

# Defining Primary and Behavioral Health Care Expenditure Categories

## Draft Proposal

### BACKGROUND

There is emerging interest in the Commonwealth to better measure expenditures on primary care and behavioral health services, as reflected in recent legislative proposals from the Baker-Polito Administration, findings and recommendations from the Health Policy Commission and the Office of the Attorney General, as well as support from patient advocates. These spending categories comprise an array of vital services that can meaningfully shape patient outcomes and are often associated with lower costs and higher quality.

Consistent with CHIA's mission to create and curate data assets that support evidence-based policy making and program oversight, the agency is proposing to collect more detailed information about primary care and behavioral health spending in the Commonwealth. **The proposed updates to the data specifications outlined below are not intended to fulfill any specific initiative or proposal** but will provide a foundational data set that can be leveraged and adapted to support future initiatives and policies related to primary care and behavioral health.

CHIA is mindful of the burden such requests place upon data submitters and strives to use its statutory authority to compel data judiciously. Accordingly, CHIA has outlined a draft proposal for leveraging the existing Total Medical Expenses (TME) data specifications—a well-established and mature framework—to capture more detailed information about primary care and behavioral health spending.<sup>1</sup>

Data submitters will be asked to categorize expenses into mutually-exclusive, hierarchal categories: (1) Behavioral Health Services, (2) Primary Care, and (3) All Other Services. These categories will be identified based on a combination of provider types and service types. Data submitters will classify provider types and service types based on specifically-defined standard code sets provided by CHIA, which include diagnosis codes, drug codes, procedure codes, place of service codes, and revenue codes. The code sets, sources, and proposed instructions are detailed in the following sections. In addition, CHIA is proposing to update the non-claims-based expenditure categories to capture similar information.

In order to ensure an accurate and efficient data collection process, CHIA will hold a listening session with stakeholders on February 12 at 10:30 a.m. The agency will also accept written comments through February 28. More details can be found at <http://www.chiamass.gov/primary-and-behavioral-health-care-expenditures>.

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<sup>1</sup> Health care payers report Total Medical Expense (TME) data annually to CHIA in accordance with [957 CMR 2.00: Payer Data Reporting](#). Each year, CHIA publishes an updated data specification manual (DSM) in advance of the filing date that may include revised definitions, clarifications, and/or new fields.

## SUMMARY

Data submitters will be asked to categorize expenses into mutually-exclusive, hierarchal categories that distinguish: (1) Behavioral Health Services, (2) Primary Care, and, (3) All Other Services. Medical claims, prescription drug claims, and non-claims will be reported in a manner that supports the following subcategorization of expenditures, detailed below. Code sets, sources, and proposed instructions are detailed in the technical specification appendix; a summary of this information is also included in this document's Appendix A.

### A. Medical Claims

**Behavioral Health:** Behavioral health services will be classified based on ICD-10-CM Principal Diagnosis Code and combinations of Current Procedure Terminology (CPT) Codes, Revenue Codes, Place of Service (POS) Codes, and Provider Types. Data submitters will report expenses within the following mutually-exclusive subcategories:

- **Inpatient:** acute and non-acute providers
  - Facility
  - Professional
- **Emergency Department and Observation Visits**
  - Facility
  - Professional
- **Outpatient Visits**
  - Facility
  - Professional

**Primary Care:** Primary care will be identified based on CPT codes and Provider Types. Data submitters will report expenses within the following mutually-exclusive subcategories:

- **Office Type Visits**
  - Professional Physician
  - Professional: Other
- **Home/Nursing Facility Visits**
  - Professional Physician
  - Professional: Other
- **Preventive Visits**
  - Professional Physician
  - Professional: Other
- **Medicare Visits**
  - Professional Physician
  - Professional: Other
- **Immunizations and Injections**
  - Professional Physician

- Professional: Other
- **Obstetric Visits<sup>2</sup>**
  - Professional Physician
  - Professional: Other

**B. Prescription Drug Claims:** Prescription drug claims will be classified based on National Drug Codes (NDC). Data submitters will report expenses within the following mutually-exclusive subcategories:

- Prescription Drugs: Behavioral Health
- Prescription Drugs: All Other

**C. Non-Claims:** Payments to providers that are not paid on the basis of claims will be classified based on the definitions below. Data submitters will report expenses within the following mutually-exclusive subcategories:

- **Incentive Programs:** All payments made to providers for achievement in specific pre-defined goals for quality, cost reduction, or infrastructure development. Examples include, but are not limited to, pay-for-performance payments, performance bonuses, and EMR/HIT adoption incentive payments.
  - Behavioral Health
  - Primary Care
  - All Other
- **Capitation:** All payments made to providers not on the basis of claims. Amounts reported as capitation should not include any incentives or performance bonuses.
  - Behavioral Health
  - Primary Care
  - All Other
- **Risk Settlements:** All payments made to providers as a reconciliation of payments made. Amounts reported as Risk Settlement should not include any incentive or performance bonuses.
  - Behavioral Health
  - Primary Care
  - All Other
- **Care Management:** All payments made to providers for providing care management, utilization review, discharge planning, and other care management programs.
  - Behavioral Health
  - Primary Care
  - All Other
- **Other Non-Claims:** All other payments made pursuant to the payer's contract with a provider that were not made on the basis of a claim for medical services and that cannot be properly classified elsewhere. This

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<sup>2</sup> Services delivered by OB/GYN practitioners may be reported in this category only for procedure codes listed in the code set.

may include governmental payer shortfall payments, grants, or other surplus payments. Only payments made to providers are to be reported.

- Behavioral Health
- Primary Care
- All Other

## Appendix A: Summary of Code Lists

### Behavioral Health Diagnosis Codes

ICD-10 Code	Description	Notes and Exclusions
<b>F01 - F09</b>	Organic, including symptomatic, mental disorders	
<b>F10 – F16. 99</b>	Mental and behavioral disorders due to psychoactive substance use	Excluding F17 (Tobacco)
<b>F18 - F19.99</b>	Inhalant Related Disorders	
<b>F20 - F29</b>	Schizophrenia and Delusional disorders	
<b>F30 - F39</b>	Mood disorders	Excluding F38 Other mood [affective] disorders
<b>F40 - F48</b>	Neurotic, stress-related, somatoform disorders	
<b>F50 - F59</b>	Behavioral syndromes	Excluding F54 (Psychological and behavioral factors associated with disorders or diseases classified elsewhere)
<b>F60 -F69</b>	Disorders of adult personality and behavior	Excluding F61 (Mixed and other personality disorders) and F62 (Enduring personality changes, not attributable to brain damage and disease)
<b>F80-F89</b>	Disorders of psychological development	Excluding F83 (Mixed specific developmental disorders)
<b>F90-F98</b>	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence	Excluding F92 (Mixed disorders of conduct and emotions)
<b>F99</b>	Mental disorder, not otherwise specified	

## Behavioral Health Service Codes (with a Behavioral Health Principal Diagnosis)

Measure Category	Specifications
<b>Inpatient Facility</b>	Report allowed amounts across all claims lines when a Facility claim has one or more of the following Revenue codes: (100-219; 1000-1002)
<b>Inpatient Professional</b>	Report allowed amounts across all medical claim lines for Professional claims with the following Place of Service codes (21, 31, 32, 34, 51, 55, 56, 61)
<b>Emergency Department / Observation Facility</b>	Report all allowed amounts across all claim lines for Facility claims with one or more of the following Revenue codes: (450-452; 456, 459; 760 - 762; 769; 981)
<b>Emergency Department / Observation Professional</b>	Report allowed amounts for only those claim lines on which a Professional claim has CPT codes in (99217-99220) or (99281-99285) with a behavioral health provider
<b>Outpatient Professional: Behavioral Health Providers Only</b>	Report allowed amounts for only those claim lines on which a Professional claim has:  POS codes in (02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 57, 71, 72) <i>and</i> , CPT/HCPCS Codes in (97530, 97535, 97110-97112; 97803; 98966-98969; 99201-99205; 99211-99215; 99221-99223; 99231-99233; 99238-99239; 99241-99245; 99251-99255; 99291; 99341-99350; 99441-99444; 99483; 99510; 99381-99387; 99391-99397; 99534; 99401-99404; 99408-99409; 99411-99412; 99420; 98960-98962; 99078; G0463; G9012; T1006; T1012; T1015) with a behavioral health provider
<b>Outpatient Professional: Any Provider Type</b>	Report allowed amounts for only those claim lines when a Professional claim has:  POS codes in (03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 57, 71, 72) <i>and</i> , CPT/HCPCS codes (90785;90791, 90792; 90832-90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90867, 90868, 90869, 90870, 90875, 90876, 96101-96105, 96110, 96111, 96112, 96113, 96116, 96118-96119; 96120; 96121, 96125, 96127, 96130-96133, 96136-96139; 96146; 96150-96155; 96484, 99494; G0396, G0397, H0049, H0050; G0155, G0176, G0177, G0409, G0410, G0411, G0442, G0443, G0451, H0001, H0002, H0004, H0005, H0007, H0011-H0018, H0020, H0022, H0031 --H0040, H0047; H0049; H0050, H2000, H2001, H2010-H2020, H2035, H2036, S0109, S0201, S9475, S9480, S9484, S9485)
<b>Outpatient Facility: Behavioral Health Providers Only</b>	Report allowed amounts across all claim lines when a Facility claim has:  Revenue codes in (510, 513, 515, 516, 517, 519, 520, 521, 522, 523, 526, 527, 528, 529, 982, 983) with a behavioral health provider
<b>Outpatient Facility: Any Provider Type</b>	Report allowed amounts across all claim lines when a Facility claim has:  Revenue codes in (900, 901, 902, 903, 904, 905, 906, 907, 911, 912, 913, 914, 915, 916, 917, 918, 919, 944, 945)

## Behavioral Health Provider Types

Provider Type	Practitioner Type
Professional: Physician	Physician - Addiction Specialist
Professional: Physician	Physician - Psychiatrist
Professional: Other	Community Mental Health Center
Professional: Other	Counselor (including LMHC and LADC)
Professional: Other	Early Intervention Agency
Professional: Other	Licensed Social Worker
Professional: Other	Local Education Agency
Professional: Other	Marriage and Family Therapist
Professional: Other	Peer Recovery Specialist
Professional: Other	Nurse practitioner, psychiatric
Professional: Other	Psychiatric Rehabilitation Practitioners
Professional: Other	Psychologist
Professional: Other	Registered Behavior Technician
Professional: Other	Single Specialty Group

## Primary Care Service Codes

Measure Category	Specifications
<b>Office Type Visits</b>	Report allowed amounts only for claim lines for Professional claims with CPT codes in (98966; 98967; 98968; 98969; 99201-99205; 99211-99215; 99241-99245)
<b>Home/Nursing Facility Visits</b>	Report allowed amounts only for claim lines for Professional claims with CPT codes in (99339-99340; 99324-99328; 99334-99337; 99304-99310, 99315-99316; 99318; 99341-99345; 99347-99350; 99354-99355; 99358; 99359)
<b>Preventive Visits</b>	Report allowed amounts only for claim lines for Professional claims with CPT codes in (99381-99385; 99386-99387; 99391-99395; 99396-99397; 99401-99404; 99406-99409; 99411-99412; 99420; 99429; 99442; 99444; 99495-99496)
<b>Medicare Visits</b>	Report allowed amounts only for claim lines for Professional claims with HCPCS codes in (G0008-G0009; G0402; G0438-G0439; G0444; G0463; G0502-G0507; T1015; 99487; 99489; 99490; G0506)
<b>Immunizations and Injections</b>	Report allowed amounts only for claim lines for Professional claims with CPT codes in (90460-90461; 90471-90474; 90649; 90670; 90658; 90686; 90688; 90715; 90732; 90736; 96372)
<b>Obstetric Visits</b>	Report allowed amounts only for claim lines for Professional claims with CPT codes in (59400; 59610; 59618; 99460-99465)

## Primary Care Provider Types

Provider Type	Practitioner Type
Professional: Physician	Physician: Family Medicine
Professional: Physician	Physician: Internal Medicine
Professional: Physician	Physician: General Practice
Professional: Physician	Physician: Pediatrics
Professional: Physician	Physician: Adolescent Medicine
Professional: Physician	Physician, general internal medicine
Professional: Physician	Physician, geriatric medicine
Professional: Physician	Physician, gynecology <sup>3</sup>
Professional: Physician	Physician, obstetrics and gynecology <sup>3</sup>
Professional: Physician	Physician, preventive medicine
Professional: Other	Certified clinical nurse specialist
Professional: Other	Federally Qualified Health Center
Professional: Other	Homeopathic medicine
Professional: Other	Naturopathic medicine
Professional: Other	Nurse Practitioner: Adult Health
Professional: Other	Nurse Practitioner: Family
Professional: Other	Nurse Practitioner: Gerontology
Professional: Other	Nurse Practitioner: Pediatrics
Professional: Other	Nurse Practitioner: Primary Care
Professional: Other	Nurse Practitioner: Women's Health
Professional: Other	Nurse Practitioner
Professional: Other	Nurse Practitioner: Obstetrics and gynecology <sup>2</sup>
Professional: Other	Nurse, non-practitioner
Professional: Other	Physician's assistant
Professional: Other	Physician's assistant, medical
Professional: Other	Primary care clinic
Professional: Other	Rural Health Clinic

<sup>3</sup> Expenses for services delivered by these practitioner types should only be reported as primary care when the **Obstetric Visit** CPT codes are present on the claim.