

Specialty Behavioral Health and Integrated Services Overview and FAQ

Introduction

Behavioral health services that are provided within primary care clinics are important to meeting our members' needs. Health Share of Oregon supports the integration of behavioral health and primary care in providing whole health care to members of our community. This document is intended to provide clarification for providers regarding billing for behavioral health services that are provided to Health Share members.

The first step in determining where to bill for behavioral health services is to determine if the services meet the definition and criteria of "specialty behavioral health." Specialty behavioral health services are defined based on the focus of treatment and treatment model, and can be clearly differentiated by the codes that describe the services. Providing services consistent with the specialty behavioral health treatment model and code set drives specific required documentation standards and authorization requirements.

It's important to note that both specialty behavioral health and integrated behavioral health services in primary care can be provided by clinicians with similar licensure and skill sets. It is also important to know that licensed clinicians not operating under an organizational certificate of approval are subject to the 410 rule sets, whereas any clinicians operating under an organizational certificate of approval are subject to the 309 rule set.

We know that this is a lot of information and will likely generate additional questions. We are happy to schedule provider meetings to address questions or concerns. If you are interested in requesting a meeting, please contact providers@healthshareoregon.org.

Definitions

OARs

There are several Oregon Administrative Rules (OARs) that define documentation standards and requirements for Medicaid reimbursement for specialty behavioral health services. **These include 309-019-0100, 410-141-0180 and 410-172-0620.**

Integrated Health Care

Integrated health care means care provided to individuals and their families in a patient centered primary care home or behavioral health home by licensed primary care clinicians, behavioral health clinicians and other care team members working together to address one or more of the following: mental illness, substance use disorders, health behaviors that contribute to chronic illness, life stressors and crises, developmental risk/conditions, stress-related physical symptoms, preventative care, and ineffective patterns of health care utilization.

Behavioral Health Clinician

A behavioral health clinician is a licensed psychiatrist, licensed psychologist, a certified nurse practitioner with a specialty in psychiatric mental health, a licensed clinical social worker, a licensed professional counselor or licensed marriage and family therapist, a certified clinical social work associate, an intern or resident who is working under a board-approved supervisory contract in a clinical mental health field, or any other clinician whose authorized scope of practice includes mental health diagnosis and treatment.

Behavioral Health Consultants or Behaviorists

Behavioral health consultants (BHCs) or behaviorists are culturally competent generalists who provide treatment for a wide variety of mental health, psychosocial, motivational, and medical concerns, including management of anxiety, depression, substance abuse, smoking cessation, sleep hygiene, and diabetes among others. BHCs also provide support and management for patients with severe and persistent mental illness and tend to be familiar with psychopharmacological interventions. Paralleling general medicine, patients who require more extensive mental health treatment are typically referred to as specialty care.

Golden Thread Rules

In order to receive payment for non-crisis specialty behavioral health services, the provider must be appropriately licensed or credentialed, have completed a mental health assessment supporting a covered mental health diagnosis for which treatment is medically necessary, have a completed treatment plan for the covered diagnosis and document treatment sessions in a manner that demonstrates implementation of the treatment plan. The presence of these items allows for services to be reimbursed with specialty behavioral health funds. BHCs delivering services in a primary care setting and reimbursed with physical health funds are not required to document treatment outside of the medical record.

MOTS

Oregon's Measurement and Outcomes Tracking System (MOTS). Providers receiving specialty behavioral health funds under a CCO contract are required to submit data about clients and services into MOTS. More information is available online: <http://www.oregon.gov/oha/hsd/amh-mots/pages/index.aspx>.

Specialty Behavioral Health

Authorized behavioral health services provided by a credentialed or licensed clinician, treating a covered mental health or SUD diagnosis. Services are based on an assessment and treatment plan and the care is documented in MOTS.

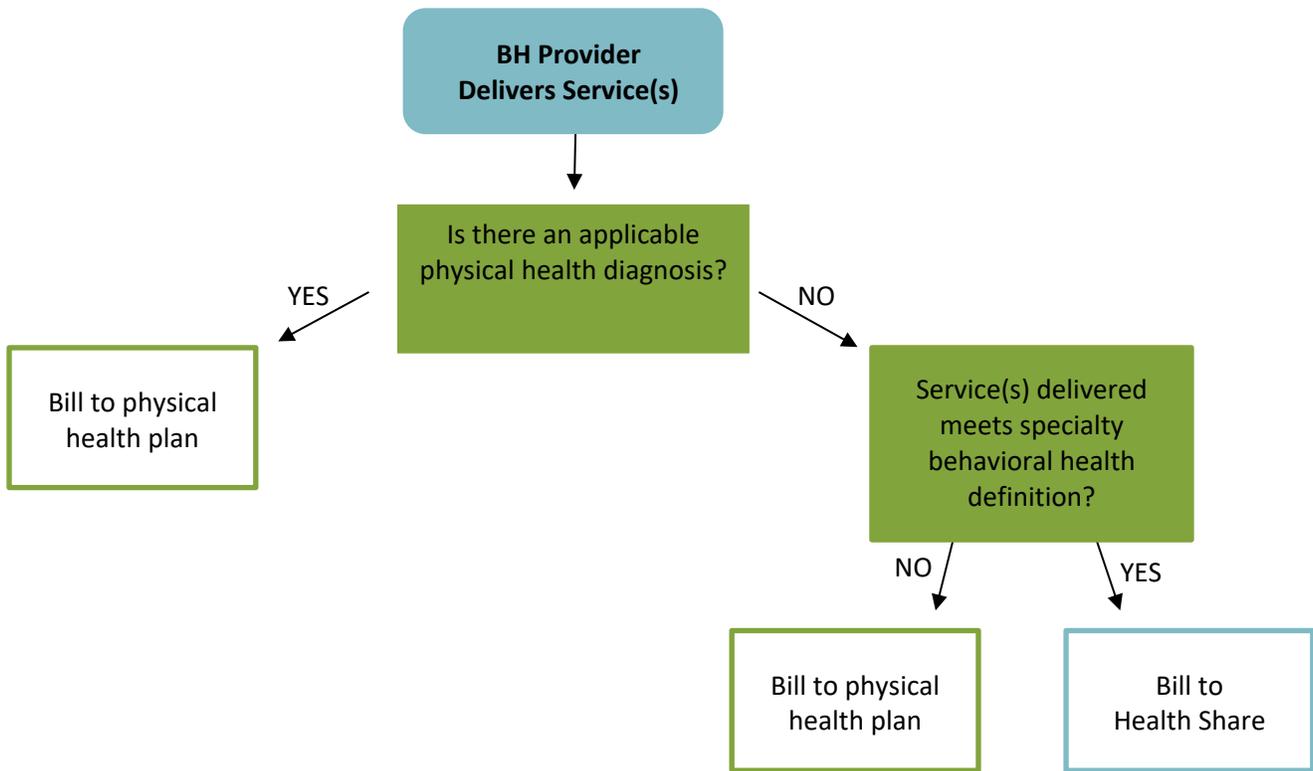
The following chart can help distinguish whether outpatient services are considered Physical Health or Specialty Behavioral Health services:

Focus Area	Physical Health	Specialty Behavioral Health
Treatment focus	Behaviors that interfere with management of physical health condition. Can also include brief treatment of a behavioral health condition, or crisis intervention and referral to specialty BH system. This would also include all PCP services regardless of diagnosis.	Targeted treatment of a diagnosed mental health or SUD disorder. Services are often comprehensive and inclusive of prescribing by a psychiatrist or PMHNP and case management.
Diagnosis	Any diagnosis	Above the line mental health or SUD diagnosis
Service Notification or Authorization	Not required	Service notification or authorization required
Services	Brief behavioral and psychoeducational interventions related to managing a medical condition, solution focused brief treatment for a BH condition, coordination of care and referrals as needed. May include crisis intervention.	Individual and group therapy, case management, medication management with emphasis on stabilization and functional improvement, in-home supports, flexible funds.
Documentation Required	Documentation of BH intervention in physical health chart	Assessment, treatment plan, progress notes, MOTS entry
Payment Mechanism	Included in existing fee schedule and additional PMPM payments by physical health plans.	Variable, but based on approved authorization or service notification. Usually FFS or case rate, based on overall volume.
Clinic model	BHCs are part of a team-based, population management approach, and are able to have same day availability and accept warm handoffs from the PCP. Staff provide support to assigned PCPs. Staffing is based on ratio of BHCs to PCP or acuity of a clinic's population.	Clinician has assigned caseload and scheduled appointments to provide treatment prescribed on a treatment plan.
Codes	Behaviorist codes: 96150-96154 Brief emotional and behavior assessment: 96127 Developmental screening: 96110 Prevention codes	

Decision Tree

Billing for BH Provider

Services delivered in co-located or integrated setting



Frequently Asked Questions

- 1. Who is responsible for payment of behavioral health services provided in Primary Care that are not “specialty mental health,” e.g. a PCP prescribing antidepressants?**

This is the responsibility of the physical health plans because the services are not “specialty mental health” and the treating provider is a medical provider.

- 2. Who is responsible to pay for behaviorists who are assisting in providing behavioral supports to treat a medical condition?**

This is the responsibility of the physical health plans because the services are not “specialty mental health” and because the chief problem is a medical problem, even though the intervention is being delivered by a non-medical provider.

- 3. Who is responsible for payment of behavioral health assessment and support services provided by behavioral health staff employed by and located within a primary care clinic when the primary reason is to help treat a medical condition?**

This is the responsibility of the physical health plans because the chief problem is a medical problem, even though the intervention is being delivered by a non-medical provider.

- 4. Who is responsible for payment of behavioral health assessment and treatment of a mental health condition by behavioral health staff employed by a contracted mental health provider that is co-located within a primary care clinic?**

If the service is a covered CPT, e.g. 90837, and the primary diagnosis is a behavioral health diagnosis, and the conditions/definition of specialty behavioral health are met, then the payment for these services is the responsibility of Health Share.

- 5. Who is responsible for payment for Medically Assisted Treatment (MAT) by a primary care provider?**

This is the responsibility of the physical health plan, because the PCP is a medical provider, similar to a PCP prescribing an antidepressant.

- 6. Who is responsible for payment of a behaviorist in primary care to assist in the treatment of SUD?**

Behaviorist services are the responsibility of the physical health plan. If there is a co-located behavioral health provider who delivers SUD services as a stand-alone specialty behavioral health service, and if the conditions/definition of specialty behavioral health services are met, payment for those services would be the responsibility of the behavioral health plan.

- 7. Who is responsible for payments for a psychiatrist or psychiatric mental health nurse practitioner doing assessment and medication management in primary care?**

If they are treating a covered BH condition, providing services that are paired with that condition, and the conditions/definition of specialty behavioral health services are met, those services would be covered by the Health Share with specialty behavioral health funds. This would require these providers to meet the documentation standards and service notification requirements discussed above.