

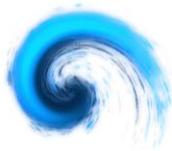
Mental health and primary care integration model

Key components

- Efficiently use of telehealth technology
- Crowdsourcing referral process to improve access to local providers
- Expand primary care's mental health referral network to maximize utilization of professionals in the community
- Involve MFTs, LCSWs, psychologists and psychiatrists to provide consultation and care. Currently MFTs are not able to bill Medicare for telehealth services. This will need to be changed.
- PCPs should be able to consult with the telehealth specialist to effect a warm hand-off whenever possible
- Reimburse all professional activity and prevent telehealth consultations from having a negative opportunity cost to PCPs when scaled to high volume
- Enable HIPAA-compliant, real-time reciprocal clinical documentation exchange
- Ensure the workflow conforms to local laws, or change the laws
- Ensure the workflow conforms to malpractice coverage conventions or work with the major carriers to recognize the new workflow

Workflow map

1. PCP screens or identifies patient with a mental health need they want to refer out for treatment or they do not want to manage without specialist consultation. The PCP will complete the consultation network's electronic referral form that includes the patient's age, gender, ethnicity, probable diagnosis, comorbidities, and acuity rating. The acuity rating will help the network determine which level of care and type of provider will be offered the consultation request.
2. PCP or office staff sends a request for services to the network. The network concierge receives the request and sends to appropriate cohort based on acuity. When the technology is more sophisticated it can also sort by age and probable diagnosis. Crowdsourcing technology may completely replace people in this step of the workflow.
3. Available network professionals respond to the request with their next availability date and duration of time available.
4. PCP picks one of the proposals from the network specialists and system notifies the picked one to complete the telehealth session scheduling process. The system notifies all others that their proposal was not selected.
5. PCP obtains consent from patient or patient's parent/guardian to send the patient's relevant medical history to the specialist, and then sends it by secure fax or State Information Exchange program.

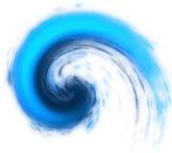


6. The initial telehealth consultation then transpires at the agreed time in the PCP's previously designated telehealth consultation room. This can be an exam room, office, or conference room as determined by the PCP in consultation with the network program technical support staff to ensure privacy, lighting, staging, and a functioning telehealth platform. Referring PCP presents the case to the specialist for 2-10 minutes. PCP gives specialist their preferred way to be notified that the session is completed and if they want a debriefing afterwards. The PCP then introduces the specialist to the patient and restates the purpose of the triage evaluation to the patient (and family) before leaving the telehealth consultation room.
7. At the end of the consultation the specialist contacts the PCP as previously arranged.
 - a. If the PCP wanted a debriefing, then they rejoin the patient in the telehealth room. The specialist informs the PCP of their initial formulation of the case, provisional diagnoses, and treatment recommendations. The specialist may recommend the patient see the specialist for ongoing treatment. Additional recommendations to the PCP may include lab testing, imaging, EEG, ECG, medications or referrals to other medical specialists. The consultation report will be sent to the PCP within 72 hours.
 - b. If the PCP did not want a debriefing, the consultation report will be sent to the PCP within 72 hours. This report will include the specialist's initial formulation of the case, provisional diagnoses, and treatment recommendations. It may include recommendations that the patient see this specialist for treatment, and/or additional care that the PCP should provide such as lab testing, imaging, EEG, ECG, medications or referrals to other medical specialists.

Billing the Workflow

PCP

1. The PCP will use the appropriate E/M code for the initial part of the encounter during which they examined the patient and determined the need for specialty consultation. If the duration of the PCP's time is 45 minutes or less, than 99212-99215 should be used.
2. Additional codes for the PCP during the referral process.
 - a. If additional time is required beyond 45 minutes then the Prolonged Service codes should be used.
 - i. 99354 for the first 60 minutes of face to face patient contact with or without the consultant present.
 - ii. 99355 for each additional 30 minutes of face to face patient contact with or without the consultant present.
 - b. The telehealth Origination site fee (Q3014) will be used to reimburse the PCP for the additional cost of purchasing, maintaining, and using the telehealth technology. We suggest changing this to \$30 per 15 minute unit to help defray the opportunity cost of



devoting a clinical treatment or procedure room to the consulting telehealth specialist instead of the PCP using it to treat several other patients.

Consulting specialist

The Initial Consultation by MD

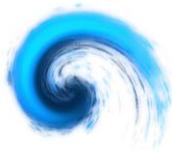
- If the consultation is provided to an Outpatient facility, the Outpatient consultation codes will be used Consultation code: 99241-99245 depending on the duration of the consultation (15-80 minutes). For Medicare, use HCPCS codes G0425-G0427.
- If the consultation is provided to an Inpatient facility, the Inpatient consultation codes will be used: 99251-99255. For Medicare, use HCPCS codes G0425-G0427.
- If the consultation is provided to an Emergency Department, the Emergency Department services codes will be used: 99281-99288. For Medicare, use HCPCS codes G0425-G0427.
- If the consultation is provided to a Nursing Facility, the Nursing Facility Care services codes will be used: 99304-99306. For Medicare, use HCPCS codes G0425-G0427.

The Initial Consultation by non- MD

- If the consultation is provided to an Outpatient facility, the Outpatient consultation codes will be used Consultation code: 99241-99245 depending on the duration of the consultation (15-80 minutes). An alternative is to use Crisis Psychotherapy codes: 90839 for first 60 minutes and 90840 for each additional 30 minutes instead of consultation codes.
- If the consultation is provided to an Inpatient facility, the Inpatient consultation codes will be used: 99251-99255.
- If the consultation is provided to an Emergency department, the Emergency department services codes will be used: 99281-99288.
- If the consultation is provided to a Nursing facility, the Nursing facility care services codes will be used: 99304-99306.

Additional Codes Billed by the Consultant for the Initial Consultation

- If the consultation goes beyond the planned consultation (*e.g.* 99245), the modifier -22 should be used to describe the additional time.
- Interactive complexity code will be used to reimburse the specialist for the additional cost of the telehealth technology: 90785
- Records Review code: 90855
- Interpretation or Explanation of Results of the Examination to the PCP: 90887
- Preparation of the Report: 90889



Ongoing Specialist Treatment

Three Options for Ongoing Treatment

1. Specialist subsequently treats the referred patient in his or her conventional office setting. Billing codes per community standards.
2. Specialist subsequently treats the referred patient in the patient's home using a telehealth Virtual Home Visit. Children and adolescents this may also be treated in their schools using at telehealth Virtual School Visit. Billing codes would be the same as conventional office treatment with the addition of the Interactive complexity code, 90785.
3. Specialist subsequently treats the referred patient in the PCP's conventional office setting.

Ongoing Treatment via Telehealth with PCP's facility by MD and non-MDs

- If the specialist continues to provide follow up telehealth treatment to a patient in the PCP's Outpatient clinic they will use: 99211-99215 and /or the appropriate psychotherapy code.
- If the specialist continues to provide follow up telehealth treatment to a patient in the PCP's Inpatient facility they will use: 99231-99233 and /or the appropriate psychotherapy code. For Medicare, use HCPCS codes G0406-G0408.
- If the specialist continues to provide follow up telehealth treatment to a patient in the PCP's Nursing facility they will use: 99307-99310 and /or the appropriate psychotherapy code.
- Follow up telehealth Team Conferences between the PCP and the specialist will be billed with 99366 when the patient and/or family are included. 99367 will be used when the patient and/or family are not included.
- The specialist will use the Interactive complexity code (90785) to be reimbursed for the additional cost of the telehealth technology.
- Origination site fee (Q3014) should be increased to \$30 per 15 minute unit. This will be used by the PCP's clinic to cover the cost of setting up the telehealth technology and to defer some of the revenue the PCP will lose from not seeing patients in the telehealth room. Most PCPs will set up the telehealth session in a HIPAA-compliant clinical examination or procedure room they would normally use to see patients. So the opportunity cost of devoting this room to telehealth care provided by another clinician would be over \$120 per hour. This modified site fee would partially compensate the PCP/medical practice for this lost revenue and thereby decrease the PCP's financial disincentive to regularly hosting specialty telehealth sessions.