AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Summary Sheet on Bundled Payments for Behavioral Health Integration Services

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Medicare pays for services provided to patients receiving collaborative care services (CoCM) or other behavioral health integration (BHI) services. The payment structure may be used for patients with any behavioral health condition being addressed by the treating provider, including substance use disorders.

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 http://aims.uw.edu/resource-library/cms-behavioral-health-integration-payment-summary-sheet-fqhcs-and-rhcs.

Useful online resources describing the CMS Medicare codes include the following:

- *Fact Sheet*: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf
- *FAQ*: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Behavioral-Health-Integration-FAQs.pdf

The codes for the Collaborative Care Model (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.

99492– First 70 minutes in the first calendar month for behavioral health care manager activities. Must include:

- Outreach and engagement of patients;
- Initial assessment, including administration of validated scales and resulting in a treatment plan;
- Review by psychiatric consultant and modifications, if recommended;
- Entering patients into a registry and tracking patient follow-up and progress, and 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.

99493– First 60 minutes in a subsequent month for behavioral health care manager activities. Must include:

- Tracking patient follow-up and progress;
- Participation in weekly caseload review with psychiatric consultant;
- Ongoing collaboration and coordination with treating providers;
- Ongoing review by psychiatric consultant and modifications based on recommendations;
- Provision of brief interventions using evidence based treatments;
- Monitoring of patient outcomes using validated rating scales; and
- Relapse prevention planning and preparation for discharge from active treatment.

99494– Each additional 30 minutes in a calendar month of behavioral health care manager activities listed above.

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

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.*

Payment for General Behavioral Health Integration Services

CMS provides a separate payment for behavioral health integration services that are delivered outside of the CoCM benefit. A behavioral health care manager with formal or specialized education is not required, nor is a psychiatric consultant. CMS rules allow "clinical staff" to provide these services.

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 2020*

CPT	Description	Payment/Pt (Non-Facilities) Primary Care Settings	Payment/Pt (Fac) Hospitals and Facilities
99492	Initial psych care mgmt, 70 min/month - CoCM	$162.18	$90.46
99493	Subsequent psych care mgmt, 60 min/month - CoCM	$129.38	$81.81
99494	Initial/subsequent psych care mgmt, additional 30 min CoCM	$67.03	$43.97
99484	Care mgmt. services, min 20 min – General BHI Services	$48.65	$32.80

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

Initiating Visit, Consent, and Co-Payments

An initiating visit is required prior to billing for the 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.

Behavioral Health Care Manager Qualifications

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.

Provision of Psychotherapy and Psychiatric Services in Addition to Psychiatric CoCM

Behavioral health care managers qualified to bill traditional psychiatric evaluation and therapy codes for Medicare recipients may bill for additional psychiatric services in the same month. However, time spent on these activities for services reported separately may not be included in the services reported using time applied to 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.