

Mental Health Awareness: Behavioral Health Integration and Cognitive Assessment and Care Plan Services

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Today's Presenters

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Agenda

- Behavioral Health Integration Services
- Cognitive Assessment and Care Plan 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

Behavioral Health Integration Team Members and Roles



Primary Care Physician Team Members

- Treating (Billing) Practitioner
- Beneficiary
- Potential Clinical Staff (may be used in provision of General BHI)

Treating (Billing) Practitioner's Role

- 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 deliver the General BHI service in its' entirety

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

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

General BHI Service Components

- Initial Assessment
 - Initiating visit (if required)
 - Administration of applicable validated rating scales
- Systematic assessment and monitoring
- Care planning with care team members and beneficiary, includes plan revision for patients whose condition(s) are not improving
- Facilitation and coordination of behavioral health treatment
- Continuous relationship with a designated member of care team

Cognitive Assessment and Care Plan Services



CPT Code for Cognitive Assessment & Care Plan Services

- CPT Code 99483 – Assessment of and care planning for patients with cognitive impairment like dementia, including Alzheimer’s disease, at any stage of impairment
- If cognitive impairment is detected during the Annual Wellness Visit (AWV) or other routine visit, a more detailed cognitive assessment and care plan may be completed
- This additional evaluation is necessary to diagnose a person with dementia, such as Alzheimer’s disease, and to identify treatable causes or co-occurring conditions such as depression or anxiety
- This code may billed separately from the AWV
- Includes Level five E/M service CPT code 99215 elements
 - comprehensive history
 - comprehensive exam
 - high complexity medical decision-making
- Effective 1/1/2021, Medicare increased payment for these services to \$282 (may be geographically adjusted) when provided in an office setting, added these services to the definition of primary care services in the Medicare Shared Savings Program, and permanently covered these services via telehealth
- Use CPT code 99483 to bill for both in-person and telehealth services

Who Can Offer a Cognitive Assessment?

- Any clinician eligible to report evaluation and management services can offer this service
- Eligible providers include
 - Physicians (MD and DO)
 - Nurse practitioners
 - Clinical nurse specialists
 - Physician assistants

Where Can I Perform the Cognitive Assessment?

- You can perform the assessment at any of these locations
 - Office or outpatient setting
 - Private residence
 - Care facility
 - Rest home
 - Via telehealth

What's Included in a Cognitive Assessment?

- The cognitive assessment includes a detailed history and patient exam
- An independent historian must be present for assessments and when you provide corresponding care plans under CPT code 99483
- An independent historian can be a parent, spouse, guardian, or other individual who provides the history when a patient isn't able to provide complete or reliable medical history themselves

What's Included in a Cognitive Assessment?

- Typically, you would spend 50 minutes face-to-face with the patient and independent historian to perform the following during the cognitive assessment
 - Examine the patient with a focus on observing cognition
 - Record and review the patient's history, reports, and records
 - Conduct a functional assessment of Basic and Instrumental Activities of Daily Living, including decision-making capacity
 - Use standardized instruments for staging of dementia like the Functional Assessment Staging Test (FAST) and Clinical Dementia Rating (CDR)
 - Reconcile and review for high-risk medications, if applicable
 - Use standardized screening instruments to evaluate for neuropsychiatric and behavioral symptoms, including depression and anxiety
 - Conduct a safety evaluation for home and motor vehicle operation
 - Identify social supports including how much caregivers know and are willing to provide care
 - Address advance care planning and any palliative care needs

What Care Plan Services Result from the Assessment?

- You'll use information gathered during a cognitive assessment to help you create a written care plan
- The care plan includes initial plans to address
 - Neuropsychiatric symptoms
 - Neurocognitive symptoms
 - Functional limitations
 - Referral to community resources as needed (for example, rehabilitation services, adult day programs, support groups) shared with the patient or caregiver, with initial education and support

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 \(FQHCs\)*](#)

Resources

- National Institute on Aging
 - [Alzheimer's and Dementia Resources for Professionals](#)
- [CY 2018 Physician Fee Schedule Final Rule](#) replaced G0505 with CPT code 99483
- [CY 2021 Physician Fee Schedule Final Rule](#) modified CPT code 99483 by adding it as a permanent telehealth service, increasing its valuation, and defining it as a primary care service in the Medicare Shared Savings Program
- MLN® Educational Tool: [Medicare Preventive Services](#)

Thank You!

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

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