

Psychiatric Collaborative Care Management and Behavioral Health Integration

12/20/2023

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Today's Presenters



Provider Outreach and Education Consultants

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Objective

To review and gain an understanding of what Behavioral Health Integration (BHI) and Collaborative Care (CoCM) services are, the comprised components, proper billing guidelines and the different roles of the care team members involved.



Agenda

Review of Behavioral Health Integration
Services

Jennifer Lee

Collaborative Care Management Services

Michelle Coleman

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 pre-existing or made by the billing practitioner and may be refined over time

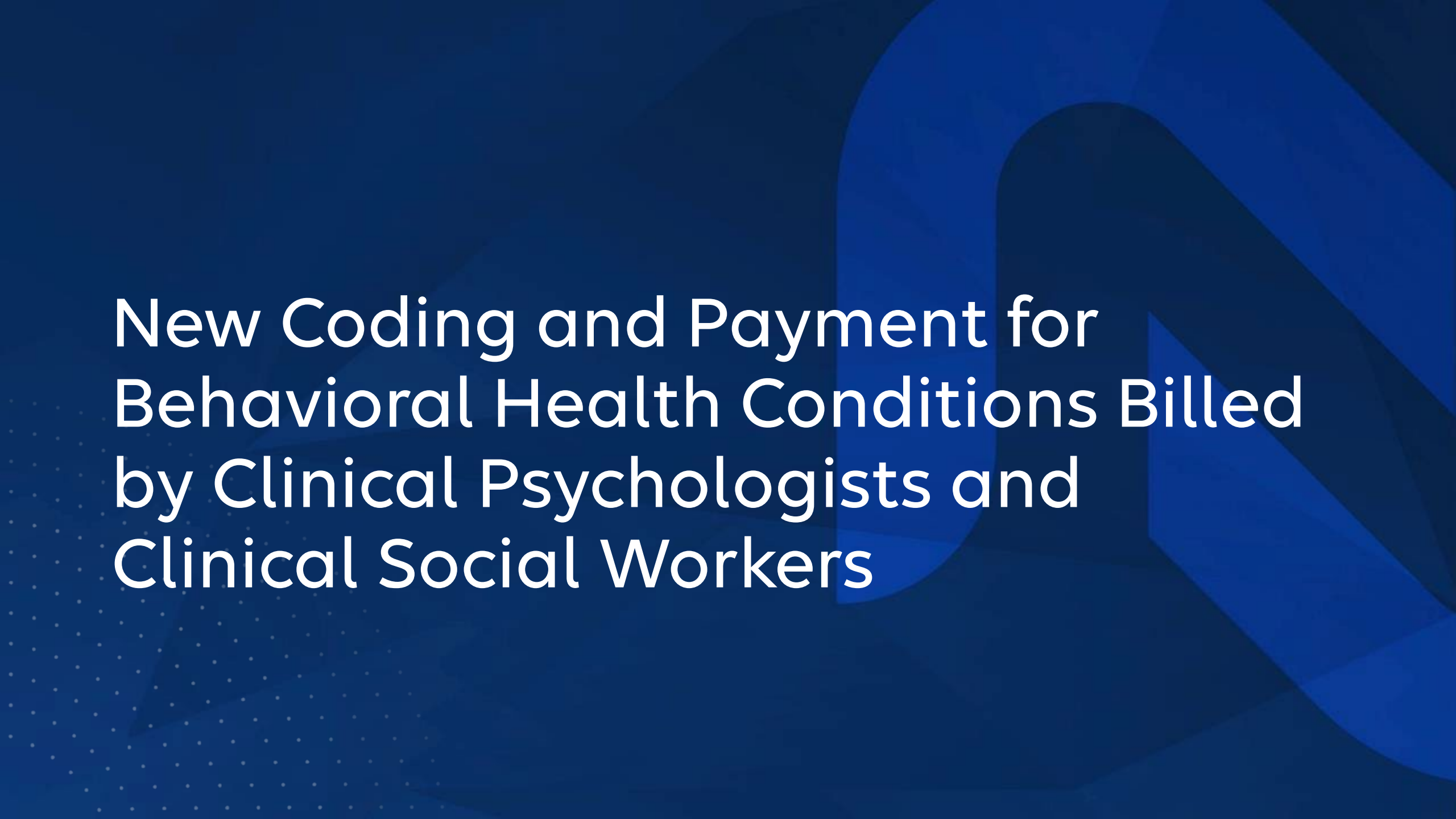
Billing/Coding BHI Services

CPT Codes for BHI

- 99484– Care management services for behavioral health conditions
- Service elements must include
 - Minimum of 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
- Service elements must include
 - Minimum of 20 minutes 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
 - Continuity of care with a designated member of the care team



New Coding and Payment for Behavioral Health Conditions Billed by Clinical Psychologists and Clinical Social Workers

New Coding and Payment for BHI Conditions Billed by CPs and CSWs

- G0323: Care management services for behavioral health conditions
 - CPT 90791 will serve as the initiating visit
- Service elements must include
 - Minimum of 20 minutes of clinical psychologist or clinical social worker time, per calendar month
 - 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, coordination with and/or referral to physicians and practitioners who are authorized by Medicare to prescribe medications and furnish E/M services, counseling and/or psychiatric consultation; and
 - 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)
- 2023 “Incident to” Update
 - May be furnished under the general supervision of a physician or NPP when these services are provided by auxiliary personnel

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
 - General supervision - procedure is furnished under the physician's overall direction and control, but that the physician's presence is not required during the performance of the procedure
- 2023 Supervision Requirements Update
 - Auxiliary personnel such as licensed professional counselors, Licensed Marriage and Family Therapists may provide services under general supervision incident to a physician or NPP

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

Psychiatric Collaborative Care Management Services

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

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

Billing/Coding CoCM Services

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
- CoCM is delivered monthly for an episode of care that ends when targeted treatment goals are met or there is failure to meet targeted treatment goals culminating in referral for direct psychiatric care, or there is a break in episode (no CoCM for six consecutive months)

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
 - 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 (cont.)

- 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

- 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
- Service elements must include
 - Minimum of 70 minutes in the first calendar month
 - ✓ At least 60 minutes in subsequent calendar months
 - 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 (cont.)

- 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 Code	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 (cont.)

CPT Code	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

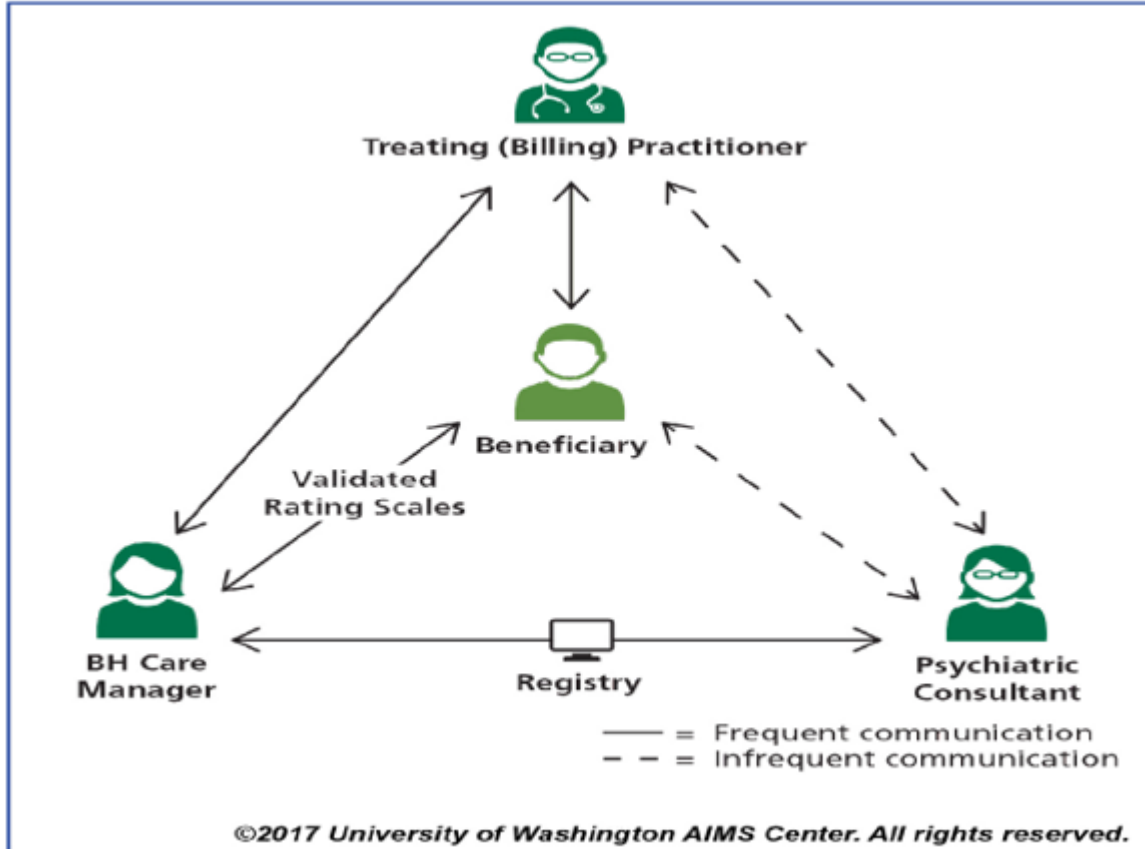
Care Team Members

- 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 (cont.)

- 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

Care Team



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

Psychotherapy for Crisis

Psychotherapy For Crisis

- CPT Codes 90839 and 90840
- Psychotherapy for crisis services are appropriate for patients in high distress with life-threatening, complex problems that require immediate attention
 - Providing an urgent assessment and history of a crisis state
 - Performing a mental status exam and psychotherapy
 - Mobilizing resources to defuse the crisis and restore safety
 - Using interventions to minimize the potential for psychological trauma

Mobile Psychotherapy Crisis Care 2024 Codes

- Effective Date 1/1/2024
- Payment for these psychotherapy for crisis services is equal to 150% of the fee schedule amount for services furnished in non-facility sites of service-other than office setting (including the home or mobile unit)

2024 HCPCS Code	Description
G0017	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes
G0018	Psychotherapy for crisis furnished in an applicable site of service; each additional 30 minutes (List separately in addition to code for primary service)

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 \(FQHCs\)*](#)
- MLN Matters® [*MM13452 - Medicare Physician Fee Schedule Final Rule Summary: CY 2024*](#)
- [Step by Step Collaborative Care \(CoCM\) Implementation Guide](#)
- [Psychiatry.org - Collaborative / Integrated Care](#)
- [Psychotherapy for Crisis](#)

Questions?

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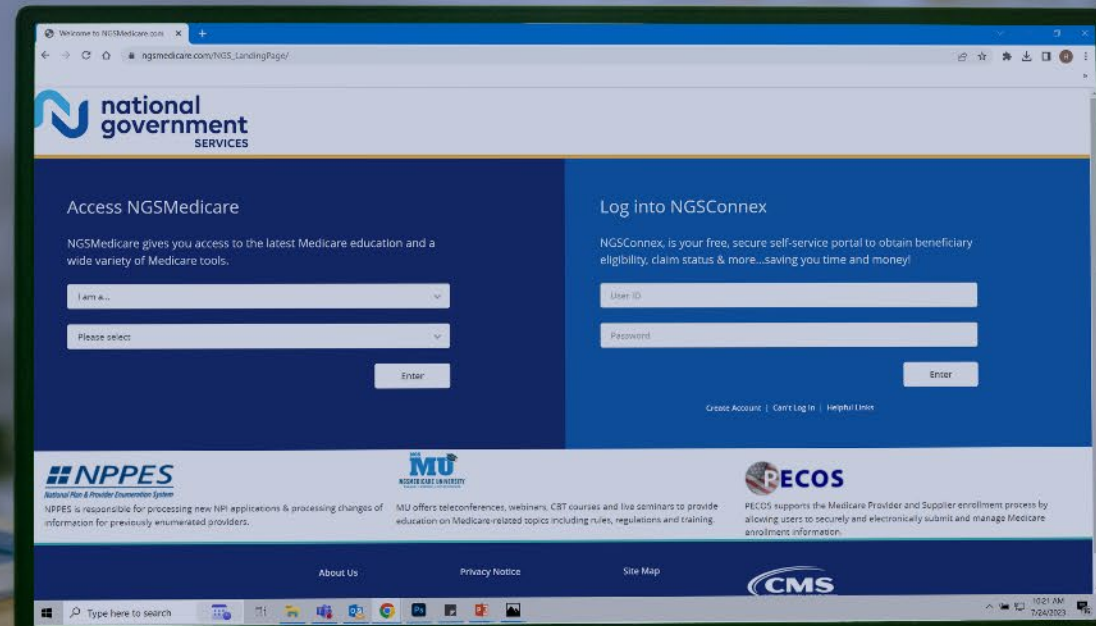
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