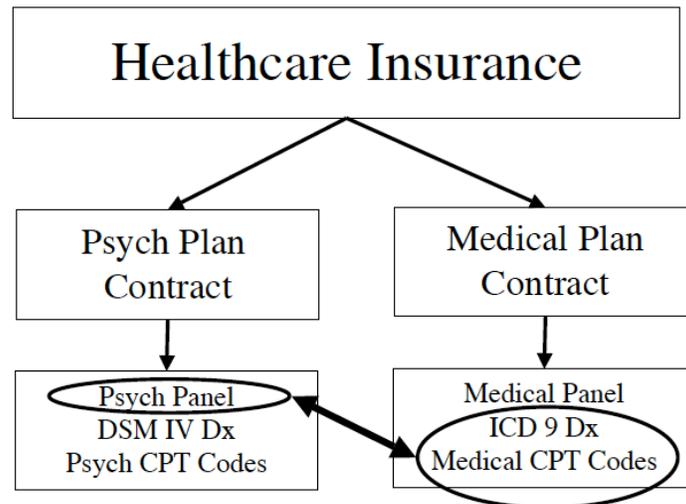


A Step-By-Step Guide To Obtaining Reimbursement For Services Provided Under The Health And Behavior Codes

by Daniel Bruns PsyD

Health and Behavior CPT codes (H&B codes) are codes that allow psychologists to treat medical patients who have no psychological diagnosis. While these services are sorely needed in the field, in practice it has often been difficult to be reimbursed for these services. The reason for this is that in most insurance policies, mental health reimbursement has been “carved out” of the medical insurance contract, and provided for under a separate contract. This creates a problem when attempting to get H&B services authorized, as H&B services can violate contractual boundaries. The mental health insurer will say “We can’t reimburse you for this because [contractually] we can’t pay for medical diagnoses or medical CPT codes. Call the medical insurer.” Similarly, the medical insurer will say “We can’t reimburse you for this because [contractually] we can’t reimburse psychologists. Call the mental health insurer.” This creates what I call the “H&B Infinite Loop”.



Resolving the H&B billing dilemma is complex, and made more so by the fact that the front line people on the insurance phone lines often know nothing about this, and don’t know what to do. Despite these challenges, it is possible to solve these problems. The advantages of this are that it opens up a new line of business, and in many cases the reimbursement rate is higher.

I offer the following advice about the H&B codes with this caveat: While the purpose of this approach is to pressure payors to assume responsibility for fulfilling their contractual obligations to pay for H&B services, I cannot

guarantee that it will lead to any success for you. Also, VERY IMPORTANT: Whatever you do when billing, always follow the applicable rules and laws. The point of this process is not to bend the rules in any way, but rather to come to an agreement with payors about how they should fulfill their obligations.

The following suggestions are offered to negotiate a new business relationship with an insurer. I am detailing the most difficult scenario below, which is independent practice. However, if you are employed at a large medical facility, this process is much easier. The insurer probably has a provider relations person assigned to that facility, and there may be an established process for resolving disputes. If so, start there. If you are on your own, though, and you have no connections at all, this is what you do:

- 1) Start with a medical patient being referred for behavioral health evaluation or treatment, with no known psychological diagnosis. A required presurgical H&B evaluation is ideal, and it will likely be easier if you start here.
- 2) If it is a payor that a significant percentage of your patients have, this will probably be worth it in the long run. Otherwise, it may not. Be aware that working this out will take considerable time. In many cases in my area, the rate of reimbursement for H&B with medical insurers is substantially higher than mental health reimbursement. Think of this as a business investment.
- 3) First call the mental health payor benefits line. Ask the following:
 - a) Is 96150 assessment a covered benefit? (Usually the answer is “no”)
 - b) How about 96152 treatment? (Usually the answer is “no”)
 - c) Report the referring medical diagnosis (e.g. herniated lumbar disc, diabetes, etc) : Will they reimburse for services using this diagnosis if there is no psychological diagnosis? (Usually the answer is “no”. They will say talk to the medical payor).
 - d) The “no” answer to all of the above is the way that H&B was intended. It is important to establish this, though.
- 4) If you have a contact in the medical payor’s provider relations department, start there. Otherwise, just call the medical provider line from the insurance card (Be prepared to get transferred around, and to be on hold for a while. Bring a good book. Picture a river. Breathe deeply. This is one of the most frustrating steps). After a wait, you can speak with some one. Ask:
 - a) Is 96150 assessment a covered benefit? (Usually the answer is “yes”)
 - b) How about 96152 treatment? (Usually the answer is “yes”)
 - c) IMPORTANT: Say, “This is a complex issue so please hear me out before you transfer my call. I may need to speak with a provider relations person or supervisory person about this issue, but I will appreciate any help you can give me.”
 - d) Report the referring medical diagnosis (e.g. herniated lumbar disc, diabetes, etc).
 - e) Say “You will be tempted to transfer me to the mental health payor. Please don’t. I have already spoken to them, and they have sent me to you.” Report the reason for the referral (evaluation or treatment). “As you just noted this 96150 is a covered MEDICAL benefit, and it is performed by psychologists, not physicians.

The mental health payor has confirmed that this is your responsibility, not theirs. I am a psychologist, and I can perform this service. Will you reimburse me for this?"

- f) The person will likely become confused, and will want to refer you to the mental health payor. Remind the person that the mental health payor sent you to them.
 - g) IMPORTANT: If this is a required service, like a presurgical evaluation for lumbar fusion, spinal cord stimulator or bariatric procedure, this is perfect. Point out that the medical payor requires this service. This is not some weird idea that you have. This is their idea, and a problem they have created for themselves. You have the solution, and you will help them.
 - h) The payor person may say that 96150 etc is a valid CPT code, but will only be reimbursed when performed by an MD. Note that this is incorrect. The H&B code description in the CPT manual states that H&B codes are NOT to be used by MDs, who should use regular medical office visit codes (E&M codes) instead.
 - i) Summarize: "OK. H&B codes are a covered benefit that you have promised to reimburse. [If this is an eval that the insurer requires, note that.] MDs are not trained in this, and in any case cannot use H&B CPT codes. These are codes that psychologists perform. I am a psychologist, and I am trained in doing this. I would like to have this service authorized."
 - j) Politely ask, "Since you are not familiar with this particular situation, can you refer me to provider relations or to a supervisor or someone who may know about this?" Getting the name and phone number of a provider relations contact person is extremely important. As the front line person answering the phone usually cannot help you, you will need to find some one who has the power to do something. Sometimes you can get lucky, skip all of this, and a nice front line person will give you the name of a provider relations person to call without having to go to all of this effort.
 - k) If another psychologist has gone before you regarding H&B, there may already be a provision for H&B code reimbursement. If this insurer has not done this though, you will need to negotiate a deal.
- 5) With this provider relations person, you will need to retrace your steps in 1-5 above. Often the initial response will be "We don't put psychologists on our panel."
- a) Ask if they have neuropsychologists on their panel. Many payors do, because as a discipline neuropsychology has been around longer than health psychology, and have been proactive for their profession. If they do have neuropsychologists on their panel, note that "So actually you do allow psychologists on your panel. Think of me like a neuropsychologist, except that I deal with organs other than the brain." Sometimes health psychologists can be admitted to a medical panel under a neuropsychology provision for psychologists if the payor looks in the right place in their contract. Because of this, some insurers only allow neuropsychologists to perform presurgical or chronic pain evaluations. The reason for this apparently is that neuropsychologists are the only psychologists on their medical panel.
 - b) Ask, "This patient needs an H&B service, which is a covered benefit. If I can't be authorized to provide this service, who should I then refer this patient to? Who on your panel in this area provides this service?" If there are no psychologists on the panel, the answer will be no one provides this service. A required presurgical evaluation is ideal to have this conversation about, as you can say "You require this, but have

- no one on your panel that provides this service?? That doesn't seem right. If you would let me, I would be happy to solve that problem for you." They may agree to reimburse you.
- c) Most insurers have a policy that if there is nobody in network in your area who can provide a certain service (often a radius of 25 miles or so) the patient is allowed to go out of network with in network benefits, and the network will look for a professional to fill this gap. Ask about this policy. If there is no one on their panel who can provide H&B services, point out their responsibilities here. Offer your services.
 - d) If a physician needs a presurgical H&B evaluation, that person is invested in finding a psychologist to do this. The physician may also have a provider relations person to contact.
- 6) Using the above approach, I have negotiated a number of solutions with payors around H&B services:
- a) The patient can be extended out of network medical benefits for your services. (Not ideal. The patient will have a larger deductible and co-pay).
 - b) Better, you can be assigned in-network medical status for performing certain procedures (like H&B) without actually being admitted to the panel (this is often contractually easier for them).
 - c) Similar to the above, some medical payors become free to offer in network status for an H&B claim if the mental health payor first declines to pay.
 - d) Best, you can actually be admitted to the medical provider panel.
 - e) Oddly, one payor has told me to turn in the H&B bill with no medical diagnosis and a DSM IV "799.90 diagnosis deferred" diagnosis (since a psychological diagnosis could be found in the future), and then the mental health payor reimburses me.
- 7) If the insurer would refuse to offer any solution, try saying "So let me make sure I understand this, because I need to explain this to the patient. The H&B procedure codes are benefits that are covered by this policy, and beyond that you even require these services for presurgical selection. Despite this, you have no one in network who can provide these services, you will not panel anyone who can, and you won't even offer the patient out of network benefits. Then, if the patient does not get this H&B evaluation, you will deny payment for the surgery. Is that correct? Does that seem fair to you? Who should these patients complain to? As you now require these presurgical H&B evaluations, this will become a regular problem for you. If you can work out a way to reimburse me, I can help you with this." While I am not an attorney, this type of systematic denial of benefits would seem to me to be a perfect recipe for a class action lawsuit. I have suggested to some insurers that they run that past their own legal department for an opinion. I also assert that I have no plans to litigate, and that I have solved this problem with other payors, so I am sure I can solve it with them as well.
- 8) Most insurers will eventually look for a way to resolve this. This is because they really want these services. They are good practice, lead to better outcomes and save them money in the long run. If you get stuck, ask to speak with the medical director. Point out – "You require this. How can I get paid?"
- 9) There are a few post-agreement pitfalls. Most commonly, if some one in the mailroom sees that you are a psychologist, your claim may be automatically forwarded on to the mental health payor, where it will be denied. If this happens, you will need to speak to your contact about how to deal with this. Often, it will mean mailing your bills to a certain person who will run it through the system.

10) Working out one of the agreements above is often a frustrating, time consuming process. Once you have an arrangement worked out, though, it can be a regular source of income that you can bill for just like psychological codes. Importantly, many insurers (at least in my area) reimburse H&B codes at a substantially higher rate than the psychological codes. That is probably because medical services have traditionally been reimbursed at a higher rate than mental health services.

There is now talk of allowing psychologists to bill for Evaluation and Management (E&M) codes – the same ones that physicians use. Unfortunately, if this happens, we will then have an E&M infinite loop too.

One final thought. As more of us ask these questions, it will increase the payor's awareness of these issues, and increase the likelihood that payors will address this confusing issue. If psychologists as a profession fail to resolve these difficulties, we could lose these codes. Fortunately, it only takes one successful trailbreaker to prod a payor into developing a policy about H&B. After that, it becomes easier for the rest of us.

Dr. Bruns has been a practicing health psychologist in Greeley, Colorado for over 20 years, where he specializes in the assessment and treatment of pain and injury. He has served on Colorado state task forces that developed medical treatment guidelines for chronic pain and chronic regional pain syndrome, and also served on the American College of Occupational and Environmental Medicine panel that developed the 2008 Chronic Pain Treatment Guidelines for worker's compensation. His work is cited by the Official Disability Guidelines, and he was on the advisory panel for the AMA Guides to The Evaluation of Permanent Impairment, 6th edition. For the American Psychological Association, Dr. Bruns is the National Chairperson for the Health Psychology Clinical Health Services Council. In 2008, Dr. Bruns received a Presidential Award for his contributions to the field from the American Psychological Association's Division of Health Psychology. He is the coauthor of a number of articles and book chapters on the role of psychology in the medical setting, including articles on patient selection, and the assessment of psychological risk factors for patient violence and litigiousness. Dr. Bruns is also a coauthor of the BHI 2 and BBHI 2 psychological tests.