Quick Guide on Bundled Payments for Behavioral Health Integration Services

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Medicare pays for care management services provided to patients being served in medical settings for any behavioral health condition being addressed by the treating medical provider, including substance use disorders. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN909432

The codes described below are not billable by Federally Qualified Health Centers or Rural Health Clinics. For information on BHI codes for FQHC and RHC practices; see https://aims.uw.edu/resource/quick-guide-on-payments-for-behavioral-health-integration-services-in-federally-qualified-health-centers-and-rural-health-clinics/.

Payment for Psychiatric Collaborative Care Model (CoCM)

The codes for CoCM are billed under the treating medical provider. Minutes counted towards the time threshold are those of the behavioral health care manager only. Valuation of the codes includes the time of the psychiatric consultant and treating medical provider who bill usual codes for any E/M or evaluation services.

CoCM BH Care Manager activities that count towards billing CoCM codes below include:

- Outreach and engagement of patients;
- Initial assessment, including administration of validated scales and resulting in a treatment plan;
- Entering patients into a registry and tracking patient follow-up and progress
- Participation in weekly caseload review with psychiatric consultant; and
- Provision of brief interventions using evidence-based treatments such as behavioral activation, problem solving treatment, and other focused treatment activities.
- Monitoring of patient outcomes using validated rating scales; and
- Ongoing review by psychiatric consultant and treatment modifications based on recommendations;
- Relapse prevention planning and preparation for discharge from active treatment.

99492– First 70 minutes in the first calendar month for behavioral health care manager activities.
99493– First 60 minutes in a subsequent month for behavioral health care manager activities.
99494– Each additional 30 minutes in a calendar month of behavioral health care manager activities

- Listed separately and used in conjunction with 99492 and 99493.
- MUE limit of 2 add-ons each month.

G2214 – First 30 minutes in any month for behavioral health care manager activities

- May not apply to other payers

NOTE: *An increasing number of private payers and state Medicaid programs are recognizing and reimbursing for these codes. Check with your local payers to determine if reimbursement is offered.*

Behavioral Health Care Manager Qualifications – CoCM only

The behavioral health care manager must have formal education or specialized training in behavioral health, which could include a range of disciplines including social work, nursing, and psychology, but need not be licensed to bill traditional psychotherapy codes. These qualifications may vary by payer.

Payment for General Behavioral Health Integration Services
CMS provides a separate payment for general behavioral health integration services that are also billed under the treating medical provider. CMS rules allow "clinical staff" to provide these services, so the additional team members, behavioral health care manager or psychiatric consultant are not required.

99484– Care management services for behavioral health conditions - At least 20 minutes of clinical staff time per calendar month. Must include:

- Initial assessment or follow-up monitoring, including use of applicable validated rating scales;
- Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
- Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and
- Continuity of care with a designated member of the care team.

Medicare CPT Payment Summary 2024*

CPT	Description	Payment/Pt (Non-Facilities) Primary Care Settings	Payment/Pt (Fac) Hospitals and Facilities
G2214	30 min/month for either initial or subsequent months CoCM services	$56.31	$37.32
99492	Initial psych care mgmt, 70 min/month - CoCM	$150.60	$91.34
99493	Subsequent psych care mgmt, 60 min/month - CoCM	$137.51	$99.86
99494	Initial/subsequent psych care mgmt, additional 30 min CoCM	$58.28	$39.94
99484	Care mgmt. services, min 20 min – General BHI Services	$54.02	$42.89

**Please note actual payment rates may vary. Check with your billing/finance department.*

Initiating Visit, Consent, and Co-Payments – CoCM and BHI
An initiating visit is required prior to billing for the G2214, 99492, 99493, 99494, and 99484 codes. This visit is required for new patients and for those who have not been seen within the year prior to commencement of integrated behavioral health services. This visit will include the treating provider establishing a relationship with the patient, assessing the patient prior to referral, and obtaining broad beneficiary consent to consult with specialists that can be verbally obtained but must be documented in the medical record. Medicare beneficiaries are responsible for any applicable Part B co-insurance for these billing codes.

Provision of Psychotherapy and Psychiatric Services in Addition to Psychiatric CoCM or BHI
Licensed behavioral health providers who are qualified to bill traditional psychiatric evaluation and therapy codes for Medicare recipients may bill for additional psychiatric services in the same month that patients receive BHI care management services. However, time reported for psychotherapy services may not be included in the time applied to billing BHI codes 99492, 99493, 99494, or 99484.

The University of Washington AIMS Center provides information about billing for integrated behavioral health based on our understanding of the rules and regulations from CMS and AMA CPT coding manuals. However, the AIMS Center does not employ Certified Professional Coders and we do not provide direct patient services. Final decisions about billing fall to the compliance department of each practice which bears full responsibility for use of the codes. The AIMS Center shall not be responsible or liable for any claim or damages arising from use of the information provided.