

# State Resources, Policy, and Reimbursement Information

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Policies, billing procedures, and referral procedures related to suicide prevention in primary care vary significantly across states. Understanding how to bill for mental health services in primary care, how to obtain higher levels of care for individuals at risk for suicide, and where to find information relevant to your state is critical. Learning to successfully navigate these processes will reduce the barriers to mental health service provision within your setting and will enhance your ability to partner with mental health treatment centers when crisis services are needed.

## In This Section

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### **Tips and Strategies for Reimbursement**

This brief module provides strategies that billing personnel within primary care practices may use to increase their success in obtaining reimbursement for mental health services.

### **State-Specific Resources and Policy Information**

This template may be used as a guide to direct providers and staff to state-specific behavioral health resources and policies. It includes suggestions for locating information regarding crisis services and inpatient mental health care.

# Tips and Strategies for Reimbursement for Behavioral Health Services in a Primary Care Setting

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## Overview

Reimbursement to primary care providers who deliver behavioral health services is available from a variety of payer sources, including Medicaid, Medicare, and private insurers. Growing support for integrated physical and behavioral health care has led to improvements in reimbursement to primary care providers for behavioral health services. For example, Medicare now reimburses primary care providers for certain behavioral health services provided to Medicare beneficiaries. This module provides you with a basic understanding of the behavioral health diagnoses and services eligible for reimbursement and includes links to a variety of resources, including tools to develop an integrated medical and behavioral health practice.

## Private Insurers

The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 requires health insurers and group health plans to provide the same level of benefits for mental and/or substance use treatment and services that they do for medical/surgical care. The Affordable Care Act (ACA) further expands the MHPAEA's requirements by ensuring that qualified plans offered on the health insurance marketplaces cover many behavioral health treatments and services. The ACA also requires coverage for rehabilitative and habilitative services that can help support people with behavioral health challenges.

The ACA requires plans to cover depression screening for adults and adolescents; alcohol misuse screening and counseling for adults; and alcohol and drug use assessments for adolescents. So, the service codes for the screening and counseling services provided in the Medicare section of this Chapter should be reimbursed by private insurers, in addition to other behavioral health services. Check with your patient's insurance provider for detailed information.

## Medicare and Medicaid

Medicare and Medicaid are the payers most frequently billed for behavioral health services in a primary care setting. An important first step is determining services eligible for reimbursement and credentialing for providers who deliver these services.

**Medicare.** Medicare Part B pays for reasonable and necessary medical and behavioral health care services when they are furnished on the same day, to the same patient, by the same professional or a different professional. This is regardless of whether the professionals are in the same or different locations. Key services reimbursed by Medicare include:

- **Annual Depression Screening** (HCPCS/CPT Codes G0444) furnished in a primary care setting that has staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment, and follow-up. All Medicare beneficiaries are eligible. (Copayment/coinsurance and deductible waived.)
- **Alcohol Misuse Screening and Counseling**
  - Annual alcohol misuse screening (G0442 - annually)
  - Quarterly brief face-to-face behavioral counseling for alcohol misuse (G0443 – four times per year for those who screen positive)

All Medicare beneficiaries are eligible. Medicare beneficiaries who screen positive (those who misuse alcohol but whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence) are eligible for counseling under certain conditions. (Copayment/coinsurance and deductible waived.)

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are an evidence- and community-based practice designed to identify, reduce, and prevent problematic substance use disorders. Medicare pays for medically reasonable and necessary SBIRT services when furnished in physicians' offices and outpatient hospitals. In these settings, you assess for and identify individuals with, or at-risk for, substance use-related problems and furnish limited interventions/treatment. There are specific qualifications for suppliers authorized under Medicare to furnish SBIRT services; however, SBIRT services may be provided by physicians, physician assistants, clinical nurse specialists, clinical psychologists, clinical social workers, and certified nurse midwives.

**Medicaid.** Medicaid reimbursement and provider requirements vary from state to state (e.g., where one state may allow billing for two services in one day, another may not.) Currently, 28 state Medicaid programs allow reimbursement for two services by one provider organization. To assist providers with billing solutions, the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Integrated Health Solutions provides customized Billing and Financial Worksheets for each state to help identify existing opportunities. The worksheets include information related to Medicare services as well. <http://www.integration.samhsa.gov/resource/billing-financial-worksheets#Billing>

## Integrating Behavioral Health Services into a Primary Care Practice

Primary care settings are increasingly serving as the gateway for individuals with behavioral health needs to address those needs. Many primary care providers are integrating behavioral health care services into their practices. Several modes for integrated care exist. The SAMHSA Center for Integrated Health Solutions provides technical assistance and training for integration of primary and behavioral health care and related workforce development. More information about the Center may be found at: <http://www.integration.samhsa.gov/about-us/about-cihs>. Tools and supports may also be available for providers through their state's State Innovation Model (SIM), a federally funded behavioral health and primary care integration grant project, where applicable.

## Suggested Reading

*The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines.* Geneva: World Health Organization, 1992.

<http://www.who.int/classifications/icd/en/bluebook.pdf>

*Mental Health Services;* Department of Health and Human Services, Centers for Medicare & Medicaid Services Mental Health Services. January 2015. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Mental-Health-Services-Booklet-ICN903195.pdf>

*Reimbursement of Mental Health Services in Primary Care Settings;* (Mauch, Danna, Ph.D; Kautz, Cori. MA and Smith, Shelagh, MPH; US Department of Health and Human Services; SAMHSA) February 2008. [http://www.integration.samhsa.gov/Reimbursement\\_of\\_Mental\\_Health\\_Services\\_in\\_Primary\\_Care\\_Settings.pdf](http://www.integration.samhsa.gov/Reimbursement_of_Mental_Health_Services_in_Primary_Care_Settings.pdf)

## Resources:

ICD-10-CM (Diagnosis coding): <https://www.aapc.com/icd-10/>

CPT Codes (Service coding): <https://www.ama-assn.org/practice-management/cpt-current-procedural-terminology>

HCPCS Codes (Service coding): <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html>

# Template for State-Specific Resources and Policy Information

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This template is intended to assist primary care providers and staff within the practice setting to identify state-specific behavioral health resources and policies that may direct where and how patients with higher level treatment needs access care. It would be ideal if someone in the practice had information on local and state crisis numbers, involuntary psychiatric hospitalization laws, and how to access psychiatric crisis beds throughout the state. Much of this information varies by state, so understanding where to obtain this information and what questions to ask will help providers be better informed and prepared to appropriately deal with behavioral health emergencies.

## 1. Local crisis line numbers.

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Ideas on where to find local and state crisis numbers:

- National Suicide Prevention Hotline: Lifeline 800-273-TALK (8255). This number will connect you to a local certified crisis line.
- State Public Health or Human Services Department.
- State Mental Health/Behavioral Health Authority.
- Local/Regional/County Mental Health Authorities.
- State Chapters of Advocacy/Support Organizations such as:
  - Mental Health America (formerly Mental Health Association).

## 2. Questions to answer regarding procedures for admission to an inpatient psychiatric facility or unit.

- Involuntary Commitment
  - State laws pertaining to involuntary mental health commitment.
  - Who can authorize an involuntary commitment?
  - What information about the patient will need to be provided?
  - What is expected of the PCP by the courts?
  - How many hours of involuntary observation and treatment are legally mandated by the state?
- Voluntary Admission
  - Who is eligible for voluntary admission?
  - What information about the patient will need to be provided?

- What is expected of the PCP?
- What are state policies and resources, if any, regarding transporting a patient with a psychiatric emergency? If resources exist, how can they be accessed?
- How is inpatient psychiatric treatment extended beyond the period of involuntary commitment? What are the terms and conditions of the extension process (e.g., how long, by what type of professional)?
- State Medicaid reimbursement for mental health treatment and hospitalization.

Suggestions on where to find this information:

- State Public Health or Human Services Department.
- State Mental Health/Behavioral Health Authority.
- State Medicaid Agency.
- State Hospital Authority/Association.
- State Office of Consumer & Family Affairs.
- State Behavioral Health/Medicaid Ombudsman Office.
- Local/Regional Mental Health Authorities.

3. Primary contacts and information for local or state psychiatric hospital/facility/crisis beds for psychiatric emergencies.

- State Psychiatric Hospital/s: Location, Contact, Transportation, Admission Procedures.
- Acute Crisis Units: Location, Contact, Transportation, Admission Procedures.
- Psychiatric beds in private or public hospital settings: Location, Contact, Transportation, Admission Procedures.

Suggestions on where to find this information:

- State Public Health or Human Services Department.
- State Mental Health/Behavioral Health Authority.
- State Hospital Authority/Admissions Office.
- Hospital Association.
- Local/Regional/County Mental Health Authorities.