New Behavioral Health Integration (BHI) and Psychiatric Collaborative Care Model (CoCM) Codes

New coding and payment mechanisms for Behavioral Health Integration (BHI) services including substance use disorder treatment have been approved by CMS. Specifically three new codes have been created to describe services furnished as part of the Psychiatric CoCM and one code to address other BHI care models.

Psychiatric CoCM is based upon the "Collaborative Care Model" (CoCM) developed by Jürgen Unützer, M.D., and pioneered by the late Wayne Katon, M.D., at the AIMS Center of the University of Washington.

<table>
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<tr>
<th>Code</th>
<th>Description</th>
<th>Work RVUs</th>
<th>FL Allowance Non-facility</th>
<th>FL Allowance Facility</th>
<th>GA Allowance Non-facility</th>
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<tr>
<td>G0502</td>
<td>Init psych care man, 70min</td>
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Psychiatric CoCM Services

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).

Psychiatric CoCM services are reported by the treating physician or other qualified health care professional for services furnished during a calendar month service period. These services may be furnished when a patient has a psychiatric or behavioral health condition(s) that in the treating physician or other qualified health care professional’s clinical judgment, requires a behavioral health care assessment; establishing, implementing, revising, or monitoring a care plan; and provision of brief interventions. The diagnosis or diagnoses may be preexisting or made by the treating physician or other qualified health care professional, and may be refined over time. The psychiatric CoCM services may be furnished to patients with any psychiatric or behavioral health condition(s) that is being treated by the physician or other qualified health care professional, including substance use disorders. Patients receiving psychiatric CoCM services may, but are not required to have comorbid chronic or other medical condition(s) that are being managed by the treating practitioner.

Psychiatric CoCM services include the services of the treating physician or other qualified health care professional, the behavioral health care manager (see description below) who provides services incident to services of the treating physician or other qualified health care professional, and the psychiatric consultant (see description below) whose consultative services are furnished incident to services of the treating physician or other qualified health care professional. Time spent by administrative or clerical staff cannot be counted towards the time required to bill the psychiatric CoCM service codes. Patients receiving psychiatric CoCM services may have newly diagnosed conditions, need help in engaging in treatment, have not responded to standard care delivered in a non-psychiatric setting, or require further assessment and engagement prior to consideration of referral to a psychiatric care setting.

Patients are treated for an episode of care, defined as beginning when the behavioral health care manager engages in care of the patient under the appropriate supervision of the billing practitioner and ending with:
The attainment of targeted treatment goals, which typically results in the discontinuation of care management services and continuation of usual follow-up with the treating physician or other qualified healthcare professional; or

Failure to attain targeted treatment goals culminating in referral to a psychiatric care provider for ongoing treatment; or

Lack of continued engagement with no psychiatric collaborative care management services provided over a consecutive 6-month calendar period (break in episode).

A new episode of care will start after a break in episode of 6 calendar months or more. The treating physician or other qualified health care professional directs the behavioral health care manager and continues to oversee the patient’s care, including prescribing medications, providing treatments for medical conditions, and making referrals to specialty care when needed. The treating physician or other qualified health care professional must remain involved in ongoing oversight, management, collaboration and reassessment as appropriate to bill the psychiatric CoCM codes.

Behavioral Health Care Manager

The behavioral health care manager has formal education or specialized training in behavioral health (which could include a range of disciplines, for example, social work, nursing, and psychology). The behavioral health care manager provides care management services, as well as an assessment of needs, 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 interventions; ongoing collaboration with the treating physician or other qualified health care professional; maintenance of a registry; all in consultation with the psychiatric consultant. The behavioral health care manager is available to provide these services face-to-face and non-face-to-face, and consults with the psychiatric consultant minimally on a weekly basis.

The behavioral health care manager must have a collaborative, integrated relationship with the rest of the care team members, and be able to perform all of the required elements of the service delineated for the behavioral health care manager. The behavioral health care manager must have the ability to engage the patient outside of regular clinic hours as necessary to perform the behavioral health care manager’s duties under the psychiatric CoCM model, and must have a continuous relationship with the patient. The behavioral health care manager may or may not be a professional who meets all the requirements to independently furnish and report services to Medicare. The behavioral health care manager is subject to the incident to rules and regulations and applicable state law, licensure and scope of practice.

Psychiatric Consultant

The psychiatric consultant is a medical professional trained in psychiatry and qualified to prescribe the full range of medications. The psychiatric consultant advises and makes recommendations, as needed, for psychiatric and other medical care, including psychiatric and other medical diagnoses, treatment strategies including appropriate therapies, medication management, medical management of complications associated with treatment of psychiatric disorders, and referral for specialty services, that are communicated to the treating physician or other qualified health care professional, typically through the behavioral health care manager. The psychiatric consultant does not typically see the patient or
prescribe medications, except in rare circumstances, but can and should facilitate referral for direct provision of psychiatric care when clinically indicated. The psychiatric consultant is subject to the incident to rules and regulations and applicable state law, licensure and scope of practice.

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, per calendar month, with the following required elements:
++Initial assessment or follow-up monitoring, including the 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.

G0507 is reported by the treating physician or other qualified health care professional for services furnished during a calendar month service period. This service may be furnished when the patient has a psychiatric or behavioral health condition(s) that in health care professional’s clinical judgment, requires a behavioral health care assessment, behavioral health care planning, and provision of interventions. The presenting condition(s) may be pre-existing or newly diagnosed by the treating physician or other qualified health care professional, and may be refined over time. Patients receiving services reported under G0507 may have any psychiatric or behavioral health condition(s) that is being treated by the physician or other qualified health care professional, including substance use disorders. Patients receiving services reported under G0507 may, but are not required to have comorbid chronic or other medical condition(s) that are being managed by the treating practitioner.
Services reported under G0507 may be provided directly by the treating physician or other qualified health care professional, or provided by clinical staff under the direction of the treating physician or other qualified health care professional, during a calendar month service period. For G0507, there is not necessarily a specific individual designated as a “behavioral health care manager” with formal or specialized education in providing the services (although there could be). Similarly, there is not necessarily a psychiatric or other behavioral health specialist consultant (although there could be). G0507 is not valued to explicitly account for expert consultation.

For G0507, the term “clinical staff” means the CPT definition of this term, subject to the incident to rules and regulations and applicable state law, licensure and scope of practice. For G0507, then, the term “clinical staff” will encompass or include any psychiatric or other behavioral health specialist consultant that may provide consultative services. Clinical staff providing services are not required to be employed by the treating practitioner or located on site, and these individuals may or may not be a professional permitted to independently furnish and report services to Medicare. Time spent by administrative or clerical staff cannot be counted towards the time required to report G0507.

CMS emphasized that the physician or other qualified health care professional must direct the service, continue to oversee the patient’s care, and perform ongoing management, collaboration and reassessment. If the service (or part thereof) is provided incident to services of the treating practitioner, whether on site or remotely, the clinical staff providing services must have a collaborative, integrated relationship with the treating practitioner. The clinical staff must also have a continuous relationship with the patient.
**Initiating Visit**

For all of the BHI service codes (G0502, G0503, G0504 and G0507), an initiating visit that is billable separate from the BHI services is required. The same services that qualify as initiating visits for Chronic Care Management (CCM) services can serve as the initiating visit for BHI services (certain face-to-face E/M services including the face-to-face visit required for TCM services, and the AWV or IPPE). The BHI initiating visit establishes the patient’s relationship with the treating practitioner (BHI services may be furnished incident to the treating practitioner’s professional services); ensures that the treating practitioner assesses the patient prior to initiating care management processes; and provides an opportunity to obtain patient consent (consent may also be obtained outside of the BHI initiating visit, as long as it is obtained prior to commencement of BHI services).

**Patient Consent**

For all of the BHI service codes (G0502, G0503, G0504 and G0507), CMS requires prior patient consent, recognizing that applicable rules continue to apply regarding privacy. The consent will include permission to consult with relevant specialists including a psychiatric consultant, and inform the patient that cost sharing will apply to in-person and non-face-to-face services provided. Consent may be verbal (written consent is not required) but must be documented in the medical record.

**Supervision**

For payment purposes, CMS assigned general supervision to all of the BHI service codes (G0502, G0503, G0504 and G0507). However, they noted that general supervision does not, by itself, comprise a qualifying relationship between the treating practitioner and other individuals providing BHI services under the incident to relationship.

**Care Settings**

BHI services may be furnished to patients in any setting of care. Time that is spent furnishing BHI services to a patient who is an inpatient or in any other facility setting during service provision or for any part of the service period may be counted towards reporting a BHI code(s).

A single practitioner must choose whether to report psychiatric CoCM code(s) (G0502, G0503, and G0504 as applicable) or the general BHI code (G0507) for a given month (service period) for a given patient.