

Starting Your Insomnia Practice From A to Zzzzzz

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Overview

My apologies for not being able to be present in October. These slides are a subset of my presentation designed at minimum to get you up and running in delivering CBT-I. This PDF will help you:

- Identify Your Needs
- Organize Your Intake
- Figure Out Billing Options

Will You Benefit?

The extent to which you will find these slides useful will depend on whether the following statements apply to you:

1. This information is first and foremost geared to practitioners in the United States (especially the billing information)
2. And it is geared (mainly) towards the ways in which mental health providers offer services.

Let's Get Started.....

First you need to figure out what you
actually need to get started

Checklist to Identify Needs

- Referral pipeline for patients (how will clients know that you are now providing CBT-I?)
- Scheduling (how will clients get scheduled)
- Initial paperwork (is your packet ready?)
- Office space (desk, chairs, white board)
- Supervision (for first several cases)

Organizing Your Intake Process

- Pick subset of available assessment procedures
 - R/O other sleep disorders—will this have been done by referral source; otherwise you will need to do it
 - Assessing insomnia itself (assmt & diaries)
 - Figure out which questionnaires you might like to use (PHQ7, Epworth, etc) to get complete picture of client's functioning

Intake Continued...

- Informed consent—do you need to change any of your wording; the insomnia might get worse before it gets better; sleepiness might increase initially
- Legal review—if you are making any changes to consent, run it by your legal dept
- Method of administration—will clients complete forms prior to first appointment? Think about whether it is better to have established some rapport with you first. Will it be pen/paper or on IPAD, or via an e-portal, etc.

Billing

Next you will need to figure out how to bill and whether or not your billing form needs to be updated as a result

BILLING OPTIONS

What codes (CPT) are you going to use?

Who are you going to bill?

The Power of CPT

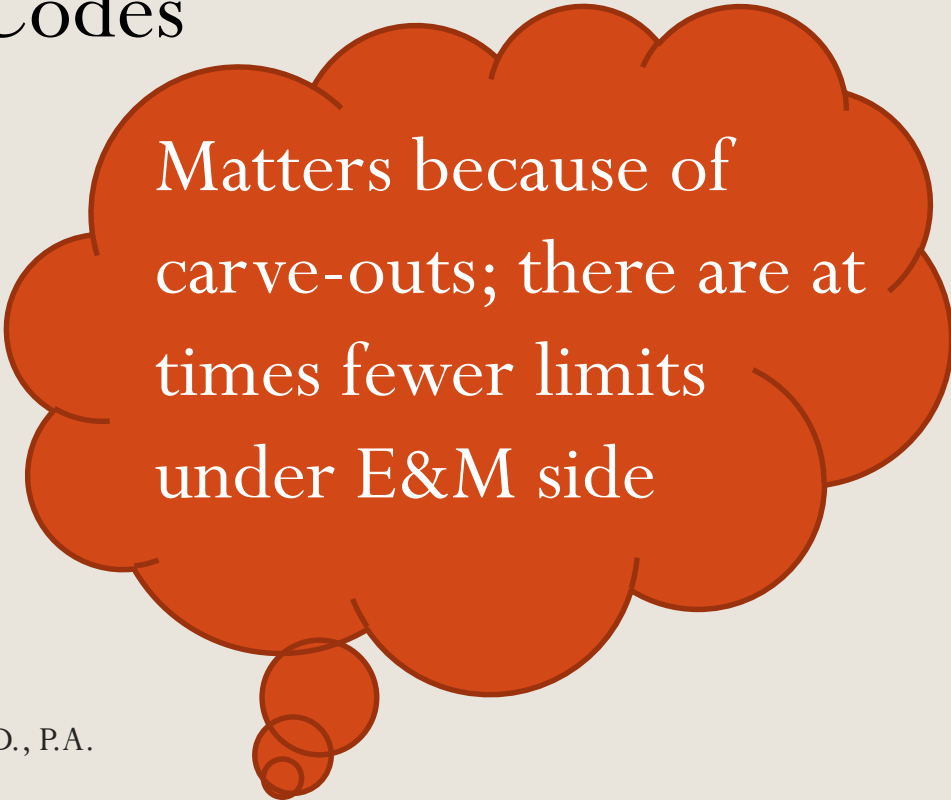
- CPT codes are simply a classification system to capture what was done and at times by whom.
- Developed and owned by AMA (not the insurance companies).
- Insurance companies make individual decisions about which CPT codes to reimburse for.

Disclaimer: Be Aware

- Insurance contracts can vary widely by employer and by state
- Medicare varies much less from state to state since there are federal guidelines that govern Medicare
- Licensing laws vary from state to state which govern who is qualified to provide what service

Two Large Categories

- Evaluation & Management Codes
 - Health & Behavior Codes for Psychologists
- “Mental Health” Codes



Matters because of
carve-outs; there are at
times fewer limits
under E&M side

Who Uses What Type of Codes

- E&M codes are designed for medical care providers (even those providing mental health services following the 2013 CPT revisions)—psychiatrists, psychiatric RNs, etc
- Mental Health Codes and H&B Codes are designed for psychologists, other mental health professionals like psychotherapists, social workers, etc.

*Note: if you are eligible to use E&M codes, you will almost always want to use them first (better reimbursement and fewer restrictions)

What CPT Codes to Use

- E&M Codes [99212, 99213, 99214; plus psychotherapy add-on codes 90833 or 90836 or 90838]
- Psychotherapy codes [90791 intake and 90832 or 90834 or 90837]
- Health Behavior Codes [96150, 96152]

Billing by Profession

	E&M Codes	Psychotherapy Codes	H&B Codes
Psychologists and other non RN/MD mental health providers	No	Yes	Yes
Nurse Practitioners	Yes	Yes (mainly psychiatric nurses)	Yes (mainly psychiatric nurses)
Physicians	Yes	Yes	No

Psychological CPT Codes

- 90791: Intake (not by units)
- 90832: 30 mins
- 90834: 45 mins
- 90837: 60 mins
- 96101: Psychological Testing
- 90785: Complexity code (new)
- DSM/ICD 9 diagnosis

Health & Behavior Codes

- Unit driven & Requires Medical Diagnosis
- 96150: Initial assessment by 15 min units
- 96151: Reassessment by units
- 96152: Intervention by units
- 96153: Group by units
- 96154: Family with patient by units
- 96155: Family w/o patient by units

Psych Codes Vs. Health Codes ®

- Treatment Protocol

	PSYCH CPT CODES	H&B CODES
Intake	90791	09150 x 4 units
Psych Testing	96101 x 1 hr	96101 x 1 hr
Tx Sessions	90834 or 90837	96152 x 4 units

Why Even Consider H&B Codes?

- Designed for mental health professionals dealing with behavior modification in health care settings
- Sometimes (not necessarily) they pay more
- Not subject to limitations that may be present under behavioral health part of an insurance coverage plan
- Works well in a health setting especially, and you can get covered for 15 minute sessions
- Does not require you to give a mental disorder diagnosis (DSM-V) when none may be warranted



A step by step guide to obtaining reimbursement for services provided under H&B codes by Daniel Bruns, Psy.D.

www.healthpsych.com/tools/resolving_h_and_b_problems.pdf

Note: Shared with Dr. Bruns permission; this is a great tool for educating people about H&B services and how to bill for them

E&M Codes

- 99212 vs 99213 vs 99214 (established patient)
 - Based on level of medical decision making
- Has to do with 3 parameters:
 - Problem addressed
 - Data reviewed
 - Risk
- Documentation differences
- Add on 90833 if medical professional is providing psychotherapy (e.g. psychiatrist or psychiatric nurse practitioner providing CBT-I)

Decision Time

- Decide whether using Psych codes, HB codes, E&M codes
- Think through on average what session length you plan to use (30 minute visit, 45 min, etc.)
- How will you bill for your assessment as part of intake?
- Conduct study of your top 3 to 4 insurers
 - Do they cover HB? Rates? Psychological Testing?
- Keep in mind
 - Will you have physician dx if using HB (required)

I Know You Can't Read This

Coding for Program Set Up - Microsoft Word

Home Insert Page Layout References Mailings Review View Developer

Clipboard: Cut, Copy, Paste, Format Painter

Font: Calibri (Body), 11, Bold, Italic, Underline, Text Color, Background Color

Paragraph: Bullets, Numbering, Indentation, Spacing, Alignment, Line and Paragraph Spacing

Styles: Normal, No Spacing, Heading 1, Heading 2, Title, Subtitle, Subtle Emphasis, Emphasis, Intense Emphasis, Strong, Quote, Change Styles, Find, Replace, Select, Editing

Model Using a Psychologist and Psychotherapy Codes

Treatment	Codes	Questions for Insurer
Initial Session	90801 (Clinical Intake) and 96101 (Psychological Testing)	<ol style="list-style-type: none"> 1. Reimbursement rate for each code? 2. Can 90801 be coded in conjunction with 96101 at same visit on same day? 3. Any modifier codes needed?
Subsequent Sessions	90806 (45 min therapy)	<ol style="list-style-type: none"> 1. Reimbursement rate? 2. Number of sessions allowed per year

Model Using a Psychologist and H&B Codes (Health & Behavior Codes)

Treatment	Codes	Questions for Insurer
Initial Session	96150 (Clinical Intake); you will bill 4 to 8 units; it is 1 unit per 15 minute time frame Decide if to include all time under 96150 or whether to add some 96101 for the testing portion	<ol style="list-style-type: none"> 1. Do you cover this code (it will not be covered under mental health portion of plan but under medical portion of plan)? 2. Reimbursement rate for code? 3. Is there a limit to how many units can be billed per use of this code on a day for same visit? 4. Can 96101 be coded in addition at same visit? 5. Any modifier codes needed?
Subsequent Sessions	96152 (intervention in 15 minute increment units)	<ol style="list-style-type: none"> 1. Do you cover this code? 2. Reimbursement Rate? 3. Any limitations to using this code?

Model Using a Physician/Nurse Practitioner

Treatment	Codes	Questions for Insurer
Initial Session	99214 or 99215 (depending on your level of documentation)	<ol style="list-style-type: none"> 1. Reimbursement rate for code? 2. Can you code 99214 and a 96101 on same day by same provider, what about

Page: 1 of 1 Words: 425 100%

Successful
Insomnia
Billing
Refer to
Handout

Ready, Set, Go

- Action plan for getting job done
 - [√] Assessment Packet
 - [√] Clinically Ready
 - [√] Billing Process
- Do 5 test cases and then reevaluate and tweak your system as needed
- Good Luck!