



**NATIONAL REGISTER**  
OF HEALTH SERVICE PSYCHOLOGISTS

# **Billing and Coding Issues in Integrated Behavioral Health**

**KENT A. CORSO, Psy.D.,  
BCBA-D**

President, NCR Behavioral Health

**What kind of site license** does your organization have?

**How is your site classified?** (e.g., FQHC, hospital, ACO, etc.)

**Who are your payors?**

**What kinds of license** does your integrated behavioral health provider have?

**What service delivery model** will you use and how will you code for the work?

# Health Care Institution Site Licensure

*What type of healthcare institution are you? (e.g., Hospital, Outpatient Treatment Center, Home Health Agency, Behavioral Health, General, Hospice, etc.)*

This helps identify state office of administrative counsel rule making regarding your facility.

**Action:**

**Review your state laws: Are you legally able to complete a state application if you are preparing to offer CMS services?**

# Site Type

*How is your site classified? (e.g., ACO, FQHC, RHC, hospital, etc.)*

This helps identify the way you can receive reimbursement, health savings, and outcome measurements. Fiscal direct pro forma as well as return on investment and cost savings are primarily dependent on site type

**Action:**

**What type of healthcare entity are you? Are there rules, regulations, and support for your specific entity for integration? Do you have or wish to develop PCMH? Do you report specific behavioral metrics already related to chronic health conditions and behavioral health (HEDIS, Joint Commission, PQRS, Uniform Data System [UDS])?**

# Payors

|                |   |
|----------------|---|
| <i>Payors</i>  | <p>This helps identify reimbursement (service types, program types), health savings, and outcome measurements needed for sustainability.</p> <p>In addition, payors identify the licensure, regulations, and documentation requirements of providers, services and programs. Payors also identify the services they need.</p>   |
| <b>Action:</b> | <p><b>Review state and federal regulations related to providing integrated care. What billing options do you have and how do those dictate your program creation (services, providers, billing, documentation, etc.)? Review the private payor's regulations and rules related to providing integrated care. Review your payors' (patients') needs for integrated care (reports on diagnoses, chronic medical conditions, screening needs, specialty needs, and interest in behavioral care).</b></p> |

# Provider License Type

|                                     |  |
|-------------------------------------|--|
| <p><i>Provider License Type</i></p> | <p>Provider license types identify the areas of specialty, education, training, and professional practice. In addition, licenses are related to reimbursement.</p>   |
| <p><b>Action:</b></p>               | <p><b>Now that you know what license type are legally able to provide reimbursable care in your center and from whom, create a list of training, documentation, and metrics for integrated care. In addition, identify the business cost of these professionals and the pro forma related to billing and/or cost savings for monitoring.</b></p> |

# Service Delivery and Coding

*Service Delivery and Coding*

It is essential to identify the service delivery and the available coding per institution, site, payor, and license.

**Action:**

**Now that you know the above information, identify the specific CPT codes you can use for the services and providers you plan to incorporate. Create auditing tools to ensure the interventions and documentation meet expectations (continuity and quality care). Also, be aware of your state regulations and interpretations of confidentiality as they apply to mental health and substance abuse services, programs, and interventions. Ensure you are strategic in your verbiage and service delivery.**

# Billing and Coding Issues

- **Same day billing**
  - **HBAI codes**
  - **Chronic Care Management Codes**
  - **Reimbursement for Marriage and Family Therapists within Medicare's Physician Fee Schedule** (irrespective of the service they deliver)



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