

Financing Opportunities to Support Integrated Behavioral Health Promotion and Prevention Services

HealthySteps National Office Policy and Finance Team



To ensure positive health and development of young children, the child-caregiver relationship and the caregiver's well-being must be a focus of primary care interventions during early childhood. Evidence-based [dyadic](#) models, such as [HealthySteps](#) (HS), have shown effectiveness in employing this two-generation lens to mitigate the effects of trauma and adverse childhood experiences, address social determinants of health (SDOH), and support behavioral health prevention and connection to needed treatment through team-based integrated pediatric primary care.

State Medicaid agencies are finding innovative ways to support dyadic integrated pediatric primary care models by utilizing new billing codes, allowing flexibilities in how codes are used, and exploring the use of alternative payment models to support team-based care. Additionally, the Centers for Medicare and Medicaid Services recently released an [Informational Bulletin to provide guidance to states](#) on the provision of high-quality behavioral health services to children and youth, which includes the following recommendations:

- Foster an environment for preventive health care by **not requiring a behavioral health diagnosis for the provision of EPSDT behavioral health services**. States can determine medical necessity for children and youth without a diagnosed behavioral health condition.
- Increase access to behavioral health screenings by **covering behavioral health screenings in primary care**.
- **Utilize age-appropriate diagnostic criteria for young children**, such as the [Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood \(DC: 0-5\)](#). Age-appropriate diagnostic criteria help practitioners more accurately identify diagnoses in young children who do not have language skills or exhibit the same symptoms as older children and adults.
- Expand provider capacity by **utilizing a provider network with a range of different qualifications** that can best meet the disparate needs of children and youth. Licensed professionals, such as psychiatrists, other physicians, psychologists, social workers, and nurses can complement peer support specialists with lived experience, case managers, and community health workers to provide direct services and/or linkages to needed health care and community resources.
- **Increased integration of behavioral health and primary care** can help ensure that individuals with a behavioral health condition are identified earlier and connected with appropriate treatment sooner.
- Reimburse pediatricians and other primary care practitioners for behavioral health services, even in advance of a formal behavioral health diagnosis, via:
 - **Utilization of non-specific codes**;
 - Reimbursement for treatment of more complex individuals (e.g., intensive care management codes and longer office visits);
 - **Reimbursement of care coordination**, including linkages of beneficiaries with needed behavioral health specialists;
 - **Removal of prohibitions on same-day billing** for behavioral health and primary care; and
 - **Reimbursement parity** for the same billing codes across primary care and behavioral health clinicians.

Below are HealthySteps National Office recommendations and examples of how states can reimburse and provide funding for prevention-oriented integrated services through Medicaid. There are variations in state Medicaid programs that will impact decision making on the best approach for financing prevention-oriented behavioral health services in each state. For more information, reach out to the HealthySteps Policy and Finance team at HSpolicyandfinance@zerotothree.org.

Recommended Prevention-Oriented Payment Innovations

Recommendation/Examples	Relevant Codes (if applicable)	Code Definition/Context of Service
<p>Reimburse for universal screenings including developmental, autism, behavioral, maternal depression, and social drivers of health (SDOH) – incenting health care providers to complete universal screenings for young children and caregivers.</p>	<p>Developmental – 96110</p> <p>Autism – 96110 with a modifier</p> <p>Behavioral – 96127</p> <p>Maternal depression – negative (G8510) and positive (G8431)</p> <p>Maternal depression rendered during a well-child visit and/or SDOH – 96161 (caregiver focused) and 96160 (patient focused)</p>	<p>Allows reimbursement for universal screenings, reflecting the recommended baseline American Academy of Pediatrics’ Bright Futures Periodicity Schedule. Also allows additional preventive screens beyond the Bright Futures schedule based on medical necessity and provider clinical judgment.</p>
<p>Open Medicaid billing opportunities for prevention-oriented dyadic services that are delivered in primary care.</p> <p>Example: California</p>	<p>H1011 – Family assessment by licensed behavioral health professional</p> <p>H2027 – Psychoeducational service, per 15 minutes</p> <p>T1027 – Family training and counseling for child development</p> <p>H2015 – Comprehensive Community Supports</p>	<p>Allows codes to be billed by behavioral health providers for the provision of dyadic services.</p> <p>The California Department of Health Care Services is expanding this benefit and providing Federally Qualified Health Centers, Rural Health Centers, and Tribal Health Program providers the option to be reimbursed for dyadic services provided to the caregiver/parent at established Medi-Cal Fee-For-Service rates, effective March 15, 2023 (the State Plan Amendment is subject to Center for Medicaid Services approval).</p>
<p>Allow individual and family psychotherapy to be billed under infants and toddlers (when a concrete mental health or behavioral health diagnosis is not present) for the provision of dyadic services in a pediatric primary care setting.</p> <p>Examples: California Colorado Massachusetts New York</p>	<p>Psychotherapy 90832-90847</p>	<p>Allows individual and family psychotherapy to be billed with SDOH Z codes. This can provide families with necessary preventive therapy services to address dyadic concerns before they require more costly interventions.</p>
<p>Provide an enhanced rate or per-member-per-month (PMPM) payment to primary care providers for universal evidence- and team-based enhanced primary care services for young children (0-3) to address key prevention/early intervention goals.</p>	<p>Preventive education services recommendation - H0025</p> <p>Alternative:</p>	<p>Allows a state provide a standard additional payment to support a practices implementation of an evidence based and team-based behavioral health pediatric primary care model.</p> <p>This streamlined approach:</p>

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<p>Example: Maryland Arkansas</p>	<p>H0024 H2027 90887</p>	<ul style="list-style-type: none"> • Encourages access to preventive services for young children and their families, • Eases administrative burden on clinics and state Medicaid programs, and • Supports employment of both licensed and non-licensed behavioral and mental health providers to provide services.
<p>Clarify time rules for the Family Therapy benefit to align it with national guidelines and allow for practical use in a primary care setting (i.e., the total duration of the session is 26 minutes or more).</p>	<p>Family Psychotherapy 90846-90847</p>	<p>Allow providers to bill for family psychotherapy services based on national guidelines, specifying the adoption of the CPT time rule for the billing of psychotherapy sessions per the American Psychological Association.</p>
<p>Allow licensed behavioral health providers (ideally extended to non-licensed staff as well) to bill for case management and other supports associated with promotion and prevention services.</p> <p>Example: California</p>	<p>Case management, 15 min, T1016 H2015 - Comprehensive community support services, per 15 minutes 99484 - Care management services for behavioral health conditions</p>	<p>Encourages providers to use a dyadic care (caregiver-child dyad) approach to successful service linkages that support a families' overall well-being.</p>
<p>Reimburse providers for behavioral health well-child visits.</p> <p>Examples California Colorado Delaware Massachusetts</p>	<p>H1011 - Family assessment by licensed behavioral health professional H0025 – Behavioral health preventive education services</p>	<p>Provides an opportunity to increase behavioral health parity and allows behavioral health providers to assess the needs of all children and prevent the development of disorders needing more costly interventions later in life.</p>
<p>Allow billing for physical health and behavioral health visits on the same day in FQHCs.</p> <p>Examples: Related CMS Fact Sheet New Jersey</p>		<p>Same-day billing exclusions prevent FQHCs from being reimbursed for integrated care.</p>
<p>Reimburse for services delivered by Community Health Workers.</p> <p>Example California New York</p>	<p>98960-98962 – Self-management education and training, face-to-face, 30 minutes</p>	<p>Community Health Workers are critical partners in delivering high-quality integrated care and can help alleviate issues related to behavioral health workforce shortages.</p>