



Mental Health Awareness: Behavioral Health Integration

12/21/2021





Today's Presenters

- Provider Collaboration Managers
 - Brittany Rayborn
 - Samantha Fisher
 - Yvette Luster



Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the [CMS website](#).

No Recording

- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
 - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Objectives

- Gain an understanding of Behavioral Health Integration services
- Review service components BHI
- Discuss the roles of the care team members
- BHI services billing and coding

Agenda

- Behavioral Health Integration Services

Behavioral Health Integration Services

- 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

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

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

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?

We're on Twitter!



@NGSMedicare

[Follow us](#)