPT #
  - **H Codes** – Alcohol and Drug Abuse Treatment Services/Rehabilitative Services
- **RBRVS** – **R**esource-**B**ased **R**elative **V**alue **S**cale effective 1992, establishes Relative Value Units (RVUs for each CPT code adjusted by geography).
- **ICD-10** – **I**nternational **C**lassification of **D**iseases (10<sup>th</sup> Edition) released 2017 with updating coming on October 1, 2017 and will be called 2018 ICD-10-CM

# Let's Talk Prevention

- Tobacco cessation – Screening for tobacco use and classes on smoking cessation or cancer prevention
- Information and referral to other services; screening for cancers
- Certified Peer Specialists
- General Health and Wellness Classes

Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
Health and Wellness Supports (Behavioral Health Prevention Education Service) (Delivery of Services with Target Population to Affect Knowledge, Attitude and/or Behavior)	Practitioner Level 3, In-Clinic	H0025	U3	U6			\$ 30.01	Practitioner Level 3, Out-of-Clinic	H0025	U3	U7			\$ 36.68
	Practitioner Level 4, In-Clinic	H0025	U4	U6			\$ 20.30	Practitioner Level 4, Out-of-Clinic	H0025	U4	U7			\$ 24.36
	Practitioner Level 5, In-Clinic	H0025	U5	U6			\$ 15.13	Practitioner Level 5, Out-of-Clinic	H0025	U5	U7			\$ 18.15



# CPT Codes for Tobacco Cessation Counseling Visits

**Medicare Learning Network Published the following new CPT Codes on October 1, 2016.**

**99406** - Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

**99407** - Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes.

**SOURCE:** <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9768.pdf>



# Chronic Care Management

## **CPT 99490** – Used by Physicians

- 2 or more chronic conditions lasting 12 months, or until death
- Chronic condition is placing the patient at risk of death, health deterioration, or functional decline
- Care plan is comprehensive, monitored and revised
- 20 minutes of clinical staff time

Alzheimer's Disease

Arthritis

Asthma

Artial Fibrillation

Autism Spectrum Disorders

Cancer

Chronic Kidney Disease

Depression

Schizophrenia

Heart Failure

Hepatitis

HIV/AIDS

High cholesterol

High blood pressure

Diabetes

Stroke



# Complex Chronic Care Management

## **CPT 99487**– Used by Physicians

- 2 or more chronic conditions lasting 12 months, or until death
- Chronic condition is placing the patient at risk of death, health deterioration, or functional decline
- Establishment or major revision of comprehensive care plan
- 60 minutes of clinical staff time

Alzheimer's Disease

Arthritis

Asthma

Artial Fibrillation

Autism Spectrum Disorders

Cancer

Chronic Kidney Disease

Depression

Schizophrenia

Heart Failure

Hepatitis

HIV/AIDS

High cholesterol

High blood pressure

Diabetes

Stroke



# NEW – Psychiatric Collaborative Care Model

CMS approved 4 new codes to pay Behavioral Health Providers for Psychiatric Collaborative Care Model (CoCM) and Behavioral Health Integration

- Began January 1, 2017 **HCPCS Codes G0502, G0503, G0504** and **G0507** (Behavioral Health Integration) ***G codes are temporary***
- CPT Codes will be assigned January 2018
- Psychiatric CoCM typically is provided by a primary care team consisting of a primary care physician and a care manager who work in collaboration with a psychiatric consultant, such as a psychiatrist. Care is directed by the primary care team and includes structured care management with regular assessments of clinical status using validated tools and modification of treatment as appropriate. The psychiatric consultant provides regular consultations to the primary care team to review the clinical status and care of patients and to make recommendations. [Final Rule, 80230] CMS





# Behavioral Health Integration (G0507)

1. Focused on individuals with behavioral health issues
2. Used validated rating scales for systemic care management with applicable
3. Does not focus on prevention
4. Does not require EHI technology
5. **This is where collaboration comes in.**

*The psychiatric consultant and behavioral health care manager may, but are not required to be, employees in the same practice as the billing practitioner. As noted in the CY 2017 final rule (81 FR 80235), these other care team members are either employees or working under contract to the billing practitioner whom Medicare directly pays for BHI. However, the behavioral health care manager must be available to provide services on a face-to-face basis (though face-to-face services do not necessarily have to be provided).\**

**Source: Care Management Resources at CMS**

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Care-Management.html>

\* <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Behavioral-Health-Integration-FAQs.pdf>





# Examples - Training & Certification

- AAPC\* – (formerly American Academy of Professional Coders) [www.aapc.com](http://www.aapc.com)
  - Certification
  - Code Changes
  - Code Look-up Tool
- Medical Billing & Coding Certification\* [www.medicalbillingandcoding.org](http://www.medicalbillingandcoding.org)
  - Online courses
  - Support for Professionals
  - Certification Preparation

*\*NOTE: National Council does not endorse any of these organizations. However, these are merely examples of companies one may want to learn about and get support through for CPT codes.*



# Examples – Courses & Workshops



- New Business Planning
- Costing Services
- Improving Billing

[www.bhbusiness.org](http://www.bhbusiness.org)



# Examples - Looking up Codes

- CMS Complete review of Medicare Preventive Services
  - <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS-QuickReferenceChart-1TextOnly.pdf>
- Find-a-Code\*
  - <https://www.findacode.com/hcpcs/h0025-behavioral-health-prevention-education-service-delivery-hcpcs-code.html>
- Optum 360\*
  - [www.optum360coding.com](http://www.optum360coding.com)

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# Examples – BH Specific

- **American Academy of Psychiatry** [www.psychiatry.org](http://www.psychiatry.org)
- **Frequently Asked Questions** about Billing Medicare for Behavioral Health Integration (BHI) Services
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Behavioral-Health-Integration-FAQs.pdf>
- **Medicare Learning Network**
  - MLN Fact Sheet – Behavioral Health Integration Services
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Behavioral-Health-Integration-Fact-Sheet.pdf>
- **A Core Set of Outcome Measures for Behavioral Health Across Service Settings, Issue Brief**
  - [http://thekennedyforum-dot-org.s3.amazonaws.com/documents/MBC\\_supplement.pdf](http://thekennedyforum-dot-org.s3.amazonaws.com/documents/MBC_supplement.pdf)



# Questions?



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# Additional Opportunities

- **Health Financing Webinar Series:**
  - Oct. 11: Finding New Financing for Tobacco Cessation & Cancer Prevention Efforts
- **Cancer Control Webinar Series:**
  - Oct. 17: Financing Cancer Control Practices for Behavioral Health Populations
- **Other Webinars:**
  - Sept. 26: The Intersection of Tobacco, E-Cigarettes, and Marijuana Use



# Thank you for joining us!

*As you exit the webinar, please do not forget to complete the evaluation survey.*

**Questions?** Please contact Lea Simms at [LeaS@thenationalcouncil.org](mailto:LeaS@thenationalcouncil.org)