

The Care and Keeping of your Integrated Behavioral Health Program



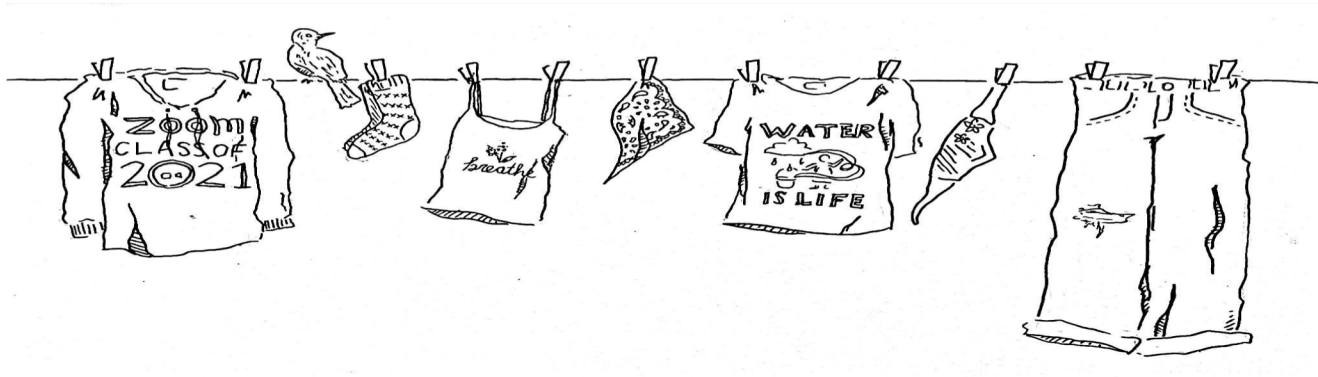
Nelson Branco, MD, FAAP
Tamalpais Pediatrics
Larkspur, CA

nbranco@tamalpaispediatrics.com

Mike Chamberlin, MD, FAAP
Pediatric Associates of Mt. Carmel
Cincinnati, OH
mchamberlin@pedsmtcarmel.com

Learning Objectives

- Identify the key factors to consider while planning mental health integration
- Discuss the financial sustainability of integrated mental health
- Identify resources for planning, implementing and growing an integrated mental health program, including hiring and financial considerations
- Identify key factors for sustaining a behavioral health integration program including non-financial issues that may arise



What Model Makes Sense?

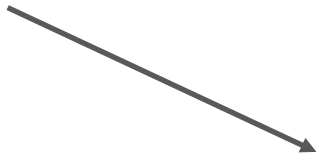
Specialty Behavioral Health Care

Primary Care Behavioral Health

Hybrid

Collaborative Care

Coordinated Care Community Referrals



The Why

Youth Mental Health in 2024

- Only 60% of youth meet criteria for ***Flourishing*** (learning, resilience, self-regulation)
- 5 out of 10 (56%) US youth with Major Depression did not receive any treatment
- 20% of US youth (12-17) reported suffering from ≥ 1 Major Depressive Episode in the past year
- 13% of youth report serious thoughts of suicide in the past year
- 9% of youth who report a serious substance use disorder
(as defined by SAMSA)



[Mental Health America, The State of Mental Health in America, 2024](#)

Tamalpais Pediatrics

Independent practice in Marin County, CA (north of San Francisco)

Part of the UCSF Clinically Integrated Network (CIN)

2 locations - Larkspur, CA and Novato, CA

10 Pediatricians, 3 PNP, 1 Lactation Consultant, 1 Nutritionist

1 Child Psychiatrist, 1 PsychNP, 5 Therapists (LMFT, LCSW, LPCC, AMFT, APCC)

Birth to 22yo

Mostly commercially insured, 5-10% Medicaid

EHR: PCC

CHADIS for screenings



Pediatric Associates of Mt. Carmel

Independent practice in Ohio

3 locations - Eastgate, Mason and Batavia, OH

10 Pediatricians, 1 Lactation Consultant

1 Child Psychiatrist, 1 Therapist (LISW-S) (and one opening)

Birth to 21yo

Mostly commercially insured, 20-25% Medicaid

EHR: PCC

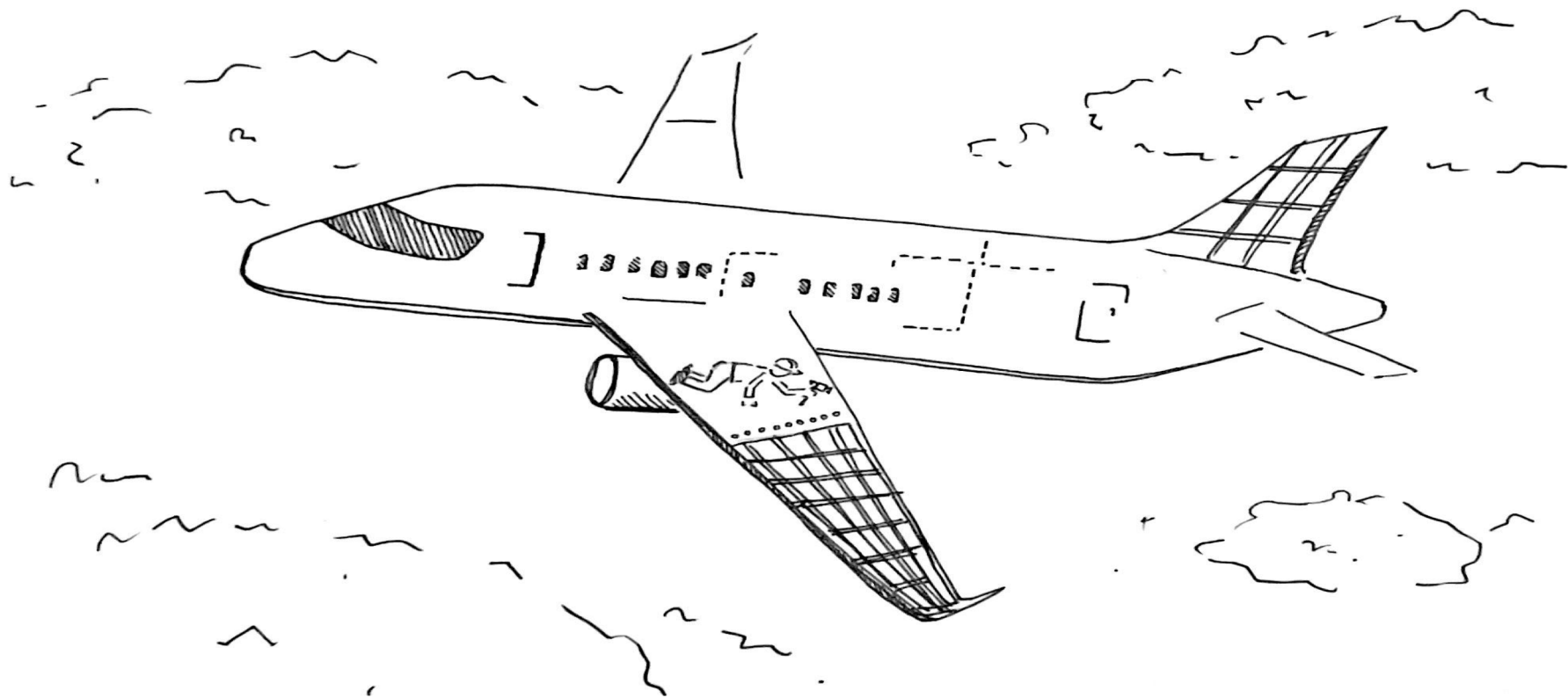
Paper for screenings



Established in 1972

Mason | Eastgate | Batavia
(513) 752-3650

Cleared for Takeoff?



Tamalpais Pediatrics - The BHI Journey

Step 1: Frustration (community referrals)

Step 2: Referral Coordinator (local LCSW school counselor, PT)

Step 3: Co-Location

Step 4: Consultation (local Child Psych) plus state Child Psych Portal (Cal-MAP)

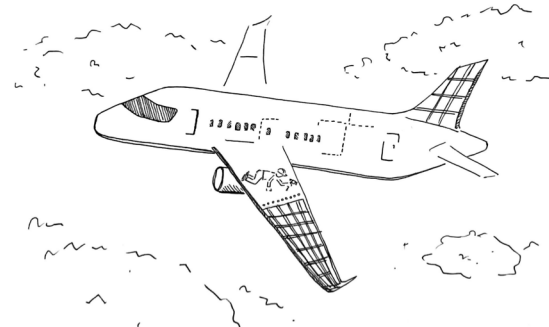
Step 5: Hiring a therapist

Step 6: Associate therapist (trainees), more licensed therapists

Step 7: Part-time child psychiatrist

Step 8: Psych NP

Step 9: (coming soon) primary care pediatrician with B&D interest and training



Benefits

Decreased Burnout

Recruiting Advantage

Professional Growth

Improved Patient Care

Competitive Advantage

Culture of Innovation



Watch out!



Potential Pitfalls

Financial issues

Credentialing

Coverage/Mental Health Carve Outs

Staffing

Communication

Charting/Confidentiality

Workflows

Mission Drift

Work Burden

Demand >> Resources



Pitfalls: Financial

Cost vs Payment

- must be financially sustainable



Pitfalls: Financial

Cost of a therapist

- Salary vs Hourly vs Productivity
- Benefits
- Continuing education



Pitfalls: Financial

Overhead

- Staff time to schedule, answer phones, etc.
- Space
- Supplies



Pitfalls: Financial

Estimated Yearly Costs

- Salary	\$70,000
- Benefits	\$10,000
- Overhead	\$20,000
- Total	\$100,000



Pitfalls: Financial

Start Up Costs

- Administrative Time to interview and hire
- Credentialing and Onboarding
- Recent study showed the median start up cost was \$20,000



Pitfalls: Financial

Estimating Revenue

Number of Visits
X
Average Revenue Per Visit



Pitfalls: Financial

Estimating Visit Numbers

- Hours available
- Length of appointments
- Estimate for no show/no fill
- Add in other billable work
 - Case management
 - Telephone codes
 - Screenings



Pitfalls: Financial

Estimating Payments

- Know you contracts/fee schedules
- Learn new codes



Billing Codes

CODE	DESCRIPTION	TIME
Therapy Patients		
90791	Psychiatric diagnostic evaluation/Behavioral Health Assessment	not time based
90832	Psychotherapy	30 minutes (16 - 37 min)
90834	Psychotherapy	45 minutes (38 - 52 min)
90837	Psychotherapy	60 minutes (53 - 89 min)
Family Therapy		
90846	Family therapy w/o patient present	50 min (>26 min)
90847	Family therapy w/ patient present	50 min (>26 min)
General Behavioral Health Integration Care Management Services		
Notes:	Billed to Medical Plan under PCP. Can only be billed 1x per calendar month. For cumulative time of 20+ min	
99484	Care Management Services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other QHP, per calendar month	20+ min/ mo
Telephone Assessment/ Management (Qualified Non-Physician)		
Notes:	Cannot stem from a visit or lead to a future one within a few days, must be patient initiated. Can only be with Parent, Patient, and Guardian	
98966	Telephone assessment/ management qualified non-physician 5 - 10 min	5 - 10 min
98967	Telephone assessment/ management qualified non-physician 11 - 20 min	11 - 20 min
98968	Telephone assessment/ management qualified non-physician 21 - 30 min	21 - 30 min



Billing Codes

Group Therapy		
90853	Group Therapy (other than multiple-family group)	Not time specific
90849	Multiple Family Group Psychotherapy	
Psychiatry		
90792	Psychiatric diagnostic evaluation with medical	not time based
99215	OV Complex, Established Patient	
99214	OV Detail, Established Patient	
99213	OV Expand Focus, Established Patient	
99212	OV Prob Focus, Established Patient	
90785	Interactive Complexity (Add On Code)	
Screening Questionnaires		
96127	PHQ9	
96127	GAD-7	
96127	SCARED	
96127	Vanderbilt	
96127	Pediatric Symptom Checklist 17-item Parent Version	
96127	Pediatric Symptom Checklist 35-Item	



Billing Codes

CODE	DESCRIPTION	TIME
Principal Care Management		
Notes:	- Time spent in care management activities per calendar month - Single, complex chronic condition (high risk of hosp, acute exacerbation, decompensation, functional decline, or death) expected to last at least 3 mos - Includes establishment, implementation, revision or monitor disease-specific care plan - Bill to medical plan under PCP	
99424	MD/ QHCP: Principal care management for a single high-risk disease (primary code)	30 - 59 min
99425+	MD/ QHCP: Principal care management for a single high-risk disease, each additional 30 mins (add on code)	ea additional 30 min
99426	Clinical Staff: Principal care management services, for a single high-risk disease 30 - 59 mins (primary code)	30 - 59 min
99427+	Clinical Staff: Principal care management services, for a single high-risk disease each additional 30 mins (add on code)	ea additional 30 min
ADHD Evals: Extensive Record Review/ Writing Up Screening Reports		
Notes:	Prolonged service without direct patient contact may only be reported when it occurs on a date other than the date of the E/M service. For example, extensive record review may relate to a previous evaluation and management service performed at an earlier date. However, it must relate to a service or patient in which (face-to-face) patient care has occurred or will occur and relate to ongoing patient management. (less than 30 minutes Not reported separately)	
99358	MD/QHCP: Prolonged evaluation and management service before and/ or after direct patient care; first hour (primary code)	75 - 104 mins
99359+	MD/QHCP: Each additional 30 mins. Begin adding units when 105 mins or more (add on code)	ea additional 30 min



Billing Codes

CODE	DESCRIPTION	TIME
Add on CPT Codes		
99050	Services provided in office at non-regularly scheduled hours or on days when the office is normally closed	
99051	Services provided in office during a regularly scheduled evening, weekened, or holiday.	
eConsults		
99451	Telephone/eConsult services: consultant	>5 min
99452	Telephone/eConsult services: referring physician	30 min
Collaborative Care Model Codes		
99484	(see above)	
99492-99494	see Behavioral Health Integration Services Link - 3rd tab	
Kids in Crisis		
90839	Psychotherapy for crisis (primary code)	first 60 min
90840+	Psychotherapy for crisis (add on code)	ea additional 30 min



Pitfalls: Financial

The Math

7 appt/day X 5 d/wk X 48 wk/year

1680 appts/year

25% no-show rate

1260 appts/year
(26 appts/week)



Pitfalls: Financial

The Math

Estimate the number of each appt type

CPT

90791	100/year
90832	174/year (15%)
90834	870/year (75%)
90837	116/year (10%)

Total	1260/year
-------	-----------



Pitfalls: Financial

The Math

Estimate revenue

CPT	Frequency	Avg payment	Total
90791	100	\$130	\$13,300
90832	174	\$60	\$10,440
90834	870	\$90	\$78,300
90837	116	\$150	\$17,400
Total	1260		\$119,140

(these 4 CPT codes account for 90% of therapist revenue)



Pitfalls: Financial

The Math

Compare yearly costs to estimated yearly revenue

Total Revenue/Year	\$133,000
Total Costs/Year	\$100,000
Margin/Year	\$33,000



Pitfalls: Hiring/Onboarding

Hiring a therapist

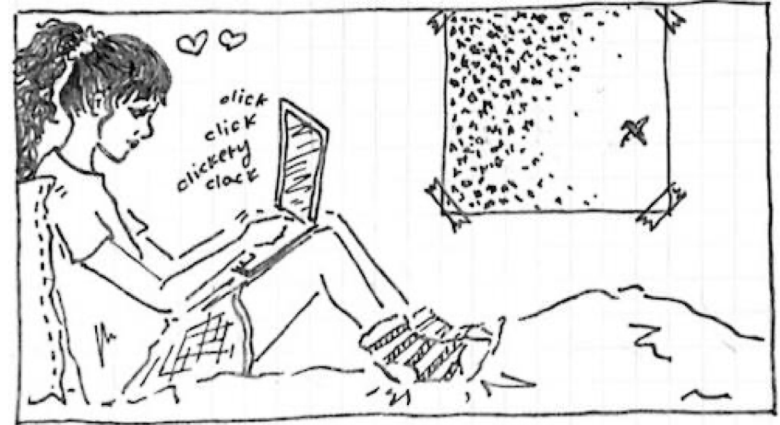
- where?
 - Indeed, LinkedIn, **networking**

Onboarding

- EHR training (learn.pcc.com)
- Consider a shadowing period (medical clinicians vs. mental health)

Start seeing patients/Scheduling

- Lighter schedule to start, gradually build
- Case management
- Consultation times
- Meeting times



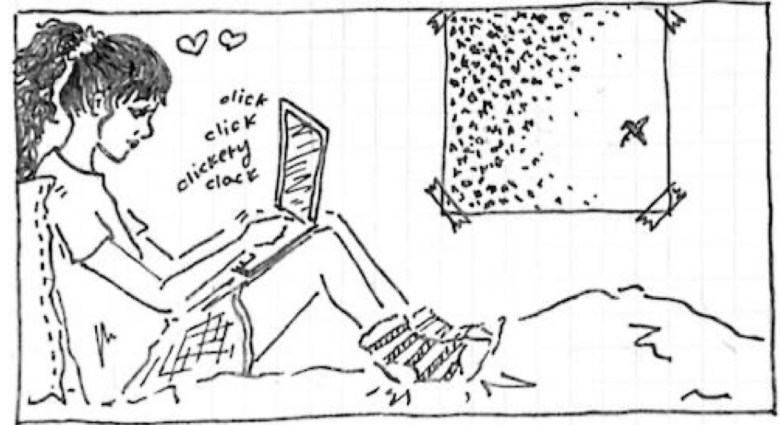
Pitfalls: Credentialing

Credentialing

- With insurance plans
- With CIN, IPAs or other networks
- Mental Health Plans
 - Carve-outs: Optum Behavioral Health, Magellan, Carelon

Licensing

- LCSW vs LMFT vs LPCC vs PhD vs PsyD
- Associates – ASW, AMFT, APCC
 - Supervision, oversight, note review, co-signing and billing under a licensed supervisor



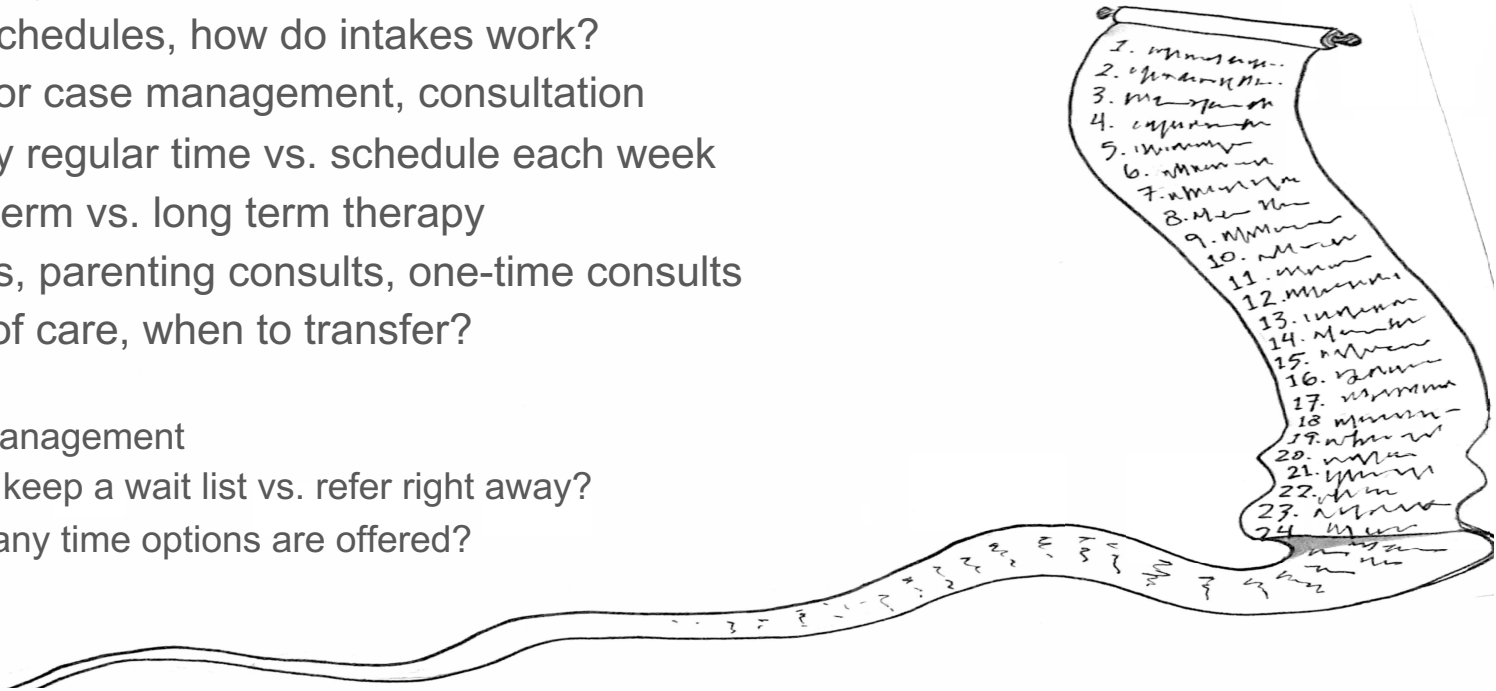
Pitfalls: Scheduling

Scheduling

- Who schedules, how do intakes work?
- Time for case management, consultation
- Weekly regular time vs. schedule each week
- Short term vs. long term therapy
- Groups, parenting consults, one-time consults
- Level of care, when to transfer?

Wait List Management

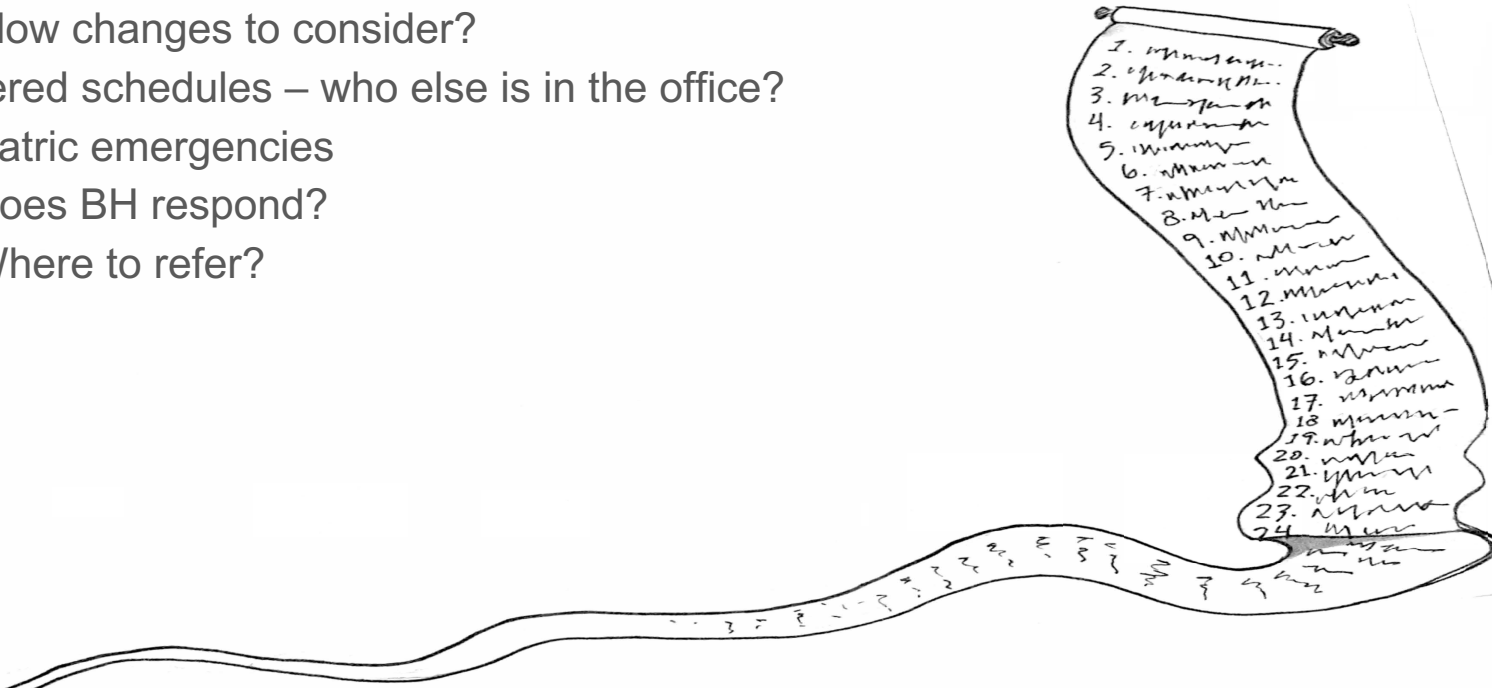
- Do you keep a wait list vs. refer right away?
- How many time options are offered?



Pitfalls: Work Flow

Work Flow

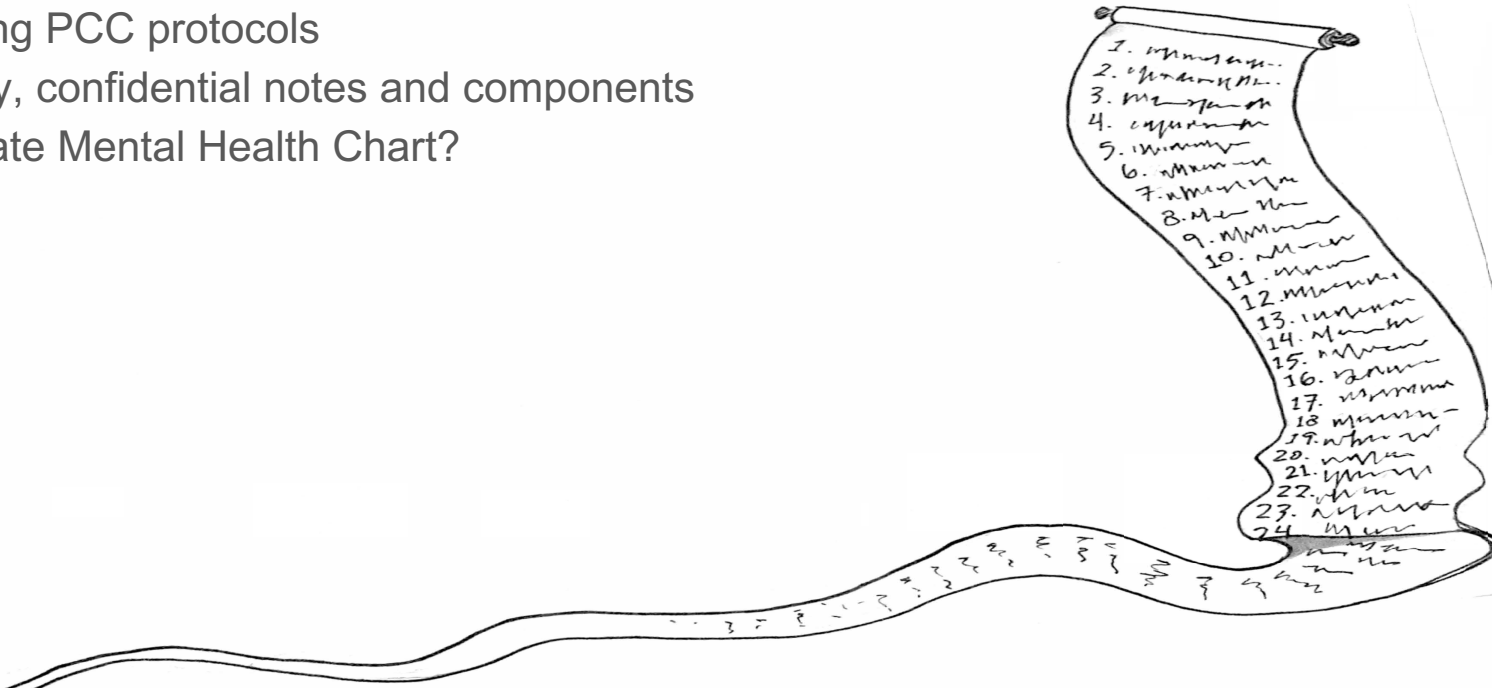
- Work flow changes to consider?
- Staggered schedules – who else is in the office?
- Psychiatric emergencies
 - Does BH respond?
 - Where to refer?



Pitfalls: Charting

Charting

- Creating PCC protocols
- Privacy, confidential notes and components
- Separate Mental Health Chart?



Pitfalls: Billing/Collections

Are you getting paid as expected?

Are you capturing all potential charges?

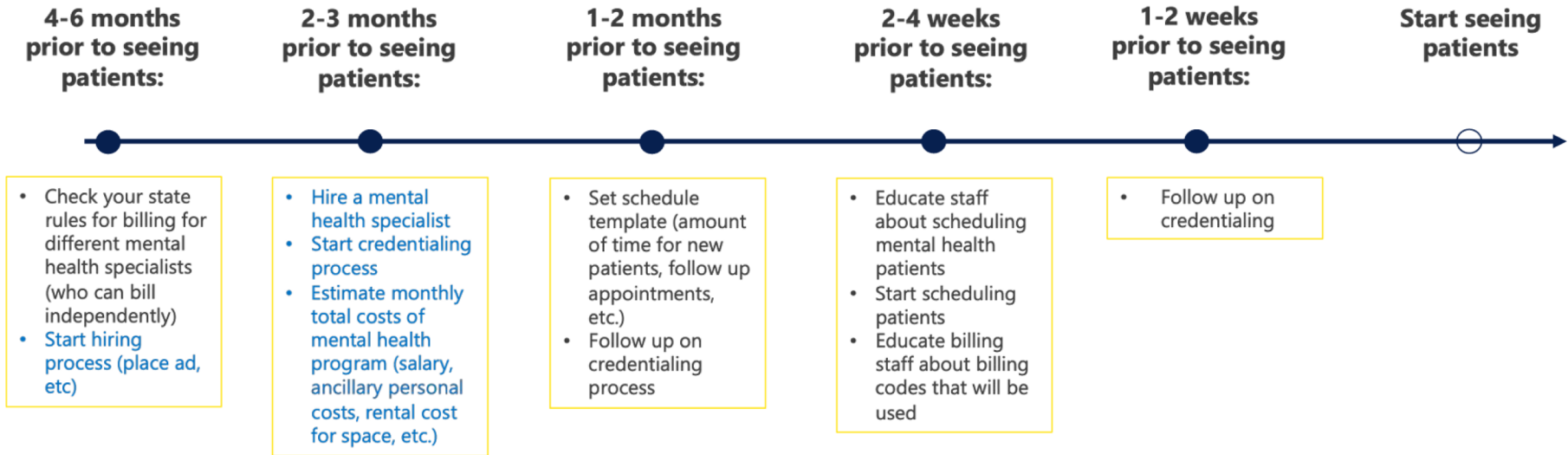
Monitor monthly costs and revenues

- Do they match predictions and expectations?

Consider renegotiating insurance contracts

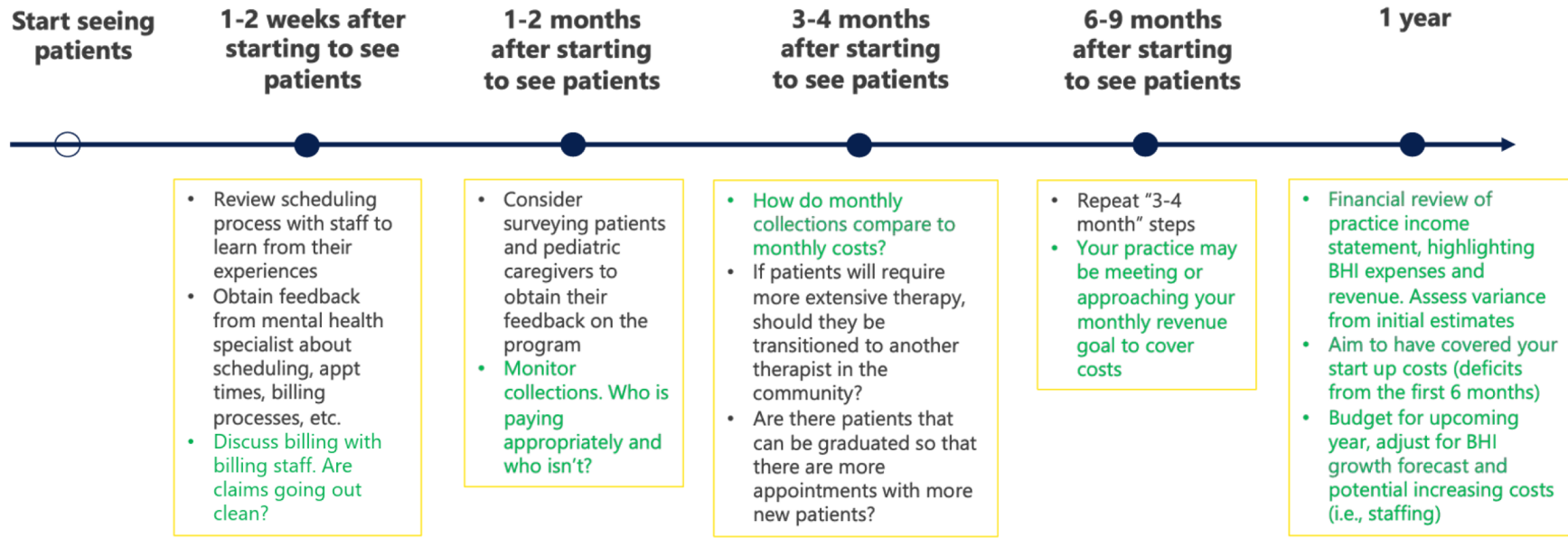


Setting expectations for what's to come, financially and otherwise, is important for you and the whole team



Blue = implementation costs
Green = revenue considerations

Once you've started seeing patients, reviewing your processes will become a routine task



Blue = implementation costs
Green = revenue considerations

Tamalpais Pediatrics Billing Screen

These are the codes used most commonly, in addition to **96127/G0444** for “brief emotional and behavioral assessments using standardized instruments” (PHQ-9, GAD-7, Vanderbilt, Edinburgh)

Behavioral Health - Psychiatry

- ☐ 90792 Psychiatric Diagnostic Eval w/ Medical Services
- ☐ 99212 BH OV Prob Foc 99212
- ☐ 99213 BH OV Expand Focus 99213
- ☐ 99214 BH OV Detail 99214
- ☐ 99215 BH OV Complex 99215
- ☐ 90785 Interactive Complexity

Behavioral Health

- ☐ 99484 Care Mangt Serv for Behav Health, 20+ Min Per calendar mo
- ☐ 90791 Psych diag eval/ behav health assessm
- ☐ 90832 Psychotherapy, 30 min
- ☐ 90834 Psychotherapy, 45 min
- ☐ 90837 Psychotherapy, 60 min
- ☐ 90849 Multiple Family Group Psychotherapy
- ☐ 90853 Group psychotherapy (other than multiple-family group)
- ☐ 90846 Family psychotherapy (w/o patient present), 50 min
- ☐ 90847 Family psychotherapy (w/ patient present), 50 min

RN/Behavioral Health Telephone Visits

- ☐ 98966 Telephone OV, qual non phys, est pt 5-10 min
- ☐ 98967 Telephone OV, qual non phys, est pt 11-20 min
- ☐ 98968 Telephone OV, qual non phys, est pt 21-30 min



Questions?



References

[*Addressing Mental Health Concerns in Pediatrics: A Practical Resource Toolkit for Clinicians*](#), 2nd ed. Marian F. Earls, Jane Meschan Foy, and Cori M. Green (2021).

[*Pediatric Psychopharmacology for Primary Care*](#), 3rd ed. Mark A. Riddle (2021).

[*Mental Health Strategies for Pediatric Care*](#), Susan Forman, Jeffrey D. Shahidullah, Cody A. Hostutler, Cori M. Green, Rebecca A. Baum (2021).

[National Network of Child Psychiatry Access Programs](#)

[The Reach Institute](#)

[Behavioral Health Collaborative BHI Compendium](#)

[AAP Project ECHO](#)

[AAP Mental Health Tools for Pediatrics](#)

[AAP Common Factors Approach](#)

[AAP Sources of Key Mental Health Services](#)



References

[AAP Bright Futures Toolkit: Links to Commonly Used Screening Instruments and Tools](#)

[AAP Screening Tool Finder](#)

[Guidelines for Adolescent Depression in Primary Care \(GLAD-PC\) Toolkit](#)

[MHTTC *Pediatric Integrated Primary Care: An Implementation and Training Manual for Professionals*](#)

[ASQ Screening Resources Toolkit](#)

[AHRQ Integrated Behavioral Health Care Measures Atlas](#)

[Virginia Mental Health Access Program Guide for Promoting Child and Adolescent Behavioral and Mental Health in Primary Care](#)

[AACAP Telepsychiatry Toolkit](#)

[AAP Pediatric Mental Health Minute Series](#)

[CDC Children's Mental Health Research](#)

[HRSA Pediatric Mental Health Access Program](#)

References

[AMA Accelerating and Enhancing Behavioral Health Integration Through Digitally Enabled Care: Opportunities and Challenges](#)

[AMA Behavioral Health Coding Resource](#)

[AIMS Center Collaborative Care Implementation Guide](#)

[AIMS Center Creating a Shared Vision for Collaborative Care](#)

[AIMS Center Why Practice Collaborative Care: PCP Perspective](#)

[AIMS Center Evidence Base for Collaborative Care \(CoCM\)](#)

[AIMS Center Billing & Financing: BHI and Collaborative Care](#)

[Tamalpais Pediatrics Behavioral Health Resources](#)

[Tamalpais Pediatrics Behavioral Health Services Consent and Policy](#)



Resources

BHI Files for Sharing

Google Folder

<https://bit.ly/BHIshared>



Contacts



Nelson Branco, MD, FAAP

Tamalpais Pediatrics

nbranco@tamalpaispediatrics.com



Mike Chamberlin, MD, FAAP

Pediatric Associates of Mt. Carmel

mchamberlin@pedsmtcarmel.com

Illustrations:
Marisa Cruz Branco

