Washington State Health Care Authority

Bi-Directional BHI Quarterly Meeting

Questions and Responses from

April 13, 2018

1. Q: Will the BH billing guide be posted separate from the 2018 provider guide?
   A. Currently the billing guides are not integrated and HCA does not have a specific behavioral health guide. However, that is something that HCA is moving toward. We do have a mental health billing guide for fee-for-service and a substance use disorder billing guide that is also for fee-for-service. HCA is looking to find a way to better meld the billing guide services as DBHR integrates with HCA. The current guides are updated quarterly.

2. Q: What would it take to integrate the billing guides?
   A. HCA is working on a plan to find a way to integrate them.

3. Q: What do the different components are so the group knows what that transition looks like from now until full integration in 2020?
   A. For right now, we have the fee-for-service low acuity mental health services and the special high acuity mental health services for Native Americans/Alaskan Natives that are fee-for-service in the billing guide. Have BHO's billing guide which includes different codes than are used by HCA. We are working to find a way to have them come together and work so that things run smoothly and are billed correctly.

4. Q: We noticed that there was an emergency rule associated with the collaborative care code and it seems to have updated the licensure requirement for the care provider. Can you please provide more clarification on that?
   A. Yes, it does require licensure for those that provide care; however, there are instances where it allows for people who don't meet that requirement to provide care as long as it is under the supervision of licensed providers. This is the result of feedback from CMS.

5. Q: For psychiatric nurses listed in the emergency rule; before it was just a registered nurse but it specifically lists psychiatric nurses, can you provide more clarification on that?
   A. Josh will research this question to find out and will provide an update to Stephanie. It depends on whether they are billing on the team approach or if they are billing individually for a face-to-face consultation with the patient. So it would depend on what role they are playing and recognizing the hierarchy within the clinic. We need to be compliant with CMS requirements to be able to use those codes.

6. Q: I've have receiving a lot of questions from providers about what minutes to include in collaborative care, so which of the activities should they include for collaborative care? For example if they are coordinating housing for a patient or helping them with their diabetes management, should those activities be included?
   A. We agree that the codes CMS has provided are confusing. Especially since CMS has a code specific for case management that HCA does not cover. Maybe work with you to

get more information regarding the specific questions that you are receiving to help build guidelines.

7. Q: From the Emergency rule, under part C regarding PA's, can a PA bill for collaborative care with the primary biller?
   A. The newer version has a clearer description for this section and it will be sent out soon. PA's can't bill directly, they have to bill under the supervising physician.

   Q: If the PA is providing the care, can they bill under the primary care provider as part of the collaborative care?
   A. It would depend if it's regarding face-to-face care vs. regarding being a part of team care.

8. Q: For the Medicare G code for case management that is not currently covered by HCA, will it be reconsidered after integration?
   A. Whatever is in the state plan amendment for mental health will be included. In addition, we'll need to work with AIM to determine what is covered.

   In terms of the case management that was included in the behavioral health carve out, it is a broad service that has been included in the state carve out. I don't think we're losing that.

   Agree that is a good clarification. With the IMC integration, this will be covered under the state services plan amendment for mental health. However, the collaborative care model will be about services in the primary care setting. It's a grey area with no clear line and HCA will work with AIM to get better clarification.

9. For additional coordination, I think about it as care management for patients who also have psychiatric disorders. Not just care management for anyone.
   Agree.