



WellBrain - The future of Behavioral Health Integration

Integrating behavioral health care with primary care (“behavioral health integration” or “BHI”) is now widely considered an effective strategy for improving outcomes for the millions of Americans with mental or behavioral health conditions.

Here is a paragraph taken from the Kennedy Forum’s detailed review on the role of patient reported symptom rating scales in enabling measurement-based care “Fixing Behavioral Health Care in America: A National Call for Measurement-Based Care in the Delivery of Behavioral Health Services”

All primary care and behavioral health providers treating mental health and substance use disorders should implement a system of measurement-based care whereby validated symptom rating scales are completed by patients and reviewed by clinicians during encounters. Measurement-based care will help providers determine whether the treatment is working and facilitate treatment adjustments, consultations, or referrals for higher intensity services when patients are not improving as expected.

The reality is that for many systems of care, the usual practice does not include regular use of validated and quantifiable symptom rating scales in the manner described in the Issue Brief on Measurement-Based Care. WellBrain provides clinicians, payers and quality improvement agencies with an array of validated symptom rating scales. All rating scales should be administered frequently enough to drive clinical decision making in order to be effectively used as part of a measurement-based care system.

These rating scales provide a foundational pillar of measurement-based care, allowing for the ability to:

- Measure outcomes to detect in a quantifiable and standardized manner the change in symptoms, functions, or substance use over time;
- Assist clinicians in making the most effective treatment decisions in a timely manner based upon frequent use of these measures; and
- Promote the screening of patients for possible psychiatric disorders.

WellBrain does all of the above for you, and more.

GENERAL BHI

CPT code 99484 is used to bill monthly services furnished using BHI models of care other than CoCM that similarly include “core” service elements such as systematic assessment and monitoring, care plan revision for patients whose condition is not improving adequately, and a continuous relationship with a designated care team member. CPT code 99484 may be used to report models of care that do not involve a psychiatric consultant, nor a designated behavioral health care manager (although such personnel may furnish General BHI services). The Centers for Medicare & Medicaid Services (CMS)

expects to refine this code over time, as more information becomes available regarding other BHI care models in use.

Service Components

- Initial assessment
 - Initiating visit (if required, separately billed)
 - Administration of applicable validated rating scale(s)
- Systematic assessment and monitoring, using applicable validated clinical rating scales
- Care planning by the primary care team jointly with the beneficiary, with care plan revision for patients whose condition is not improving
- Facilitation and coordination of behavioral health treatment
- Continuous relationship with a designated member of the care team

ELIGIBLE CONDITIONS

Any mental, behavioral health, or psychiatric condition being treated by the billing practitioner, including substance use disorders, that, in the clinical judgment of the billing practitioner, warrants BHI services. The diagnosis or diagnoses could be either pre-existing or made by the billing practitioner and may be refined over time.

RELATIONSHIPS AND ROLES OF CARE TEAM MEMBERS

The BHI codes provide a mechanism to identify and pay for services provided using models of care having well defined roles and relationships among the care team members. The following roles and relationships characterize all of the BHI services unless otherwise indicated.

“Incident To”

BHI services that are not provided personally by the billing practitioner are provided by the other members of the care team (other than the beneficiary), under the direction of the billing practitioner on an “incident to” basis (as an integral part of services provided by the billing practitioner), subject to applicable State law, licensure, and scope of practice. These other care team members are either employees or working under contract to the billing practitioner whom Medicare directly pays for BHI.

Initiating Visit

An initiating visit (separately billable) is required for new patients or beneficiaries not seen within one year prior to commencement of BHI services. This visit establishes the beneficiary’s relationship with the billing practitioner, and ensures the billing practitioner assesses the beneficiary prior to initiating BHI services.

Treating (Billing) Practitioner

- Directs the behavioral health care manager or clinical staff.
- Oversees the beneficiary’s care, including prescribing medications, providing treatments for medical conditions, and making referrals to specialty care when needed.
- Remains involved through ongoing oversight, management, collaboration and reassessment.
- May provide the General BHI service in its entirety

CARE TEAM MEMBERS

- Treating (Billing) Practitioner – A physician and/or non-physician practitioner (PA, NP, CNS, CNM); typically primary care, but may be of another specialty (e.g., cardiology, oncology, psychiatry).
- Beneficiary – The beneficiary is a member of the care team.
- Potentially Clinical Staff – The service may be provided in full by the billing practitioner. Alternatively, the billing practitioner may use qualified clinical staff to provide certain services using a team-based approach. These clinical staff may- but are not required to include a designated behavioral health care manager or psychiatric consultant.

Supervision

BHI services that are not personally performed by the billing practitioner are assigned general supervision under the Medicare Physician Fee Schedule (MPFS), although general supervision does not, by itself, comprise a qualifying relationship between the billing practitioner and the other members of the care team.

General supervision is defined as the service being furnished under the overall direction and control of the billing practitioner, and his or her physical presence is not required during service provision.

Advance Consent

Prior to commencement of BHI services, the beneficiary must give the billing practitioner permission to consult with relevant specialists, which would include conferring with a psychiatric consultant. The billing practitioner must inform the beneficiary that cost sharing applies for both face-to-face and non-face-to-face services that are provided, although supplemental insurers may cover cost sharing. Consent may be verbal (written consent is not required) but must be documented in the medical record.

Full Code Descriptor

99484 Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month, with the following required elements:

- Initial assessment or follow-up monitoring, including the use of applicable validated rating scales;
- Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
- Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and
- Continuity of care with a designated member of the care team.

WellBrain - Monthly Ancillary Revenue (\$ amount grows every month as new patients are added)

| # patients/month | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 |
|------------------|---------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 50 | \$2400 | \$4800 | \$7200 | \$9600 | \$12,000 | \$14,400 | \$16,800 | \$19,200 | \$21,600 | \$24,000 | \$26,400 | \$28,800 |
| 100 | \$4800 | \$9600 | \$14,400 | \$19,200 | \$24,000 | \$28,800 | \$33,600 | \$38,400 | \$43,200 | \$48,000 | \$52,800 | \$57,600 |

How-To Section

Using WellBrain is easy. Patients can be enrolled onto the BHI program and complete their symptom rating scale assessment (panel) in your office on an iPad, or from the comfort of their home via a phone, tablet or desktop computer that is connected to the internet.

Asking the patient to complete the online form from home is often the most convenient method since it gives the staff and provider ample time to review the patients results before their next appointment, and eliminates any downtime that may be lost in the office if the patient were to complete the form on an iPad during their in-office appointment time.

The online HIPAA compliant form takes around 5 minutes to complete and the results are available for the provider to view immediately.

Staff can then review the results, and if required, call the patient to schedule a follow-up appointment with the provider so that the provider can discuss the results and offer recommendations to help the patient.

At the end of the month, staff can easily print a spreadsheet with a list of all BHI patients to submit for billing using the 99484 code.

All patient data is tracked and stored in the secure WellBrain cloud. This ensures providers are able to detect in a quantifiable and standardized manner the patients change in symptoms, functions, or substance use over time. This ensures providers are making the most effective treatment decisions in a timely manner based upon the frequent use of these measures.