

# **PATIENT-CENTERED MEDICAL HOME (PCMH) BEHAVIORAL HEALTH (BH) SCREENING AND MOCK AUDIT REGISTRATION DETAILS**

May 2022



# DISCLAIMER

The following presentation is intended for SoonerCare Choice Patient-Centered Medical Home providers and is current as of May 1, 2022.

The information does not apply to outpatient behavioral health providers.

# AGENDA

## PCMH BH Screening

- Coding for BH Screening
- Best Practices
- Screening Tools
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- BH Resources and Referrals

## PCMH Redesign Updates

- Mock Audit Registration

**CODING FOR  
PCMH BH  
SCREENING:  
96160**

# PCMH BH SCREENING CODING

CPT 96160 must be coded to be eligible for the SoonerExcel incentive payment

- Short Description: Patient-Focused Health Risk Assessment
- Long Description: Administration and Interpretation of Patient-Focused Health Risk Assessment

# PCMH BH SCREENING CODING, *CONT.*

## Official Guidance

Provider Letter [OHCA 2016-31](#)

## Rationale

CPT 96160 was selected as a result of 2017 AMA coding revisions

# **BEST PRACTICES**

# BEST PRACTICES

Suggested best practices include:

- Member/guardian completes the screening tool in the lobby or exam room
- Nurse scores the screening and has it ready for the provider during the appointment
- Provider reviews results with member and provides brief intervention and referral as appropriate





# COMMON CODING ERROR

Most common coding error for BH Screening in a Medical Home include utilization of:

- CPT 96127



# COMMON CODING ERROR

## CPT 96127

- Short Description: Brief Emotional/Behavioral Assessment
- Long Description: Assessment of Emotional or Behavioral Problems

# COMMON CODING ERROR

<b>Paid claims by CPT January - June 2021</b>	
<b>CPT 96127</b>	<b>CPT 96160</b>
<b>29,020</b>	<b>24,847</b>

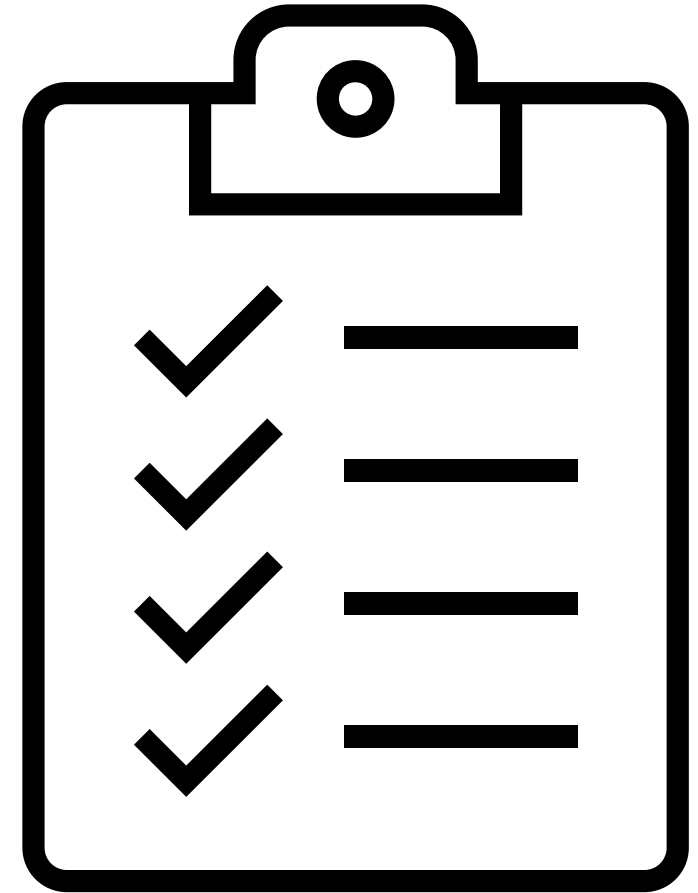
# BEST PRACTICES

## CPT 96127 & 96160

96127 & 96160 should **not** be coded together when only one screening is performed

Utilization of both 96127 & 96160 on same date of service requires documentation of:

- the need for additional screening
- all screening tools utilized
- results of all screenings



# PCMH BH SCREENING TOOLS

# Patient-Centered Medical Home Behavioral Health Screening

EPSDT (Early Periodic Screening, Diagnosis, and Treatment) and the Affordable Health Care Act require a behavioral health screening as a best practice of medical care. Part of the responsibilities of SoonerCare Choice medical homes is to conduct behavioral health screenings for members age 5 and older for all tiers.

## What is a PCMH?

- [Medical home principles](#)

## Resources

- [Billing for PCMH Behavioral Health Screening](#) (January 2022)
- [Billing for PCMH SBIRT Screening, Brief Intervention and Referral to Treatment](#)

- [Pediatric Screener](#) | [Spanish Pediatric Screener](#)

- [Adult Screener](#) | [Spanish Adult Screener](#)

- [List of available screening tools](#) - OHCA has identified validated public domain screening tools that are available to assist physicians and behavioral health professionals with screening and assessing mental health issues. While we have provided this list, it is up to the provider to ensure they are utilizing the most current version. We also make no representation that this list is comprehensive.



# BH AND SUBSTANCE ABUSE (SA) SCREENING TOOLS

- SoonerCare Choice Medical Homes have access to free pediatric and adult BH and SA screening tools.
- Tools are provided in English and Spanish and contain scoring and billing guidance.



## Pediatric Behavioral Health Screen (Ages 5-16)

Person Completing Form: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

### INFORMATION FROM YOUR CHILD'S DOCTOR

Emotional and physical health go together in children. Parents are often the first to notice a problem with their child's behavior and/or emotions. You can help your child get the best care possible by answering these questions. Please circle the box that best describes your child. If you do not wish to answer a question, you can leave it blank.

Please circle the answer that best describes your child:

PSC	NEVER	SOME TIMES	OFTEN	Office Use		
				I	A	E
1. Fidgety, unable to sit still	0	1	2			
2. Feels sad, unhappy	0	1	2			
3. Daydreams too much	0	1	2			
4. Refuses to share	0	1	2			
5. Does not understand other people's feelings	0	1	2			
6. Feels hopeless	0	1	2			
7. Has trouble paying attention	0	1	2			
8. Fights with other children	0	1	2			
9. Is down on himself or herself	0	1	2			
10. Blames others for his or her troubles	0	1	2			
11. Seems to be having less fun	0	1	2			
12. Doesn't listen to rules	0	1	2			
13. Acts as if driven by a motor	0	1	2			
14. Teases others	0	1	2			
15. Worries a lot	0	1	2			
16. Takes things that don't belong to him or her	0	1	2			
17. Distracted easily.	0	1	2			

**ADDRESS**  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

**WEBSITES**  
[oklahoma.gov/ohca](http://oklahoma.gov/ohca)  
[mysoonercare.org](http://mysoonercare.org)

**PHONE**  
Admin: 405-522-7300  
Helpline: 800-987-7767

# BH AND SA SCREENING TOOLS



The Pediatric BH screening tool utilizes:

- Pediatric Symptom Checklist (PSC)
- Functional impairment assessment
- Conversation starter questions

HOW MUCH DO THE PROBLEMS OR DIFFICULTIES YOU CIRCLED ABOVE INTERFERE WITH YOUR CHILD'S EVERYDAY LIFE?

	Not at all	Only a little	A lot	A great deal
18. Do the difficulties you checked above upset or distress your child?	0	1	2	3
19. Do the difficulties you checked above place a burden on you and your family?	0	1	2	3
20. Do the difficulties you checked above interfere with your child's home life?	0	1	2	3
21. Do the difficulties you checked above interfere with your child's friendships?	0	1	2	3
22. Do the difficulties you checked above interfere with your child's activities?	0	1	2	3
23. Do the difficulties you checked above interfere with school or learning?	0	1	2	3
24. Do you think your child might have a problem with alcohol or drugs?			YES	NO
25. Is your child in counseling or seeing a mental health professional?			YES	NO
26. Does your child have an IEP (Individualized Educational Plan) at school?			YES	NO
27. Are there problems or concerns about your child, yourself or your family that you would like to talk about privately with your doctor?			YES	NO



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[mysoonerCare.org](http://mysoonerCare.org)



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# BH AND SA SCREENING TOOLS

The Adult BH and SA screening tool utilizes:

- PHQ 2+1
- AUDIT and NM-ASSIST



## Adult Behavioral Health Screen

### INFORMATION FROM YOUR DOCTOR

Physical and emotional health go together. You can help us provide you with the best health care possible by answering these questions. Please circle the box that best describes you. If you do not wish to answer a question, you can leave it blank.

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>PHQ-2+1</b> Please circle the answer that best describes you during the past two weeks	Not At All	Several Days	More than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	(0)	(1)	(2)	(3)
2. Feeling down, depressed, or hopeless	(0)	(1)	(2)	(3)
3. Thinking that you would be better off dead or that you want to hurt yourself in some way	(0)	(1)	(2)	(3)

<b>AUDIT, NM-ASSIST</b> Please circle the answer that best describes your use of alcohol or drugs. Drugs include all kinds of street drugs, marijuana, meth, cocaine, or prescription drugs such as tranquilizers or painkillers that are not taken as directed by your doctor.					
1. How often do you drink alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
	0	1	2	3	4
2. How many drinks of alcohol do you have on a typical day (leave blank if you don't drink alcohol)	1 or 2 drinks a day	3 or 4 drinks a day	5 or 6 drinks a day	7 to 9 drinks a day	10 or more drinks a day
	0	1	2	3	4

# BH AND SA SCREENING TOOLS

- Conversation starter question



3. In the past year, did you have 6 or more drinks* of alcohol in one day if you are male; 5 or more if you are female? <i>*One drink means 12 oz. of beer, 1.5 oz. of liquor or 5 oz. of wine</i>	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
4. In the past 3 months, how often have you used marijuana, other drugs, or nonmedical use of prescription drugs?	Never 0	Less than monthly 2	Monthly 3	Weekly 4	Daily or almost daily 6
5. In the past 3 months, how often have you had a strong desire or urge to use alcohol or drugs?	Never 0	Less than monthly 3	Monthly 4	Weekly 5	Daily or almost daily 6
6. In the past 3 months, has your use of alcohol or drugs led to health, social, legal, or financial problems?	Never 0	Less than monthly 4	Monthly 5	Weekly 6	Daily or almost daily 7
7. In the past 3 months, how often have you failed to do what was normally expected of you because of your use of alcohol or drugs?	Never 0	Less than monthly 5	Monthly 6	Weekly 7	Daily or almost daily 8

Are you currently receiving services from a psychologist, a substance abuse program or counselor, and/or a mental health program or counselor?

(Circle your answer)

YES	NO
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# BH AND SA SCREENING TOOLS

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Medical Homes may choose to utilize:

- SoonerCare BH Screening tools or
- A developmentally appropriate screening tool from the approved list

## Behavioral Health Screening Tools

Health benefit carriers and epidemiologists increasingly recommend the use of screening instruments to identify individuals with undiagnosed disorders, to monitor ongoing symptom severity, and to assess outcomes in clinical practice.

While we have provided a list of other screening tools, it is up to the provider to ensure they are utilizing the most current version. Most of the screeners listed below are free to use however there are a few that are copyrighted and may have costs associated with using them.

We make no representation that the list below is comprehensive.

### Screening Tools for Children

#### Multi-purpose

CANS- Child and Adolescent Needs and Strengths

NICHQ Vanderbilt Assessment Scale- Parent Informant

PEARLS Pediatric ACEs Screening and Related Life-events Screener

PSC 17- Pediatric Symptom Checklist 17

PSC 35- Pediatric Symptom Checklist 35

PSC-Y Pediatric Symptom Checklist-youth

RCADS- Revised Children's Anxiety and Depression Scale

SDQ- Strengths and Difficulties Questionnaire

SoonerCare Pediatric Behavioral Health Screen

SWYC- Survey of Well-being of Young Children

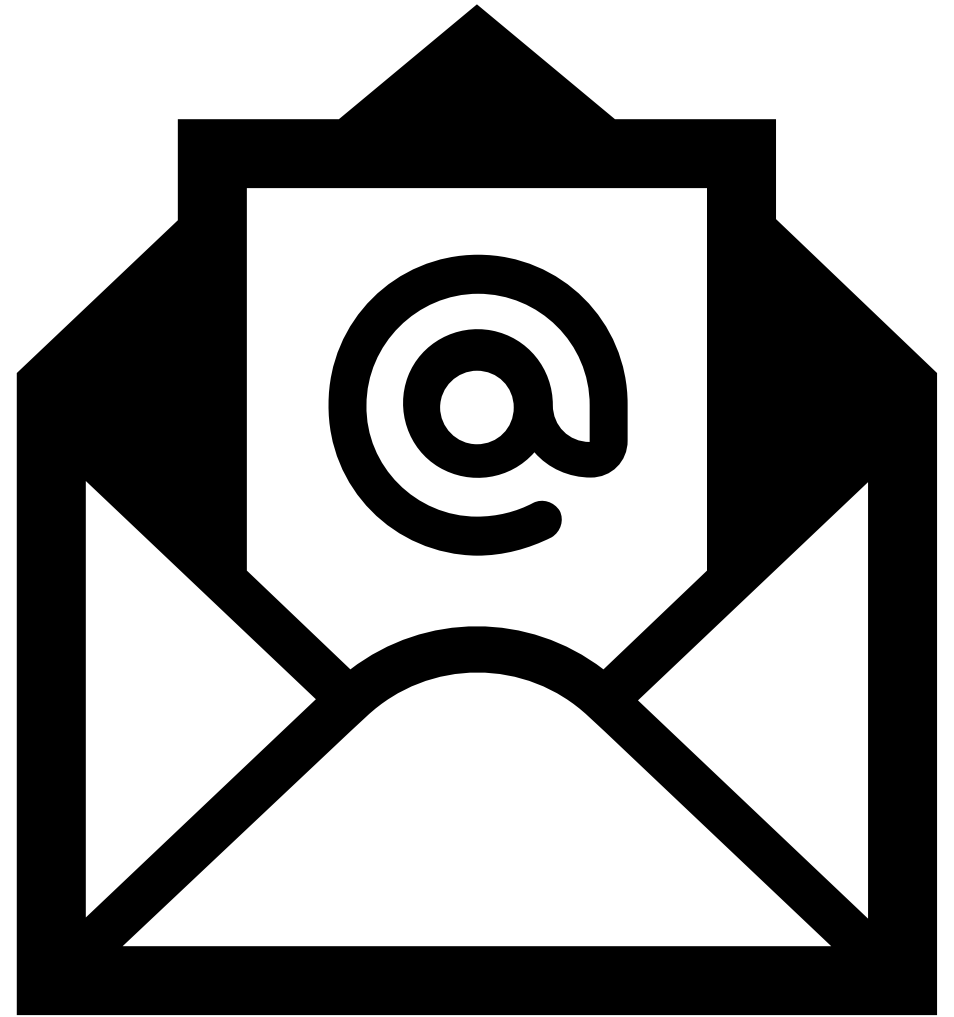
#### Depression, Mood, and Suicide

ASQ Ask Suicide Screening Questions

CES-DC Center for Epidemiological Studies Depression Scale for Children

# LIST OF APPROVED BH SCREENING TOOLS

Providers may request a screening tool be evaluated for inclusion on the approved list by contacting Mary Dimery at [Mary.Dimery@okhca.org](mailto:Mary.Dimery@okhca.org)



**SCREENING  
BRIEF  
INTERVENTION  
AND REFERRAL  
TO TREATMENT  
(SBIRT)**

# SBIRT

Screening Brief Intervention and Referral to Treatment

CPT 99408

- Short Description: AUDIT/DAST 15-30 minutes
- Long Description: Alcohol and/or Substance Abuse Screening and Intervention, 15-30 minutes

# SBIRT CODING BEST PRACTICES

<b>Payer</b>	<b>Code</b>	<b>Description</b>
<b>Medicaid</b>	<b>99408</b>	<b>Alcohol and/or substance abuse structured screening and brief intervention; 15 to 30 minutes</b>
<b>Medicare</b>	<b>G0396</b>	<b>Alcohol and/or substance abuse structured screening and brief intervention; 15 to 30 minutes</b>
<b>Medicare</b>	<b>G0397</b>	<b>Alcohol and/or substance abuse structured screening and brief intervention; greater than 30 minutes</b>

# SBIRT RESOURCES

Substance Abuse and Mental Health Services Administration (SAMHSA)

- <https://www.samhsa.gov/sbirt/about>

Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)

- <https://oklahoma.gov/odmhsas/prevention/healthcare/healthcare-based-prevention-resources.html#sbirt>
- [Training Institute \(oklahoma.gov\)](#)



# Healthcare-Based Prevention Resources

## Program Specific Resources

- [Screening, Brief Intervention, and Referral to Treatment](#)
- [Suicide Prevention](#)
- [Pain and Opioid Management](#)

## SBIRT Resources

[Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) | SAMHSA](#)

[SAMHSA TAP 33: Systems-Level Implementation of SBIRT](#)

[CDC Planning and Implementing SBI for risky alcohol use: Guide for Primary Care](#)

Screening

**Brief Intervention**

Referral to Treatment

**BRIEF INTERVENTION:** Provides feedback about risky behaviors and motivation toward healthy behavior change. It focuses on education and increasing patient insight and awareness about risks related to unhealthy substance use, depression and suicide risk.

**[At-Risk in Primary Care](#)** The ODMHSAS offers a free, CE-certified online training called At-Risk in Primary Care. It is designed to prepare primary care providers to screen patients for mental health and substance use, perform brief interventions using motivational interviewing techniques, and refer patients to treatment.

# **PCMH BH RESOURCES**

# PCMH BH RESOURCES

## Psychiatric Consultation Program

- PCPs have access to free, informal telephonic consultation with board-certified psychiatrists
- Advise on psychotropic medication management issues for children, adolescents and adults

## How It Works

- SoonerCare PCP contacts OHCA BH unit at 405-522-7597 to schedule a time to review the case
- Appointments are scheduled with an OHCA psychiatrist during business hours

# PCMH BH SCREENING WEBPAGE

## Resources

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- [List of available screening tools](#) – OHCA has identified validated public domain screening tools that are available to assist physicians and behavioral health professional with screening and assessing mental health issues. While we have provided this list, it is up to the provider to ensure they are utilizing the most current version. We also make no representation that this list is comprehensive.
- [Psychiatric Consultation Program](#)
- [Community Resources to Support the Medical Home Concept](#)
- [SoonerCare Choice Provider Page](#)
- Provider Letters: [2013-41](#) | [2016-31](#)

# PCMH BH REFERRALS

Outpatient BH services are self-referred

- [OAC 317:2-7-2 \(c\)](#)
- [Member Handbook](#) page 17



# PCMH BH REFERRAL RESOURCES

For assistance locating a contracted BH provider:

- **SoonerCare:** Behavioral Health Helpline 800-652-2010  
<https://apps.okhca.org:456/OHCAProviderDirectory/>
- **Oklahoma Department of Mental Health and Substance Abuse Services:** Oklahoma Network of Care  
<https://oklahoma.networkofcare.org/mh/index.aspx>

# PCMH BH CRISIS RESOURCES

- [ODMHSAS Comprehensive Crisis Response](#) webpage
- Urgent Care and Crisis Centers
- Calling 988 (launching July 2022)
- Mobile Crisis Teams
- Community Mental Health Centers

## Helplines

### ➤ **Reach-Out Hotline**

(mental health & substance abuse issues)

**800-522-9054**

### ➤ **Safeline**

(domestic violence)

**800-522-7233**

### ➤ **Suicide Prevention**

**800-273-8255**

### ➤ **Veterans Crisis Line**

**800-273-8255**

**PCMH  
VOLUNTARY  
MOCK AUDIT  
PARTICIPATION**



# VOLUNTARY MOCK AUDITS

Requirements to participate in mock audit:

- Contracted as a PCMH for at least one year
- Panel size of 100 or greater

Providers with active PCMH accreditation from the following major accreditors may be excluded from audits:

- **The Joint Commission (TJC):** Primary Care Medical Home Certification
- **National Committee for Quality Assurance (NCQA):**  
Patient-Centered Medical Home Certification,
- **Utilization Review Accreditation Commission (URAC):**  
Patient-Centered Medical Home Certification, or
- **Accreditation Association for Ambulatory Health Care (AAAHC):** Patient-Centered Medical Home Certification.

# **VOLUNTARY MOCK AUDITS**

Mock audits will be conducted onsite on Tuesdays, Wednesdays and Thursdays.

There is no guarantee of being selected.

Selection for participation will be on a first come, first serve basis.

# MOCK AUDIT REGISTRATION

To register for participation in a mock audit, please be prepared to provide the following information:

- PCMH provider name (individual or group name)
- PCMH SoonerCare provider ID number (ex. 100123456A)
- Contact name
- Contact phone number
- Contact email address
- Contact fax number
- If the practice has any planned closures between Aug. 1 and Nov. 10

# MOCK AUDIT REGISTRATION

<https://forms.office.com/g/21KLrAyR0f>





**OKLAHOMA**  
Health Care Authority

## GET IN TOUCH

[SoonerCareEducation@okhca.org](mailto:SoonerCareEducation@okhca.org)  
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