

# Health and Behavior CPT Codes: A Model of Legislative Advocacy

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# Integrated Care

- Integrated care is a vital component in addressing the Triple(Quadruple) Aim (Pt-centered, population-based, decreased costs, professional well-being).
- There is an overall reduction in healthcare costs when patients utilized integrated mental health services. Cost growths for individuals with depression over 1yr were \$405 lower than usual care.
- Pts with depression who are following in an integrated clinic are roughly half as likely to utilize ER services and about half as likely to utilize outpt specialty services.
- Policy implementation is an important means of implementing the science of integrated care.

Brown Levey et al., 2012

Freeman et al., 2018

Reiss-Brennan et al., 2010

# Health & Behavior CPT Codes

- “Identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems...assessment is not on mental health but on the biopsychosocial factors important to the physical health problems and treatments.” -AMA CPT Manual

# Missouri Proposal

- “Beginning (date), and subject to appropriations, providers of behavioral, social, and psychophysiological services for the prevention, treatment, or management of physical health problems shall be reimbursed utilizing the behavior assessment and intervention reimbursement codes 96150 to 96154 or their successor codes under the Current Procedural Terminology (CPT) coding system. Providers eligible for such reimbursement shall include psychologists.”

# MO Advocacy Timeline

- MO HealthNet(Medicaid) not reimbursing H&B CPT codes
- 2013: Introduce legislation, passes unanimously in House of Representatives, no action in senate
- 2014: Passes unanimously in House of Representatives, killed in Senate by physician due to “controversy”
- 2015: Change in bill sponsor-physician advocate. Passes in House of Representatives, never reaches Senate floor for final vote
- 2016: Final passage/becomes statute

# Hurdles & Barriers

- MO HealthNet changes course, agrees to reimburse H&B codes with restrictions
  - Only Medicaid designated “Health Homes”
  - MH/BH providers MUST receive approved training/certification (paid by provider)
  - MH/BH providers MUST renew certification every 2 years (paid by provider)
- MO HealthNet Director attempts to amend legislation to require the training/certification
- Unrelated politics interfering with legislative process

# Overcoming Hurdles & Barriers

- Increased legislature visits (particularly to opposition)
- Normalized the use of H&B codes (e.g. Medicare, private insurance)
- Discussed benefits to the population, decreased burden on healthcare system (other providers, reduced overall costs)
- Invited physician-legislator to sponsor bill
- **OUTSTANDING** individuals to testify at EACH hearing

# Dissemination and Advocacy

- Annual conference presentations on integrated care, use of H&B codes
  - 2015, 2016, 2017, 2018
- Outreach to other organizations, stakeholders to educate and create demand
  - MO Primary Care Association, MO Osteopathic Assoc, Letters to the Editor
- Integrated Care Summit
  - Interdisciplinary/open to the public
  - Discussions on models of care, EBPs, financial viability, advocacy



# References

- American Medical Association (2019). Current Procedural Terminology. American Medical Association, Chicago, IL.
- Brown Levey, S. M., Miller, B. F., & DeGruy III, F. V. (2012). Behavioral health integration: An essential element of population-based healthcare redesign. *Translational Behavioral Medicine, 2*, 364-371.
- Freeman, D. S, Hudgins, C., & Hornberger, J. (2018). Legislative and policy developments and imperatives for advancing the Primary Care Behavioral Health (PCBH) model. *Journal of Clinical Psychology in Medical Settings, 25*, 210-223.
- Reiss-Brennan, B., Briot, P. C., Savitz, L. A., Cannon, W., & Staheli, R. (2010). Cost and quality impact of Intermountain's mental health integration program. *Journal of Healthcare Management, 55*(2), 1-18.