MAT Documentation & Charge Capture Process

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Disclosures

The information provided within this presentation is for educational purposes only and is not intended to be considered legal advice. Opinions and commentary are solely the opinion of the speaker. Many variables affect coding decisions and any response to the limited information provided in a question is intended to provide general information only. All coding must be considered on a case-by-case basis and must be supported by appropriate documentation, medical necessity, hospital bylaws, state regulations, etc. The CPT codes that are utilized in coding are produced and copyrighted by the American Medical Association (AMA).

*The content of this activity may include discussion of off label or investigative drug uses. The faculty is aware that is their responsibility to disclose this information.*
Target Audience

- The overarching goal of PCSS is to train a diverse range of healthcare professionals in the safe and effective prescribing of opioid medications for the treatment of pain, as well as the treatment of substance use disorders, particularly opioid use disorders, with medication-assisted treatments.
Educational Objectives

- Outline the key service lines of a MAT Program
- Outline the role and need of MAT Program Leadership within a health center
- Review key case management functions that support the MAT Program
- Review key billing and compliance considerations for MAT Program services
MAT Program

- MAT Provider – prescribing physician
- Behavioral Health Consultant (BHC)
  - Physicians
  - Mid-level providers
  - Psychologists
  - Licensed clinical social worker
  - Licensed professional counselor**
  - Licensed alcohol and drug counselor**
  - Licensed marriage family therapist**

** Not considered a qualified provider for Medicare billing purposes
Our Approach with NACHC

• Onsite at three health centers with established MAT Programs

• Various sizes and locations

• Cherokee Health Systems (Knoxville, TN)
• PCC Community Wellness Center (Chicago, IL)
• UCFS Healthcare (Norwich, CT)
FOUNDATIONAL ELEMENTS
MAT Program Leadership

• Champion the program
• Overcome “stigma” with MAT services
• Evaluate resource needs (including providers and BHC’s)
• Develop communication
• Case management strategies
Data Needs

• Key role for MAT Leadership team

• Many key components not easily obtainable from EMR or PM systems

• Patient metrics
• Access metrics
• Outcome metrics

• In addition frequency of reporting will need to be determined
Patient Metric Examples

• Name, medical record #, DOB
• Start date in MAT program
• Last appointment
• Last urine drug screen
• Date of last substance use
• Date and duration of last buprenorphine prescription
• Insurance status, grant, etc.

• Note: Above not an all-inclusive list
MAT WORKFLOW
Three Key Functional Areas

Upstream
- Case management, scheduling, check-in

Delivery
- Initial assessment, MAT induction & follow-up
- Therapy (group / individual)
- Recovery coach (patient liaison)

Downstream
- CPT & ICD coding
- Billing & claims follow-up
- Working rejections and denials
- Communication back to delivery function
Our Focus Today

• Case management opportunities

• Team based care
  ▪ Primary care  →  MAT Program

• MAT scheduling

• Billing considerations
Case Management

1. MAT collaboration with hospitals
2. Community outreach
3. Other health care organizations (beyond local hospitals)

Refer to final MAT Report – Appendix A1 – A3
Team Based Care

• Significant opportunity to leverage your primary care expertise
  ▪ Early detection and intervention
  ▪ Communication opportunity

• Refer to final MAT Report – Appendix B
MAT Scheduling

• Referral to MAT program can come from several sources
  ▪ Case management sources
  ▪ Patient themselves
  ▪ Primary care screening

  ▪ Refer to final MAT Report – Appendix C
Billing Considerations

- MAT Provider services
- BHC services
- Payer considerations
Billing Examples

• Refer to final MAT Report - Appendix G
Key Elements for Coding and Billing

• Understand the rules by top payers

• Insure someone in the billing department understands the coding rules

• Know how to investigate and appeal/resolve denial issues
  ▪ Example: Medicare medical visit and behavioral visit on the same date of service
Key Elements for Coding and Billing

- Education with key players
- Shadowing
- Chart reviews
- Lunch and learns
Key Elements for Coding and Billing

• Pre-visit plan and huddle
  ▪ Why is the patient being seen?
  ▪ Do you need a drug screen?
  ▪ Do you need a strip count?

• Staff can help with documentation:
  ▪ Reason for visit
  ▪ HPI
  ▪ ROS
  ▪ PFSH
  ▪ Vital signs
Billing Examples

• Evaluation and Management Codes
  ▪ New patient
  ▪ Established patient
  ▪ History, exam and medical decision-making
  ▪ Time for counseling and/or coordination of care
Billing Examples

- Initial Diagnostic Evaluation
  - Without medical services
  - With medical services

  A psychiatric diagnostic evaluation is an integrated assessment that includes history, mental status and recommendations. It may include communicating with the family and ordering further diagnostic studies. A psychiatric diagnostic evaluation with medical services includes a psychiatric diagnostic evaluation and a medical assessment. It may require a physical exam, communication with the family, prescription medications and ordering laboratory or other diagnostic studies.

  A psychiatric diagnostic evaluation with medical services also includes physical examination elements.
Billing Examples

• Psychotherapy
  ▪ Start and stop times
  ▪ Therapeutic maneuvers (i.e. behavior modification, supportive or interpretive interactions that were applied to produce a therapeutic change)
  ▪ Summary of goals and progress toward goals
  ▪ Updated treatment plan
Billing Examples

- Chronic Care Management
- General Behavioral Health Integration
- Virtual Communication Services
ICD-10

• Document and code to the highest level of specificity

• Include diagnoses that impact decision-making or risk to the patient
  ▪ Make sure it is documented

• Be careful with pulling in diagnoses that are not addressed
The Official Guidelines for Coding and Reporting, Psychoactive Substance (I.C.5.b.3.) state, “As with all other diagnoses, the codes for psychoactive substance use (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-) should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis (see Section III, Reporting Additional Diagnoses). The codes are to be used only when the psychoactive substance use is associated with a physical, mental or behavioral disorder, and such a relationship is documented by the provider.”
Q & A
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PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.

- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medication-assisted treatment.
  - 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
  - No cost.

For more information visit: https://pcssNOW.org/mentoring/
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now

http://pcss.invisionzone.com/register
PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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