



Behavioral Health Integration Services



What's Changed?

No substantive content updates.

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The medical community now widely considers integrating behavioral health care with primary care (behavioral health integration or BHI) an effective strategy for improving outcomes for millions of Americans with mental or behavioral health conditions. Medicare makes separate payment to physicians and non-physician practitioners for BHI services they supply to patients over a calendar month service period.

BHI is a type of care management service. In recent years, CMS updated the Medicare Physician Fee Schedule (MPFS) policies to improve payment for care management services. Working with the CPT Editorial Panel and other clinicians, CMS expanded the suite of codes describing care management services. New codes describe services that involve direct patient contact (that is in-person, face-to-face services) or that don't involve direct patient contact; that represent a single encounter, a monthly service, or both; that are timed services; that address specific conditions; and that represent the work of the billing practitioner, auxiliary personnel (specifically, clinical staff), or both.

Background

On January 1, 2017, Medicare began making separate payment to physicians and non-physician practitioners supplying BHI services using the Psychiatric Collaborative Care Model (CoCM) approach to patients during a calendar month. The following year (CY 2018), Medicare began making payment for these services using CPT codes 99492, 99493, and 99494, and established payment for general BHI services using models of care other than CoCM.

In the [CY 2021 MPFS Final Rule \(CMS-1734-F\)](#), CMS added a new BHI service by refining coding for CoCM services. On January 1, 2021, CMS began making payment for the services of HCPCS code 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).

CMS developed HCPCS code G2214 in response to requests from stakeholders who reported the need for additional coding to capture shorter increments of time spent with a patient. This type of situation may occur, for example, when a patient is seen for services, but is then hospitalized or referred for specialized care and the number of minutes required to bill for services using the current coding isn't met. Thus, to accurately account for these resources, CMS created HCPCS code G2214.

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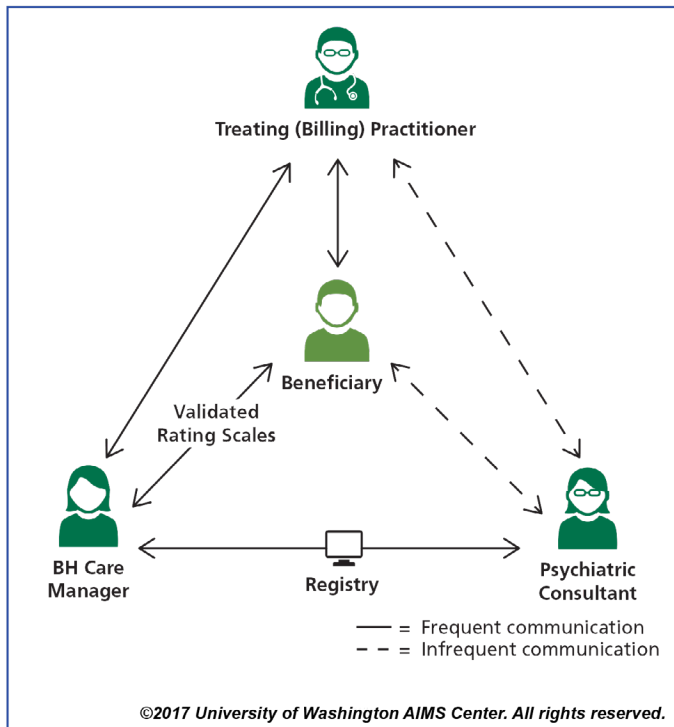
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Psychiatric Collaborative Care Model (CoCM)

Use CPT codes 99492, 99493, and 99494, and HCPCS code G2214 to bill for monthly services delivered using the 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 2 key services to the primary care team, particularly for patients whose conditions aren't improving:



- Care management support for patients receiving behavioral health treatment
- Regular psychiatric inter-specialty consultation
- A team of 3 individuals deliver CoCM: the Behavioral Health Care Manager, the Psychiatric Consultant and the Treating (Billing) Practitioner

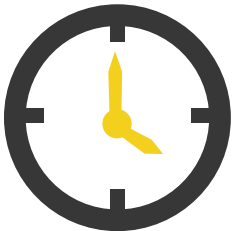
Care Team Members



- **Treating (Billing) Practitioner** – A physician 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
- **Patient** – The patient is a member of the care team

Service Components

- The primary care team (billing practitioner and behavioral health care manager) initial assessment
 - Administration of validated rating scale(s)
- The primary care team's joint care planning with the patient, with care plan revision for patients whose condition isn't improving adequately. Treatment may include pharmacotherapy, psychotherapy, or other indicated treatments
- Behavioral health care manager following up proactively and systematically using validated rating scales and a registry
 - Assesses treatment adherence, tolerability, and clinical response using validated rating scales; delivers 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 following months
 - Add-on code for 30 more minutes any month
- Regular case load review with psychiatric consultant:
 - The primary care team regularly (at least weekly) reviews the patient's treatment plan and status with the psychiatric consultant
 - The primary care team continues or adjusts treatment, including referral to behavioral health specialty care, as needed



General BHI

Providers use CPT code 99484 to bill monthly services delivered using BHI models of care other than CoCM that also include service elements such as systematic assessment and monitoring, care plan revision for patients whose condition isn't improving adequately, and a continuous relationship with an appointed care team member.

You may also use CPT code 99484 to report models of care that do not involve a psychiatric consultant, or an appointed behavioral health care manager (although these personnel may deliver General BHI services). CMS expects to refine this code over time, as more information becomes available about other BHI care models in use.

Service Components

- Initial assessment
 - Administration of applicable validated rating scale(s)
- Systematic assessment and monitoring, using applicable validated clinical rating scales
- The primary care team's joint care planning with the patient, with care plan revision for patients whose condition is not improving
- Facilitation and coordination of behavioral health treatment
- Continuous relationship with an appointed member of the care team

Care Team Members



- **Treating (Billing) Practitioner** – A physician or non-physician practitioner (PA, NP, CNS, CNM); typically primary care, but may be of another specialty (for example, cardiology, oncology, psychiatry).
- **Patient** – The patient is a member of the care team.
- **Potential Clinical Staff** – The billing practitioner delivers the service in full or uses qualified clinical staff to deliver services using a team-based approach. Clinical staff includes contractors who meet the qualifications for the CoCM behavioral health care manager or psychiatric consultant.

Note: Psychiatric consultants and other members of the care team are allowed to provide certain services remotely under the BHI codes.

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Eligible Conditions

Medicare classifies eligible conditions as any mental, behavioral health, or psychiatric condition treated by the billing practitioner, including substance use disorders, that, in the clinical judgment of the billing practitioner, calls for BHI services. The patient may have pre-existing conditions, or the billing practitioner may make the diagnosis(es) and refine them over time.

Patients may, but aren't required to have, comorbid, chronic, or other medical condition(s) that are managed by the billing practitioner.

Relationships and Roles of Care Team Members

Providers use BHI codes to bill and get paid for services using models of care with well-defined roles and relationships among the care team members. The following roles and relationships describe all BHI services unless noted.

Incident To

Medicare considers BHI services delivered by other members of the care team, under the direction of the billing practitioner, incident to the billing practitioner's services. These services are subject to the state law, licensure, and scope of practice that applies to their practice specialty. The billing practitioner either contracts with or employs the other care team members. Medicare pays the billing practitioner directly.

Initiating Visit

Medicare requires an initiating visit for new patients or patients not seen within 1 year prior to start of BHI services. This visit establishes the patient's relationship with the billing practitioner and ensures the billing practitioner assesses the patient prior to starting BHI services.

Treating (Billing) Practitioner



- Directs the behavioral health care manager or clinical staff
- Oversees the patient'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

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 concerning behavioral or psychiatric health problems
 - Revisions for patients not progressing or whose status changes
 - Brief psychosocial interventions
 - Ongoing collaboration with the billing practitioner
 - Maintenance of the registry
 - Consultation with the psychiatric consultant
- Has a continuous relationship with the patient
 - Available to deliver services face-to-face with the patient
 - Collaborative, integrated relationship with the rest of the care team
- Can work with the patient 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 deliver and report services to Medicare
- Does not include administrative or clerical staff; you don't count time spent in strictly administrative or clerical duties 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) about diagnosis; indicates options for resolving issues with patient adherence and tolerance of behavioral health treatment; makes adjustments to behavioral health treatment for patients who are not progressing; manages any negative interactions between patients' behavioral health and medical treatments
- Can (and typically will) be remotely located; is generally not expected to have direct contact with the patient, prescribe medications or deliver other treatment directly to the patient
- Can and should offer a referral for direct provision of psychiatric care when clinically indicated

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

- Continuous relationship with the patient 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 deliver and report services to Medicare
- Doesn't include administrative or clerical staff time
- May include (but not required to include) a behavioral health care manager or psychiatric consultant

Supervision

Medicare assigns BHI services not personally performed by the billing practitioner as general supervision under the Medicare Physician Fee Schedule (MPFS).^{*} General supervision doesn't, by itself, create a qualifying relationship between the billing practitioner and other members of the care team. Medicare defines general supervision as the service delivered under the overall direction and control of the billing practitioner, and that doesn't require their physical presence during provision of services.

Advance Consent

Prior to beginning BHI services, the patient must give the billing practitioner permission to consult with relevant specialists, which includes talking with a psychiatric consultant. The billing practitioner must inform the patient that cost sharing applies for both face-to-face and non-face-to-face services even if supplemental insurers cover cost sharing. You may get verbal consent from the patient (Medicare doesn't require written consent) but you must document it in the medical record.

^{*}Medicare Physician Fee Schedule (MPFS) payment is available under the MPFS whether the patient 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 deliver face-to-face care to the patient. Separate Part B payment can be made to hospitals (including critical access hospitals) when the billing practitioner reports a hospital outpatient POS.

Table 1. BHI Coding Summary

BHI Codes	Behavioral Health Care Manager or Clinical Staff Threshold Time	Assumed Billing Practitioner Time
Add-On CoCM (Any month) (CPT code 99494)	Each additional 30 minutes per calendar month	13 minutes
BHI Initiating Visit (AWV, IPPE, TCM or other qualifying E/M) _†	N/A	Usual work for the visit code
CoCM First Month (CPT code 99492)	70 minutes per calendar month	30 minutes
CoCM Subsequent Months ^{**} (CPT code 99493)	60 minutes per calendar month	26 minutes

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BHI Codes	Behavioral Health Care Manager or Clinical Staff Threshold Time	Assumed Billing Practitioner Time
General BHI (CPT code 99484)	At least 20 minutes per calendar month	15 minutes
Initial or subsequent psychiatric collaborative care management (HPCS code G2214)	30 minutes of behavioral health care manager time per calendar month	Usual work for the visit code

**CoCM is delivered 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).

Full Code Descriptors

CPT code 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 or psychiatric health problems, including revision for patients not progressing or whose status changes
- Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling or psychiatric consultation
- Continuity of care with a designated member of the care team

CPT code 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 that the treating physician or other qualified health care professional directs, 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

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CPT code 99493 Follow up psychiatric collaborative care management, first 60 minutes in a following 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
- Other review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations supplied 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 or other treatment goals and are prepared for discharge from active treatment

CPT code 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 that the treating physician or other qualified health care professional directs (list separately from the code for the primary procedure)

HCPCS code 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:

- 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
- Other review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations supplied 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
- Relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment)

Need More Information?

[Find your MAC's website](#)

Resources

- [Agency for Healthcare Research and Quality-Develop a Shared Care Plan](#)
- [BHI FAQs](#)
- [CoCM Implementation Resources](#)
- [CY 2022 Medicare Physician Fee Schedule \(MPFS\) Final Rule](#)
- [Institute for Healthcare Improvement-My Shared Care Plan](#)
- [New England Journal of Medicine \(NEJM\) Catalyst-Making the Comprehensive Shared Care Plan a Reality](#)
- [New England Journal of Medicine \(NEJM\) Medicare Payment for Behavioral Health Integration](#)
- [The Kennedy Forum-A Core Set of Outcome Measures for Behavioral Health Across Service Settings \(Content on Validated Rating Scales pg. 4\)](#)

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