

Provider Training

Behavioral Health Screening, Referral, and Coding Requirements



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Training Outline

- I. Behavioral Health Screening Requirements and Referrals
- II. Healthy Behaviors Substance and Alcohol Abuse Program
- III. Behavioral Health Screening Coding Requirements
- IV. USPSTF Recommended Guidelines

I. Provider Training

Behavioral Health Screening Requirements and Referrals



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What is the Primary Care Provider's role?

- * To screen new and current members for behavioral health issues.
- * Follow up on members diagnosed with behavioral health issues.
- * Refer members to appropriate services.

Behavioral Health Screening Requirements

Behavioral Health Screening for Adults

An adult health screening should be performed to assess the health status of all Plan members twenty-one (21) years of age or older.

- * The screening should include: screening for domestic violence, smoking and substance abuse. Members with these problems should be referred to the pertinent programs.
- * Member records must include:
 - * Member's use of tobacco products or alcohol/substance abuse with documentation when referrals to cessation programs or behavioral services were offered and the member's decision.

Behavioral Health Screening for Adolescents (Ages 7-20)

- * Federal guidelines recommend that mental health and substance abuse screening be included in each Well Child Care examination, based on the specified age groups.

Suggested Screening Tools

- * Substance Abuse and Mental Illness Symptoms Screener (SAMISS) available online at: <file:///C:/Users/lseff/Downloads/SAMISStoolpluskey16Q.pdf>
- * CAGE (Cut down, Annoyed, Guilty, Eye-opener) Adapted to Include Drugs (CAGE-AID) available online at: <https://www.mhn.com/static/pdfs/CAGE-AID.pdf>
- * Patient Health Questionnaire-9 (PHQ-9) (NOTE: this instrument does not include any alcohol or drug abuse screening items) available online at: [http://phqscreeners.com/pdfs/02 PHQ-9/English.pdf](http://phqscreeners.com/pdfs/02_PHQ-9/English.pdf)
- * The Drug Abuse Screening Test (DAST) available online at: http://www.bu.edu/bniart/files/2012/04/DAST-10_Institute.pdf
- * Screening, brief intervention, and referral to treatment (SBIRT) available online at: <http://www.samhsa.gov/sbirt>
- * The Alcohol Use Disorders Identification Test (AUDIT) Information and screening questionnaire available online at: http://www.talkingalcohol.com/files/pdfs/WHO_audit.pdf

Behavioral Health Referrals

- * Members who screen positive for any behavioral health issue should be referred to appropriate services.
- * Please see the Provider Manual (*link below*) for referral details:
 - * **Mental Health Referrals** (*Provider Manual P. 36*)
 - * **Behavioral or Mental Health Services Not Covered by the Plan** (*Provider Manual P. 37*)
 - * **Emergency Mental Health Services In and Outside of the Service Area** (*Provider Manual P. 37*)
 - * **Domestic Violence and Abuse Screening** Physicians should identify indicators of domestic violence and abuse, including physical, psychological, sexual and substance abuse (*Provider Manual P. 19*)

II. Provider Training

Healthy Behaviors Substance and Alcohol Abuse Program



Healthy Behaviors Program Background



- * The Enhanced Benefits Rewards Program was introduced in Florida in 2006 as part of Florida Medicaid Reform
 - * The program gave financial rewards to Medicaid enrollees who received certain targeted preventive services, complied with maintenance and disease management programs, and kept appointments
- * In the Managed Medical Assistance (MMA) Contract, the Agency for Health Care Administration (AHCA) transferred responsibility for developing programs to reward healthy behaviors to contracted Health Plans

Healthy Behaviors Programs



The Plan offers five Healthy Behaviors Rewards Programs:

- * Maternity
- * Quit Smoking
- * Alcohol and Drug Abuse
- * Weight Loss
- * Well Child Visits
- * For more information please see the *Health Behaviors Rewards*

Program: An Overview for Our Provider Network at -

http://www.simplyhealthcareplans.com/sites/default/files/Healthy%20Behaviors_Provider%20Overview_booklet.pdf

Healthy Behaviors Substance and Alcohol Abuse Screening Requirements



- * As part of its Healthy Behaviors Rewards Program, and to promote positive health outcomes, the MMA contract requires that Plan providers screen members for signs of alcohol or substance abuse as part of prevention evaluation at the following times:
 - * Initial contact with a new member
 - * Routine physical examinations
 - * Initial prenatal contact
 - * When the members evidence serious over-utilization of medical, surgical, trauma, or emergency services
 - * When documentation of emergency room visits suggests the need

Healthy Behaviors Substance and Alcohol Abuse Program Goals



- * Assure routine screen of all Plan members for risk of alcohol and/or drug abuse during regular PCP visits
- * Refer Plan members who screen at risk of alcohol and/or substance abuse to the Healthy Behaviors Program
- * Referred Plan members to be enrolled in PsychCare's Encompass Program
- * Through the Encompass Program members to be encouraged to take steps toward sobriety and have support throughout the difficult process
- * Assure that Plan members have the opportunity to work with a PsychCare Case Manager to develop a strategy for achieving sobriety
- * Assure that Plan members have the medical and psychological support they need to achieve sobriety
- * Offer incentives to Plan members for attending Alcoholics Anonymous and Narcotics Anonymous meetings

How it Works



Intervention/ Milestone	Incentive Type	Incentive Value	Description
Make commitment to program	Point-based mail order reward program	5 points	Member and Case Manager sign Promise Form and submit to the Healthy Behaviors Reward Program (HBRP). Member can participate in the Alcohol or Drug Abuse HBRP only one time within a 12 month period.
1 Day Sobriety	Point-based mail order reward program	9 points	Member presents appropriate chip as evidence of compliance with attendance in AA/NA. Reward contingent on Case Manager and member signature on compliance verification form and submission to the HBRP.
30 day Sobriety	Point-based mail order reward program	9 points	Member presents appropriate chip as evidence of compliance with attendance in AA/NA. Reward contingent on Case Manager and member signature on compliance verification form and submission to the HBRP.
90 day Sobriety	Point-based mail order reward program	9 points	Member presents appropriate chip as evidence of compliance with attendance in AA/NA. Reward contingent on Case Manager and member signature on compliance verification form and submission to the HBRP.
180 day Sobriety	Point-based mail order reward program	9 points	Member presents appropriate chip as evidence of compliance with attendance in AA/NA. Reward contingent on Case Manager and member signature on compliance verification form and submission to the HBRP.
365 day Sobriety	Point-based mail order reward program	9 points	Member presents appropriate chip as evidence of compliance with attendance in AA/NA. Reward contingent on Case Manager and member signature on compliance verification form and submission to the HBRP.



To access the Healthy Behaviors Rewards Program Provider Referral Form please go to:

[http://www.simplyhealthcareplans.com/sites/default/files/Healthy%20Behaviors%20Provider%20Overview booklet.pdf](http://www.simplyhealthcareplans.com/sites/default/files/Healthy%20Behaviors%20Provider%20Overview%20booklet.pdf)



PROVIDER REFERRAL FORM Healthy Behaviors Rewards Program

I would like to refer the member named below to one or more of the Healthy Behaviors Rewards Programs. I have checked the name of the member I would like to refer.

Please print or type:

Provider Name:
Provider Telephone:
Provider Fax:
Provider E-Mail:

Please check one or more programs that you believe will benefit the member listed below:

- Alcohol and Drug Abuse Healthy Behaviors Rewards Program
- Maternity Healthy Behaviors Rewards Program
- Quit Smoking and Using Tobacco Healthy Behaviors Rewards Program
- Weight Management Healthy Behaviors Rewards Program (BMI ≥ 30)
- Well Child Visits Healthy Behaviors Rewards Program

Member Information (Please print or type):

Member Name:
Member Telephone:
Member Street Address:
Member City, State, Zip:

EMAIL TO: HEALTHYBEHAVIORS@SIMPLYHEALTHCAREPLANS.COM
OR FAX TO: 1-855-329-5289

Do you have **questions**? Phone 1-800-887-6888 Fax 1-855-329-5289
E-mail: HealthyBehaviors@simplyhealthcareplans.com



III. Provider Training

Behavioral Health Screening Coding Requirements



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Background

- * The MMA contract requires that Better Health (BET) monitor, evaluate, and improve the quality and appropriateness of care and service delivery (or the failure to provide care or deliver services) to enrollees through several activities, one of which is Performance Improvement Projects (PIPs).
- * The AHCA requires that all PIPS achieve, through ongoing measurements and intervention, significant improvement to the quality of care and service delivery, sustained over time, in areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction.
- * With MMA implementation, AHCA required BET to conduct 4 PIPs including one choice PIP in one of 3 topic areas.
 - * The Plan selected, *Integrating Primary Care and Behavioral Health*, for one of its Lines of Business.

Background

- * In order to be treated, Behavioral Health related disorders must first be identified and individuals referred to appropriate services.
- * One of the barriers identified by BET is that Behavioral Health screenings are not coded separately from the Primary Care visit. In other words, there is no documentation of screening aside from the documentation in the medical record.
- * Therefore, the Plan has very limited data on the percentage of members who received a Behavioral Health screening during a Primary Care visit.
- * It is essential for the Plan to obtain accurate screening data in order to ensure that members who screen positive are identified and referred to appropriate Behavioral Health services.

Behavioral Health Screening Coding Requirements

- * In order to obtain the necessary data, BET has developed a guide for coding Behavioral Health screenings.
- * The following slides illustrate the two coding options allowable for documenting a Behavioral Health screening.
- * Please note that, at a minimum, Behavioral Health screening should be done annually.

Option 1: **Evaluation and Management (E&M) Code Paired with Initial or Periodic Screening Visit Code**

- * Initial or Periodic Comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures.

In conjunction with:

- * An appropriate screening code new or established patient.

Option 1: Procedure Codes

New Patient: Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components.

- * 99201 (Typically 10 minutes face-to-face)
- * 99202 (Typically 20 minutes face-to-face)
- * 99203 (Typically 30 minutes face-to-face)
- * 99204 (Typically 45 minutes face-to-face)

Established Patient: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components.

- * 99212 (Typically 10 minutes face-to-face)
- * 99213 (Typically 15 minutes face-to-face)
- * 99214 (Typically 25 minutes face-to-face)

Option 1: Screening Codes

H0001 Alcohol and/or drug assessment

H0002 Behavioral health screening to determine eligibility for admission to treatment program

H0028 Alcohol and/or drug prevention problem identification and referral service (e.g. student assistance and employee assistance programs), does not include assessment

H0049 Alcohol and/or drug screening

- Diagnosis code V82.9 (Unspecified condition) is required on claims for procedure code H0049.

H0050 Alcohol and/or drug service, brief intervention, per 15 minutes

- Diagnosis code V65.42 (Counseling on substance use and abuse) is required on claims for procedure code H0050.

G0396 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes

G0397 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes

99408 Preventive medicine, individual counseling, alcohol and/or substance abuse (other than tobacco) structured screening and brief intervention, 15-30 minutes

99409 Preventive medicine, individual counseling, alcohol and/or substance abuse (other than tobacco) structured screening and brief intervention, greater than 30 minutes

V79.0 Screening for Depression

V79.1 Screening for Alcoholism

V79.9 Screening for unspecified mental disorder and developmental handicap

Option 2:

Evaluation and Management (E&M) Codes Paired with Diagnosis Codes

- * Office visits with E&M codes may be used, but to be counted as a Behavioral Health Screening one of the following CPT codes must be paired with one of the following diagnostic codes.
- * The pairing of a procedure code with a diagnostic code indicates that a screening was conducted as part of the office visit.
- * Standalone E&M procedure codes do not constitute evidence of a Behavioral Health screening.

Option 2: Procedure Codes

New Patient: Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components.

- * 99201 (Typically 10 minutes face-to-face)
- * 99202 (Typically 20 minutes face-to-face)
- * 99203 (Typically 30 minutes face-to-face)
- * 99204 (Typically 45 minutes face-to-face)

Established Patient: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components.

- * 99212 (Typically 10 minutes face-to-face)
- * 99213 (Typically 15 minutes face-to-face)
- * 99214 (Typically 25 minutes face-to-face)

Option 2: Diagnostic Codes

NOTE: *These codes represent the high-level code grouping. Specific diagnoses must be used for claims (e.g., DO NOT USE 296; USE 296.30- Major depressive affective disorder, recurrent episode, unspecified)*

290	Dementias
291	Alcohol-induced mental disorders
292	Drug-induced mental disorders
293	Transient mental disorders due to conditions classified elsewhere
294	Persistent mental disorders due to conditions classified elsewhere
295	Schizophrenic disorders
296	Episodic mood disorders
297	Delusional disorders
298	Other nonorganic psychoses
299	Pervasive developmental disorders
300	Anxiety, dissociative and somatoform disorders
301	Personality disorders
302	Sexual and gender identity disorders

Option 2: Diagnostic Codes

NOTE: *These codes represent the high-level code grouping. Specific diagnoses must be used for claims (e.g., DO NOT USE 296; USE 296.30- Major depressive affective disorder, recurrent episode, unspecified)*

- 303 Alcohol dependence syndrome
- 304 Drug dependence
- 305 Nondependent abuse of drugs
- 306 Physiological malfunction arising from mental factors
- 307 Special symptoms or syndromes not elsewhere classified
- 308 Acute reaction to stress
- 309 Adjustment reaction
- 310 Specific nonpsychotic mental disorders due to brain damage
- 311 Depressive disorder, not elsewhere classified
- 312 Disturbance of conduct not elsewhere classified
- 313 Disturbance of emotions specific to childhood and adolescence
- 314 Hyperkinetic syndrome of childhood
- 315 Specific delays in development
- 316 Psychic factors associated with diseases classified elsewhere

IV. Provider Training

USPSTF Preventive Services Recommendations



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Preventive Services Recommended by the USPSTF

- * BET adheres to the recommendations made by the U.S. Preventive Services Task Force (USPSTF).
- * The USPSTF recommends that Primary Care Physicians (PCPs) discuss the preventive services below with eligible patients and offer them as a priority:
 - * Alcohol Misuse Screening and Behavioral Counseling
 - * Depression in Adults, Screening
 - * Intimate Partner Violence and Elderly Abuse, Screening
 - * Major Depressive Disorder in Children and Adolescents, Screening
- * All these services have received an “A” or a “B” (recommended) grade from the Task Force. Refer to the source below for more information and population-specific clinical considerations.

Source: *The Guide to Clinical Preventive Services 2014* - <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/cpsguide.pdf>

Recommendations by Population

Recommendation	Adults		Special Populations	
	Men	Women	Pregnant Women	Children/Adolescent
Alcohol Misuse Screening and Behavioral Counseling	X	X	X	
Depression in Adults, Screening	X	X		
Major Depressive Disorder in Children and Adolescents, Screening				X
Intimate Partner Violence and Elderly Abuse, Screening		X		

Alcohol Misuse Screening and Behavioral Counseling

Title	Screening and Behavioral Counseling Interventions in Primary Care To Reduce Alcohol Misuse	
Population	Adults aged 18 years or older	Adolescents
Recommendation	Screen for alcohol misuse and provide brief behavioral counseling interventions to persons engaged in risky or hazardous drinking. Grade: B	No recommendation. Grade: I (Insufficient Evidence)

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to

<http://www.uspreventiveservicestaskforce.org/>

Depression in Adults, Screening

Title	Screening for Depression in Adults	
Population	Non-pregnant adults 18 years or older	
Recommendation	Screen when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow up. Grade: B	Do not automatically screen when staff-assisted depression care supports are not in place. Grade: C

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents, please go to <http://www.uspreventiveservicestaskforce.org>

Major Depressive Disorder in Children and Adolescents, Screening

Title	Screening and Treatment for Major Depressive Disorder in Children and Adolescents	
Population	Adolescents (12-18 years)	
Recommendation	Screen when systems for diagnosis, treatment, and follow up are in place. Grade: B	No Recommendation Grade: I (Insufficient Evidence)

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents, please go to <http://www.uspreventiveservicestaskforce.org>

Intimate Partner Violence and Elderly Abuse, Screening

Title	Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults	
Population	Asymptomatic women of childbearing age	Elderly or vulnerable adults
Recommendation	Screen women for intimate partner violence (IPV), and provide or refer women who screen positive to intervention services. Grade: B	No recommendation. Grade: I (Insufficient Evidence)

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <http://www.uspreventiveservicestaskforce.org/>

Other Screenings

- * **Illicit Drug Use:** The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening adolescents, adults, and pregnant women for illicit drug use.
- * **Illicit and Prescription Drug Use in Children and Adolescents:** While the evidence is insufficient to recommend specific interventions in the primary care setting, those that have been studied include face-to-face counseling, videos, print materials, and interactive computer-based tools. Studies on these interventions were limited and findings on whether interventions significantly improved health outcomes were inconsistent.
- * **Suicide Risk:** There is no evidence that screening for suicide risk reduces suicide attempts or mortality. There is insufficient evidence to determine if treatment of persons at high risk reduces suicide attempts or mortality. There are no studies that directly address the harms of screening and treatment for suicide risk. As a result, the USPSTF could not determine the balance of benefits and harms of screening for suicide risk in the primary care setting.

Illicit Drug Use

Title	Screening for Illicit Drug Use
Population	Adolescents, adults, and pregnant women not previously identified as users of illicit drugs
Recommendation	No recommendation. Grade I: (Insufficient Evidence)

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents, please go to

<http://www.uspreventiveservicestaskforce.org>

Illicit and Prescription Drug Use in Children and Adolescents

Title	Primary Care Behavioral Interventions to Reduce Illicit Drug and Nonmedical Pharmaceutical Use in Children and Adolescents
Population	Children and adolescents younger than age 18 years who have not already been diagnosed with a substance use disorder
Recommendation	No recommendation. Grade: I statement

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to

<http://www.uspreventiveservicestaskforce.org/>

Suicide Risk

Title	Screening for Suicide Risk
Population	General population
Recommendation	No recommendation. Grade: I (Insufficient Evidence)

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <http://www.uspreventiveservicestaskforce.org/>

THANK YOU!