FENWAY HEALTH

REVENUE CYCLE AND BILLING

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REVIEW LEARNING OBJECTIVES

1

Explore different behavioral health (BH) integration services and diagnosis codes for reimbursement.

2

Compare per-member-per-month (PMPM) and fee-for-service (FFS) models in the context of behavioral health.

3

Identify the documentation required for different billing codes.

AGENDA – 60 MIN

15 MIN - SMALL GROUP ACTIVITY: HOW DO YOU CURRENTLY BILL FOR INTEGRATED BH SERVICES?

15 MIN – DESCRIBING THE OPTIONS FOR BILLING
BEHAVIORAL HEALTH INTEGRATION (BHI)/COLLABORATIVE CARE MODEL (COCM)

15 MIN - SHARING AN APPROACH: A WORK IN PROGRESS

15 MIN – OPEN DISCUSSION TO TIE IT ALL TOGETHER

SPEAKERS FOR THIS SESSION

Jean McClurken, LICSW

Director of Behavioral Health Department at Fenway Health

Background in BH integrated system design from community practice, hospital system, utilization management, and payer perspectives.

Kouvaris Bibbins, CPC, CPCO

Revenue Integrity Manager

Background in integrated healthcare systems across health centers, behavioral health, payer strategy, and revenue cycle management, with expertise spanning provider operations, compliance, and reimbursement optimization.

SMALL GROUP ACTIVITY

Breakout rooms will be guided by the following questions for the next 10 min:

- Name, Organization, Location, Role
- Does your organization have a process for billing integrated behavioral health or case management work?
- What are your current goals with billing for integrated behavioral healthcare?

BEHAVIORAL HEALTH INTEGRATION & COLLABORATIVE CARE MODEL SERVICES

General BHI (Behavioral Health Integration)

- Monthly care management (≥20 minutes)
- Depression, anxiety, and substance use support
- Care coordination within primary care
- Patient monitoring and follow-up

Collaborative Care Model (CoCM)

- Team-based care (primary care physician, BH care manager, psychiatrist)
- Psychiatric consultation and case review
- Structured care plans and registry tracking
- Focus on moderate to complex conditions

BHI & COCM CODING FRAMEWORK

Diagnosis Code Series

F32–F33 → Depressive disorders

F41 → Anxiety disorders

F10–F19 → Substance use disorders

F43 → Stress-related/adjustment disorders

Z13.31 → Depression screening

BHI / CoCM CPT Codes

99484 → General BHI (≥20 min/month)

G0323 → BHI (non-physician/qualified health plan [QHP])

99492 → CoCM initial month

99493 → CoCM subsequent month

99494 → CoCM additional time

BEHAVIORAL HEALTH PAYMENT MODELS: PER-MEMBER-PER-MONTH VS FEE-FOR-SERVICE

FFS (Fee-for-Service)

- Structure
  - Paid per visit or CPT code (e.g., 99484, 99492)
- Advantages
  - Simple to implement; tied to documented services
- Limitations
  - Limits care to billable encounters; not designed for ongoing care management

PMPM (Per-Member-Per-Month)

- Structure
  - Fixed monthly payment per patient
- Advantages
  - Supports continuous care, outreach, and care coordination
- Limitations
  - Requires patient attribution, reporting, and performance tracking

BHI BILLING AT FENWAY HEALTH: WORKFLOW DEVELOPMENT & DOCUMENTATION REQUIREMENTS

Identify Need
- Behavioral health concern identified in primary care

Refer
- Referral initiated via EMR or direct outreach

Create Episode
- BHS opens BHI Episode of Care in Epic

Deliver Services
- BHI clinical support provided as needed

Complete Episode
- Needs resolved or no contact for 6 months

Re-Engage
- Episode may be re-opened at any time

Document Care
- Clinical notes completed
- Notes linked to BHI episode
- EMR aggregates time spent over calendar month
  - If more than 20 min, sends bill for 99484

Provide BHI Services
- Chart review
- Case consult (with or without patient)
- Patient outreach/referrals
- Brief clinical support
- Triage/screening
- Initial treatment planning

EMR = Electronic Medical Record

GAPS/OPPORTUNITIES IDENTIFIED

Reporting showing BHS staff the patients in active BHI care and the time tracked thus far in a month – allow for quick prioritization and tracking for acuity.

Contract rates negotiated with insurance plans for this service.

Partnership with accountable care organizations (ACOs) to identify metrics based on service utilization.

OPEN DISCUSSION

Does anyone have an example of BHI/CoCM billing that includes lessons learned or things going well to share, or reflect on the challenges you are addressing?

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