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DATE: **December 8, 2014**

TO: **Community Mental Health Center Healthcare Homes**

FROM: **Natalie Fornelli, Manager of Integrated Care** 

SUBJECT: **Metabolic Syndrome Screening and Healthcare Homes**

This memo replaces all previous memo addressing *Metabolic Syndrome Screening Billing and Healthcare Homes*.

The following are the basic clinical requirements for metabolic syndrome screenings (MBS):

Adults

The required components of a complete MBS for adults include:

- height,
- weight,
- blood pressure,
- BMI and/or waist circumference,
- blood glucose and/or HgbA1c,
- lipid levels,
- status of antipsychotic medication use,
- tobacco use
- pregnancy status

All adult clients (age 18 and older) enrolled in a Healthcare Home (HCH) must have an MBS at least **annually**, regardless of the type of medication they are prescribed for their behavioral health issues and regardless of whether they are enrolled in CPR.

Children

All children and youth (age 17 and younger) enrolled in HCH must have an MBS consisting of a minimum of the following components:

- height,
- weight,
- blood pressure,
- BMI and/or waist circumference,
- status of antipsychotic medication use,
- tobacco use,
- pregnancy status

Children and youth enrolled in HCH *who have a diagnosis of diabetes or are receiving an antipsychotic medication* must receive the **full** MBS:

- height,
- weight,
- blood pressure,
- BMI and/or waist circumference,
- blood glucose and/or HgbA1c,
- lipid levels,
- status of antipsychotic medication use,
- tobacco use,
- pregnancy status

Both procedures are considered complete screenings and should be billed as noted below.

MBS Guidelines

Collection, Opt Outs, and Expectations:

- The values may be collected by the agency or the data may be collected from other primary care providers and recorded.
- Components of the MBS may be performed/collected by any trained and qualified staff. In most cases this will be an RN or LPN. A community support specialist with the appropriate training and oversight of nursing staff could be involved in certain components.
- Regardless of how the components are collected/verified, a nurse must review and sign off on the form and put a progress note in the client chart. **All** components, *including documentation of any opt-outs*, of the MBS must be completed in order to bill the procedure code for the screening.

- The MBS is an **event**; thus, all activities involved are included in the MBS billing rate entered by the RN or LPN. No other services should be billed for the collection and/or completion of MBS service components.
- There are circumstances in which a consumer may opt-out of certain procedures due to the consumer's concern of the invasiveness of the procedure. A consumer may opt-out of blood glucose, HgbA1c, and lipid level collection. It is expected all other values are obtained.
- Opt-outs should be used on a limited basis and should only occur if a consumer *clearly refuses* to complete the labs requested. CMHCs should carefully present the expectation that labs be completed for care coordination and treatment. CMHCs should not present opting-out as a general option. Opt-outs will be monitored on a regular basis.
- If a client does opt-out, this information should be communicated to internal and external providers who may use MBS results as part of their treatment plan (primary care providers, psychiatrists).
- **If at any time a provider fails to collect the minimum standard of 80% metabolic screenings of their HCH enrollees, that provider's enrollments will be suspended until their collection rates meet minimum standards.**

Billing and Documentation

- The procedure code (billing code) for the MBS is H2010TE (LPN) or H2010TD (RN). The rate is the same for each. This is an event, not a time-based unit of service.
- MBS results are reported to Care Management Technologies (CMT) and are recorded in the Pro-Act database.
- If the CMHC determines a clinical need to do another **complete** MBS because of adverse findings/issues, they may do so and still get paid by DMH/Medicaid as long as 90 days has elapsed from the prior MBS service date.
- If portions of the MBS need to be performed to follow up on specific issues or if another MBS must be completed less than 90 days from the completion of a previous screening; up to two units may be billed by the nurse to CPR Medication Administration (service code H2010, which is a 15 minute time based unit of service).
- Since the cost for HCH staff is covered in the HCH PMPM payments, no activities they perform may be billed to DMH or Medicaid while they are working as part of the HCH team. This includes the HCH Director, the Nurse Care Managers, and the Primary Care Physician Consultant (including Advance Practice Nurses and Physician Assistants substituting for the Primary Care Physician Consultant per Department policies). If they are performing/collecting the data for the components of the screening and reviewing/signing off on the form, the CMHC may not bill the H2010TE or H2010TD service code. Similarly, if they do any portions of the screening to address certain problem issues, the CMHC may not bill the H2010 (Medication Administration) code.
- Some programs have part-time nurses for their HCH. For such individuals, during their non-HCH time (the time they are not covered by the HCH PMPM payment), they may provide and bill for any appropriate service interventions and activities, including activities associated with metabolic syndrome screenings and procedure codes H2010, H2010TD, H2010TE.

- When a CMHC has qualified staff not associated with the HCH PMPM payments completing full metabolic syndrome screenings and portions of the screening as necessary, they may bill the H2010, H2010TD, H2010TE service codes, as appropriate.
- While it is the CMHC's decision whether and how to involve HCH NCMs in metabolic syndrome screenings when working as part of the HCH team, **DMH encourages providers to use staff that are not associated with the HCH PMPM payments.** This is due to the multitude of other critical tasks HCH NCMs will be required to perform as members of the HCH team.