

Psychiatric Collaborative Care Management and Behavioral Health Integration

8/16/2022



Today's Presenters

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Objectives

- Behavioral Health Integration (BHI) services billing and coding
- Review service components and general BHI services
- Discuss the different roles of the care team members
- Gain an understanding of collaborative care services (CoCM)

Agenda

- Review of Behavioral Health Integration Services
- Role of Care Team Members
- Behavioral Health Integration Versus Chronic Care Management
- Collaborative Care Services

Behavioral Health Integration Services (BHI)

What Is BHI

- 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
- Medicare makes separate payments to physicians and nonphysician practitioners for BHI services they furnish to beneficiaries over a calendar month service period

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 preexisting or made by the billing practitioner and may be refined over time

CPT Codes for BHI

- 99484– Care management services for behavioral health conditions
- Must Include
 - At least 20 minutes of clinical staff time per calendar month
 - Initial assessment or follow-up monitoring, including 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; and continuity of care with a designated member of the care team

Billing Services in an FQHC or RHC

- G0511 – General care management services minimum of 20 minutes per calendar month
- Service elements must include
 - Initial assessment or follow-up monitoring, including 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

Relationships and Roles of Care Team Members

Care Team Members

- Treating (billing) practitioner
- Beneficiary
- Optional care team members
 - Potential clinical staff (may be used in provision of General BHI)
 - Behavioral Health Care Manager (required for CoCM; optional for general BHI)
 - Psychiatric Consultant (required for CoCM; optional for General BHI)

BHI "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

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

Supervision

- BHI services that are not personally performed by the billing practitioner are assigned general supervision under the Medicare Physician Fee Schedule

Advance Consent

- Prior to commencement of BHI services
 - The beneficiary must give the billing practitioner verbal or written 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

Service Components for BHI

Assessments

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

Care Planning

- 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

Behavioral Health Integration Versus Chronic Care Management

BHI vs. CCM description

- CCM and BHI are distinct services although there is some overlap in eligible patient populations
- There are substantial differences in the potential number and nature of conditions, types of individuals providing the services, and time spent providing services

BHI vs. CCM Comparison

- The code(s) that most specifically describe the services being furnished should be used

Behavioral Health Integration	Chronic Care Management
BHI care planning focuses on individuals with behavioral health issues, systematic care management using validated rating scales (when applicable), and does not focus on preventive services	CCM involves care planning for all health issues and includes systems to ensure receipt of all recommended preventive services
BHI does not require use of certified electronic health information technology	CCM requires use of certified electronic health information technology

Billing BHI and CCM in the Same Month

- There may be some circumstances in which it's reasonable and necessary to provide both services in a given month
- BHI codes can be billed for the same patient in the same month as CCM as long as
 - Advance consent for both services is received and documented
 - All other requirements to report BHI and to report CCM are met
 - Time and effort are not counted more than once
- **Keep in mind:** cost sharing and advance consent apply to each service independently and there can only be one reporting practitioner for CCM each month

Collaborative Care Services (CoCM)

What Is CoCM?

- Model of behavioral health integration that enhances “usual” primary care by adding two key services
 - Care management support for patients receiving behavioral health treatment
 - Regular psychiatric inter-specialty consultation
- A team of three individuals provide CoCM
 - Behavioral Health Care Manager
 - Psychiatric Consultant
 - Treating (Billing) Practitioner

Eligible Conditions

- 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
 - There is no specific diagnosis needed
 - The diagnosis or diagnoses could be either pre-existing or made by the billing practitioner
- The beneficiary may, but is not required to have a comorbidity, chronic, or other medical condition(s) that is being managed by the overall billing practitioner

CPT Codes for CoCM Billing

- 99492 – First 70 minutes in the first calendar month for behavioral health care manager activities
- 99493 – First 60 minutes in a subsequent month for behavioral health care manager activities
- 99494 – Each additional 30 minutes in a calendar month of behavioral health care manager activities

CPT 99492

- 99492 – This is in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional
 - 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

CPT 99492

- 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
- Brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies

CPT 99493

- 99493- Subsequent psychiatric collaborative care management, first 60 minutes
 - 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

CPT 99493

- 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

CPT 99494

- Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month
- List separately in addition to code for primary procedure of 99492 or 99493

HCPCS G2214

- Effective 1/1/2021
- G2214 – Initial or subsequent psychiatric collaborative care management, first 30 minutes in a 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

Billing Services in an FQHC or RHC

- G0512 – Psychiatric Collaborative Care Model services minimum of 70 minutes in the first calendar month and at least 60 minutes in subsequent calendar months
- **Service elements must include**
 - Outreach and engagement of patients
 - Initial assessment, including administration of validated scales and resulting in a treatment plan
 - Entering patients into a registry for tracking patient follow-up and progress

Billing Services in an FQHC or RHC

- Participation in weekly caseload review with psychiatric consultant and modifications to treatment, if recommended
- Provision of brief interventions using evidence-based treatments such as behavioral activation, problem solving treatment, and other focused treatment activities
- Tracking patient follow-up and progress using validated rating scales
- Ongoing collaboration and coordination with treating FQHC and RHC providers
- Relapse prevention planning and preparation for discharge from active treatment

Psychiatric Collaborative Care Management Services

CPT Codes	Type of Service	Total Duration of CoCM over Calendar Month	Codes(s)
99492	Initial 70 minutes	Less than 36 minutes ----- (36 minutes–1 hr. 25 minutes)	Not reported separately ----- 99492 x 1
99492 and 99494	Initial plus each additional increment up to 30 minutes	86–115 minutes (1 hr. 26 minutes–1 hr. 55 minutes)	99492 x 1 and 99494 x 1

Psychiatric Collaborative Care Management Services

CPT Codes	Type of Service	Total Duration of CoCM over Calendar Month	Codes(s)
99493	Subsequent – 60 Minutes	Less than 30 minutes ----- 31–75 minutes (31 minutes–1 hr. 15 mins)	Not reported separately ----- 99493 x 1
99494	Subsequent plus each additional increment up to 30 minutes	76 minutes–105 minutes (1 hr. 16 minutes–1 hr. 45 minutes)	99493 x 1 and 99494 x 1

Relationships and Roles of Care Team Members

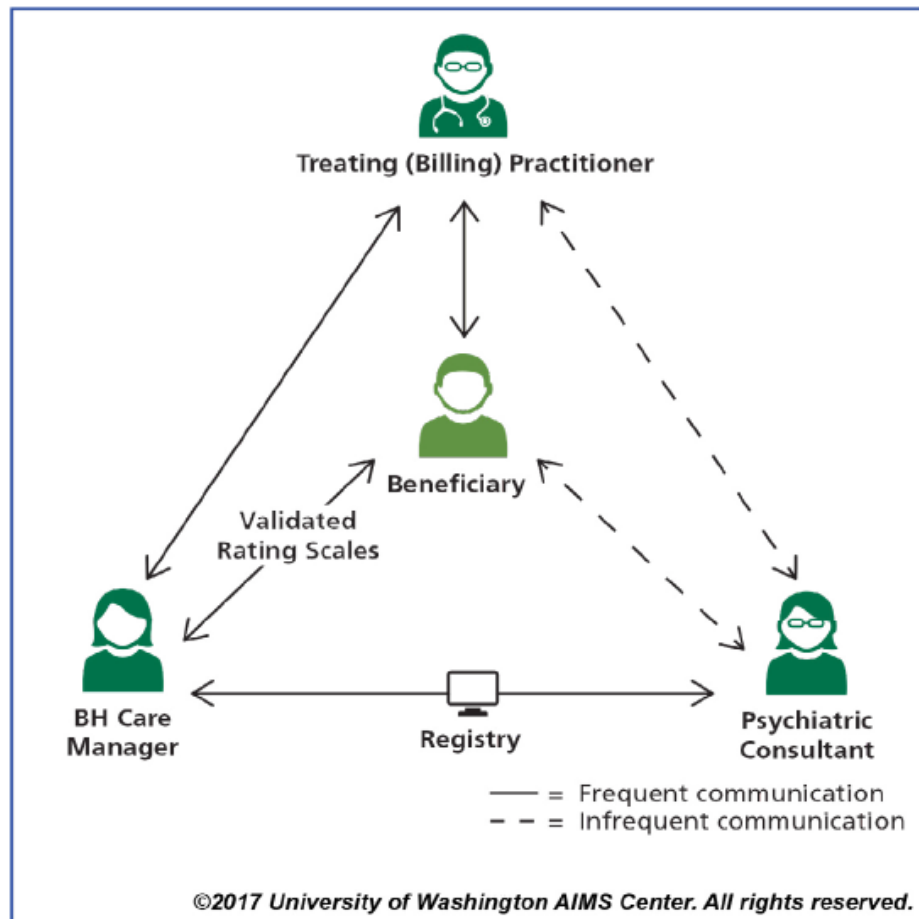
Care Team Members

- **Treating (Billing) Practitioner** – A physician and/or nonphysician practitioner (physician assistant or nurse practitioner); typically primary care, but may be of another specialty (i.e. 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

Care Team Members

- **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

Collaborative Care Model



Source: ICN MLN909432 May 2019

Service Components for CoCM

Assessment and Care Planning

- Initial assessment by the primary care team
 - 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 (if necessary) for patients not improving adequately

Follow-up

- 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

Case Load Review

- 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

Resources

- [Frequently Asked Questions about Billing Medicare for Behavioral Health Integration \(BHI\) Services](#)
- MLN® Booklet [*Behavioral Health Integration Services*](#)
- MLN Matters® [*MM10175 Revised: Care Coordination Services and Payment for Rural Health Clinics \(RHCs\) and Federally-Qualified Health Centers \(FQHCs\)*](#)

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

