



# NETWORK PROVIDER FAX BLAST

## Behavioral Health Screening, Referral, and Coding Requirements

Dear Provider,

Simply Healthcare Plans (SHP) is working to improve quality of care for our members with behavioral health issues. To that end we have posted a training on the provider website and request that you review it within the next 30 days.

The training is comprised of four sections:

- I. General behavioral health screening requirements
- II. Information about screening and referral to the Healthy Behaviors Alcohol and Drug Abuse Program for members who are identified to be at risk
- III. Important instructions on how to properly use diagnostic and procedure codes to document behavioral health screenings completed
- IV. General USPSTF research and recommendations regarding clinical screening for behavioral health issues

### What is the Primary Care Provider's Role?

- To screen new and established members for behavioral health issues
- To document that the screening was conducted
- To follow up with members diagnosed with behavioral health issues
- To refer members to Behavioral Health and/or Case Management services when behavioral health issues are identified during an office exam
- To refer members identified with alcohol or drug abuse concerns to the Healthy Behaviors Rewards Program

In order to ensure that members who are identified with alcohol or drug abuse concerns are referred to SHP's Healthy Behaviors Rewards Program, providers must conduct substance and alcohol abuse screenings at the following times:

- Initial contact with a new Plan member
- Routine physical examinations
- Initial prenatal contact
- When a Plan member evidences serious over-utilization of medical, surgical, trauma, or emergency services
- When documentation of emergency room visits suggests the need

### How Do I Screen for Behavioral Health Issues?

SHP recognizes that providers have limited time during which to conduct a screening. We recommend using short and validated screening tools such as those listed below:

- Substance Abuse and Mental Illness Symptoms Screener (SAMISS) Available online at: <file:///C:/Users/lseff/Downloads/SAMISStoolpluskey16Q.pdf>



- CAGE (Cut down, Annoyed, Guilty, Eye-opener) Adapted to Include Drugs (CAGE-AID) available online at: <https://www.mhn.com/static/pdfs/CAGE-AID.pdf>
- Patient Health Questionnaire-9 (PHQ-9) (NOTE: this instrument does not include any alcohol or drug abuse screening items) available online at: [http://phgscreeners.com/pdfs/02\\_PHQ-9/English.pdf](http://phgscreeners.com/pdfs/02_PHQ-9/English.pdf)
- The Drug Abuse Screening Test (DAST) available online at: [http://www.bu.edu/bniart/files/2012/04/DAST-10\\_Institute.pdf](http://www.bu.edu/bniart/files/2012/04/DAST-10_Institute.pdf)
- Screening, brief intervention, and referral to treatment (SBIRT) available online at: <http://www.samhsa.gov/sbirt>
- The Alcohol Use Disorders Identification Test (AUDIT) Information and screening questionnaire available online at: [http://www.talkingalcohol.com/files/pdfs/WHO\\_audit.pdf](http://www.talkingalcohol.com/files/pdfs/WHO_audit.pdf)

### **How do I Document that a Screening was Conducted?**

It is essential for SHP to obtain accurate screening data in order to ensure that members who screen positive are identified and referred to appropriate Behavioral Health services.

- SHP has developed a guide for coding behavioral health screenings
- Below are the two coding options allowable for documenting a behavioral health screening
- Please note that, at a minimum, behavioral health screenings should be done annually
- An addendum that includes all detailed diagnostic codes will be posted on the SHP web site for your convenience [<http://www.simplyhealthcareplans.com/providers>]

As an SHP provider, we ask that you ensure that behavioral health screenings are coded using either of the two coding options below.

SHP will be monitoring the screening codes submitted by providers to determine the percentage of members who receive a behavioral health screening.

If you have other ideas that would facilitate screening and subsequent appropriate coding of said screening, we would appreciate hearing from you. Please call your Provider Relations Representative at: 1-877-915-0551 if you have any questions or need further assistance.

**CODING OPTION 1: Evaluation and Management (E&M) Paired with Initial or Periodic Screening Visit Code**

Initial or Periodic Comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, in conjunction with an appropriate screening code new or established patient.

**Procedure Codes**

**New Patient:** Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components.

- 99201 (Typically 10 minutes face-to-face)
- 99202 (Typically 20 minutes face-to-face)
- 99203 (Typically 30 minutes face-to-face)
- 99204 (Typically 45 minutes face-to-face)

**Established Patient:** Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components.

- 99212 (Typically 10 minutes face-to-face)
- 99213 (Typically 15 minutes face-to-face)
- 99214 (Typically 25 minutes face-to-face)

**Use with the Appropriate Screening and Codes**

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| <ul style="list-style-type: none"> <li>• <b>H0001</b></li> <li>• <b>H0002</b></li> <li>• <b>H0028</b></li> <li>• <b>H0049</b></li> <li>• <b>H0050</b></li> <li>• <b>G0396</b></li> <li>• <b>G0397</b></li> <li>• <b>99408</b></li> <li>• <b>99409</b></li> <li>• <b>V79.0</b></li> <li>• <b>V79.1</b></li> <li>• <b>V79.9</b></li> </ul> | <ul style="list-style-type: none"> <li>• Alcohol and/or drug assessment</li> <li>• Behavioral health screening to determine eligibility for admission to treatment program</li> <li>• Alcohol and/or drug prevention problem identification and referral service (e.g. student assistance and employee assistance programs), does not include assessment</li> <li>• Alcohol and/or drug screening             <ul style="list-style-type: none"> <li>○ <i>Diagnosis code <b>V82.9</b> (Unspecified condition) is required on claims for procedure code H0049.</i></li> </ul> </li> <li>• Alcohol and/or drug service, brief intervention, per 15 minutes             <ul style="list-style-type: none"> <li>○ <i>Diagnosis code <b>V65.42</b> (Counseling on substance use and abuse) is required on claims for procedure code H0050.</i></li> </ul> </li> <li>• Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes</li> <li>• Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes</li> <li>• Preventive medicine, individual counseling, alcohol and/or substance abuse (other than tobacco) structured screening and brief intervention, 15-30 minutes</li> <li>• Preventive medicine, individual counseling, alcohol and/or substance abuse (other than tobacco) structured screening and brief intervention, greater than 30 minutes</li> <li>• Screening for Depression</li> <li>• Screening for Alcoholism</li> <li>• Screening for unspecified mental disorder and developmental handicap</li> </ul> |
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## CODING OPTION 2: Evaluation and Management (E&M) Codes Paired with Diagnosis Codes

Office visits with E&M codes may be used, but to be counted as a Behavioral Health Screening one of the following CPT codes must be paired with one of the following diagnostic codes. The pairing of a procedure code with a diagnostic code indicates that a screening was conducted as part of the office visit. Standalone E&M procedure codes do not constitute evidence of a behavioral health screening.

### Procedure Codes

**New Patient:** Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components.

- 99201 (Typically 10 minutes face-to-face)
- 99202 (Typically 20 minutes face-to-face)
- 99203 (Typically 30 minutes face-to-face)
- 99204 (Typically 45 minutes face-to-face)

**Established Patient:** Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components.

- 99212 (Typically 10 minutes face-to-face)
- 99213 (Typically 15 minutes face-to-face)
- 99214 (Typically 25 minutes face-to-face)

### Use with the Appropriate Diagnostic Codes

**NOTE:** *These codes represent the high-level code grouping. Specific diagnoses must be used for claims (e.g., DO NOT USE 296; USE 296.30- Major depressive affective disorder, recurrent episode, unspecified)*

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| <ul style="list-style-type: none"> <li>• <b>290</b></li> <li>• <b>291</b></li> <li>• <b>292</b></li> <li>• <b>293</b></li> <li>• <b>294</b></li> <li>• <b>295</b></li> <li>• <b>296</b></li> <li>• <b>297</b></li> <li>• <b>298</b></li> <li>• <b>299</b></li> <li>• <b>300</b></li> <li>• <b>301</b></li> <li>• <b>302</b></li> <li>• <b>303</b></li> <li>• <b>304</b></li> <li>• <b>305</b></li> <li>• <b>306</b></li> <li>• <b>307</b></li> <li>• <b>308</b></li> <li>• <b>309</b></li> <li>• <b>310</b></li> <li>• <b>311</b></li> <li>• <b>312</b></li> <li>• <b>313</b></li> <li>• <b>314</b></li> <li>• <b>315</b></li> <li>• <b>316</b></li> </ul> | <ul style="list-style-type: none"> <li>• Dementias</li> <li>• Alcohol-induced mental disorders</li> <li>• Drug-induced mental disorders</li> <li>• Transient mental disorders due to conditions classified elsewhere</li> <li>• Persistent mental disorders due to conditions classified elsewhere</li> <li>• Schizophrenic disorders</li> <li>• Episodic mood disorders</li> <li>• Delusional disorders</li> <li>• Other nonorganic psychoses</li> <li>• Pervasive developmental disorders</li> <li>• Anxiety, dissociative and somatoform disorders</li> <li>• Personality disorders</li> <li>• Sexual and gender identity disorders</li> <li>• Alcohol dependence syndrome</li> <li>• Drug dependence</li> <li>• Nondependent abuse of drugs</li> <li>• Physiological malfunction arising from mental factors</li> <li>• Special symptoms or syndromes not elsewhere classified</li> <li>• Acute reaction to stress</li> <li>• Adjustment reaction</li> <li>• Specific nonpsychotic mental disorders due to brain damage</li> <li>• Depressive disorder, not elsewhere classified</li> <li>• Disturbance of conduct not elsewhere classified</li> <li>• Disturbance of emotions specific to childhood and adolescence</li> <li>• Hyperkinetic syndrome of childhood</li> <li>• Specific delays in development</li> <li>• Psychic factors associated with diseases classified elsewhere</li> </ul> |
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