

MHDCJS Mental Health Hold Subcommittee Recommendation 2:

“Coding” is the term used in mental healthcare to describe the process of billing Medicaid or other third-party payers for specific services rendered to people with mental health conditions by treatment providers. The criteria for qualifying for reimbursement are exact and require due diligence on the part of mental health treatment providers to provide and document sound, ethical care which is also medical-legally justifiable to outside reviewers or funders. “99213” and “99214” are two commonly used codes by psychiatric providers for outpatient office encounters. Proper care and appropriately thorough documentation usually lead to the timely reimbursement of services.

The criminalization of people with serious mental illness can be reversed in many possible ways. One is with the expansion of Assertive Community Treatment (ACT) teams that utilize Assisted Outpatient Commitment (AOT). AOT can be a logical endpoint for people being evaluated for MHHs. But physician services necessary for the legal management of AOT are not reimbursable under Medicaid. For example, time spent drafting Court petitions and documents, conversations with attorneys or other interested parties, travel time to Court, and Court testimony itself, is all valuable physician time that is non-reimbursable.

Outpatient treatment providers are therefore obligated to cancel and clear valuable clinic appointment time to render a crucial service under the continuum of care that detracts from the clinic’s ability to serve other clients. Many providers maintain that their program’s business margins are much too tight to allow for such sacrifice. Thus, the individual patient who could benefit from that level of care loses. Criminalization persists. And Colorado taxpayers lose, as well.

At least some of the time spent in managing outpatient certifications is spent by the physician with the client: for instance, time spent in Court.

*Therefore, the MHDCJS Mental Health Hold Subcommittee recommends that this barrier to AOT be eliminated by charging Health Care Policy and Finance (HCPF) with creating billing codes for the provision of this level of care.