

January 2020  
Issue 16-053

**MGMA**  
COLORADO

# Colorado Connection

The Official Newsletter of Colorado MGMA

## Upcoming Events



### CROSS TRAINING: Maximizing Staff in a Lean Office

Tuesday, February 11th  
11:00am-12:00pm

**SPEAKER:**  
Amy Dunatov, MPH,  
FACMPE, CEMA



### What Bills are we hunting this legislative session?

February 20, 2020  
12:00 - 1:00pm

**BOK Financial**  
4582 South Ulster Street Parkway  
Suite200  
Denver, CO 80237

For more information, visit  
[www.cmgma.com](http://www.cmgma.com).



## From the President

**Bonny L. Brill, CMPE, CMRS**  
Practice Manager, Colorado Colon & Rectal Specialists

### What Empowers You? What Traits Can You Improve Upon to Make Yourself a More Successful Leader in Your Practice or Organization?

The skills needed to successfully lead others and seize opportunities have transcended history dating back to caveman times. Some 250,000 years ago, our prehistoric ancestors knew it took more than 'brute' force to win. Josh Linkner in "What Cavemen Can Teach You About Leadership"<sup>1</sup> identified several leadership traits that are as effective today as back then. Cavemen, for example:

*Demonstrated commitment—by any means necessary. Every task was all in*  
*Used all resources at their disposal*  
*Demonstrated scrappiness*  
*Adjusted in real time—reinvention was a constant necessity for survival*

Fast forward to the wild west where the stakes are high, and cowboys have to use every available asset. They live by a code, a creed. James P. Owen, Founder and Chief Inspiration Officer, Center for Cowboy Ethics and Leadership<sup>2</sup> shares the creed in publications, books, and films including *Cowboy Ethics* and *The Try*.

*Live each day with courage*  
*Take pride in your work*  
*Always finish what you start*  
*Do what must be done*  
*Be tough, but fair*  
*When you make a promise, keep it*  
*Ride for the brand*  
*Talk less and say more*  
*Remember that some things aren't for sale*  
*Know where to draw the line*

Today, a favorite go-to of mine is by bestselling business author Deep Patel who wrote, "It may seem like some people are just gifted with these skills, but the truth is most leadership traits can be learned and sharpened with time and practice."<sup>3</sup> According to Patel, there are 11 must-haves for leaders. We must:

- 1) Self-manage
- 2) Act strategically
- 3) Be effective communicators
- 4) Be accountable and responsible
- 5) Set clear goals and persist in achieving them
- 6) Have a vision for the future
- 7) Manage complexity
- 8) Foster creativity and innovation
- 9) Promote teamwork
- 10) Create lasting relationships
- 11) Learn agility



Continued on page 2

## CMGMA

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Administration  
Metropolitan State University of Denver  
trobin33@msudenver.edu

## From The President

*continued from page 1*

Whether you relate best to the caveman, cowboy, or Patel's 11 must-haves, there is no doubt CMGMA attracts the caliber of professional that consistently seeks to do better, to be better. Over the next months I challenge each of us to finetune our leadership and mentoring skills while remaining *passionate* about our profession, *dedicated* to our providers, and *compassionate* about our patients. CMGMA programs, networking, and advocacy opportunities offer the tools you need. Good luck!

[www.upgradethinklearn.com](http://www.upgradethinklearn.com)<sup>1</sup> <https://www.forbes.com/sites/joshlinkner/2014/07/31/what-cavemen-can-teach-you-about-leadership/#552c61d632c8><sup>2</sup> [www.cowboylethics.org](http://www.cowboylethics.org)<sup>3</sup> <https://www.forbes.com/sites/deeppatel/2017/03/22/11-powerful-traits-of-successful-leaders/#59c28874469f>

## From the President Elect

**Tawnya Wartell, CPME, CPC****Practice Administrator****Colorado Cardiovascular Surgical Associates, PC**

Happy 2020! A new year. A new decade. A fresh start. A chance for renewal. The first page of your new book. So many options. But so much pressure. I have never been a fan of resolutions. But I have set them. And most often they are ideas of self-improvement. Statistics say 60% of people set resolutions, 25% keep them past the first month, 8% complete them. So, we inevitably let ourselves down. I suggest a simple solution. Change your verbiage. Set a goal instead of a resolution. Goals are more actionable and can seem more attainable. Forbes.com states "The more specific you get when breaking down your goals, the more likely it is that you'll accomplish them. When they're broken down into manageable and measurable pieces, you'll be able to track your progress and stay focused. It's easy to lose focus when the goal is too large".

As practice administrators, and managers, many of us set financial goals, operational goals, managerial goals. These guide us in our daily practices. But how many of us have set personal goals to help us manage a successful workplace. Our personal well-being will directly impact the well-being of our practice. Let's not forget about "me". If you don't love yourself you cannot love your practice.

At the beginning of this new year, as we all are setting our practices up for success, let's set ourselves up to facilitate that success. Take time to create personal goals or even personal processes towards self-improvement. These may include large goals such as lose weight, eat healthier or less screen time. They can be as simple as ten minutes away from your desk, a twenty-minute walk at lunch, or taking the stairs instead of the elevator. As time goes on and we take a little time for ourselves we will feel progress and success. A feeling of accomplishment. And this will in turn directly effect how we complete our daily tasks. Our practices will benefit from our confidence, positive outlook and self-fulfillment. Putting ourselves first is far from selfish. A healthy "you" has a positive impact on everything and everyone around you.

I hope everyone takes some time for their own wellbeing this year. Down the road in September, CMGMA will be focusing on YOU. In our Fall Conference, "Practice Management: Directed by, Produced by, Starring YOU" we will have speakers reminding you how important it is to be your best self to run a good practice. Save the date on you calendars. It is going to be a good one!

I wish you all a healthy and happy New Year full of personal and professional successes.



# BECOME A CERTIFIED PROFESSIONAL MEDICAL CODER

## On Campus or Live Online Course Begins February 6, 2020

The American Academy of Professional Coders (AAPC) Certified Professional Coder (CPC®) credential is the gold standard for medical coding. A CPC is critical to compliant and profitable medical practices. As a CPC, you will know how to assign the correct diagnosis (ICD-10), procedure (CPT®), and supply (HCPCS Level II) codes.

- Delivered on campus or log into the live course virtually
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Instructor Marcia Brauchler, MPH, FACMPE, is a nationally recognized industry expert in coding. Marcia earned the CPC in 2002, hospital-level certification (COC) in 2004, and instructor certification (CPC-I) in 2010. MsBrauchler is founder and president of Physicians' Ally, Inc., a health care consulting firm and concierge specialty physician billing company.

Learn how to code correctly, with a strong foundation in diagnostic coding using ICD-10, and bring immediate value back to your practice. Codes have a direct impact on the revenue — start making an impact today!

Dates: Thursdays Starting February 6, 2020 through July 2, 2020

Time: 5:30 to 8:30 p.m.

Course Cost: \$2,500 (Discounts Available for Students!)

CPC Exam: \$325      Textbooks: \$199.95      AAPC Student Membership: \$90

Can't start on February 6? You can still register and gain access to the video content to watch at your own pace. Every session is recorded!

**Register at [www.du.edu/professional](http://www.du.edu/professional) or call 303-871-2291.**

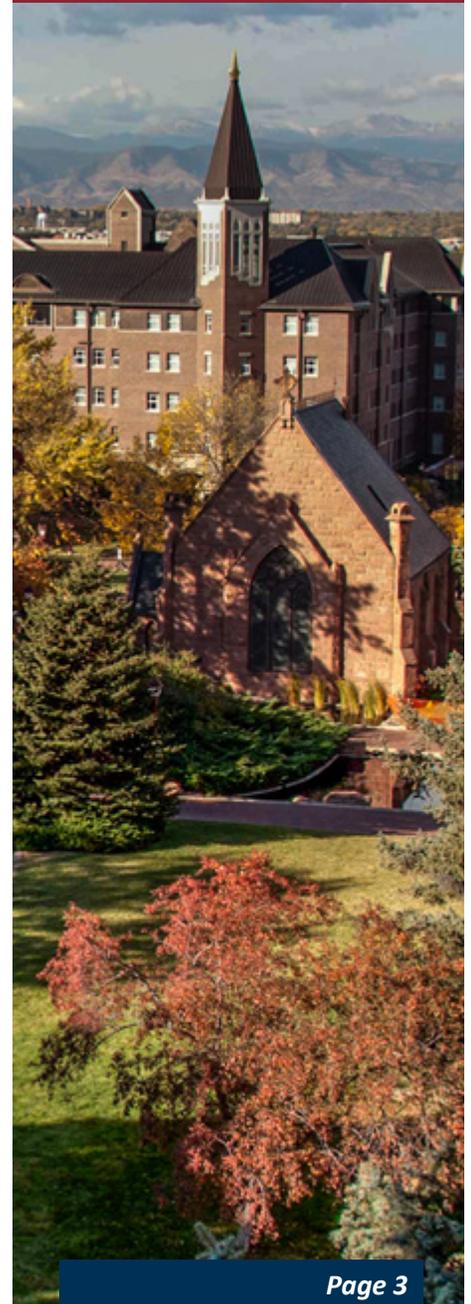


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# Leveling the Playing Field in Your Next Office Lease Negotiation

By Amanda Blackwood, Broker  
CARR Healthcare

Over the past several years, the economy has drastically affected the commercial real estate market, resulting in a very favorable environment for tenants. Because landlords are extremely motivated to attract new tenants and retain existing ones – especially high-quality tenants such as healthcare practices, opportunities exist to reduce your monthly rent payment, upgrade your office's appearance through an improvement allowance, obtain free rent or achieve other favorable concessions.

Consider the following when it's time to review the terms of your lease.

**Hire a Free Real Estate Agent:** One of the keys to a successful negotiation is to take advantage of the free services of a real estate broker or agent. This is important because most landlords are in the business of real estate and typically have the upper hand when negotiating with tenants directly. Additionally, the majority of landlords hire a real estate broker to represent their interests and provide expertise. Though dramatic concessions are available, a specific posture and negotiation strategy are paramount to achieving the best possible terms.

**New Space or Lease Renewal?** When the time comes to evaluate your current lease situation, you'll need to consider the pros and cons of renewing the lease in your current location versus relocating to a new property. Since economics and concessions will have a dramatic impact on the decision, it is essential to understand all of your available options and implement a strategy to leverage them. It is critical to the success of your negotiation that your landlord knows that you have the option to relocate, which means that you need to begin negotiations well in advance of your lease's expiration; ideally 9 – 24 months before your current term ends.

**Should You Represent Yourself?** When you begin negotiations, you have two options available to you: You can work with the landlord's agent and represent yourself, or you can hire a real estate broker. Here are some things you need to know if you choose to represent yourself in a lease negotiation.

Under state law, a real estate broker can enter into an agreement to serve clients as an *Agent*. An agent is obligated to serve his or her client's



interests with the utmost good faith, loyalty and fidelity. Clearly, it is not practical for an agent to act with utmost loyalty to two parties on opposite sides of a transaction, meaning the landlord or landlord's broker should not also represent your interests.

Simply put, if you do not bring an agent into the negotiations, no one will be protecting your interests but yourself. If you deal directly with the landlord or landlord's agent, it is crucial to remember that he or she is not legally or logically in a position to advocate on your behalf, so it is important to exercise discretion with the information you share with the landlord's agent.

Even if your building's ownership and management are pleasant to work with, respond to issues quickly, and maintain the building well, their primary interest is maximizing profits. Landlords know that without market knowledge, tenants have no baseline against which to compare a lease offer. Therefore a landlord will most likely offer the highest lease terms that they believe an uninformed tenant will accept.

**Market Evaluation:** The only way to know if any offer is truly competitive is to compare it to the market. To do this you need to identify all the available properties which suit your needs, and then tour a significant number of them to determine which ones will be best suited for you and ensure that you don't miss any opportunities.

You then need to negotiate with the landlord at each property to receive the best offers for a suitable space for your practice. These offers will include terms for the base lease rate and any increases in the lease rate, as well as concessions such as free rent and an improvement allowance. You'll also need to know the lease terms and concession that new tenants in your current building are receiving from your landlord. At each step along the way, you'll be dealing with a professional real estate broker who is hired to achieve the best possible terms for the landlord.

**Know Your Alternatives:** If this sounds daunting to handle yourself, you do have an alternative. You can hire an experienced real estate professional as *your agent*—to act on *your behalf* with *your interests* in mind. He or she can provide

you with comparable properties' lease rates, build out allowances, and other concessions, which can then be used as valuable leverage on your behalf in the negotiations with the landlord. Ideally, you should select an agent with experience representing healthcare practices because they will be able to achieve specific terms and concessions that are not generally available to other types of tenants. Your agent will handle all the research and communication with the landlords, while maintaining a professional negotiating posture on your behalf.

**On Your Behalf at No Cost:** Fortunately for you as a tenant, landlords and sellers have agreed to pay for an agent's services on your behalf, so it costs you nothing. Commercial real estate is structured similarly to residential real estate. If you were to sell your home, you might list it with a broker and agree to pay a commission. The commission is split between the listing broker and the broker who brings the buyer. If the listing broker is able to find the buyer directly, then he or she would earn a double commission. The same kind of arrangement is made in the commercial real estate market, and you as a tenant or buyer have access to professional representation at the seller's expense.

Most healthcare providers have plenty to do serving their patients and running a successful practice. Spending hours on end making sure your lease renewal is competitive and handled properly is typically not the best use of your time. Since professional representation does not cost you anything as a tenant, it makes a lot of sense to let a licensed real estate professional review your lease, represent your interests in your negotiations, and then help you capitalize on the current market conditions so you can achieve the best possible terms.

*CARR Healthcare is the nation's leading provider of commercial real estate services for healthcare tenants and buyers. Every year, thousands of healthcare practices trust CARR to achieve the most favorable terms on their lease and purchase negotiations. CARR's team of experts assist with start-ups, lease renewals, expansions, relocations, additional offices, purchases, and practice transitions. Healthcare practices choose CARR to save them a substantial amount of time and money; while ensuring their interests are always first.*

*Visit [CARR.US](http://CARR.US) to learn more and find an expert agent representing healthcare practices in your area.*



*CMGMA was well represented at the MGMA State Leaders Conference in Denver this month. President Bonny Brill, Committee Chair Breanna Wong and Committee Chair Dea Robinson were selected to speak to leaders across the nation and share the success of CMGMA Emerging Professionals by attracting Early Careerists. Well done ladies!*

# Board of Directors

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# Lunch & Learn

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**February 20**

Lions, Tigers, and Bears, oh my! – What Bills are we hunting this legislative session? Find out more by attending our legislative lunch and learn at

**BOK Financial**

4582 South Ulster Street Parkway Suite200  
Denver, CO 80237

[Click here to register.](#)



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# 2020 Payer Day

**Wednesday May 13**

**9:00am-3pm**

**CU Denver South**

Join us for our annual Payer Day! Hear what's new from our insurance carriers and have your questions answered! Get the inside track to the latest information vital to your practice including health care reform plans, claims submissions and payments. This is an excellent opportunity to connect with your peers and meet Insurance representatives face to face.

[Click here to register today!](#)



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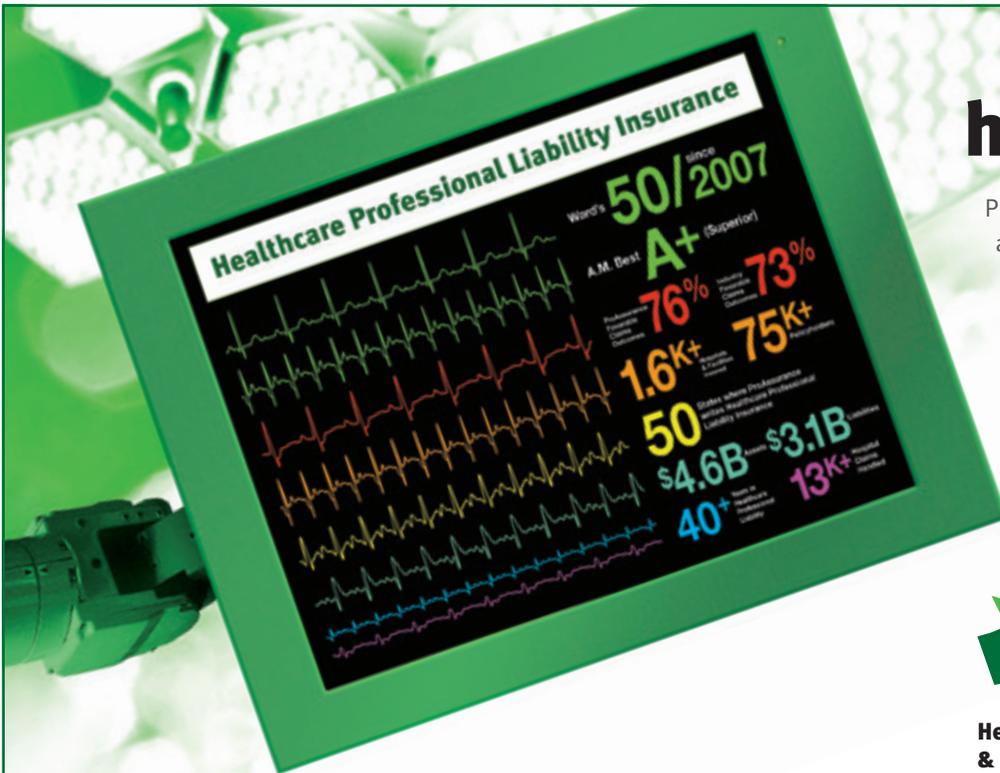
Practices that offer CCM services to their Medicare patients, with two or more chronic conditions, benefit from reimbursements that provide a new stream of monthly revenue for each patient enrolled.

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## UPCOMING WEBINAR



Register today at [www.cmgma.com](http://www.cmgma.com)

# CROSS TRAINING: Maximizing Staff in a Lean Office

Tuesday, February 11th from 11:00am-12:00pm

### ABOUT THE WEBINAR:

As practice administrators and managers, staffing is one of the biggest headaches we must confront on a daily basis. How do we staff effectively while keeping cost down. Join us to discuss how cross training employees to perform multiple roles within the office not only keeps the practice running smoothly, it helps improve the patient experience and reduce staff burnout.

#### Objectives:

1. Define cross training in a lean organization
2. Discuss benefits and potential downside to cross training
3. Identify tools helpful in the cross training process
4. Learn how to manage the cross training process
5. Observe financial impact and success factors

### ABOUT OUR SPEAKER:

Amy Dunatov, MPH, FACMPE, CEMA has extensive experience in medical practice management, including both private practice and hospital-owned multispecialty group settings. She has comprehensive knowledge of billing and E&M coding and documentation, physician compensation plan design, financial and operational benchmarking especially as it relates to physician compensation and productivity.

As Executive Director of Physician Services for a large hospital owned physician network, Amy was responsible for all phases of the physician employment process including contract drafting, negotiation, and design of compensation plans for 50+ employed physicians. She also served as Compliance Officer and served on Corporate Compliance Committee for the organization, playing an integral role in Corporate Compliance plan design and implementation for the hospital-owned practices.

Webinars are FREE for CMGMA members!

[Click here to register today!](#)



*Interested in getting more involved with CMGMA? We are always looking for an extra hand to help make this association thrive. Please contact Kristina at [kristina@m3solutionsllc.com](mailto:kristina@m3solutionsllc.com) to see how you can help!*

## CMGMA Career Center

Did you know that your CMGMA memberships includes FREE access and UNLIMITED postings to our job board? Find the perfect candidate to join your team by reaching over 500 healthcare professionals using the CMGMA Career Center.

Looking for a change?  
See what medical practice positions are open in Colorado!

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# CMGMA Legislative Update

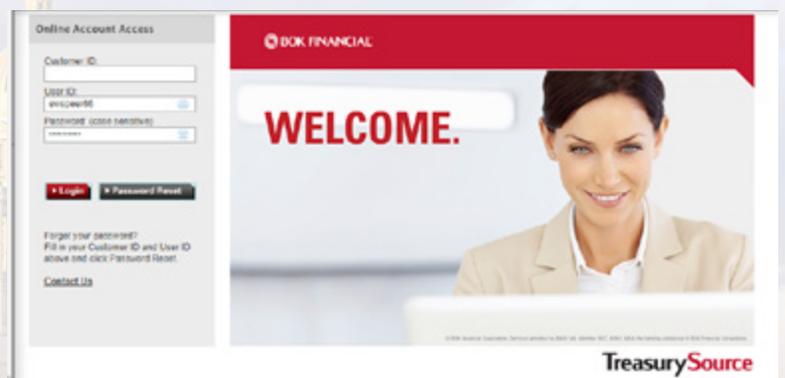
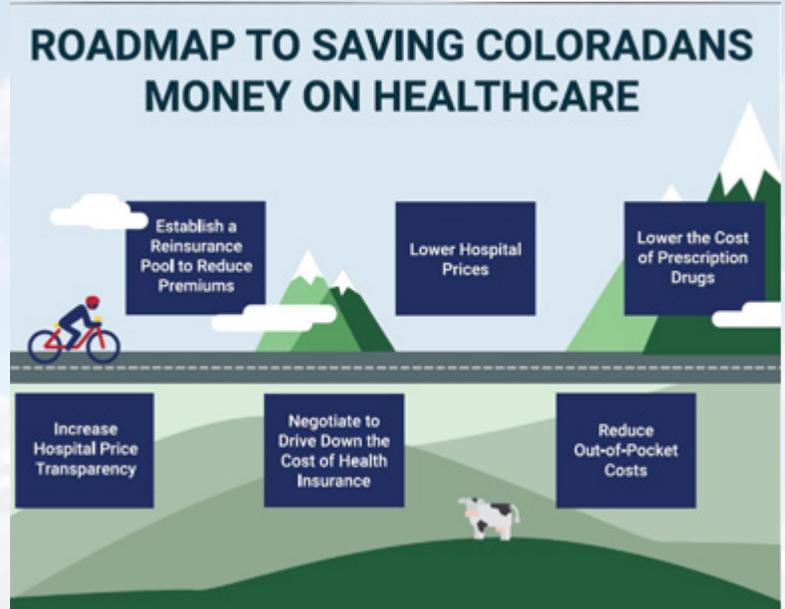
By Jennifer Souders, FACMPE  
and Eric Speer, FACMPE

The 72<sup>nd</sup> Colorado General Assembly convened for the Second Regular Session on January 8<sup>th</sup>. In 2019, the Legislature passed many bills aimed at reducing the cost of healthcare, including hospital reinsurance, hospital transparency, prescription drug pricing, and more. Governor Jared Polis has continued his vow to reduce the cost of health care in the 2020 Legislative Session. We do expect that legislators will push for further progress on those fronts and more.

Lt. Governor Diana Primavera oversees the Office of Saving People Money on Health Care. Their short-term goals are

- to increase hospital price transparency;
- establish a reinsurance pool to reduce premium for those people who buy their own insurance;
- Negotiate to drive down the cost of health insurance;
- Lower hospital prices;
- Reduce out-of-pocket costs; and
- Lower the cost of prescription drugs.

Long-term goals of the “Office” are to address “system-wide issues that perpetuate an unaffordable, inefficient, and inaccessible health system.” Some of the goals include rewarding primary and preventative care and supporting innovation in healthcare delivery and reform models such as the State Innovation Model. [Click here to learn more about the Office of Saving People Money on Health Care’s vision and roadmap.](#)



The current legislative initiatives and some of the items we will be following closely that are part of the “Office’s” agenda include the following:

- Colorado Public Option
- Timely Health Care Professional Credentialing
- Worker Compensation Arbitration
- Immunization Exemptions
- Hospital Transformation Program Rural Support Fund

Be sure to join us for our Lunch and Learn on February 20<sup>th</sup> to learn more about what’s happening in the 2020 legislative session.



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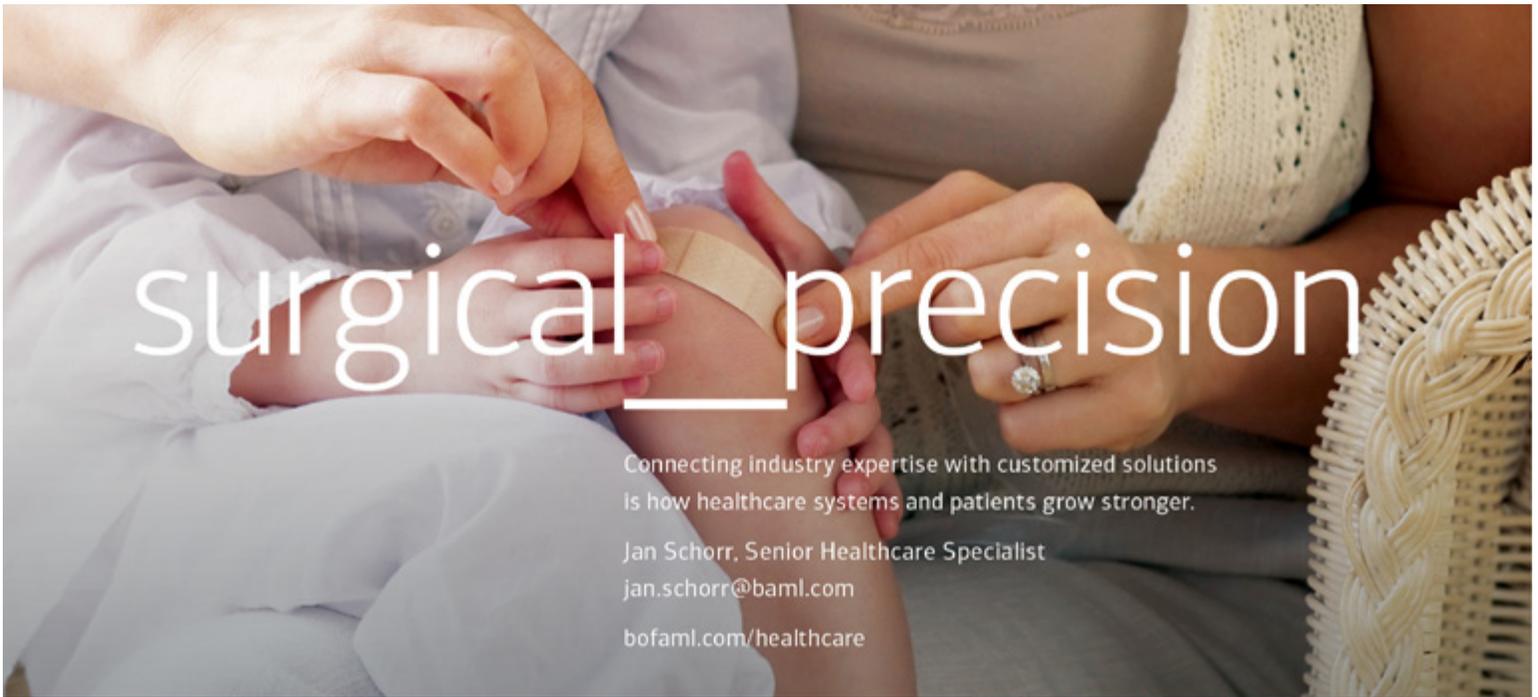


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# **2020 CMGMA Fall Conference**

**September 17-18 | Double Tree DTC**

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# 2020 update on Medicare payment for behavioral health care

ISABELLE BIBET-KALINYAK, KELSEY SMITH

HEALTHCARE PRESCRIPTIONS JAN 16, 2020



ISABELLE BIBET-KALINYAK

Medicare began paying for mental and behavioral health services under new billing codes on January 1, 2017. One year later, on January 1, 2018, Medicare began to use new CPT codes to report these types of services. This article highlights how providers can use these new codes to comply with Medicare regulations.



KELSEY SMITH

## PSYCHIATRIC COLLABORATIVE CARE SERVICES (COCM)

In an effort to better integrate behavioral health care with primary care, Medicare implemented three new CPT codes (99492, 99493 and 99494) to bill for monthly services furnished using the Psychiatric Collaborative Care Model (CoCM).



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**Behavioral Health Care Manager** – A designated individual with formal education or specialized training in behavioral health, working under the oversight and direction of the treating practitioner.

**Psychiatric Consultant** – A medical professional trained in psychiatry and qualified to prescribe the full range of medications.

CoCM is broken down into various service components which are billed accordingly –

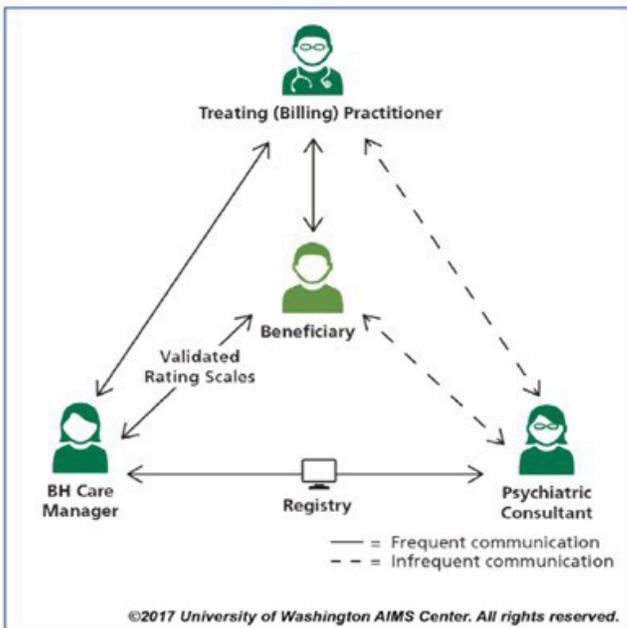
The first step involves an initial assessment by the primary care team which is performed by the billing practitioner and the behavioral health care manager. It may also be necessary to perform an initiating visit which is billed separately.

After the initial assessment, the primary care team, jointly with the beneficiary, begins care planning or care plan revision for patients whose conditions has not adequately improved. Various treatments may be considered during care planning including pharmacotherapy, psychotherapy and/or other indicate treatments as applicable.

Following the implementation of the care plan, the behavioral health care manager performs proactive, systematic follow-ups using validated rating scales and a registry. The behavioral health care manager should assess treatment adherence, tolerability, and clinical response. Typically, 70 minutes of behavioral health care manager time if scheduled for the first month and 60 minutes for subsequent months. If necessary, the add-on code may be used for 30 additional minutes any month.

Finally, the psychiatric consultant will review the case. This involves weekly reviews of the beneficiary's treatment plan and status with the psychiatric consultant by the primary care team. The primary care team should maintain or adjust treatment as needed.

The CoCM services can be furnished when the beneficiary has one or more psychiatric or behavioral health conditions that, in the treating physician's judgment, warrant a behavioral health care assessment, a care plan, and brief interventions. Eligible conditions include any mental, behavioral health, or psychiatric condition, including substance use disorders. The diagnosis can be pre-existing or made by the billing practitioner and may be refined over time.



CoCM is a model of behavioral health integration (BHI) that is intended to enhance primary care by integrating two key services to the primary care team, particularly for patients whose conditions have not improved. These services include care management support for patients receiving behavioral health treatment and regular psychiatric inter-specialty consultation. The model is achieved by utilizing a team of three individuals to promote behavioral health care: the behavioral health care manager, the psychiatric consultant and the treating (billing) practitioner.

**Treating (billing) Practitioner** – A physician and/or non-physician practitioner; typically primary care but may be of another specialty.

Continued from page 14

The new CoCM codes describe psychiatric collaborative care management directed by a treating physician in consultation with a behavioral health care manager:

**Code 99492:** Initial psychiatric collaborative care management for the first 70 minutes in the first calendar month satisfying the following elements:

- Patient outreach and engagement by treating physician or other qualified health care professional (nurse practitioner, physician assistant – what else?) Initial assessment of patient and development of an individualized treatment plan
- Review by psychiatric consultant and modification of the plan if recommended
- Entry of the patient in a registry, follow-up tracking and participation in weekly caseload consultation with the psychiatric consultant
- Brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing and other focus based treatment strategies

**Code 99493:** Subsequent psychiatric collaborative care management for the first 60 minutes in a subsequent month satisfying the following elements:

- Tracking patient follow-up and progress using the registry, with appropriate documentation
- Weekly caseload consultation with the psychiatric consultant
- Ongoing collaboration and coordination of patient mental health care by the treating physician and any other treating mental health providers Additional review of progress and recommendations for treatment changes
- Brief interventions using evidence-based techniques
- Monitoring of patient outcomes using validated rating scales, along with relapse prevention planning as the patient achieves remission of symptoms or other treatment goals

**Code 99494:** Additional 30 minutes of behavioral health care manager activities in a calendar month, in consultation with psychiatric consultant and directed by the treating physician.

## NEW CODE 99484 – GENERAL BEHAVIORAL HEALTH INTEGRATION

CPT code 99484 is used to bill monthly services which use BHI models of care other than CoCM but that are similar in service elements such as, systematic assessment and monitoring, care plan revision for patients whose condition is not improving, and a continuous relationship with a designated care team member.

CPT code 99484 may be used to report BHI models of care even if they do not involve a psychiatric consultant or a designated behavioral health care manager. Under this code, BHI services may be provided in full by the billing practitioner or qualified clinical staff may be used to provide certain services using a team-based approach. If clinical staff is utilized, the staff or contractors should meet similar qualifications for the CoCM behavioral health care manager or psychiatric consultant.

General BHI models are broken down into various components which are billed accordingly:

- Initial assessment – including an initiating visit if required, billed

- separately Systematic assessment and monitoring
- Care planning by the primary care team jointly with the beneficiary, with care plan revisions for patients whose condition is not improving Facilitation and coordination of behavioral health treatment
- Continuous relationship with a designated member of the care team

## CARE TEAM MEMBER ROLES

The various 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.

- **“Incident to”** – BHI services that are not provided personally by the billing practitioner but by the other members of the care team, under the direction of the billing practitioner on an “incident to” basis. The other care team members should either be employees or working under contract for the billing practitioner.
- **“Initiating Visit”** – An initiating visit is separately billed and is required for all new patients or beneficiaries that have not been seen within one year prior to commencement of BHI services.

The **treating (billing) practitioner** is charged with directing the behavioral care manager or clinical staff and must oversee the beneficiary’s care, including prescribing medications, providing treatments for medical conditions, and making referrals to specialty care. The billing practitioner should be involved throughout the entire BHI process through ongoing oversight, management, collaboration, and reassessment. In some cases, the billing practitioner may provide the general BHI services in its entirety.

The **behavioral health care manager** must have formal education or specialized training in behavioral health. CMS recognizes social work, nursing and psychology as acceptable disciplines. The responsibilities of the behavioral health care manager include:

Providing the following elements of service in consultation with the psychiatric consultant:

- Care management services and assessment of needs
- Behavioral health care planning, including managing treatment plan revisions for patients who are not progressing or whose status changes Brief interventions
- Ongoing collaboration with the treating physician Registry maintenance
- Consulting with the psychiatric consultant on a weekly basis
- Maintaining a collaborative, integrated relationship with the care team members
- Maintaining the ability to engage the beneficiary during off hours and have a continuous relationship with the beneficiary

The behavioral health care manager does not include administrative or clerical staff and time spent in strictly administrative or clerical duties should not be counted towards the time threshold to bill BHI codes.

The **psychiatric consultant** must be a medical professional (e.g., a psychiatrist or an advanced practice nurse with psychiatry board-certification) trained in psychiatry and qualified to prescribe the full range of medications. The psychiatric consultant advises and

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makes psychiatric and other medical care recommendations that are communicated to the treating physician, typically through the behavioral health care manager. The psychiatric consultant does not typically see the beneficiary or prescribe medications, except in rare circumstances, but should facilitate referral for direct psychiatric care when clinically indicated.

In general BHI models, **clinical staff** may be utilized and are expected to create a continuous relationship with the beneficiary and collaborative, integrated relationship with the rest of the care team.

## BHI CODING SUMMARY

Prior to the commencement of any BHI services, the beneficiary must give the billing practitioner permission to consult with relevant specialists. Consent may be verbal but must be documented in the medical record.

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If you have any questions regarding the subject matter of this article or any other health care legal matters, please contact one of the attorneys below.

BHI CODE	BEHAVIORAL HEALTH CARE MANAGER OR CLINICAL STAFF THRESHOLD TIME	ASSUMED BILLING PRACTITIONER TIME
CoCM First Month (99492)	70 minutes per calendar month	30 minutes
CoCM Subsequent Months** (99493)	60 minutes per calendar month	26 minutes
Add-On CoCM (Any month) (99494)	Each additional 30 minutes per calendar month	13 minutes
General BHI (99484)	At least 20 minutes per calendar month	15 minutes
BHI Initiating Visit (AWV, IPPE, TCM or other qualifying E/M) <sup>†</sup>	N/A	Usual work for the visit code

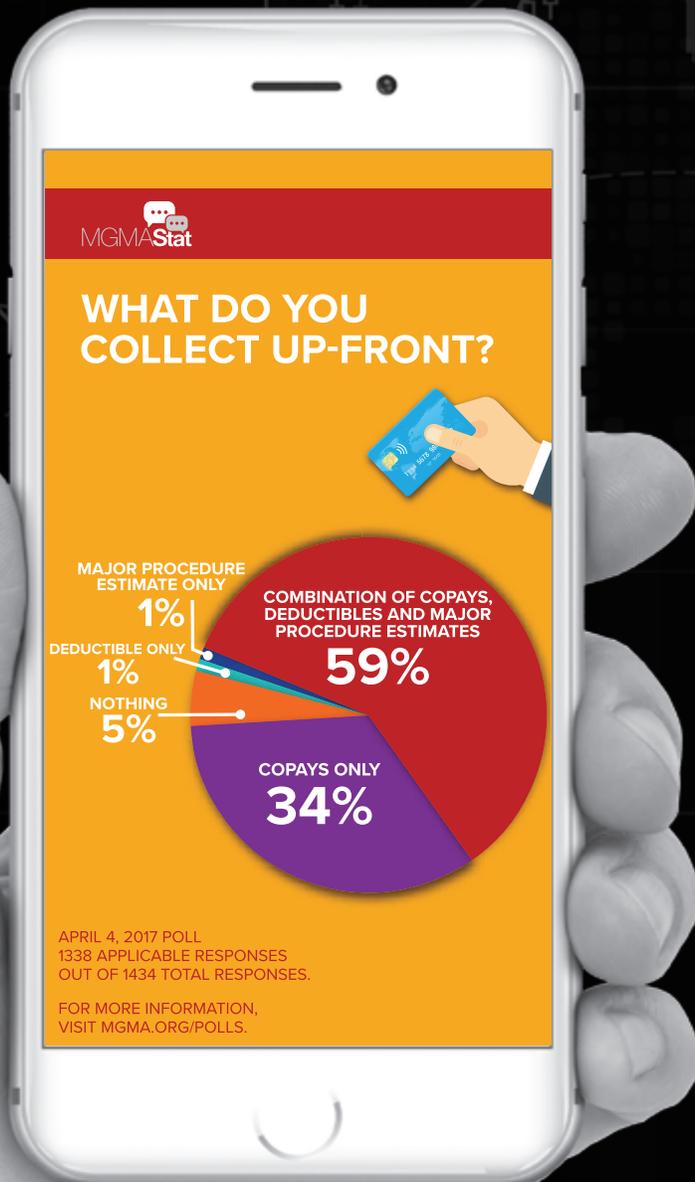
\*\*CoCM is furnished monthly for an episode of care that ends when targeted treatment goals are met or there is failure to attain targeted treatment goals culminating in referral for direct psychiatric care, or there is a break in episode (no CoCM for 6 consecutive months).

<sup>†</sup>Annual Wellness Visit (AWV), Initial Preventive Physical Examination (IPPE), Transitional Care Management services (TCM).

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