

BEHAVIORAL HEALTH INTEGRATION SERVICES

TARGET AUDIENCE

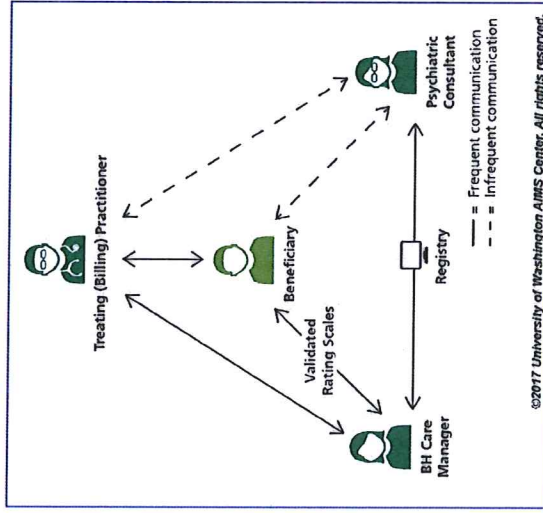
Medicare Fee-For-Service Program (also known as Original Medicare)

Integrating behavioral health care with primary care ("behavioral health integration" or "BHI") is now widely considered an effective strategy for improving outcomes for the millions of Americans with mental or behavioral health conditions. Beginning January 1, 2017, Medicare will make separate payments to physicians and non-physician practitioners for BHI services they furnish to beneficiaries over a calendar month service period, using four new Medicare Part B billing codes (listed in full on page 7).

PSYCHIATRIC COLLABORATIVE CARE SERVICES (COCIM)

G0502, G0503 and G0504 are used to bill for monthly services furnished using the Psychiatric Collaborative Care Model (CoCIM), an approach to BHI shown to improve outcomes in multiple studies.

What is CoCIM? A model of behavioral health integration that enhances "usual" primary care by adding two key services: care management support for patients receiving behavioral health treatment; and regular psychiatric inter-specialty consultation to the primary care team, particularly regarding patients whose conditions are not improving.



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CARE TEAM MEMBERS



- **Treating (Billing) Practitioner** – A physician and/or non-physician practitioner (PA, NP, CNS, CNM); typically primary care, but may be of another specialty (e.g., 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
- **Beneficiary** – The beneficiary is a member of the care team

Service Components

- Initial assessment by the primary care team (billing practitioner and behavioral health care manager)
- 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 for patients whose condition is not improving adequately. Treatment may include pharmacotherapy, psychotherapy, and/or other indicated treatments
- Behavioral health care manager performs 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
- 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 and maintains or adjusts treatment, including referral to behavioral health specialty care as needed

GENERAL BHI

G0507 is used to bill monthly services furnished using BHI models of care other than CoCM that similarly include "core" service elements such as systematic assessment and monitoring, care plan revision for patients whose condition is not improving adequately, and a continuous relationship with a designated care team member. G0507 may be used to report models of care that do not involve a psychiatric consultant, nor a designated behavioral health care manager (although such personnel may furnish General BHI services). The Centers for Medicare & Medicaid Services (CMS) expects to refine this code over time, as more information becomes available regarding other BHI care models in use.

Service Components

- 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
- 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

CARE TEAM MEMBERS



- **Treating (Billing) Practitioner** – A physician and/or non-physician practitioner (PA, NP, CNS, CNM); typically primary care, but may be of another specialty (e.g., cardiology, oncology, psychiatry).
- **Beneficiary** – The beneficiary is a member of the care team.
- **Potentially Clinical Staff** – The service may be provided in full by the billing practitioner. Alternatively, the billing practitioner may use qualified clinical staff to provide certain services using a team-based approach. These clinical staff may- but are not required to- include a designated behavioral health care manager or psychiatric consultant.

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. The diagnosis or diagnoses could be either pre-existing or made by the billing practitioner and may be refined over time.

Beneficiaries may, but are not required to have, comorbid, chronic, or other medical condition(s) that are being managed by the billing practitioner.

RELATIONSHIPS AND ROLES OF CARE TEAM MEMBERS

The BHI codes provide a mechanism to identify and pay for services provided using models of care having well defined roles and relationships among the care team members. The following roles and relationships characterize all of the BHI services unless otherwise indicated.

"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), subject to applicable State law, licensure, and scope of practice. These other care team members are either employees or working under contract to the billing practitioner whom Medicare directly pays for BHI.

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.



Treating (Billing) Practitioner

- 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 provide 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 in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; provision of brief psychosocial interventions; ongoing collaboration with the billing practitioner; maintenance of the registry; all in consultation with the psychiatric consultant.
- Available to provide services face-to-face with the beneficiary; has a continuous relationship with the beneficiary and a collaborative, integrated relationship with the rest of the care team.
- Able to engage the beneficiary 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 furnish and report services to Medicare.
- Does not include administrative or clerical staff; time spent in strictly administrative or clerical duties is not counted 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) regarding diagnosis; indicates options for resolving issues with beneficiary adherence and tolerance of behavioral health treatment; makes adjustments to behavioral health treatment for beneficiaries who are not progressing; manages any negative interactions between beneficiaries' behavioral health and medical treatments. Can (and typically will) be remotely located; is generally not expected to have direct contact with the beneficiary, nor prescribe medications or furnish other treatment to the beneficiary directly.
- Can and should facilitate referral for direct provision of psychiatric care when clinically indicated.



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

- Continuous relationship with the beneficiary 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 furnish and report services to Medicare.
- Does not include administrative or clerical staff time.
- May include (but not required to include) a behavioral health care manager or psychiatric consultant.

Supervision

BHI services that are not personally performed by the billing practitioner are assigned general supervision under the Medicare Physician Fee Schedule (MPFS), although general supervision does not, by itself, comprise a qualifying relationship between the billing practitioner and the other members of the care team. General supervision is defined as the service being furnished under the overall direction and control of the billing practitioner, and his or her physical presence is not required during service provision.

Advance Consent

Prior to commencement of BHI services, the beneficiary must give the billing practitioner 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. Consent may be verbal (written consent is not required) but must be documented in the medical record.

BHI CODING SUMMARY

| BHI CODE | BEHAVIORAL HEALTH CARE MANAGER OR CLINICAL STAFF THRESHOLD TIME | ASSUMED BILLING PRACTITIONER TIME |
|---|---|-----------------------------------|
| CoCM First Month (G0502) | 70 minutes per calendar month | 30 min |
| CoCM Subsequent Months** (G0503) | 60 minutes per calendar month | 26 min |
| Add-On CoCM (Any month) (G0504) | Each additional 30 minutes per calendar month | 13 min |
| General BHI (G0507) | At least 20 minutes per calendar month | 15 min |
| BHI Initiating Visit (AWW, IPPE, TCM or other qualifying E/M) | N/A | Usual work for the visit code |

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

**CoCM is furnished 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

- G0502** 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 directed by the treating physician or other qualified health care professional, 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; and
 - Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.
- G0503** Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent 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;
 - 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.
- G0504** 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 directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure) (Use G0504 in conjunction with G0502, G0503).
- G0507** 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.

RESOURCES

| RESOURCES | WEB ADDRESS |
|--|---|
| BHI Frequently Asked Questions (FAQs) | https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Care-Management.html |
| Governing Regulation (CY 2017 MPPFS Final Rule pp.80230-80243) | https://www.gpo.gov/fdsys/pkg/FR-2016-11-15/pdf/2016-26668.pdf |
| New England Journal of Medicine - Medicare Payment for BHI | http://www.nejm.org/doi/pdf/10.1056/NEJMp1614134 |
| CoCM Implementation Resources | https://aims.uw.edu/colaborative-care/implementation-guide |
| Validated Rating Scales | http://thekennedyforum-dot-ora.s3.amazonaws.com/documents/MBC_supplement.pdf |
| Care Planning Tools and Resources | https://integrationacademy.ahrq.gov/playbook/develop-shared-care-plan http://catalyst.nejm.org/making-the-comprehensive-shared-care-plan-a-reality/ http://www.ihl.org/resources/Pages/Tools/MySharedCarePlan.aspx |

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BEHAVIORAL HEALTH INTEGRATION SERVICES



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Medicare Fee-For-Service Program (also known as Original Medicare)

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PSYCHIATRIC COLLABORATIVE CARE SERVICES (COCCM)

G0502, G0503 and G0504 are used to bill for monthly services furnished using the Psychiatric Collaborative Care Model (CoCCM), an approach to BHI shown to improve outcomes in multiple studies.

What is CoCCM? A model of behavioral health integration that enhances “usual” primary care by adding two key services: care management support for patients receiving behavioral health treatment; and regular psychiatric inter-specialty consultation to the primary care team, particularly regarding patients whose conditions are not improving.

CARE TEAM MEMBERS

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Service Components

- **Initial assessment** by the primary care team (billing practitioner and behavioral health care manager)
 - 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 for patients whose condition is not improving adequately. Treatment may include pharmacotherapy, psychotherapy, and/or other indicated treatments

- **Behavioral health care manager performs 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

- **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 and maintains or adjusts treatment, including referral to behavioral health specialty care as needed

GENERAL BHI

G0507 is used to bill monthly services furnished using BHI models of care other than CoCCM that similarly include “core” service elements such as systematic assessment and monitoring, care plan revision for patients whose condition is not improving adequately, and a continuous relationship with a designated care team member. G0507 may be used to report models of care that do not involve a psychiatric consultant, nor a designated behavioral health care manager (although such personnel may furnish General BHI services). The Centers for Medicare & Medicaid Services (CMS) expects to refine this code over time, as more information becomes available regarding other BHI care models in use.

CARE TEAM MEMBERS

- **Treating (Billing) Practitioner** – A physician and/or non-physician practitioner (PA, NP, CNS, CNM); typically primary care, but may be of another specialty (e.g., cardiology, oncology, psychiatry).
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Service Components

- 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
- 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

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. The diagnosis or diagnoses could be either pre-existing or made by the billing practitioner and may be refined over time.

Beneficiaries may, but are not required to have, comorbid, chronic, or other medical condition(s) that are being managed by the billing practitioner.

RELATIONSHIPS AND ROLES OF CARE TEAM MEMBERS

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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.

Treating (Billing) Practitioner

- 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 provide 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 in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; provision of brief psychosocial interventions; ongoing collaboration with the billing practitioner; maintenance of the registry, all in consultation with the psychiatric consultant.
- Available to provide services face-to-face with the beneficiary; has a continuous relationship with the beneficiary and a collaborative, integrated relationship with the rest of the care team.
- Able to engage the beneficiary 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 furnish and report services to Medicare.
- Does not include administrative or clerical staff; time spent in strictly administrative or clerical duties is not counted 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) regarding diagnosis; indicates options for resolving issues with beneficiary adherence and tolerance of behavioral health treatment; makes adjustments to behavioral health treatment for beneficiaries who are not progressing; manages any negative interactions between beneficiaries' behavioral health and medical treatments. Can (and typically will) be remotely located; is generally not expected to have direct contact with the beneficiary, nor prescribe medications or furnish other treatment to the beneficiary directly.
- Can and should facilitate referral for direct provision of psychiatric care when clinically indicated.

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

- Continuous relationship with the beneficiary 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 furnish and report services to Medicare.
- Does not include administrative or clerical staff time.
- May include (but not required to include) a behavioral health care manager or psychiatric consultant.

Supervision

BHI services that are not personally performed by the billing practitioner are assigned general supervision under the Medicare Physician Fee Schedule (MPFS), although general supervision does not, by itself, comprise a qualifying relationship between the billing practitioner and the other members of the care team. General supervision is defined as the service being furnished under the overall direction and control of the billing practitioner, and his or her physical presence is not required during service provision.

Advance Consent

Prior to commencement of BHI services, the beneficiary must give the billing practitioner 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. Consent may be verbal (written consent is not required) but must be documented in the medical record.

BHI CODING SUMMARY

| BHI CODE | BEHAVIORAL HEALTH CARE MANAGER OR CLINICAL STAFF THRESHOLD TIME | ASSUMED BILLING PRACTITIONER TIME |
|---|---|-----------------------------------|
| CoCM First Month (G0502) | 70 minutes per calendar month | 30 min |
| CoCM Subsequent Months** (G0503) | 60 minutes per calendar month | 26 min |
| Add-On CoCM (Any month) (G0504) | Each additional 30 minutes per calendar month | 13 min |
| General BHI (G0507) | At least 20 minutes per calendar month | 15 min |
| BHI Initiating Visit (AWV, IPPE, TCM or other qualifying E/M) | N/A | Usual work for the visit code |

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

**CoCM is furnished 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

G0502 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 directed by the treating physician or other qualified health care professional, 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; and
- Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

G0503 Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent 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;
- 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.

G0504 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 directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure) (Use G0504 in conjunction with G0502, G0503).

G0507 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.

RESOURCES

| RESOURCES | WEB ADDRESS |
|---|---|
| BHI Frequently Asked Questions (FAQs) | https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFees/Sched/Care-Management.html |
| Governing Regulation (CY 2017 MPFS Final Rule pp.80230-80243) | https://www.gpo.gov/fdsys/pkg/FR-2016-11-15/pdf/2016-26668.pdf |
| New England Journal of Medicine - Medicare Payment for BHI | http://www.nejm.org/doi/pdf/10.1056/NEJMp1614134 |
| CoCM Implementation Resources | https://aims.uw.edu/collaborative-care/implementation-guide |
| Validated Rating Scales | http://thekennedyforum-dot-org.s3.amazonaws.com/documents/MBC_supplement.pdf |
| Care Planning Tools and Resources | https://integrationacademy.ahrq.gov/playbook/develop-shared-care-plan http://catalyst.nejm.org/making-the-comprehensive-shared-care-plan-a-reality/ http://www.ihj.org/resources/Pages/Tools/MySharedCarePlan.aspx |

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