mln BOOKLET
KNOWLEDGE • RESOURCES • TRAINING

Behavioral Health Integration Services

What's Changed?

We added 3 new optional add-on HCPCS codes for general behavioral health integration and psychiatric collaborative care model services when you provide advanced primary care management services (page 13).

Substantive content changes are in dark red.

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
Medicare Learning Network®

Table of Contents

What Is Behavioral Health Integration?

Behavioral health integration (BHI) is integrating behavioral health care with other care, including primary care. It's an effective strategy to improve mental, behavioral, or psychiatric health for many patients.

Your patients may be eligible for BHI services if they have an identified mental, behavioral, or psychiatric health condition, including substance use disorder, and require:

- A behavioral health care assessment
- Behavioral health care planning
- Provision of interventions

These conditions may be pre-existing, or the billing practitioner may diagnose and refine the condition over time. Patients may also have comorbid, chronic, or other medical conditions the billing practitioner manages, but these aren't eligibility requirements.

BHI is a type of monthly, time-based care management service. BHI services involve:

- An initiating visit. This visit establishes the patient's relationship with the billing practitioner and makes sure the billing practitioner assesses the patient before starting BHI services. Qualifying initiating visits include:
  - Annual wellness visit (AWV)
  - Initial preventive physical exam (IPPE)
  - Comprehensive evaluation and management (E/M) visit
  - Transitional care management (TCM) visit
- Direct patient contact, face-to-face services or services without direct patient contact.
- BHI services "incident to" (as an integral part of) services by the billing practitioner. These services are provided by other members of the care team under the direction of the billing practitioner and are subject to applicable state law, licensure, and scope of practice. Care team members are either employees or working under contract with the billing practitioner whom Medicare directly pays for BHI.
- A single encounter, a monthly service, or both.
- Specific conditions related to mental, behavioral, or psychiatric health.

BHI Providers

We allow physicians and non-physician practitioners (NPPs) whose scope of practice includes E/M services to bill BHI services. This includes:

- Physicians of any specialty
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified nurse midwives

Supervision

We assign BHI services the billing practitioner doesn't personally perform as general supervision under the Physician Fee Schedule (PFS). General supervision alone doesn't create a qualifying relationship between the billing practitioner and other care team members. We define general supervision as the service delivered under the overall direction and control of the billing practitioner, which doesn't require their physical presence while providing services.

Advanced Patient 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

We require a new patient consent only if the patient changes billing practitioners.

BHI Services

Medicare covers 2 types of BHI services:

1. Psychiatric collaborative care model (CoCM)
2. General BHI services using care models **other than** CoCM

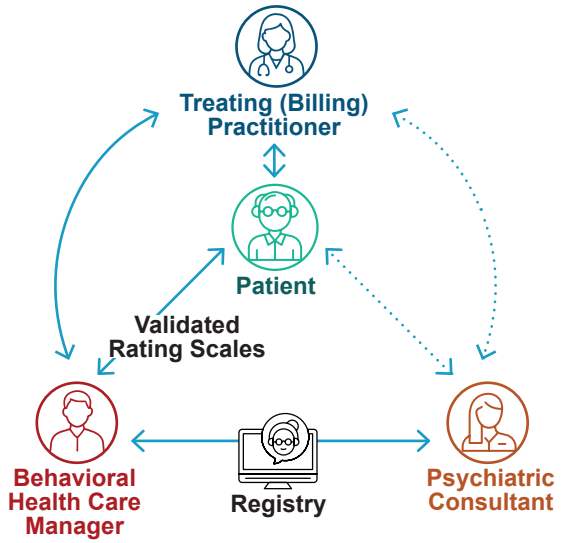
Psychiatric CoCM

Psychiatric CoCM is a BHI model that a primary care team provides. The team includes a primary or other specialty care provider and a care manager who work in collaboration with a psychiatric consultant, such as a psychiatrist. Psychiatric CoCM enhances usual primary care by adding 2 key services, particularly for patients whose conditions aren't improving:

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

A team of 3 delivers psychiatric CoCM services:

- Behavioral health care manager
- Psychiatric consultant
- Treating (billing) practitioner



Psychiatric CoCM Care Team Members

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

Treating (billing) practitioner
A physician or NPP (physician assistant or nurse practitioner) who typically works in primary care but may specialize in other fields, such as cardiology or oncology

Patient
An active member of the care team

Care team members deliver psychiatric CoCM services for an episode of care. The episode ends when the patient meets targeted treatment goals, doesn't meet them and the team refers them for direct psychiatric care, or has a break in care with no CoCM for 6 consecutive months.

CoCM Service Components

- Initial assessment: The primary care team assesses the patient and administers validated rating scales
- Joint care planning:
  - The primary care team works with the patient to revise the care plan if the condition isn't improving adequately
  - The patient and the primary care team discuss treatment options, including pharmacotherapy, psychotherapy, or other recommended treatments
- Ongoing follow-up by the behavioral health care manager:
  - Follows 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
  - Provides at least 70 minutes of behavioral health care manager time in the first month and at least 60 minutes or more in the following months
- Systematic case reviews:
  - The behavioral health care manager and psychiatric consultant conduct regular caseload reviews weekly, including the patient's treatment plan and status, and discuss potential revisions if the patient isn't improving
  - The primary care team continues or adjusts treatment, including referring to behavioral health specialty care, as needed

Coding

We make separate payments during a calendar month to physicians and NPPs supplying BHI services using the psychiatric CoCM approach to patients. CPT time rules apply. See the BHI Coding Summary table for more information.

CPT Code 99492: Initial Psychiatric CoCM

Initial psychiatric collaborative care management includes the 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. Required elements include:

- Outreach to and engagement in treating a patient directed by the treating physician or other qualified health care professional
- Initial patient assessment, including administering validated rating scales, with the development of an individualized treatment plan
- Review by the psychiatric consultant with modifications to the plan, if recommended
- Entering the patient in a registry and tracking patient follow-up and progress using the registry, with proper documentation, and participating in a weekly caseload consultation with the psychiatric consultant
- Providing 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 includes the 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. Required elements include:

- Tracking patient follow-up and progress using the registry with proper documentation
- Participating in a weekly caseload consultation with the psychiatric consultant
- Coordinating mental health care with the treating physician or other qualified health care professional and any other treating mental health providers
- Reviewing progress and recommendations for changes in treatment as indicated, including medications, based on recommendations supplied by the psychiatric consultant
- Providing brief interventions using evidence-based techniques, such as behavioral activation, motivational interviewing, and other focused treatment strategies
- Monitoring patient outcomes using validated rating scales and planning for relapse prevention as patients achieve remission of symptoms, reach other treatment goals, and prepare for discharge from active treatment

CPT Code 99494: Add-On for Initial & Subsequent Psychiatric CoCM

Initial or subsequent psychiatric collaborative care management for 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. Use CPT code 99494 as an add-on code with base CPT codes 99492 and 99493.

HCPCS Code G2214: Initial & Subsequent Psychiatric CoCM

Initial or subsequent psychiatric collaborative care management covers the 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; participating in a weekly caseload consultation with the psychiatric consultant
- Coordinating mental health care with the treating physician or other qualified health care professional and any other treating mental health providers
- Reviewing progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations the psychiatric consultant supplies
- Providing brief interventions using evidence-based techniques, such as behavioral activation, motivational interviewing, and other focused treatment strategies
- Monitoring patient outcomes using validated rating scales
- Planning for relapse prevention with patients as they achieve remission of symptoms or other treatment goals and prepare for discharge from active treatment

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 using the current coding.

General BHI

We pay for general BHI monthly services using BHI care models other than CoCM that:

- Systematically assess and monitor patients
- Adjust care plans for patients not improving adequately
- Provide a continuous relationship with an appointed care team member

You may also use general BHI to report models of care that don't involve a psychiatric consultant or behavioral health care manager, although these personnel may deliver general BHI services.

You may not report general BHI codes in the same month as psychiatric CoCM codes for the same patient; however in many cases, it may be appropriate to report the general BHI code or the CoCM codes for the same patient over the course of several months.

General BHI Care Team Members

Treating (billing) practitioner

A physician or NPP, such as a physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife, typically in primary care but may be in another specialty, like cardiology, oncology, or psychiatry.

Patient

A member of the care team.

Potential clinical staff

Billing practitioner who delivers the service in full or uses qualified clinical staff to deliver services using a team-based approach. Clinical staff includes contractors who meet the qualifications for the CoCM behavioral health care manager or psychiatric consultant.

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

Coding

We make separate payments to physicians and NPPs supplying general BHI services to patients during a calendar month. CPT time rules apply. See the BHI Coding Summary table for more information.

CPT Code 99484: Care Management Services for Behavioral Health Conditions

Care management services for behavioral health conditions involve at least 20 minutes of clinical staff time per calendar month under a physician or other qualified health care professional's direction. The services must include:

- An initial assessment or follow-up monitoring, including using applicable validated rating scales
- Behavioral health care planning about behavioral or psychiatric health problems, including revising treatment for patients who aren't progressing or whose status changes
- Facilitating and coordinating treatment, such as psychotherapy, pharmacotherapy, counseling, or psychiatric consultation
- Continuity of care with an appointed care team member

HCPCS Code G0323: Care Management Services for Behavioral Health Conditions

Care management services for behavioral health conditions cover at least 20 minutes of clinical psychologist or clinical social worker time per calendar month, including:

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

Note: Psychiatric diagnostic evaluation, CPT code 90791, serves as the initiating visit for HCPCS code G0323.

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 care team members. The following roles and relationships describe all BHI services unless noted.

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 general BHI services in their entirety

Behavioral Health Care Manager (Needed for CoCM; Optional for General BHI)

- Gives assessment and care management services, including:
  - Administering validated rating scales
  - Developing and updating behavioral health care plans for behavioral or psychiatric health problems
  - Revising care plans for patients who aren't progressing or whose status changes
  - Delivering brief psychosocial interventions
  - Collaborating continuously with the billing practitioner
  - Maintaining the patient registry
  - Consulting with the psychiatric consultant
- Has a continuous relationship with the patient and:
  - Is available to deliver services face-to-face with the patient
  - Has a 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 solely on administrative or clerical duties toward the time threshold to bill the BHI codes

Psychiatric Consultant (Needed for CoCM; Optional for General BHI)

- Regularly reviews the clinical status of patients getting BHI services
- Tells the billing practitioner and behavioral health care manager about the diagnosis
- Recommends ways to resolve 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
- Isn't generally expected to have direct patient contact, 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)

- Maintains a 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 (but isn't required to) include a behavioral health care manager or psychiatric consultant

Note: PFS payment is available whether the patient spends part or all of the month in a facility or an institutional setting. Report the place of service (POS) where the billing practitioner would normally deliver face-to-face care to the patient. Medicare can make separate Medicare Part B payment to hospitals, including critical access hospitals, when the billing practitioner reports a hospital outpatient POS.

BHI Coding Table

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; psychiatric diagnostic evaluation)	N/A	Usual work for the visit code
CoCM first month (CPT code 99492)	70 minutes initial calendar month	30 minutes
CoCM subsequent months (CPT code 99493)	60 minutes per subsequent calendar month	26 minutes
Add-on CoCM (any month) (CPT code 99494)	Each additional 30 minutes per calendar month	13 minutes
Initial or subsequent psychiatric CoCM (HCPCS code G2214)	30 minutes of behavioral health care manager time per calendar month	Usual work for the visit code
General BHI (CPT code 99484)	At least 20 minutes per calendar month	15 minutes
Care management services for general behavioral health conditions (HCPCS code G0323)	At least 20 minutes of clinical psychologist or clinical social worker time per calendar month	15 minutes

Note: CPT time rules apply to general BHI and CoCM services.

Other BHI-Related Services

BHI Add-On Codes for Advanced Primary Care Management

Starting January 1, 2026, we'll add 3 new optional, add-on HCPCS codes when you provide general BHI and psychiatric CoCM services in the same month as advanced primary care management (APCM) services. You must meet all the requirements and bill an APCM base code (HCPCS codes G0556, G0557, or G0558) in the same month as the optional add-on codes. These new HCPCS codes aren't time-based.

- G0568 and G0569 – Psychiatric CoCM services you deliver to patients also receiving APCM services
- G0570 – General BHI services you deliver to patients also receiving APCM services

Expanded Interprofessional Consultation

These HCPCS codes facilitate interprofessional consultations between treating and requesting practitioners and consultant practitioners for electronic health record assessment and management services and facilitate referrals using communications technology, such as telephone or videoconference. We require patient consent be documented in the medical record to bill for these codes.

These codes allow billing by specialists whose services are limited to diagnosing and treating mental illness, including:

- Clinical psychologists
- Clinical social workers
- Marriage and family therapists
- Mental health counselors

These HCPCS codes mirror existing CPT interprofessional consultation codes used by providers eligible for E/M visits. The codes are:

- G0546 – 5–10 minutes or more of medical consultative discussion and review, including a verbal and written report
- G0547 – 11–20 minutes or more of medical consultative discussion and review, including a verbal and written report
- G0548 – 21–30 minutes or more of medical consultative discussion and review, including a verbal and written report
- G0549 – 31 minutes or more of medical consultative discussion and review, including a verbal and written report
- G0550 – 5 minutes or more of medical consultation with written report
- G0551 – 30 minutes of record referral service

Safety Planning & Crisis Care

We encourage providers to use safety planning for patients at risk of suicide, including those with risky substance use. There are 2 billing codes:

- G0560 – Safety planning interventions for patients with suicidal crisis or overdose risk
  - Billed in 20-minute increments when the billing practitioner performs the service
  - Applies in various settings to ensure accessible crisis care
- G0544 – Post-crisis follow-up care
  - Requires specific protocols for telephone follow-up after discharge from an emergency department
  - Covers up to 4 follow-up calls per calendar month as part of bundled crisis care services

Anyone experiencing a mental health crisis, including a substance use crisis or thoughts of suicide, can get confidential support 24/7 by calling 988 or visiting 988lifeline.org. See the SAMHSA 988 Partner Toolkit for information and resources.

Digital Mental Health Treatment

Along with traditional care, we're now using digital mental health treatments (DMHTs) to help manage behavioral health conditions. Starting January 1, 2025, we established 3 new HCPCS codes for DMHT:

- G0552 – Supply of a digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan
- G0553 – First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the DMHT device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month
- G0554 – Each additional 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing data generated from the DMHT device from patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month

Key Reporting Requirements

- The DMHT device must be FDA-approved to bill HCPCS code G0552
- The billing practitioner must cover the cost of getting and supplying the device
- Supplying the device must be part of the billing practitioner's services under an ongoing treatment plan
- We allow you to bill HCPCS codes G0553 and G0554 only if the patient is actively using the DMHT device

We'll monitor the use of DMHT devices to assess their impact on behavioral health care. Find your Medicare Administrative Contractor's website for more details on DMHT.

Resources

- Agency for Healthcare Research and Quality – Develop a Shared Care Plan
- BHI FAQs
- CMS behavioral health strategy
- Medicare & Mental Health Coverage
- Provider Outreach & Reporting on Certain Behavioral Health Integration Services