

Expanding Behavioral Health Services through Medicare

From the Oregon Health Authority's Behavioral Health Initiative for Older Adults and People with Physical Disabilities

This factsheet is for behavioral health and aging professionals, and provides information about how behavioral health services can be delivered under Medicare. It includes key information on the Medicare Annual Wellness Visit, which can promote behavioral health along with other aspects of health and wellness. This factsheet further includes information on Behavioral Health Integration (BHI) services as well as Health and Behavioral Assessment and Intervention (HBAI) Services. Importantly, the CPT codes required for billing Medicare for these services are provided. Behavioral health services can also be delivered through "Incident to" billing. Visit the QR code to the right to learn more about this service:



Medicare Annual Wellness Visits (AWV)¹

About the Medicare AWV



- AWV entitles Medicare Part B Fee-For Service (FFS) beneficiaries and individuals enrolled in Medicare Advantage (MA) plans to an initial wellness focused visit (or "Welcome to Medicare" visit) and subsequent annual visits with their primary care provider to develop and maintain a Health Risk Assessment (HRA) and personalized prevention plan.
- These visits may be performed by a physician or other health professionals working with a physician such as a nurse practitioner, physician assistant, or other licensed health practitioner.



AWV Service Components

- Medicare's AWV is an ideal opportunity to assess behavioral health (BH) issues amongst the Medicare population. Screening for depression is required as part of the AWV and screening for cognitive impairment is included, when appropriate.
- Advice and referral to health education or preventive counseling services aimed at reducing identified risk factors and/or promoting wellness are also offered during the AWV.



AWV Billing Codes

- **G0402**: one-time use code for the Welcome to Medicare visit (must take place during the first 12 months of Medicare enrollment).
- **G0438**: includes a personalized prevention plan of service, initial AWV visit.
- **G0439**: includes a personalized prevention plan of service, subsequent AWV visit.
- Medicare Part B deductible and coinsurance payments do not apply to the AWV. While there are no direct costs to patients, there is enhanced reimbursement for health professionals who provide the AWV.

Health and Behavioral Assessment and Intervention (HBAI)²

About HBAI Services



- HBAI services and interventions utilize psychological and/or psychosocial procedures to improve patient health and wellbeing by addressing the psychological, behavioral, emotional, cognitive, and interpersonal factors in the treatment/management of diagnosed physical health problems. The patient's primary diagnosis must be physical in nature.
- These services emphasize active patient/family engagement.



HBAI Service Components

- Assessment, or re-assessment, includes: evaluation of patient's responses to disease, illness or injury, outlook, coping strategies, motivation, and adherence to medical treatment. Assessment is no longer a time-based service.
- Intervention services include: promotion of functional improvement, minimization of psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions.



HBAI Billing Codes

- CPT codes **96158, 96159**: an individual.
- CPT codes **96164, 96165**: a group of 2 or more patients.
- CPT codes **96167, 96168**: a family, with the patient present.
- CPT codes **96170, 96171**: a family, without the patient present.

Visit these QR codes for more information about AWV and HBAI



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Behavioral Health Integration (BHI): There are two types of BHI models available under Medicare intended to improve outcomes for people living with BH conditions: **General BHI** and **Psychiatric Collaborative Care Model (CoCM)**.

General BHI³



About General BHI

- General BHI includes services delivered using BHI models of care other than CoCM. These similarly include service elements such as: (1) systematic assessment and monitoring; (2) care plan revision for patients whose condition(s) is not improving adequately; (3) a continuous relationship with a designated care team member.
- General BHI care team members include: the Treating (Billing) Practitioner, the Beneficiary, and the Potential Clinical Staff.



General BHI Service Components

- Initial assessment includes: (1) Initiating visit (if required, separately billed); (2) Administration of applicable validated rating scale(s); (3) Systematic assessment and monitoring, using applicable validated clinical rating scales; (4) Care planning by the primary care team jointly with the beneficiary, with care plan revision for patients whose condition is not improving; (5) Facilitation and coordination of behavioral health treatment; (6) Continuous relationship with a designated member of the care team.



General BHI Billing Codes

- CPT code **99484**: used to bill monthly services delivered using BHI models of care (other than CoCM) that similarly include 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.
- BHI codes allow for remote provision of certain services by a psychiatric consultant and other care team members.

Psychiatric Collaborative Care Model (CoCM)⁴



About General BHI

- CoCM is a model of behavioral health integration that enhances usual primary care, particularly patients whose conditions are not improving, by adding two key services: (1) care management support for patients receiving BH treatment; (2) regular psychiatric inter-specialty consultation. CoCM care team members include: the Behavioral Health Care Manager, the Psychiatric Consultant and, Treating (Billing) Practitioner.



CoCM Service Components

- Initial assessment by the primary care team (billing practitioner and behavioral health care manager).
- Care planning with beneficiary and primary care team for patients whose condition is not improving adequately. Treatment may include pharmacotherapy, psychotherapy, and/or other indicated treatments.
- BH care manager performs proactive, systematic follow-up with validated rating scales and a registry to assess treatment adherence, tolerability, and clinical response using validated rating scales; and delivers brief evidence-based psychosocial interventions.
- Primary care team reviews at least weekly the patient treatment plan and status with psychiatric consultant and maintains or adjusts treatment, including referral to BH specialty care as needed.



CoCM Billing Codes

- CPT codes **99492**, **99493**, and **99494**, and HCPCS code **G2214**: Monthly 60-minute services delivered using the Psychiatric Collaborative Care Model (CoCM).
- HCPCS code **G2214**: 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 healthcare professional. This code covers shorter increments of time with a patient (i.e., when a patient is seen for services, but is then hospitalized or referred for specialized care).

Visit this QR code for more information about BHI models

