

Early Pathways. Lifelong Benefits.



HealthySteps® Colorado Billing Guide Webinar March 22, 2022

Learning Objectives

- Participants will understand how to maximize Medicaid billing for HealthySteps services
- Participants will understand available billing codes at each tier that can be used to increase revenue and support sustainability
- Participants will understand how ABCD can support practices to understand these options in the context of their work

HealthySteps Sustainability



Important Considerations for Practices

- Some codes are billed to Health Care Policy and Financing (HCPF State Medicaid) while others are billed to the Regional Accountable Entity (RAE).
 - Important to know what your RAE contract covers
- HealthySteps Specialists must be licensed and credentialed by Medicaid (with a National Provider Identifier – NPI, number)*.
- Codes can change periodically it is important to stay up-to-date with current Medicaid billing policies
- There are many codes available, we are going to cover the most common during our discussion today

^{*}In some cases non-licensed behavioral health providers can bill if they are supervised by a licensed provider who will sign off on documentation

Tier 1

Core Components:

Child-level screenings (Development, Social-emotional, Autism) Family-level screenings (maternal mental health, family needs) Child development Support line

Billing for screening

All practices should be billing for screening!

Billing is submitted to HCPF (not your RAE)

Primary Care Provider should bill (not HS Specialist)

Must use an approved tool (ASQ-3, ASQ:SE-2, SWYC, MCHAT-R)

Screening Codes

Child-Level Screening

- Developmental Screening –
 96110EP
- Social-Emotional Screening
 96110EP (or 96110 if billed on the same day as Developmental screening)
- Autism Screening 96127

Family-Level Screening

- Maternal Depression Screening:
 - Negative screen: **G8510**
 - Positive screen (follow up required): G8431
- Family Needs/SDOH: not currently billable

Tier 2

Core Components:

Early Learning resources
Positive Parenting resources
Care Coordination
Development/Behavior Consults

Billing for Tier 2 services

Many of these codes will also apply to Tier 3

HealthySteps Specialist must be licensed and credentialed (have an NPI number)*

Applies mostly to Development/Behavior consults

Tier 3

Core Components:

Team-based well-child visits

Billing for Tier 3 services

Short-term behavioral health codes should be used, when appropriate (e.g. considering length and content)

HealthySteps Specialist must be licensed and credentialed (have an NPI number)*

Enrollment in Tier 3 (first visit) often warrants the use of 90791

^{*}In some cases non-licensed behavioral health providers can bill if they are supervised by a licensed provider who will sign off on documentation

Short-Term Behavioral Health Codes

- For use with brief consultations or team-based well-child visits
- No need for a behavioral health diagnosis
- Can use 6 times per Medicaid Member each fiscal year (July 1

 June 30)
- Possible diagnoses (not exhaustive):
 - Family Circumstance (Z63.8)
 - Behavior concern (R46.89)
 - Psychosocial distress/stressors (Z65.8)
 - Feeding difficulties (R63.30)
 - Newborn affected by maternal postpartum depression (Poo.89)
 - Sleep disturbance (Ğ47.9)
 - Developmental concern (R62.50)

Short-Term Behavioral Health Codes

- 90791: Diagnostic evaluation
- 90832: Psychotherapy, 16 37 minutes*
- 90834: Psychotherapy, 38 52 minutes*
- 90837: Psychotherapy, 53+ minutes*
- 90846: Family Therapy w/o patient, at least 26 minutes
- 90847: Family therapy with patient, at least 26 minutes

^{*}Less common with HealthySteps visits

When NOT to use a STBH code

- When the visit is supportive in nature only (e.g. anticipatory guidance, brief check-in)
- When no intervention or therapeutic consultation is provided (e.g. a HS visit that is ONLY focused on typical development)
- When the visit does not meet the time requirements

H-Codes

- Primarily Tier 3
- RAE Contract dependent
- Used for prevention/health promotion –
 especially when a STBH code is not appropriate

H Codes

- Hoo23: Outreach
- Hoo25: Prevention/Wellness
- Hooo2: Behavioral Health Screening
- Hooo4: Behavioral Health Counseling

Case Examples

2 ½-year old

- Samuel coming to clinic for weight check (previous weight was down)
- Presents with very picky eating, disrupted sleep, and frequent tantrums
- Warm handoff to HS Specialist to help address these concerns
- Visit is 45 minutes providing psychoeducation about child development, support with eating, sleep, and positive parenting
- Plan to follow-up in 1 month consider referral to developmental pediatrics

90847

13-day old

- · Tamara coming to clinic for her 2-week well child visit
- EPDS 16 (no risk), positive SDOH/Family needs screener
- Provider does a warm handoff to HS Specialist and requests that the family be enrolled in Tier 3
- · HS Specialist meets with the mother (35 minutes)
- Assess maternal mood and provide supports to MOC, strategies for self-care, psychoeducation about baby blues and PRD, enroll in HS
- Referral to community mental health and postpartum international

G8431

90791

15 month old

- Serenity coming to clinic for routine well-child visit
- Receives ASQ:SE-2 and Family Needs Screening
- Enrolled in Tier 3 HealthySteps
- Check in with family during well-child visit (20 minutes)
- Discuss language development, positive parenting strategies for managing typical behaviors, helping child adjust to the upcoming arrival of a sibling
- Provide HS handouts and anticipatory guidance
- All screeners are negative

96110

H0025

3-year old

- Leo coming to clinic for his 3 year old well child visit
- Receives ASQ-3
- Tier 3 HealthySteps graduation visit (30 minutes)
- Provide final HS materials to family
- Discuss considerations for preschool, adjustment to MOC's return to work, provide recommendations about how to help child get to sleep earlier

Ongoing considerations

- Need a strategy for tracking billing/revenue
- How will your practice allocate funds? (e.g. will revenue support sustainability)
- Who will be responsible for reviewing Medicaid's manuals periodically (minimum of every 6 months) to check for changes?
- Review documentation requirements to ensure adequate documentation for these codes

Poll #3

Our expectation is that every HealthySteps Practice is billing Medicaid.



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