



CENTER OF EXCELLENCE for Integrated Health Solutions

*Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing*

INTEGRATED CARE FINANCING SERIES

MODULE 4



METABOLIC MONITORING

NOVEMBER 2022

Background

This brief is part of a series that aims to accelerate the ease of implementation of evidence-based integrated care interventions across a myriad of organization settings. It also serves a contextual complement to the Integrated Care Financing Decision Support Tool which provides billing, reimbursement and aggregate financial modeling insights to support implementation. Like all its counterparts, the Metabolic Monitoring module is mutually inclusive and can be used independently or in conjunction with the other modules. Please contact the Center of Excellence for Integrated Health Solutions through their [website](#) if you have any questions or concerns.

Introduction

The integrated care movement aims to empower patients by supporting their comprehensive health and wellness. Implementation of sustainable financial models is essential to ensuring that every American has access to health care that acknowledges the bidirectional influence of physical and mental health on overall wellness. Metabolic monitoring is an evidence-based practice that improves health outcomes and promotes patient safety, yet the ever-evolving intricacies of the national health care landscape poses challenges to implementing sustainable financing. Thus, executing financial strategies to sustain metabolic monitoring incurs the dual benefit of meeting a health care need while propelling the integrated movement forward. This brief will provide practical guidance on metabolic monitoring financing strategies, including:

- Impetus and definitions
- Coding strategy
- Preparing for value-based payment

Please note this module is accurate as of publication date (November 2022).

IMPETUS AND DEFINITIONS

Impetus

Individuals living with mental health and substance use challenges experience disparate health outcomes across a broad spectrum of physical health conditions. Pertinent statistics include:

- A 2016 survey found that 32% of adults with a mental illness reported current use of tobacco compared to 23% of adults with no mental illness. Tobacco use is a major risk factor for developing heart disease.¹
- People with diabetes are two to three times more likely to have depression than people without diabetes.²
- One in five women living with depression have a concurrent obesity diagnosis.³

Collectively, physical health conditions have a profound impact on individuals living with mental health and substance use challenges. A recent study by the World Health Organization noted a 10- to 25-year life expectancy reduction for those with severe and persistent mental illness as compared to the general population.⁴ Simultaneously, research indicates that patients who are prescribed psychiatric medications are at enhanced risk of drug-on-drug interactions and undesirable side effects.⁵ Within the context of integrated care, metabolic monitoring presents the opportunity to assess and address the physical health conditions that impact those living with mental health and substance use challenges while also mitigating risks associated with drug interactions. Metabolic monitoring is the act of collecting, assessing and addressing clinical measurements salient to patient health. This could include laboratory tests e.g., comprehensive metabolic panel, vital signs and/or health risk indicators such as body mass index. Metabolic monitoring has two overall goals: (1) Identifying treatable chronic health conditions, such as diabetes, dyslipidemia and/or hypertension in a high-risk population to facilitate preventive strategies and early diagnosis; and (2) tracking and linking of metabolic disturbance in relation specifically to antipsychotic treatment.⁶

Coding Strategy and Considerations

Metabolic monitoring is a covered benefit across Medicaid, Medicare and qualified health plans (QHPs). Collectively, these plans cover approximately 89% of Americans. While this benefit is categorically covered, organizations are encouraged to examine their payer contracts to determine if these services are reimbursable in their respective facilities. From a coding perspective, metabolic monitoring can be categorized into three phases:

1. **Assessment and Sample/Data Collection.** Collecting a clinical laboratory improvement amendment (CLIA) eligible or any specimen (or referring to a lab for collection), assessing vital signs and/or utilizing patient data to assess health risk: According to the American Diabetes Association–American Psychiatric Association (ADA-APA) consensus guidelines, this includes regular monitoring of weight/body mass index (BMI), waist circumference, blood pressure, fasting glucose and fasting lipids.
2. **Sample/Data Review.** Assessing results for diagnosis and/or risk.
3. **Patient Education and Referral to Services.** Educating patients about their respective diagnoses and/or health risks and referring to treatment where applicable.

Assessment and Sample/Data Collection

The first phase of the metabolic monitoring process is to conduct an assessment. An assessment can include collecting a specimen, assessing vital signs and/or utilizing patient data to assess health risk. Organizations with an in-house CLIA laboratory can collect and assess (where applicable) a variety of specimens. Organizations that wish to collect specimens to conduct analyses using rapid testing devices can apply for a CLIA waiver⁷ through the Centers for Medicare and Medicaid Services (CMS). Both CLIA and CLIA-waivered services are covered in Medicare, Medicaid and QHPs through the laboratory benefit category. While a complete directory of CLIA-waivered tests is published by CMS,⁸ common examples are noted in Table 1:

Table 1. Sample of CLIA-Waivered Tests

TEST NAME	CPT CODE
HbA _{1c} lab test	83036, 83037
Cholesterol lab test	82465, 83718, 84478, 83722
Glucose monitoring	81002 (urine) 80047, 80048, 80053 (blood test)
Blood glucose by glucose monitoring devices cleared by the FDA for home use	82962
Lipid panel (cholesterol and triglycerides)	80061
LDL-C lab test	83721, 83700, 83701, 83704
Triglycerides	84478

Considerations for Metabolic Monitoring

In addition to the single tests above, medical device manufacturers offer products that can conduct multiple assessments utilizing one specimen. Health care provider assessments of weight, BMI, blood pressure and waist circumference are typically not reimbursed separately, but rather are included as part of a standard evaluation and management visit codes (CPT codes 99201-99205, 99211-99215). However, some insurers have started reimbursing separately for documentation of BMI (e.g., CPT code 3008F) as well as ambulatory blood pressure monitoring (e.g., CPT code 93784). Although not specifically included in the ADA-APA consensus recommendations, other parameters of interest may include inquiring about tobacco use, diet and activity level. [Note: While screening for tobacco use is typically not separately reimbursable, providers can bill 99406 or 99407 to bill for smoking and tobacco use cessation and counseling services.]

Sample Data Review

Generally, reimbursement for review of lab results is categorized across two domains:

1. Review by the provider that requested the lab.
2. Review by a consulting provider or external provider.

Labs reviewed by the requesting provider can be done in conjunction with a follow-up visit (CPT codes 99211-99215). Requesting provider may also seek consultation from external providers regarding lab results. For example, a primary care physician may wish to inform and/or seek consultation from a psychiatrist to determine if a prescribed medication is presenting a side effect or vice versa. Where covered, collaborative care CPT codes (99492-99494) can be used. Notably, review of historical lab data for new patients falls under the purview of CPT codes 99201-99205.

Patient Education and Referral to Services

Providers may choose to execute follow-up activities based on lab results. Referral to additional services and patient education are two common next steps. Table 2 notes codes salient to patient education. Organizations receiving referred patients should follow new patient billing and coding protocols. Additional insights are available in the Decision Support Tool.

Table 2. Sample Patient Education Codes

CODE	DESCRIPTION
96152	Health and behavior intervention, each 15 minutes, face to face; individual.
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face to face with the patient (could include caregiver/family) each 30 minutes; individual patient.
99401	New or established patient counseling and/or risk factor reduction intervention services.

Closing

Please contact the Center of Excellence for Integrated Health Solutions through their [website](#) if you have any questions or concerns.



REFERENCES

- ¹ CDC. (n.d.). *Heart disease and mental health disorders*. **Heart Disease**. <https://www.cdc.gov/heartdisease/mentalhealth.htm>
- ² CDC. (n.d.). *Diabetes and mental health*. **Diabetes**. <https://www.cdc.gov/diabetes/managing/mental-health.html>
- ³ SAMHSA. (2017, May 4). *1 in 5 female adolescents who were overweight and obese had a past year major depressive episode*. Data Spotlight. https://www.samhsa.gov/data/sites/default/files/report_3045/Spotlight-3045.html
- ⁴ World Health Organization. (n.d.). *Premature death among people with severe mental disorders*. **Fact Sheet**. https://www.who.int/mental_health/management/info_sheet.pdf
- ⁵ English, B., Dortch, M., Ereshefsky, L., & Jhee, S. (2012, August). *Clinically significant psychotropic drug-drug interactions in the primary care setting*. *Curr Psychiatry Rep*, 14(4), 376–390. doi: 10.1007/s11920-012-0284-9
- ⁶ Cohn, T. A., & Sernyak, M. J. (2006). *Metabolic monitoring for patients treated with antipsychotic medications*. *The Canadian Journal of Psychiatry*, 51(8), 492–501. <https://journals.sagepub.com/doi/pdf/10.1177/070674370605100804>
- ⁷ Centers for Medicare & Medicaid Services. (2019, March). *How to obtain a CLIA certificate*. **Regulations and Guidance**. <https://www.cms.gov/regulations-and-guidance/legislation/clia/downloads/howobtaincertificateofwaiver.pdf>
- ⁸ CMS. (2019, March). *Clinical Improvement Amendments (CLIA): How to Obtain a CLIA Certificate of Waiver*. <https://www.cms.gov/regulations-and-guidance/legislation/clia/downloads/howobtaincertificateofwaiver.pdf>

These materials were supported by the National Council for Mental Wellbeing’s Center of Excellence for Integrated Health Solutions and funded by a grant award from the Substance Abuse and Mental Health Services Administration and managed by the National Council for Mental Wellbeing. The views, opinions and content expressed in this report do not necessarily reflect the views, opinions or policies of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services.