U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

REPORT TO CONGRESS

Provider Outreach & Reporting on Certain Behavioral Health Integration Services

September 2024

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Executive Summary

The Centers for Medicare & Medicaid Services (CMS) is dedicated to quality care for people with Medicare. We created a robust healthcare provider outreach campaign about Medicare payment for behavioral health integration services described by Current Procedural Terminology (CPT®) codes 99492–99494 and 99484 (or any successor code)[1] in accordance with Section 4128 of the Consolidated Appropriations Act, 2023 (CAA, 2023) (Pub. L. 117–328). Section 4128(b)(1) of the CAA, 2023 also requires the Secretary of the Department of Health and Human Services (HHS) to submit a report to certain committees of Congress on the outreach to physicians and non-physician practitioners on the inclusion of behavioral health integration services under Medicare, including descriptions of the outreach methods. We must respond not later than one year after the date of the completion of the education initiative. Additionally, Section 4128(b)(2) of the CAA, 2023 requires the HHS Secretary to submit a report to certain committees of Congress not later than 18 months after the date of the completion of the education initiative, and two years thereafter, on the number of Medicare beneficiaries who, during the preceding year, were furnished behavioral health integration services. This includes those beneficiaries accessing services in rural and underserved areas. This report, and the utilization data provided in Appendix 4, aim to meet the requirements in Sections 4128(b)(1) and 4128(b)(2) of the CAA, 2023. CMS will update the behavioral health integration services utilization data in two years, as required by Section 4128(b)(2) of the CAA, 2023.

The CMS outreach campaign included the creation of educational content. We used our multi-faceted national and local distribution methods to target physicians and non-physician practitioners eligible to furnish behavioral health integration services to people with Medicare. Raising awareness of Medicare beneficiary eligibility requirements and practitioner billing for these important services may lead to improved mental, behavioral, and overall health outcomes for people with Medicare by incorporating behavioral health care into other medical care, like primary care.

This Report to Congress summarizes our approach to implementing the provider outreach campaign and details the methods used, including:

- Creating research-based educational content:
    - Behavioral Health Integration Services booklet (Appendix 1)
    - Letter for direct mailing to certain providers and suppliers (Appendix 2)
    - Email messaging (Appendix 3)
- Collaborating with Medicare Administrative Contractors (MACs) and CMS Regional Offices for local outreach

Additional information on available utilization rates during calendar year (CY) 2023 (as of May 2, 2024) are provided (Appendix 4).

Background

When CMS has a new initiative or policy change, we develop and implement outreach campaigns to ensure providers and suppliers have the information they need to:

- Provide quality healthcare services to people with Medicare;
- Correctly file claims for their services; and
- Stay informed about program and policy changes.

[1] See Appendix 1 for information about the codes, including full descriptors.

Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Integrating behavioral health care with primary care (behavioral health integration) can improve outcomes for people with mental or behavioral health conditions. CMS established separate payment for behavioral health integration services in the CY 2017 Medicare Physician Fee Schedule final rule[2] for physicians and non-physician practitioners eligible to furnish behavioral health integration services to people with Medicare. We revised payment policies for these services in subsequent final rules. In rulemaking, we stated a belief that the care and management for Medicare beneficiaries with behavioral health conditions may include extensive discussion, information sharing, and planning between a primary care physician or non-physician practitioner and a specialist, which occur without the patient present. As a result, CMS adopted payment and codes that reflect this approach to caring for patients with behavioral health conditions.

The Psychiatric Collaborative Care Model (CoCM) approach of behavioral health integration enhances primary care by adding care management support and regular psychiatric inter-specialty consultation:

- In the CY 2017 Physician Fee Schedule final rule,[2] we established separate payment for CPT codes 99492–99494.
- In the CY 2021 Physician Fee Schedule final rule,[3] we adopted Healthcare Common Procedure Coding System (HCPCS) code G2214 for initial or subsequent psychiatric collaborative care management.

Additionally, CMS adopted general behavioral health integration services using models of care other than Psychiatric CoCM:

- In the CY 2018 Physician Fee Schedule final rule,[4] we established payment for CPT code 99484.
- In the CY 2023 Physician Fee Schedule final rule,[5] we adopted HCPCS code G0323 for care management services for behavioral health conditions.

CMS makes separate payment to physicians and non-physician practitioners for behavioral health integration services furnished to people with Medicare over a calendar month service period.[2] The payment rates under the Medicare Physician Fee Schedule for each given year can be found at https://www.cms.gov/medicare/physician-fee-schedule/search/overview.

Introduction

Behavioral health integration is a model of care that is an approach to delivering mental and behavioral healthcare that makes it easier for primary care and other healthcare providers to coordinate with a patient's behavioral health provider or practitioner and include mental and behavioral health screening, treatment, and specialty care into their practice. Behavioral health integration is found in primary care and specialty settings, such as oncology, cardiology, neurology, pediatrics, and rehabilitation. Typically, medical and behavioral health clinicians collaborate with each other and with patients, clients, and caregivers (as appropriate) to address identified concerns. These behavioral health integration services

[2] 81 FR 80170 (November 15, 2016). https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/pfs-federal-regulation-notices-items/cms-1654-f

[3] 85 FR 84472 (December 28, 2020). https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-federal-regulation-notices/cms-1734-f

[4] 82 FR 52976 (November 15, 2017). https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/pfs-federal-regulation-notices-items/cms-1676-f

[5] 87 FR 69404 (November 18, 2022). https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1770-f

may be particularly helpful for people who see multiple practitioners and could benefit from improved care coordination and services. Behavioral health integration services can be furnished in both the facility and non-facility settings.

The following content is from the Behavioral Health Integration Services booklet (See Appendix 1). In addition to payment for evaluation and management services furnished for behavioral health conditions, Medicare covers two approaches to behavioral health integration services:

1. Psychiatric CoCM (CPT codes 99492–99494 and HCPCS code G2214); and
2. General behavioral health integration (CPT code 99484 and HCPCS code G0323).

Psychiatric CoCM is furnished to the beneficiary by a team, which includes a behavioral healthcare manager, psychiatric consultant, and a treating (billing) practitioner. It enhances primary care by adding two key services to the primary care team:

1. Care management support for patients getting behavioral health treatment; and
2. Regular psychiatric inter-specialty consultation.

General behavioral health integration uses models of care other than Psychiatric CoCM. It includes service elements like:

- Systematic assessment and monitoring;
- Care plan revision for patients whose behavioral health conditions may benefit from improved care coordination and consultation; and
- Continuous relationship with an appointed care team member.

Behavioral health integration services may be furnished to beneficiaries with any psychiatric or behavioral health condition(s), including substance use disorder, that is being treated by a physician or other qualified healthcare professional. In addition to the CMS Behavioral Health Integration Services booklet (Appendix 1), CMS maintains several publications and resources about behavioral health integration services for healthcare providers[6,7,8,9, 10] and their patients with Medicare.[11,12]

However, we believe that healthcare providers and practitioners needed more awareness of these services to incorporate behavioral healthcare into other medical care, such as physical healthcare. To fill this information gap, we developed additional educational content about behavioral health integration services, described below.

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[6] "Medicare & Mental Health Coverage." *Medicare Learning Network Publication*. https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf. Updated January 2024.

[7] "Addressing & Improving Behavioral Health." *CMS Webpage.* https://www.cms.gov/about-cms/what-we-do/behavioral-health. Updated September 2023.

[8] "Care Management." *CMS Webpage.* https://www.cms.gov/medicare/payment/fee-schedules/physician/care-management. Updated July 2024.

[9] "Innovation in Behavioral Health (IBH) Model." *CMS Webpage.* https://www.cms.gov/priorities/innovation/innovation-models/innovation-behavioral-health-ibh-model. Updated April 2024. The Center for Medicare and Medicaid Innovation recently announced this Model designed to deliver person-centered, integrated care to Medicaid and Medicare populations (and those who are dually eligible) with moderate to severe mental health conditions or substance use disorder, or both, to test approaches for addressing behavioral and physical health and health-related social needs.

[10] "HHS Roadmap for Behavioral Health Integration." *HHS Fact Sheet*. https://www.hhs.gov/about/news/2022/12/02/hhs-roadmap-for-behavioral-health-integration-fact-sheet.html. Released December 2022.

[11] "Behavioral Health Integration Services." *Medicare.gov Webpage.* https://www.medicare.gov/coverage/behavioral-health-integration-services. Updated March 2024.

[12] "Medicare & You Handbook." *Medicare Publication.* https://www.medicare.gov/publications/10050-Medicare-and-You.pdf. Updated September 2023.

Approach

We began this outreach campaign with an environmental scan and meetings with our internal subject matter experts. Through this exercise, we found several publications and resources on behavioral health integration services. However, our environmental scan revealed opportunities for us to create educational content for healthcare providers whose Medicare patients may be eligible for these services.

We established the following goal for our outreach campaign: educate physicians and non-physician practitioners on behavioral health integration services:

- Coverage
- Billing requirements
- Medicare patient eligibility

We identified certain healthcare practitioners as our target audience, including:

- Physicians
- Non-physician practitioners (e.g., physician assistants, nurse practitioners, and certified nurse midwives)
- Behavioral healthcare managers
- Psychiatric consultants
- Clinical psychologists

Keeping our goals and target audience in mind, we developed the following key messages as the foundation for all content we created for the campaign:

- Medicare covers two types of behavioral health integration services:
    1. Psychiatric CoCM approach: identified by CPT codes 99492–99494 and HCPCS code G2214; and
    2. General behavioral health integration services using models of care other than Psychiatric CoCM: identified by CPT code 99484 and HCPCS code G0323.
- Medicare makes separate payments to physicians and non-physician practitioners for behavioral health integration services over a calendar month service period.
- Medicare beneficiaries with any behavioral health condition, including mental health or psychiatric conditions, including substance use disorders, that the billing practitioner treats, and in the practitioner's clinical judgment call for behavioral health integration services, are eligible for these services.

After reviewing relevant websites and publications to determine key messages that resonate with our target audience, we worked with our policy staff to understand additional information gaps, including patient eligibility for these services and how providers should bill for them. Once we had this research, we updated the Behavioral Health Integration Services booklet (Appendix 1). The booklet includes information for healthcare providers about coverage, eligibility, and billing for these services in plain language. We continue to regularly update the booklet (initially published in 2017) to meet healthcare providers' information needs.

Creating Research-Based Educational Content

Once we developed educational content specific to these services, we began the outreach campaign with a direct mailing letter (Appendix 2) and series of email messages (Appendix 3) to physicians and non-physician practitioners. Through this initial effort, we targeted healthcare providers, giving them

information and a way to easily access our new resource materials. We further amplified our outreach using national and local distribution channels. We also monitored healthcare provider inquiries that came into MAC contact centers to identify opportunities for further education and outreach.

Direct Mailing Letter to Providers

We created a letter (Appendix 2) for healthcare providers with information on three behavioral health services that may improve outcomes for people with Medicare:

1. Behavioral health integration services
2. Psychotherapy for crisis
3. Opioid use disorder screening and treatment

The letter also provided links to all our online resources. Our MACs mailed almost 300,000 letters to physicians and non-physician practitioners. To ensure group practices with multiple practitioners don't get the same information numerous times, we sent one letter to a single group practice. By casting this wide net, we reached our target audience quickly and in the most direct manner.

Email Messaging Series

To further our reach, we shared this educational content in an email messaging series (Appendix 3), using our national and local distribution channels.

Our weekly MLN Connects® email newsletter reaches more than 1.5 million subscribers between direct subscribers (700,000+) and MAC listservs subscribers (800,000+). We featured three different messages in the newsletter over five months.

We also distributed the message series on other applicable agency mailing lists, including the Accountable Care Organization Spotlight newsletter with over 5,000 subscribers.

We regularly partner with 227 national healthcare organizations representing over 5.8 million members, including provider associations, federations, and societies for healthcare professionals (including providers and support staff like billers, coders, and office managers). Partnered organizations agree to share relevant content from our MLN Connects® newsletter with their members. In addition to sharing content in the newsletter with all our partners, we asked 106 physician and non-physician practitioner partner associations to share our letter.

Collaborating with the Medicare Administrative Contractors

MACs are CMS contractors that process Medicare Part A and Part B claims on a jurisdiction-by-jurisdiction basis. Among other functions, MACs also:

- Answer provider inquiries.
- Educate providers about the Medicare program.

By communicating regularly with providers, MACs are a trusted communications resource. We routinely work with the MACs on outreach campaigns to use their various methods for more direct provider interaction within each jurisdiction. Each MAC has a Provider Outreach & Education program that informs providers about the Medicare program, including new or changing policies and how to bill correctly.

As previously mentioned, the MACs mailed our letter, ensuring the most direct and broad outreach. The MACs also amplified our behavioral health integration services content at the local level by:

- Speaking about behavioral health integration services at routine meetings and other outreach events;
- Sending our educational materials and messages through their electronic mailing lists;
- Posting relevant content to their websites; and
- Tracking inquiries from providers and using our materials to respond to them.

Working with CMS Regional Offices

The Office of Program Operations and Local Engagement (OPOLE) within CMS is responsible for the regionally-based Medicare operations work, local oversight of qualified health plans on the Federally Facilitated Exchanges, and external affairs. OPOLE staff provide the regional and grassroots viewpoint for the Medicare program. OPOLE's expertise helps CMS to better understand provider information needs and questions.

OPOLE expanded the campaign's reach by sharing behavioral health integration services messaging and resources with more than 85,000 individuals across the country through emails, educational webinars, a drop-in article for stakeholder publications, and stakeholder meetings. Employing its partnerships with local community groups that serve as trusted voices in their communities, OPOLE indirectly reached an additional 110,000 individuals through community group distribution channels. OPOLE performed some of this outreach, specifically targeting healthcare providers and their associations in collaboration with the Substance Abuse and Mental Health Services Administration. Feedback from state medical societies and hospital associations indicated they appreciated the outreach.

Finally, OPOLE conducted five listening sessions across the country to gain insights into the behavioral health needs of family and unpaid caregivers and how CMS resources can support these individuals. This effort supported the 2022 National Strategy for Family Caregivers, as directed by the HHS Secretary.

Next Steps

Our commitment to maintaining awareness of behavioral health integration services continues. CMS is:

- Continuing to include messages reminding providers about behavioral health integration services and the billing codes in the MLN Connects® newsletter on a regular basis;
- Updating publication content regularly; and
- Continuing to monitor and track provider inquiries.

Conclusion

CMS appreciates the importance of this required outreach and education campaign and developed a robust response encompassing national and local tactics to target healthcare providers. We identified information gaps and created content and resources to give healthcare providers the information they need to promote and properly bill for these services.

Raising awareness about billing and Medicare beneficiary eligibility for these services is an important step in improving mental, behavioral, and psychiatric health for many people with Medicare. By incorporating behavioral healthcare into other medical care, like primary care, and encouraging collaboration and care coordination between providers, CMS is promoting improved quality of care and enhanced access to behavioral healthcare.

Moving forward, CMS will continue to update our resources as necessary and share this information with eligible Medicare providers using our national and local distribution channels.

In two years, we will provide an update to this report, in accordance with Section 4128(b)(2) of the CAA, 2023, on the number of Medicare beneficiaries (including those accessing services in rural and underserved areas) who, during the preceding year, were furnished behavioral health integration services.

Appendix 1: Medicare Learning Network® booklet on Behavioral Health Integration Services: May 2023 Version[1]

mln Booklet

KNOWLEDGE • RESOURCES • TRAINING

Behavioral Health Integration Services

What's Changed?

No substantive content updates

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Learning Network®

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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.

Tip: We make separate payment to physicians and non-physician practitioners for BHI services they supply to patients over a calendar month service period.

What is BHI?

BHI is a type of care management service. In recent years, we expanded the suite of codes describing care management services. New codes describe services that involve:

- Direct patient contact, in-person or face-to-face services that don't involve direct patient contact
- Representing a single encounter, a monthly service, or both
- Timed services
- Addressing specific conditions
- Representing the work of the billing practitioner, auxiliary personnel (specifically, clinical staff), or both

BHI Services Using the Psychiatric Collaborative Care Model

On January 1, 2017, we began making separate payments to physicians and non-physician practitioners supplying BHI services using the Psychiatric Collaborative Care Model (CoCM) approach to patients during a calendar month. In 2018, we established payment for general BHI services using models of care other than CoCM and began making payment for these services using CPT codes:

- 99492
- 99493
- 99494

HCPCS Code G2214: Refining Coding for CoCM Services

We added the BHI service in the CY 2021 MPFS Final Rule (CMS-1734-F) and on January 1, 2021, we began making payment for the services with the following criteria:

- 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

An example of when to use this code is when you see a patient for services, then hospitalize them or refer them for specialized care, and you don't meet the number of minutes needed to bill for services using the current coding.

New HCPCS Code G0323: Care Management Services for Behavioral Health Conditions

- New for CY 2023: Describes general BHI that a clinical psychologist (CP) or clinical social worker (CSW) performs to account for monthly care integration
- A CP or CSW, serving as the focal point of care integration furnishes the mental health services
- At least 20 minutes of CP or CSW time per calendar month

Tip: Tip: Psychiatric diagnostic evaluation (CPT code 90791) serves as the initiating visit for G0323

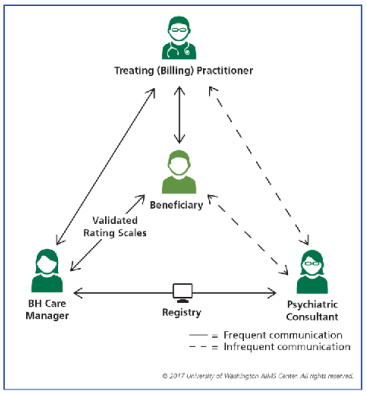


Figure 1: Illustration of a CoCM model

Psychiatric CoCM

Use CPT codes 99492, 99493, and 99494, and HCPCS codes 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 patients whose conditions aren't improving:

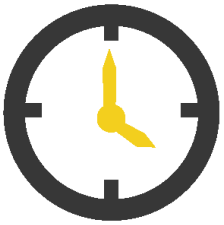
- Care management support for patients receiving behavioral health treatment
- Regular psychiatric inter-specialty consultation
- A team of 3 individuals deliver CoCM:
  - Behavioral Health Care Manager
  - Psychiatric Consultant
  - Treating (Billing) Practitioner

CoCM 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 provider 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 provider trained in psychiatry and qualified to prescribe the full range of medications
- **Patient** – The patient is a member of the care team

CoCM Service Components

- The primary care team performs the initial assessment and are responsible for the administering the validated rating scales.
- 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 recommended 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 by the behavioral health care manager and the psychiatric consultant:
  - The behavioral health care manager and the psychiatric consultant review weekly the patient's treatment plan and status, and if the patient is not improving, discuss the patient's treatment plan for potential revision with the psychiatric consultant
  - The primary care team continues or adjusts treatment, including referral to behavioral health specialty care, as needed

General BHI

Practitioners 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
- 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. We expect to refine this code over time, as more information becomes available about other BHI care models in use.

General BHI Service Parts

- Initial assessment, including administering applicable validated clinical rating scales
- 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 isn't improving
- Facilitation and coordination of behavioral health treatment
- Continuous relationship with an appointed member of the care team

General BHI 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.

Tip: We allow psychiatric consultants and other members of the care team to offer certain services remotely under the BHI codes.

Eligible Conditions

We classify eligible conditions as any mental, behavioral health, or psychiatric condition that the billing practitioner treats, 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.

Tip: Patients may, but don't need to have, comorbid, chronic, or other medical conditions that the billing practitioner manages.

Relationships & Roles of Care Team Members

Practitioners 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

We consider 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 employs or contracts with the other care team members. Medicare pays the billing practitioner directly.

Initiating Visit

We require an initiating visit for new patients or patients not seen within 1 year before the start of BHI services. This visit establishes the patient's relationship with the billing practitioner and makes sure the billing practitioner assesses the patient before 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
- Stays involved through ongoing oversight, management, collaboration, and reassessment
- May deliver the General BHI service in its entirety

Behavioral Health Care Manager (needed for CoCM; optional for General BHI)

- Gives assessment and care management services, including:
  - Administering validated rating scales
  - Behavioral health care planning about 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 and:
  - Is available to deliver services face-to-face with the patient
  - Has 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 practitioner who meets all the requirements to independently deliver and report services to Medicare
- Doesn't 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 (needed for CoCM; optional for General BHI)

- Takes part in regular review of clinical status of patients getting BHI services
- Tells the billing practitioner and behavioral health care manager about diagnosis
- Indicates ways for resolving issues with patient adherence and tolerance of behavioral health treatment
- Adjusts behavioral health treatment for patients who aren't 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 provide 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 provider 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

We assign 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. We define 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

Before starting 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.

We don't require written consent.

- You may get verbal consent from the patient
- You must document it in the medical record

Tip: 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. Medicare can make separate Part B payment 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
BHI Initiating Visit (AWV, IPPE, TCM or other qualifying E/M) †	N/A	Usual work for the visit code
Care management services for behavioral health conditions (HCPCS code G0323)	At least 20 minutes of clinical psychologist or clinical social worker time, per calendar month	15 Minutes
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
Add-On CoCM (Any month) (CPT code 99494)	Each additional 30 minutes per calendar month	13 minutes
General BHI (CPT code 99484)	At least 20 minutes per calendar month	15 minutes
Initial or subsequent psychiatric collaborative care management (HCPCS 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 meet 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
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 using applicable validated rating scales
- Behavioral health care planning about 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 an appointed member of the care team

CPT Code 99492: Initial Psychiatric CoCM
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 administering 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 proper 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

CPT Code 99493: Follow Up Psychiatric CoCM
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 proper 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, other treatment goals and prepare for discharge from active treatment

CPT Code 99494: Initial & Subsequent Psychiatric CoCM
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 G0323: Care Management Services for Behavioral Health Conditions
Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist or clinical social worker time, per calendar month:

- Initial assessment or follow-up monitoring, including using applicable validated rating scales; behavioral health care planning about behavioral or psychiatric health problems, including revision for patients who aren't progressing or whose status changes
- Facilitating and coordinating treatment such as psychotherapy, coordination with and referral to physicians and practitioners who Medicare authorizes to prescribe medications and furnish E/M services, counseling or psychiatric consultation and continuity of care with an appointed member of the care team

HCPCS Code G2214: Initial & Subsequent Psychiatric CoCM
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 proper 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, or other treatment goals and prepare 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 2023 Medicare Physician Fee Schedule (MPFS) Final Rule

[1] This appendix is the May 2023 Version we used for the direct mailing letter (Appendix 2) and email messaging series (Appendix 3). We update this booklet regularly; see https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf.

Appendix 2: Provider Letter for MAC Direct Mailing

Dear Physicians and Non-Physician Practitioners,

The Centers for Medicare & Medicaid Services (CMS) wants to let you know about 3 behavioral health services Medicare will pay for that may improve outcomes for your Medicare patients:

1. Behavioral Health Integration (BHI) Services
2. Psychotherapy for Crisis
3. Opioid Use Disorder (OUD) Screening & Treatment

Behavioral Health Integration Services

BHI is a model of care that incorporates behavioral health care into other care, like primary care, to improve mental, behavioral, or psychiatric health for many patients. In addition to payment for evaluation and management services, Medicare covers 2 types of BHI services:

1. Psychiatric Collaborative Care Model (CoCM): To bill, use CPT codes 99492–99494 and HCPCS code G2214. A team of 3 individuals delivers CoCM: a behavioral health care manager, psychiatric consultant, and treating (billing) practitioner. This model enhances primary care by adding 2 key services to the primary care team:
    1. Care management support for patients getting behavioral health treatment
    2. Regular psychiatric inter-specialty consultation
2. General BHI services using models of care other than CoCM: To bill, use CPT code 99484 and HCPCS code G0323 to account for monthly care integration. General BHI includes service elements like:
    - Systemic assessment and monitoring
    - Care plan revision for patients whose condition isn't improving adequately
    - Continuous relationship with an appointed care team member

We make separate payment for services you supply over a calendar month service period. Beginning in CY 2023, general BHI services can also be furnished by clinical psychologists or clinical social workers whose services are limited to the diagnosis and treatment of mental illness.

Your patients may be eligible for BHI services. Eligible conditions include:

- Mental health
- Behavioral health, including substance use disorder (SUD)
- Psychiatric

These BHI services may be particularly helpful for patients who aren't improving under other models of care.

Read the booklet (https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf) to learn more.

Psychotherapy for Crisis

Psychotherapy for crisis services are appropriate for patients in high distress with life-threatening, complex problems that require immediate attention. These services can help reduce a patient's mental health crisis (including SUD) through:

- Urgent assessment and history of a crisis state
- Mental status exam

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- Disposition (or what happens next for the patient)

Physicians and non-physician practitioners whose scope of covered Medicare services includes the diagnosis and treatment of mental illnesses can offer these services. This includes clinical psychologists, clinical social workers, clinical nurse specialists, nurse practitioners, physician assistants, and certified nurse midwives. Medicare pays for these services under the Physician Fee Schedule.

Visit and bookmark https://www.cms.gov/medicare/payment/fee-schedules/physician-fee-schedule/psychotherapy-crisis for the most recent information including increased payment for Psychotherapy for crisis equal to 150% of the fee schedule amount for services furnished in non-facility sites of service, other than a physician or practitioner's office, effective January 1, 2024, as provided in the Consolidated Appropriations Act, 2023.

Opioid Use Disorder Screening & Treatment

Medicare pays OUD screenings performed by physicians and non-physician practitioners.

- Screening for OUD is a required element of Medicare's Initial Preventive Physical Exam and Annual Wellness Visit.
- During visits in physicians' offices and outpatient hospital settings, Medicare will pay for Screening, Brief Intervention, & Referral to Treatment (SBIRT) treatment services. This is an evidence-based, early intervention approach for people with non-dependent substance use before they need more specialized treatment. Depending on the duration of the service, you may bill G2011 (5-14 minutes), G0396 (15-30 minutes), or G0397 (greater than 30 minutes).

If you diagnose your patient with OUD, Medicare pays for certain treatment services, including:

- Evaluation & Management (E/M) visits for medication management
    - CPT codes 99202-99499 represent visits and services that involve evaluating and managing patient health. You can use E/M visits to provide medication management to make sure patients take medications (like buprenorphine) properly as part of their recovery process.
- Office-based SUD treatment services
    - Office-based SUD treatment services, HCPCS codes G2086-G2088, are a way for you to bill for a group of services for the treatment of SUDs in the office setting. Medicare pays for a monthly bundle of services (for patients who are prescribed buprenorphine or naltrexone in the office setting) for the treatment of OUD or other SUDs.
- Opioid Treatment Program (OTP)
    - OTPs provide medications for opioid use disorder (MOUD), including methadone, buprenorphine, and naltrexone, as well as a range of other services including individual and group therapy, substance use counseling, and toxicology testing, for patients diagnosed with OUD. Consider referring your patient to an OTP if this specific MOUD is helpful to their recovery.

Learn more about covered OUD screening and treatment options at https://www.cms.gov/medicare/payment/fee-schedules/physician-fee-schedule/opioid-use-disorder-screening-treatment, which includes a list of Medicare-enrolled OTPs.

Thank you for the essential care you provide to your Medicare patients.

DISCLAIMER: For the most current information, see the materials referenced in this letter.

Appendix 3: Email Messaging Series

Date: 4/27/2023 – Behavioral Health Integration Services: Find Out What Medicare Covers & Who's Eligible

https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive/2023-04-27-mlnc#_Toc133412030

Behavioral health integration (BHI), incorporating behavioral health care with primary care, is an effective strategy to improve mental, behavioral, or psychiatric health for many patients. Medicare covers 2 types of BHI services:

1. Psychiatric Collaborative Care Model (CoCM) approach: Use CPT codes 99492–99494 and HCPCS code G2214 to bill
2. General BHI services using models of care other than CoCM: Use CPT code 99484 and HCPCS code G0323 to bill

We make separate payment to physicians and non-physician practitioners for services they supply over a calendar month service period.

Eligibility is based on the clinical judgment of the billing practitioner. Eligible conditions include:

- Mental health
- Behavioral health, including substance use disorder
- Psychiatric

Read Behavioral Health Integration Services to learn more, including:

- Service components or parts
- Requirements for an initiating visit, supervision, and advance consent

More Information:

- Addressing & Improving Behavioral Health webpage
- Care Management webpage

Date: 6/22/2023 – Behavioral Health Integration Services: Get Information about the Codes

https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive/2023-06-22-mlnc#_Toc138167783

Behavioral health integration (BHI), incorporating behavioral health care with primary care, is an effective strategy to improve mental, behavioral, or psychiatric health for many patients.

Medicare makes separate payment to physicians and non-physician practitioners for BHI services they supply to patients over a calendar month service period. Find out how to code for 2 types of BHI services:

1. Psychiatric Collaborative Care Model (CoCM): Use CPT codes 99492–99494 and HCPCS code G2214 to bill
2. General BHI services using models of care other than CoCM: Use CPT code 99484 and HCPCS code G0323 to bill

Eligibility is based on the clinical judgment of the billing practitioner. Eligible conditions include:

- Mental health
- Behavioral health, including substance use disorder

- Psychiatric

Read Behavioral Health Integration Services to learn more, including:
- New CPT and HCPCS codes
- Threshold time and assumed practitioner time for each code
- Full code descriptors

More Information:
- Addressing & Improving Behavioral Health webpage
- Care Management webpage

Date: 8/24/2023 – Behavioral Health Integration Services: Are Your Patients Eligible?

https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive/795634753/2023-08-24-mlnc#_Toc143610550

Behavioral health integration (BHI), incorporating behavioral health care with primary care, is an effective strategy to improve mental, behavioral, or psychiatric health for many patients.

Your patients may be eligible for BHI services. Eligible conditions include:
- Mental health
- Behavioral health, including substance use disorder
- Psychiatric

Medicare covers 2 types of BHI services:
1. Psychiatric Collaborative Care Model (CoCM): Use CPT codes 99492–99494 and HCPCS code G2214 to bill
2. General BHI services using models of care other than CoCM: Use CPT code 99484 and HCPCS code G0323 to bill

We make separate payment to physicians and non-physician practitioners for services they supply to patients over a calendar month service period.

Read Behavioral Health Integration Services to learn more.

More Information:
- Addressing & Improving Behavioral Health webpage
- Care Management webpage

Appendix 4: Utilization Rates

Section 4128(b)(2) of the CAA, 2023 requires the HHS Secretary to submit a report to certain committees of Congress not later than 18 months after the date of the completion of the education initiatives, and two years thereafter, on the number of Medicare beneficiaries (including those beneficiaries accessing services in rural and underserved areas) who, during the preceding year, were furnished behavioral health integration (BHI) services described in subsection (a) for which payment was made under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

Based on a study of Medicare Part B claims data, in CY 2023, 173,800 beneficiaries with Fee-for-Service (FFS) or Medicare Advantage (MA) were furnished a BHI service (as of data available through May 2, 2024). These beneficiaries accounted for approximately 0.27% of all beneficiaries in FFS Medicare or MA in 2023. The most common BHI service was general BHI provided by a physician or non-physician practitioner (CPT code 99484). In 2023, 119,400 beneficiaries (68.7% of total BHI beneficiaries and 0.19% of the total Medicare population) were furnished general BHI services (99484).

Table 1 includes the overall summary of beneficiaries who were furnished BHI services in 2023, and Table 2 shows the county-level distribution of beneficiaries who were furnished BHI services by rurality and percentile. [1]

Table 1. Overall Summary of Beneficiaries Receiving BHI Services, CY 2023 Only

Notes: BHI beneficiaries are defined as beneficiaries who received at least one BHI-related service (i.e., a claim for one or more of the six BHI HCPCS codes) and were enrolled in FFS Medicare, MA , or either during the months that they received BHI-related services in 2023.

Because the same beneficiary may have received multiple BHI services at different points during the study period, beneficiary and enrollment counts might not add up to total counts.

	All BHI HCPCS Codes		By BHI HCPCS Code				
	All BHI Beneficiaries	BHI Beneficiaries out of Total Medicare Beneficiaries	BHI Beneficiaries Receiving General BHI (99484)	BHI Beneficiaries Receiving 99484 out of Total Medicare Population	BHI Beneficiaries Receiving the Psychiatric Collaborative Care Model (CoCM), First Month (99492)	BHI Beneficiaries Receiving 99492 out of Total Medicare Population	BHI Beneficiaries Receiving CoCM, Subsequent Month (99493)
Stratification	**#**	**%**	**#**	**%**	**#**	**%**	**#**
All Beneficiaries (FFS + MA)	**173,762**	**0.27%**	**119,390**	**0.19%**	**40,630**	**0.06%**	**44,037**
FFS	94,045	0.30%	67,234	0.21%	19,771	0.06%	21,666
MA	82,381	0.24%	54,188	0.16%	20,943	0.06%	22,792

Table 1. (Continued)

	By BHI HCPCS Code						
	BHI Beneficiaries Receiving 99493 out of Total Medicare Population	BHI Beneficiaries Receiving CoCM, Add-On (99494)	BHI Beneficiaries Receiving 99494 out of Total Medicare Population	BHI Beneficiaries Receiving CoCM, Shorter Time (G2214)	BHI Beneficiaries Receiving G2214 out of Total Medicare Population	BHI Beneficiaries Receiving General BHI from a Clinical Psychologist (CP) or Clinical Social Worker (CSW) (G0323)	BHI Beneficiaries Receiving G0323 out of Total Medicare Population
Stratification	**%**	**#**	**%**	**#**	**%**	**#**	**%**
All Beneficiaries (FFS + MA)	**0.07%**	**30,320**	**0.05%**	**12,475**	**0.02%**	**2,475**	**0.00%**
FFS	0.07%	14,853	0.05%	6,468	0.02%	1,433	0.00%
MA	0.07%	15,640	0.05%	6,057	0.02%	1,060	0.00%

[1] Data as of May 2, 2024, which includes most claims for CY 2023. Providers can continue to submit CY 2023 claims until December 31, 2024.

Table 2. County-Level Distribution of Percent of Beneficiaries Receiving BHI Services by Rurality and Percentile, CY 2023 Only

Notes: BHI beneficiaries are defined as beneficiaries who received at least one BHI-related service (i.e., a claim for one or more of the six BHI HCPCS codes) and were enrolled in either FFS Medicare or MA during the months that they received BHI-related services in 2023.

Because the same beneficiary may have received multiple BHI services at different points during the study period, beneficary and enrollment counts might not add up to total counts.

	Counties in Each Group	Average BHI Beneficiaries out of Total Medicare Population per County						
		All BHI Codes	General BHI (99484)	CoCM, First Month (99492)	CoCM, Sub Month (99493)	CoCM, Add-On (99494)	CoCM, Shorter Time (G2214)	General BHI, CP or CSW (G0323)
Stratification	#	%	%	%	%	%	%	%
Rurality								
Rural	1,315	0.17%	0.13%	0.03%	0.03%	0.03%	0.01%	0.00%
Micropolitan	662	0.20%	0.16%	0.04%	0.04%	0.03%	0.01%	0.00%
Metropolitan	1,252	0.24%	0.17%	0.05%	0.06%	0.04%	0.02%	0.00%
Percentile								
Mean		0.20%	0.15%	0.04%	0.04%	0.03%	0.01%	0.00%
	Cumulative # Counties	*Values at each Percentile*						
Minimum	661	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
5th	661	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
10th	661	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
25th	810	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
50th	1,615	0.08%	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%
75th	2,423	0.23%	0.15%	0.03%	0.04%	0.02%	0.00%	0.00%
90th	2,907	0.50%	0.38%	0.10%	0.12%	0.08%	0.03%	0.00%
95th	3,068	0.81%	0.64%	0.18%	0.20%	0.15%	0.06%	0.01%
99th	3,197	1.82%	1.66%	0.52%	0.50%	0.38%	0.20%	0.07%
Maximum	3,229	5.40%	4.64%	5.40%	3.98%	4.26%	1.55%	1.17%