ADVANCED DATA SYSTEMS RCM

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INSIGHTS FOR BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDERS

Information and items of interest for BH and SUD from ADSRCM, a leading specialty-specific outsourced service for revenue cycle management, billing, workflow, staffing, and clinical charting

A Small Step to Reducing Depression Risk

We're starting the year on a positive note!

Here, "a small step" actually means 1,000 small steps, because as little as 1,000 of them daily, in addition to the steps a person is already taking, can potentially reduce the risk of depression by as much as 9%.

This is all courtesy of a newly released study by JAMA which found that a higher daily step count has been associated with fewer depressive symptoms.

The study notes that more research is needed, but dare we say, the more steps, the merrier? Literally that's quite possible.

Click here for the JAMA study.

Mass Violence Not Disappearing

Unfortunately, given what seems like an everyday story on the news, no one should be surprised that mass violence in the US continues to escalate. Even so, according to a report by the Medical Director Institute (MDI), mass violence is still relatively rare, but it is on the rise.

It should also not be surprising that the behavioral health industry is being prevailed upon to help with solutions to mass violence although, yet again, the report says mental illness can't be blamed for all mass violence incidents because the fact is that "very few" mass violence perpetrators have a major psychiatric disorder.

Back to the report's stats: mass attacks are becoming more frequent and deadly. From 2000-2016, they accounted for only 0.2% of homicides in the United States. In the last few years, that has increased to nearly 1%.

As might be expected, the report calls for expanding the use of and funding of threat assessment teams, which can proactively identify potential attackers and address situations before they approach crisis levels.

Click here for the full MDI report.

Completing BH and SUD Encounters Simply by Speaking

Certainly, BH and SUD treatments can include physical procedures, but so much treatment and so many encounters are based on conversation.

That's why background (often described as "ambient") AI-driven natural language EHR data capture is quickly becoming a staple technology piece. The AI part is important because you only want the EHR to capture relevant clinical conversations and disregard the exchange about the person's vacation or the last movie they saw.

With this type of conversation capture, data is automatically created and inserted AI-wise into the EHR, all while you're focused on the person in treatment without having to be eyes on/hands on a computer screen or device.

Essentially, you're able to complete the encounter, hands-free and click-free. As a side capability, if he EHR is voice navigable for next steps, then you'd have a virtually hands-free experience.

When this type of technology operates in the background, encounters become more human, more fluid, and more efficient.

(ADSRCM clients can access the ONC-certified MedicsCloud EHR, a comprehensive electronic health record system, with its MedicsScribeAI option, an advanced AI-driven data capture tool that operates as described.)

For BH and SUD: EHRs and Social Determinants Reporting

Perhaps not surprisingly, the World Health Organization (WHO) states that a patient's social determinants will affect that person's health outcomes.

Known as the Social Determinants of Health (SDoH), common SDoH categories include:

- ✓ Economic stability, which includes income, financial resources, employment
- ✓ Neighborhood/living environment (zip code, transportation, food access, environment)
- ✓ Health/Healthcare (insurance type, if any, providers, mental/behavioral)
- ✓ Education, such as the highest level
- ✓ Social/community contact (e.g., race, ethnicity, family, marital status, friendships)

The checked items themselves should explain why SDoH affects health outcomes when factors such as poverty, crime, lack of resources, and pollution are associated with higher morbidity rates and health risks.

Interestingly—and perhaps astoundingly—in a study on the subject by the Journal of Clinical and Translational Science, as published by Cambridge University Press, only about 20% of a person's health outcomes are actually attributed to medical care, with the majority of outcomes being determined by a combination of the person's behaviors and their SDoH!

The study goes on to report that EHR use in capturing and reporting on SDoH factors is rarely and consistently recorded even though specific ICD-10 Z-codes (as noted below) help designate a patient's SDoH.

As for "rarely using the EHR," according to a recent JAMA study, the correct SDoH ICD-10 Z-code is used only about a quarter of the time. Of course, SDoH Z-coding can only be added based on what the patient reports

about their living and social conditions, and then with the provider or clinician selecting the best or most appropriate Z-code(s) for that specific patient. Patients might also self-report through your patient portal or kiosk on arrival, assuming either or both are available and can accommodate this.

SDoH codes range from Z55 to Z65 as follows:

Z55 – Problems related to education and literacy: This code can apply in cases where a patient is illiterate or where schooling is unavailable. It can also apply if a patient is underachieving in school, has not achieved a high school level of education, or has an educational maladjustment.

Z56 – Problems related to employment and unemployment: This code relates to patients who are unemployed or those who have recently changed jobs. It can also apply to those who currently face the threat of job loss or have a stressful work schedule. And to patients who have discord with their co-workers or have an unpleasant work environment, including sexual harassment.

Z57 – Occupational exposure to risk: This code applies to patients with occupational exposure to noise, radiation, dust, environmental tobacco smoke, toxic agents, or exposure to extreme temperatures.

Z58 – Problems related to physical environment: This code applies to patients with inadequate drinking water.

Z59 – Problems related to housing and economic circumstances: This code may be suitable for homeless patients, those residing on the street, or those living in a residential institution. This code can also apply to those with food insecurity, low income, or insufficient social insurance or welfare support.

Z60 – Problems related to social environment: This code may be appropriate for patients with adverse effects from living alone or those who have trouble adjusting to life-cycle transitions. This code can also apply to those with acculturation difficulty leading to social exclusion, rejection, or targeted discrimination.

Z62 – Problems related to upbringing: This code relates to patients with parent or sibling conflicts, including parental overprotection or hostility, inappropriate or excessive pressure, or a history of abuse or neglect in childhood. This code can also apply to patients with inadequate parental supervision, those in child welfare custody, or those with an institutional upbringing.

Z63 – Other problems related to primary support group, including family circumstances: This code can be used for patients with disappearances or death in the family or other stressful life events affecting family and household – including family members deployed to the military. This code can also apply to patients who provide home care for an ailing relative. Or those who have family stress due to alcoholism or drug addiction in the family.

Z64 – Problems related to certain psychosocial circumstances: This code may be appropriate for patients with an unwanted pregnancy, multiparity, or discord with counselors.

Z65 – Problems related to other psychosocial circumstances: This code refers to patients with convictions in civil and criminal proceedings (with or without imprisonment), imprisonment, or other legal circumstances. This code can also apply to patients who have been victims of crimes or terrorism. And those who have had exposure to disaster, war, and other hostilities.

With the aforementioned estimate of only 20% of health outcomes based on medical/clinical work and the majority on the patient's SDoH, you can be sure SDoH will become a critically reported data point.

(The MedicsCloud EHR supports a straightforward "pick and click" capability to insert the proper SDoH Z-codes either on the fly as part of the encounter or with the patient self-reporting as mentioned via our portal or kiosk.)

Really Good Behavioral Health News from CMS!

Are you ready? For 2025, CMS will improve its payment rates for inpatient behavioral health services and make other adjustments to reimbursements.

1. There will be an increase in inpatient payment rates to psychiatric facilities by 2.8%

2. Facilities will nearly double reimbursements for electroconvulsive therapy treatments, from $385.58 per treatment in 2024 to $661.52 in 2025.

3. New codes were created to allow providers to bill for safety planning interventions and for follow-up contacts for patients discharged from emergency rooms after a mental health crisis. (CMS notes how these interventions can help prevent suicides when properly implemented.)

4. When it's part of a care plan, Medicare will reimburse for the use of FDA-approved digital mental health devices by behavioral health providers.

5. In 2025, CMS will allow providers limited to diagnosing and treating mental illness, including clinical psychologists, social workers, and marriage and family therapists, to bill Medicare for interprofessional consultations.

Extra credit good news: Mental health parity rules will take effect in 2025. These will prevent health plans from using more restrictive prior authorization requirements (PAs) for mental health than they would for other forms of healthcare and require insurers to evaluate the outcomes of their mental health coverage policies.

In other words, getting PAs might be comparably restrictive for mental health as they are for other specialties, but they can't be more restrictive.

(ADSRCM helps clients maximize their reimbursements in any case and will guarantee to increase revenue in 90 days. Clients can also use our automated PAs option which makes them easier to obtain.)

Substance Use Disorders Dis-Parity

The American Medical Association (AMA) alleges that insurers are failing to comply with parity laws regarding SUD.

In its annual November Overdose Epidemic Report, the AMA states that "harm-reducing measures" such as Naloxone have saved thousands of lives and in fact, that according to the CDC, the number of deaths attributed to overdosing has dropped for the first time in decades.

Another positive contributing factor noted by the AMA is that pharmacies continue to restrict access to opioids.

As mentioned above about prior authorizations, the AMA noted that insurers dealing with more facilities on issues such as parity is a step in the right direction.

Click here for the AMA's report.

Behavioral Health Fraud Item

According to a Justice Department release dated December 2, the owners of a behavioral health services company with two locations in NC have agreed to pay over $2.5 million to settle civil allegations that they falsely billed NC Medicaid for services not rendered, including for persons who were incarcerated or deceased on the dates of their supposed services.

Both federal and NC statutes allow for recovery of triple the amount falsely obtained in addition to substantial civil penalties for each false claim submitted.

In this case, settlement resolutions were reached based on allegations; there was no judicial determination or admission of liability. Click here for the Justice Department press release.

A New Script for Telehealth Prescribing

Thank you, DEA!!!

Good news, thanks to the DEA: prescribers will be able to "telehealthically" prescribe controlled substances through the end of 2025.

Other behavioral health-related telehealth flexibilities may be forthcoming, including provisions that would allow Medicare beneficiaries to receive telehealth behavioral care from any provider, regardless of location.

Any final action on the bill is likely to take place during the lame-duck period, KFF reported earlier this year.

Click here for the KFF report and here for the DEA announcement.

(ADSRCM clients can access the ONC-certified MedicsCloud EHR and its Medics Telemedicine app, which supports comprehensive e-Rx for controlled substances. With our knowledge of telemedicine claims and billing, we'll help ensure you're paid for your remote sessions.)

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We hope you enjoyed the read!

Financial, billing, operational, workflow, and outsourced staffing services for your BH/SUD setting are available with ADSRCM. We handle all levels of care, and the integrated Medics BedManager is ideal for IP settings if needed.

You can access the specialty-specific ONC-certified MedicsCloud EHR with MedicsScribeAI or can retain your existing EHR if you prefer. The same automation we use, the MedicsCloud Suite, is available from ADS if you prefer an in-house system.

Contact us at 844-599-6881 or email rcminfo@adsc.com for more about our outsourced services, for the MedicsCloud Suite as an in-house platform, or for both if you're unsure as to your best approach!

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