BEHAVIORAL HEALTH INTEGRATION SERVICES

TARGET AUDIENCE

Medicare Fee-For-Service Program Providers

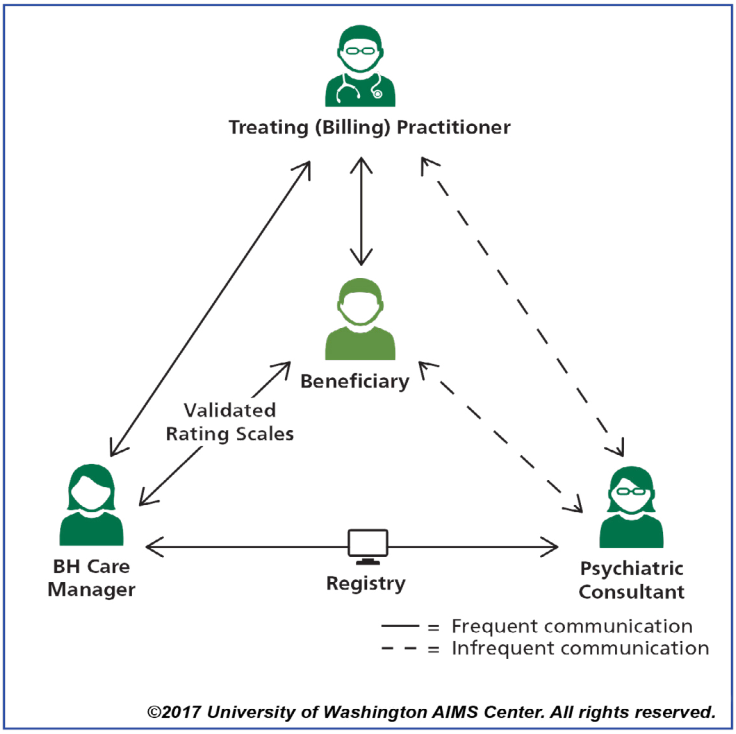
Integrating behavioral health care with primary care ("behavioral health integration" or "BHI") is an effective strategy for improving outcomes for the millions of Americans with mental or behavioral health conditions. As of January 1, 2017, Medicare makes separate payments to physicians and non-physician practitioners for BHI services they furnish to beneficiaries over a calendar month service period. As of January 1, 2018, these services will be reported using new CPT codes, listed below.

PSYCHIATRIC COLLABORATIVE CARE SERVICES (COCM)

CPT codes 99492, 99493, and 99494 are used to bill for monthly services furnished using the Psychiatric Collaborative Care Model (CoCM), an approach to BHI shown to improve outcomes in multiple studies.

What is CoCM? This figure is a model of behavioral health integration that enhances "usual" primary care by adding two key services to the primary care team, particularly regarding patients whose conditions are not improving:

- Care management support for patients receiving behavioral health treatment
- Regular psychiatric inter-specialty consultation
- A team of three individuals provide CoCM: the Behavioral Health Care Manager, the Psychiatric Consultant and the Treating (Billing) Practitioner



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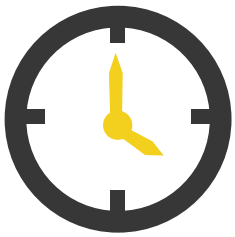
CARE TEAM MEMBERS

- **Treating (Billing) Practitioner** – A physician and/or non-physician practitioner (physician assistant or nurse practitioner); typically primary care, but may be of another specialty (for example, cardiology, oncology)
- **Behavioral Health Care Manager** – A designated individual with formal education or specialized training in behavioral health (including social work, nursing, or psychology), working under the oversight and direction of the billing practitioner
- **Psychiatric Consultant** – A medical professional trained in psychiatry and qualified to prescribe the full range of medications
- **Beneficiary** – The beneficiary is a member of the care team

Service Components

- Initial assessment by the primary care team (billing practitioner and behavioral health care manager)
  - Initiating visit (if required, separately billed)
  - Administration of validated rating scale(s)
- Care planning by the primary care team, jointly with the beneficiary, with care plan revision for patients whose condition is not improving adequately. Treatment may include pharmacotherapy, psychotherapy, and/or other indicated treatments
- Behavioral health care manager performs proactive, systematic follow-up using validated rating scales and a registry



  - Assesses treatment adherence, tolerability, and clinical response using validated rating scales; may provide brief evidence-based psychosocial interventions such as behavioral activation or motivational interviewing
  - 70 minutes of behavioral health care manager time the first month
  - 60 minutes subsequent months
  - Add-on code for 30 additional minutes any month
- Regular case load review with psychiatric consultant:
  - The primary care team regularly (at least weekly) reviews the beneficiary's treatment plan and status with the psychiatric consultant
  - The primary care team maintains or adjusts treatment, including referral to behavioral health specialty care, as needed

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GENERAL BHI

CPT code 99484 is used to bill monthly services furnished using BHI models of care other than CoCM that similarly include "core" service elements such as systematic assessment and monitoring, care plan revision for patients whose condition is not improving adequately, and a continuous relationship with a designated care team member.

CPT code 99484 may be used to report models of care that do not involve a psychiatric consultant, nor a designated behavioral health care manager (although such personnel may furnish General BHI services). CMS expects to refine this code over time, as more information becomes available regarding other BHI care models in use.

CARE TEAM MEMBERS

- **Treating (Billing) Practitioner** – A physician and/or non-physician practitioner (PA, NP, CNS, CNM); typically primary care, but may be of another specialty (for example, cardiology, oncology, psychiatry).
- **Beneficiary** – The beneficiary is a member of the care team.
- **Potential Clinical Staff** – The service may be provided in full by the billing practitioner. The billing practitioner may also use qualified clinical staff to provide certain services using a team-based approach. The clinical staff may include staff or contractors who meet the qualifications for the CoCM behavioral health care manager or psychiatric consultant.

Service Components

- Initial assessment
  - Initiating visit (if required, separately billed)
  - Administration of applicable validated rating scale(s)
- Systematic assessment and monitoring, using applicable validated clinical rating scales
- Care planning by the primary care team jointly with the beneficiary, with care plan revision for patients whose condition is not improving
- Facilitation and coordination of behavioral health treatment
- Continuous relationship with a designated member of the care team

Note: The BHI Codes allow for remote provision of certain services by the psychiatric consultant and other members of the care team.

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ELIGIBLE CONDITIONS

Eligible conditions are classified as any mental, behavioral health, or psychiatric condition being treated by the billing practitioner, including substance use disorders, that, in the clinical judgment of the billing practitioner, warrants BHI services. The diagnosis or diagnoses could be either pre-existing or made by the billing practitioner and may be refined over time.

Beneficiaries may, but are not required to have, comorbid, chronic, or other medical condition(s) that are being managed by the billing practitioner.

RELATIONSHIPS AND ROLES OF CARE TEAM MEMBERS

The BHI codes provide a mechanism to identify and pay for services provided using models of care having well defined roles and relationships among the care team members. The following roles and relationships characterize all of the BHI services unless otherwise indicated.

"Incident To"
BHI services that are not provided personally by the billing practitioner are provided by the other members of the care team (other than the beneficiary), under the direction of the billing practitioner on an "incident to" basis (as an integral part of services provided by the billing practitioner), subject to applicable State law, licensure, and scope of practice. These other care team members are either employees or working under contract to the billing practitioner whom Medicare directly pays for BHI.

Initiating Visit
An initiating visit (separately billable) is required for new patients or beneficiaries not seen within one year prior to commencement of BHI services. This visit establishes the beneficiary's relationship with the billing practitioner, and ensures the billing practitioner assesses the beneficiary prior to initiating BHI services.

Treating (Billing) Practitioner

- Directs the behavioral health care manager or clinical staff
- Oversees the beneficiary's care, including prescribing medications, providing treatments for medical conditions, and making referrals to specialty care when needed
- Remains involved through ongoing oversight, management, collaboration and reassessment
- May provide the General BHI service in its entirety

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Behavioral Health Care Manager (required for CoCM; optional for General BHI)

- Provides assessment and care management services, including the administration of validated rating scales; behavioral health care planning in relation to behavioral/ psychiatric health problems, including revision for patients who are not progressing or whose status changes; provision of brief psychosocial interventions; ongoing collaboration with the billing practitioner; maintenance of the registry; all in consultation with the psychiatric consultant
- Available to provide services face-to-face with the beneficiary; has a continuous relationship with the beneficiary and a collaborative, integrated relationship with the rest of the care team
- Able to engage the beneficiary outside of regular clinic hours as necessary to perform the behavioral health care manager's duties
- May or may not be a professional who meets all the requirements to independently furnish and report services to Medicare
- Does not include administrative or clerical staff; time spent in strictly administrative or clerical duties is not counted towards the time threshold to bill the BHI codes

Psychiatric Consultant (required for CoCM; optional for General BHI)

- Participates in regular review of clinical status of patients receiving BHI services
- Advises the billing practitioner (and behavioral health care manager) regarding diagnosis; indicates options for resolving issues with beneficiary adherence and tolerance of behavioral health treatment; makes adjustments to behavioral health treatment for beneficiaries who are not progressing; manages any negative interactions between beneficiaries' behavioral health and medical treatments. Can (and typically will) be remotely located; is generally not expected to have direct contact with the beneficiary, nor prescribe medications or furnish other treatment to the beneficiary directly
- Can and should facilitate referral for direct provision of psychiatric care when clinically indicated

Clinical Staff (may be used in provision of General BHI)

- Continuous relationship with the beneficiary and a collaborative, integrated relationship with the rest of the care team
- May or may not be a professional who meets all the requirements to independently furnish and report services to Medicare
- Does not include administrative or clerical staff time
- May include (but not required to include) a behavioral health care manager or psychiatric consultant

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Supervision
BHI services that are not personally performed by the billing practitioner are assigned general supervision under the Medicare Physician Fee Schedule (MPFS)*, although general supervision does not, by itself, comprise a qualifying relationship between the billing practitioner and the other members of the care team. General supervision is defined as the service being furnished under the overall direction and control of the billing practitioner, and his or her physical presence is not required during service provision.

Advance Consent
Prior to commencement of BHI services, the beneficiary must give the billing practitioner permission to consult with relevant specialists, which would include conferring with a psychiatric consultant. The billing practitioner must inform the beneficiary that cost sharing applies for both face-to-face and non-face-to-face services that are provided, although supplemental insurers may cover cost sharing. Consent may be verbal (written consent is not required) but must be documented in the medical record.

*Medicare Physician Fee Schedule (MPFS) payment is available under the MPFS regardless of whether the beneficiary spends part or all of the month in a facility stay or institutional setting. Report the place-of-service (POS) where the billing practitioner would ordinarily provide face-to-face care to the beneficiary. Separate Part B payment can be made to hospitals (including critical access hospitals) when the billing practitioner reports a hospital outpatient POS.

BHI CODING SUMMARY

BHI CODE	BEHAVIORAL HEALTH CARE MANAGER OR CLINICAL STAFF THRESHOLD TIME	ASSUMED BILLING PRACTITIONER TIME
CoCM First Month (99492)	70 minutes per calendar month	30 minutes
CoCM Subsequent Months** (99493)	60 minutes per calendar month	26 minutes
Add-On CoCM (Any month) (99494)	Each additional 30 minutes per calendar month	13 minutes
General BHI (99484)	At least 20 minutes per calendar month	15 minutes
BHI Initiating Visit (AWV, IPPE, TCM or other qualifying E/M)†	N/A	Usual work for the visit code

**CoCM is furnished monthly for an episode of care that ends when targeted treatment goals are met or there is failure to attain targeted treatment goals culminating in referral for direct psychiatric care, or there is a break in episode (no CoCM for 6 consecutive months).
†Annual Wellness Visit (AWV), Initial Preventive Physical Examination (IPPE), Transitional Care Management services (TCM).

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Full Code Descriptors

99492 *Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:*

- *Outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional*
- *Initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan*
- *Review by the psychiatric consultant with modifications of the plan if recommended*
- *Entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant*
- *Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies*

99493 *Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:*

- *Tracking patient follow-up and progress using the registry, with appropriate documentation*
- *Participation in weekly caseload consultation with the psychiatric consultant*
- *Ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers*
- *Additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant*
- *Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies*
- *Monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment*

99494 *Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)*

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99484 *Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month, with the following required elements:*

- *Initial assessment or follow-up monitoring, including the use of applicable validated rating scales*
- *Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes*
- *Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation*
- *Continuity of care with a designated member of the care team*

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RESOURCES

RESOURCES	WEB ADDRESS
BHI Frequently Asked Questions (FAQs)	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Care-Management.html
CY 2017 MPFS Final Rule pp.80230-80243	https://www.govinfo.gov/content/pkg/FR-2016-11-15/pdf/2016-26668.pdf
CY 2019 Medicare Physician Fee Schedule Final Rule	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html
New England Journal of Medicine - Medicare Payment for Behavioral Health Integration	http://www.nejm.org/doi/pdf/10.1056/NEJMp1614134
CoCM Implementation Resources	https://aims.uw.edu/collaborative-care/implementation-guide
The Kennedy Forum-A Core Set of Outcome Measures for Behavioral Health Across Service Settings [Content on Validated Rating Scales pg. 4]	http://thekennedyforum-dot-org.s3.amazonaws.com/documents/MBC_supplement.pdf
Agency for Healthcare Research and Quality-Develop a Shared Care Plan	https://integrationacademy.ahrq.gov/products/playbook/develop-shared-care-plan
NEJM Catalyst-Making the Comprehensive Shared Care Plan A Reality	https://catalyst.nejm.org/making-the-comprehensive-shared-care-plan-a-reality/

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RESOURCES	WEB ADDRESS
Institute for Healthcare Improvement-My Shared Care Plan	http://www.ihi.org/resources/Pages/Tools/MySharedCarePlan.aspx

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