Behavioral Health Integration in Primary Care Continuum Based Framework

Sustainability: Coding for Behavioral Health Services

April 28, 2021 | 12-1PM

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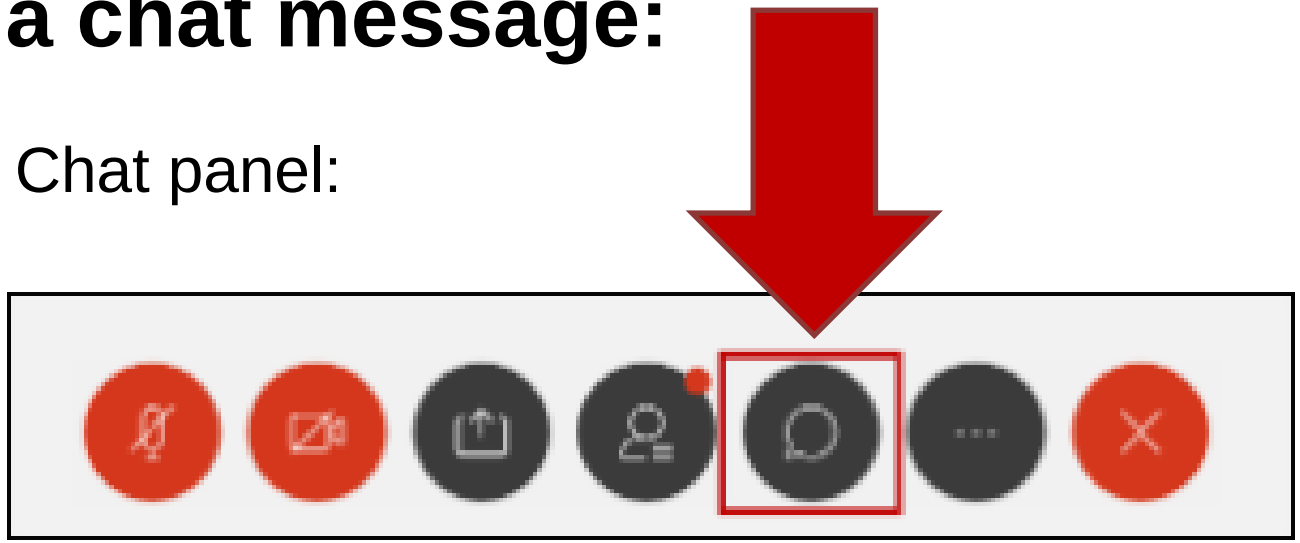

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Behavioral Health Integration Domains

1	Case finding, screening, and referral to care
2	Decision support for measurement-based stepped care
3	Information exchange among providers
4	Ongoing care management
5	Self-management support that is culturally adapted
6	Multi-disciplinary team (including patients) used to provide care
7	Systematic Quality Improvement
8	Linkages with community and social services
9	Sustainability

Our Presenters

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CMD J-15 Part B

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Behavioral Health Integration (BHI) Services and 2021 E&M guidelines

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Learning Objectives

At the end of this presentation, you will have a better understanding of:

- Two different types of Behavioral Health Integration Services (BHI)
- Responsibilities of the health care practitioner for the different types of BHI
- Roles and responsibilities associated with BHI
- Behavioral Health Integration (BHI) Services requirements for services
- Coding guidelines for BHI
- 2021 E/M guidelines

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Behavioral Health Integration Services (BHI)

Behavioral Health Integration Services (BHI)

- Combining both primary care with behavioral health care when providing patient care has become a valuable tool in the management of those individuals with mental and/or behavioral health conditions.

- BHI allows for a team approach when supplying care to the Medicare beneficiary.

Behavioral Health Integration Services (BHI)

- Rather than referring the patient to a specialist for behavioral health care, the primary care team approach is utilized and the patient can receive this care at the primary care provider.

- Medicare will reimburse both physicians and non-physician practitioners for the BHI services supplied during the calendar month period.

Behavioral Health Integration Services (BHI)

These services can be delivered through Behavioral Health Integration Services (BHI). BHI is delineated into two different methods:

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General BHI

General BHI

The members of the care team include:

PCP (Billing health care provider)	Potential Clinical Staff	Beneficiary
• A physician and/or non-physician practitioners (such as a physician assistant, nurse practitioner, clinical nurse, specialist, clinical nurse midwife) • Usually in the field of primary care (but can be another specialty)	• Billing health care provider can either provide all of the care or can use qualified clinical staff to assist in the delivery of the care • Care is delivered using a team approach • Qualified clinical staff are those who meet the credentials of the CoCM behavioral health care manager or psychiatric consultant	• Patient

General BHI

Provider	Required	Roles/Responsibilities
PCP (Billing health care provider)	Yes	• Initial assessment and screening of patient using validated screening/assessment tools • Continuing assessment and monitoring using validated screening tools • Monitoring of care plan and revisions as needed concurrently with the team and the beneficiary • Coordination of behavioral health treatment and care • Ongoing coordination and communication with care team
Psychiatric Consultant	No	Not required for General BHI
Behavioral Health Care Manager	No	Not required for General BHI

Behavioral Health Integration Services (BHI)

Validated screening tools for General BHI and Psychiatric Collaborative Care Services (CoCM) may include by are not limited to:

- Beck Depression Inventory
- Patient Health Questionnaires 2 and 9

Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.
0 I do not feel sad.
1 I feel sad
2 I am sad all the time and I can't snap out of it.
3 I am so sad and unhappy that I can't stand it.

2.
0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel the future is hopeless and that things cannot improve.

3.
0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am a complete failure as a person.

4.
0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.

5.
0 I don't feel particularly guilty
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.

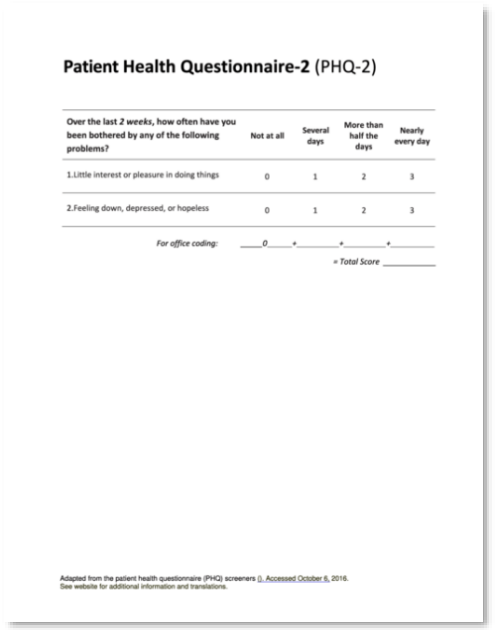
6.
0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

7.
0 I don't feel disappointed in myself.
1 I am disappointed in myself.
2 I am disgusted with myself.
3 I hate myself.

8.
0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses or mistakes.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.

9.
0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.

10.
0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.



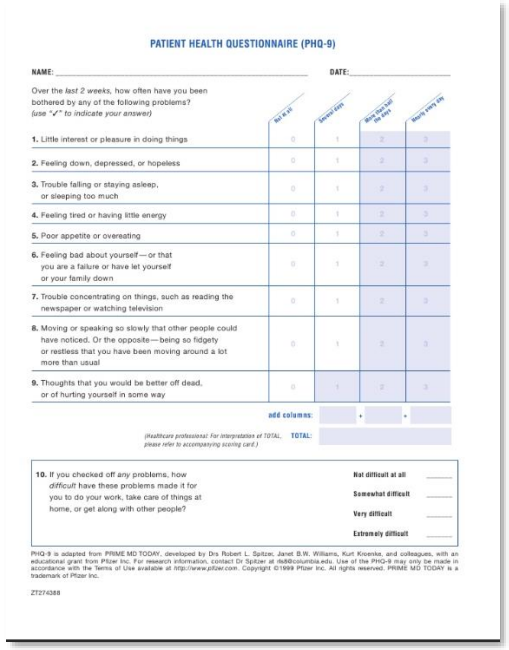
Patient Health Questionnaire-2 (PHQ-2)

Over the last *2 weeks*, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1.Little interest or pleasure in doing things	0	1	2	3
2.Feeling down, depressed, or hopeless	0	1	2	3

For office coding: ____0____+____+____+____

= Total Score _____

Adapted from the patient health questionnaire (PHQ) screeners []. Accessed October 6, 2016.
See website for additional information and translations.



PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
add columns:		+	+	
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) **TOTAL:**				

10. If you checked off any problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls88@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at http://www.pfizer.com. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

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Coding for BHI- CPT code 99484

- CPT code 99484 is used when billing monthly services for General BHI
- It is defined as care management services for behavioral health conditions of at least 20 minutes per calendar month, provided by clinical staff under general supervision of a physician or other qualified health care provider
- CPT code 99484 can also be used when providing behavioral health care that does not include use of a psychiatric consultant or a designated behavioral health care manager.
  - Please note that both a psychiatric consultant and/or a designated behavioral health care manager can still deliver BHI services though they are not necessary in order to provide General BHI services.

Coding for BHI- CPT code 99484

CPT code 99484 services requires:

- Initial assessment and screening of patient using validated screening/assessment tools
- Continuing assessment and monitoring using validated screening tools
- Monitoring of care plan and revisions as needed concurrently with the team and the beneficiary
- Coordination of behavioral health treatment and care
- Ongoing coordination and communication with care team

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Psychiatric Collaborative Care Services (CoCM)

Psychiatric Collaborative Care Services (CoCM)

Psychiatric Collaborative Care Services (CoCM) allows all staff to treat the patient at the primary care provider's office.

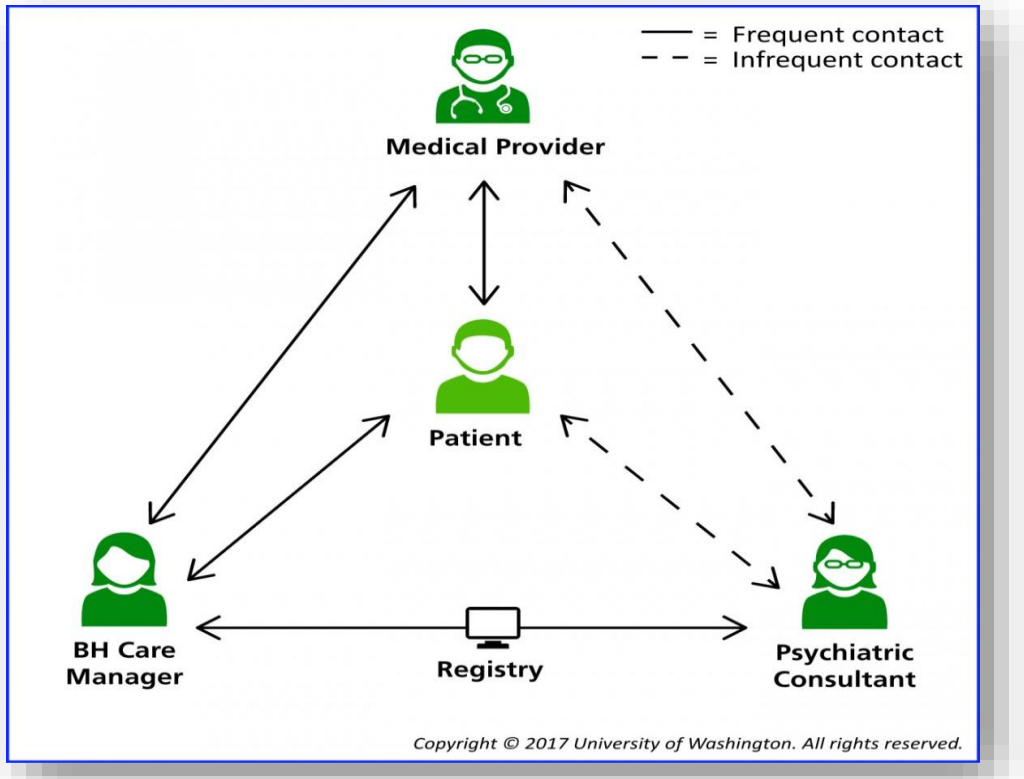
- The purpose is to establish a team to collaborate on the care of the behavioral health patient.
- The care team works synergistically in order to provide an optimal behavioral health outcome for the Medicare beneficiary.

Psychiatric Collaborative Care Services (CoCM)

The members of the care team include:

PCP (Billing health care provider)	Behavioral Health Care Manager	Psychiatric Consultant	Beneficiary
• A physician and/or non-physician practitioners (such as a physician assistant, nurse practitioner, clinical nurse, specialist, clinical nurse midwife) • Usually in the field of primary care (but can be another specialty)	• Health care professional trained in behavioral health (social work, nursing, psychology) • Employed by the billing health care provider's office; working under the general supervision of the billing health care provider	• Health Care professional trained in psychiatry • Can prescribe medications and other psychiatric treatments	• Patient

Psychiatric Collaborative Care Services (CoCM)



(*Team Structure | University of Washington AIMS Center*, n.d.)

Psychiatric Collaborative Care Services (CoCM)

Provider	Required	Roles/Responsibilities
PCP (Billing health care provider)	Yes	• Initial assessment and screening of patient using validated screening/assessment tools • Continuing assessment and monitoring using validated screening tools • Monitoring of care plan and revisions as needed concurrently with the team and the beneficiary • Treatment including pharmacotherapy, psychotherapy, and/or other indicated treatments
Psychiatric Consultant	Yes (consultant to the care team)	• Consults with care team at least once a week • Reviews chart • Updates treatment plan • Make recommendations and referrals as needed • No patient interaction is required • Cannot bill “incident to” • Paid by billing health care provider
Behavioral Health Care Manager	Yes (employed by the billing health care provider's office; working under the general supervision of the billing health care provider)	• Weekly to monthly follow-up using validated screening tools • Updating registry with patient follow-up and progress • Monitoring of treatment plan, treatment goals and/or medications

Coding for BHI- CPT code 99492

- CPT code 99492 is used when billing initial Psychiatric Collaborative Care Services (CoCM).
- It is defined as the first 70 minutes in the first calendar month of behavioral health care manager services.
  - These services are directed by the physician or other qualified health care provider
  - A consultation with a psychiatric consultant is also made during that time period.

Coding for BHI- CPT code 99492

CPT code 99492 services require:

- Involvement and participation of the patient in the treatment plan by the physician or other qualified health care provider
- Initial assessment and screening of patient using validated screening/assessment tools
- Development of a personalized treatment plan for the patient
- Consultation by the psychiatric consultant weekly
- Consultation by the psychiatric consultant on treatment plan review and care plan revisions as needed
- Updating registry with patient follow-up and progress by behavioral health care manager
- Use of evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies

Coding for BHI-CPT code 99493

- CPT code 99493 is used when billing subsequent Psychiatric Collaborative Care Services (CoCM).
- It is defined as the first 60 minutes in the subsequent calendar month of behavioral health care manager services.
  - These services are directed by the physician or other qualified health care provider
  - A consultation with a psychiatric consultant is also made during that time period.

Coding for BHI- CPT code 99493

CPT code 99493 services require:

- Updating registry with patient follow-up and progress by behavioral health care manager
- Consultation by the psychiatric consultant weekly
- Continuing collaboration with and coordination with the physician or other qualified health care provider and the other treating mental health clinicians
- Ongoing review of patient progress and recommendations for revisions in the treatment plan as needed, based on recommendations made by the psychiatric consultant
- Use of evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies
- Monitoring of patient outcomes by using validated screening tools
- Create relapse prevention plan as the patient achieves remission and/or meets treatment goals so that the patient can be prepared to be discharged from active treatment

Coding for BHI- CPT code 99494

- CPT code 99494 is used when billing an additional 30 minutes of initial or subsequent Psychiatric Collaborative Care Services (CoCM) in a calendar month of behavioral health care manager services.
  - These services are directed by the physician or other qualified health care provider
  - A consultation with a psychiatric consultant is also made during that time period
- It is listed separately in addition to the code for the primary procedure.

Coding for BHI- HCPCS code G2214

HCPCS code G2214

- HCPCS code G2214 is used when billing initial or subsequent Psychiatric Collaborative Care Services (CoCM).
- It is defined as the first 30 minutes in a calendar month of behavioral health care manager services.
    - These services are directed by the physician or other qualified health care provider
    - A consultation with a psychiatric consultant is also made during that time period.

Coding for BHI- HCPCS code G2214

- HCPCS code G2214 was developed by CMS on January 1, 2021 in response to a need to have an additional code that would reflect allow for shorter intervals of time spent with the patient.

- One example of this need would be for the patient that was seen for BHI services but was then requires hospitalization or other specialized care so the required number of minutes for billing could not be met.

- CMS answered this request and created HCPCS code G2214 to meet this need.

Coding for BHI- HCPCS code G2214

G2214 services require:

- Updating registry with patient follow-up and progress by behavioral health care manager
- Consultation by the psychiatric consultant weekly
- Continuing collaboration with and coordination with the physician or other qualified health care provider and the other treating mental health clinicians
- Ongoing review of patient progress and recommendations for revisions in the treatment plan as needed, based on recommendations made by the psychiatric consultant
- Use of evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies
- Monitoring of patient outcomes by using validated screening tools
- Create relapse prevention plan as the patient achieves remission and/or meets treatment goals so that the patient can be prepared to be discharged from active treatment

Summary of Coding for BHI

BHI Code	Behavioral Health Manager or Clinical Staff Time	Assumed Billing Health Care Provider Time	Estimated Non-Facility Price (*2021 pricing for KY/OH)
BHI Initiating Visit (AWV, IPPE, TCM, qualifying E/M)	N/A	Usual work for the visit code	Billed separately
CPT code 99484 – General BHI	At least 20 minutes per calendar month	15 minutes	$43.36/$44.79
CPT code 99492- Psychiatric CoCM First Month	70 minutes per calendar month	30 minutes	$142.43/$147.34
CPT code 99493- Psychiatric CoCM Subsequent Month	60 minutes per calendar month	26 minutes	$143.20/$147.85
CPT code 99494- Add-On Psychiatric CoCM (Any month)	Each additional 30 minutes per calendar month	13 minutes	$54.92/$56.64
HCPCS code G2214 Initial or subsequent psychiatric collaborative care management	30 minutes of behavioral health care manager time per calendar month	Usual work for the visit code	$59.54/$61.59

Source :Medical Learning Network (MLN909432) *Behavioral Health Integration*. (2021, March). https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf;

**Medicare Physician Fee Schedule*. (2021). CY 2021 Physician Fee Schedule Final Rule. http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedcrePhysFeeSchedfctsht.pdf

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Behavioral Health Integration (BHI) Services requirements for services

Eligibility Criteria

A beneficiary is eligible for Behavioral Health Integration Services (BHI) if he/she is being treated by the billing health care provider for any mental, behavioral health, or psychiatric diagnosis that the billing health care provider has determined meets the requirements for BHI services.

- This may include pre-existing conditions or those conditions that have occurred over time.
- Substance abuse disorders are included in this definition.

Patient Consent

The billing health care provider needs to obtain patient consent prior to providing or billing BHI Services.

- Patient consent can be verbal.
- Patient consent does not need to be written.
- Patient consent must be documented in the medical record and include information on the ability for the billing health care provider to consult with relevant specialists including communicating with a psychiatric consultant
- Any cost sharing involved; this includes both face-to-face as well as non face-face-to face services

General Supervision Requirement

- Behavioral Health Integration Services (BHI) that are not personally delivered by the billing health care provider need to be provided by clinical staff under the direction of the billing health care provider per the Medicare Physician Fee Schedule.

- This is considered general supervision.

- General supervision means that the clinical staff provides the service under the overall direction and guidance of the billing health care provider, though the billing health care provider may not be physically present at the time service is being rendered.

BHI Initiating Visit

- If the patient has not been seen by the physician/health care provider within one year prior to starting Behavioral Health Integration Services (BHI) or is a new patient, the billing physician/health care provider is required to perform an initiating visit prior to starting BHI services.
  - The initiating visit is a face-to-face visit.
  - It can be an Annual Wellness Visit (AWV), Initial Preventative Physical Exam (IPPE), Transitional Care Management services (TCM), or any other qualifying E/M visit with the billing physician/health care provider.
  - The purpose of the initiating visit is to establish a relationship between the beneficiary and the billing health care provider and to make sure that the billing physician/health care provider evaluates the beneficiary prior to starting BHI services.
  - This initiating visit is billed separately.

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2021 E/M guidelines

2021 E/M Revisions Summary: Office or Other Outpatient Services

Eliminate history and physical as elements for code selection

Allow physicians to choose whether documentation is based upon Medical Decision Making (MDM) or Total Time

Modifications to the criteria for MDM

Deletion of CPT code 99201

Creation of a shorter prolonged services code

Selecting a Level of Service

Effective January 1, 2021, the appropriate level of service for Office or Other Outpatient E/M Service is based on the following:

- The level of the MDM as defined for each service

OR

- The total time on the date of the encounter

Medical Decision Making

Office or other outpatient services include a medically appropriate history and/or physical examination, when performed.

The extent of history and physical examination is not an element in selection of office or other outpatient services.

One element in the level of code selection for an office or other outpatient service is the number and complexity of the problems that are addressed at an encounter.

- Symptoms may cluster around a specific diagnosis and each symptom is not necessarily a unique condition.

Medical Decision Making

Office and Other Outpatient E/M Services 2021
• Number and Complexity of Problems **Addressed** at the Encounter
• Amount and/or Complexity of Data to be **Reviewed and Analyzed**
• Risk of Complications and/or Morbidity or Mortality of **Patient Management**

MDM Definition Examples

Stable, Chronic Illness	Acute, Uncomplicated Illness or Injury
A problem with an expected duration of at least a year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (eg, uncontrolled diabetes and controlled diabetes are a single chronic condition). "Stable" for the purposes of categorizing medical decision making is defined by the specific treatment goals for an individual patient. A patient who is not at their treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, a patient with persistently, poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. The risk of morbidity **without** treatment is significant. Examples may include well-controlled hypertension, noninsulin-dependent diabetes, cataract, or benign prostatic hyperplasia.	A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor, but is not resolving consistent with a definite and prescribed course is an acute uncomplicated illness. Examples may include cystitis, allergic rhinitis, or a simple sprain.

Total Time

Office and Outpatient E/M Services 2021
• Used for code selection when using time
• Includes total time on the date of the encounter
• May be used to select a code level whether or not counseling and/or coordination of care dominates the service
• Includes physician/other qualified healthcare provider (QHP) face-to-face and non-face-to-face time
• Count only 1 person per minute when more than one clinician is addressed

Total Time: Physicians and QHP

Physician/other QHP time includes the following activities (when performed):

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically necessary appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not reported separately)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not reported separately) and communicating results to the patient/family/caregiver
- Care coordination (not reported separately)

DO NOT COUNT time spent on separately reported services

CPT Code 99201

As of January 1, 2021, CPT Code 99201 will no longer be available as it contained the same straightforward MDM as 99202.

Prolonged Services: G2212

The AMA's CPT prolonged services code 99417 will **not** be used for Medicare billing; rather, CMS has created HCPCS code G2212 to use instead.

G2212: Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact

- Add-on code, list separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services
- Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416
- Do not report G2212 for any time unit less than 15 minutes
- Effective January 1, 2021

Prolonged Services: G2212

Prolonged Office/Outpatient E/M visit – **NEW** patient	
Code(s)	**Total Time Required for Reporting***
99205	60-74 minutes
99205 x 1 and G2212 x 1	89-103 minutes
99205 x 1 and G2212 x 2	104-118 minutes
99205 x 1 and G2212 x 3 or more for each additional 15 min	119 minutes or more

Prolonged Office/Outpatient E/M visit – **ESTABLISHED** patient	
Code(s)	**Total Time Required for Reporting***
99215	40-54 minutes
99215 x 1 and G2212 x 1	69-83 minutes
99215 x 1 and G2212 x 2	84-98 minutes
99215 x 1 and G2212 x 3 or more for each additional 15 min	99 minutes or more

***Total time is the sum of all time, with and without direct patient contact and including prolonged time spent by the reporting practitioner on the date of service of the visit.

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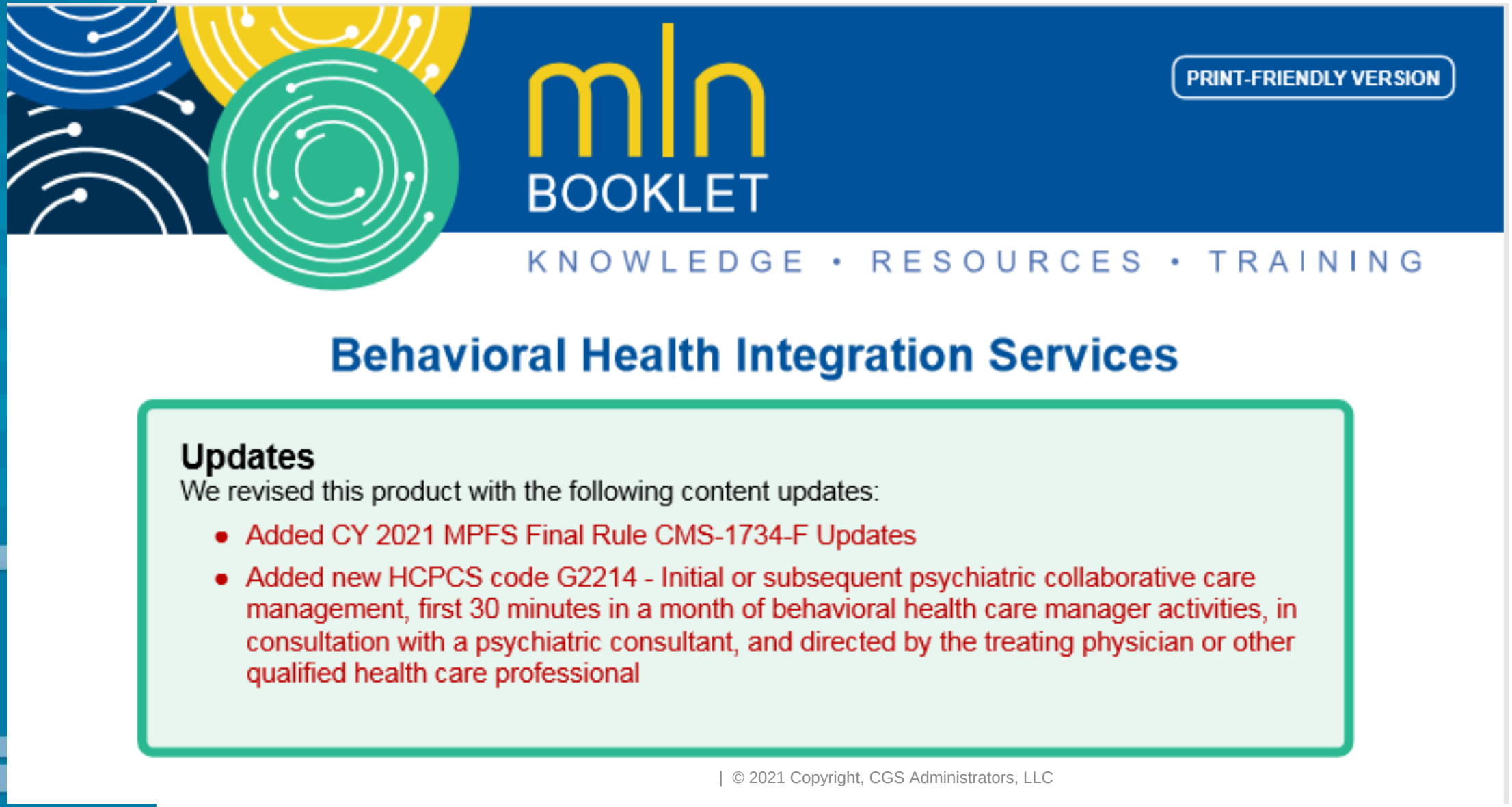
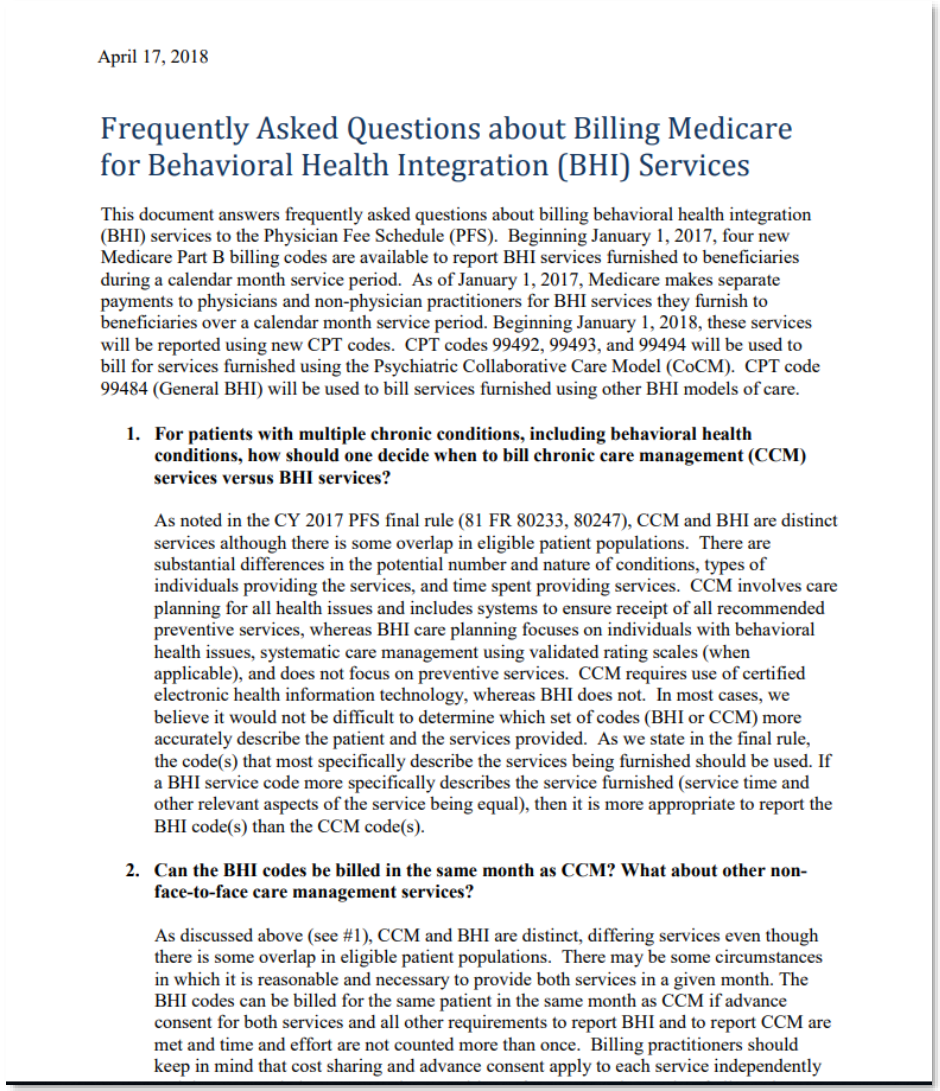
Resources

Medical Learning Network (MLN909432) *Behavioral Health Integration*. (2021, March). https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf



[Frequently Asked Questions about Billing Medicare for Behavioral Health Integration (BHI) Services (cms.gov)]

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Behavioral-Health-Integration-FAQs.pdf



April 17, 2018

Frequently Asked Questions about Billing Medicare for Behavioral Health Integration (BHI) Services

This document answers frequently asked questions about billing behavioral health integration (BHI) services to the Physician Fee Schedule (PFS). Beginning January 1, 2017, four new Medicare Part B billing codes are available to report BHI services furnished to beneficiaries during a calendar month service period. As of January 1, 2017, Medicare makes separate payments to physicians and non-physician practitioners for BHI services they furnish to beneficiaries over a calendar month service period. Beginning January 1, 2018, these services will be reported using new CPT codes. CPT codes 99492, 99493, and 99494 will be used to bill for services furnished using the Psychiatric Collaborative Care Model (CoCM). CPT code 99484 (General BHI) will be used to bill services furnished using other BHI models of care.

1. **For patients with multiple chronic conditions, including behavioral health conditions, how should one decide when to bill chronic care management (CCM) services versus BHI services?**

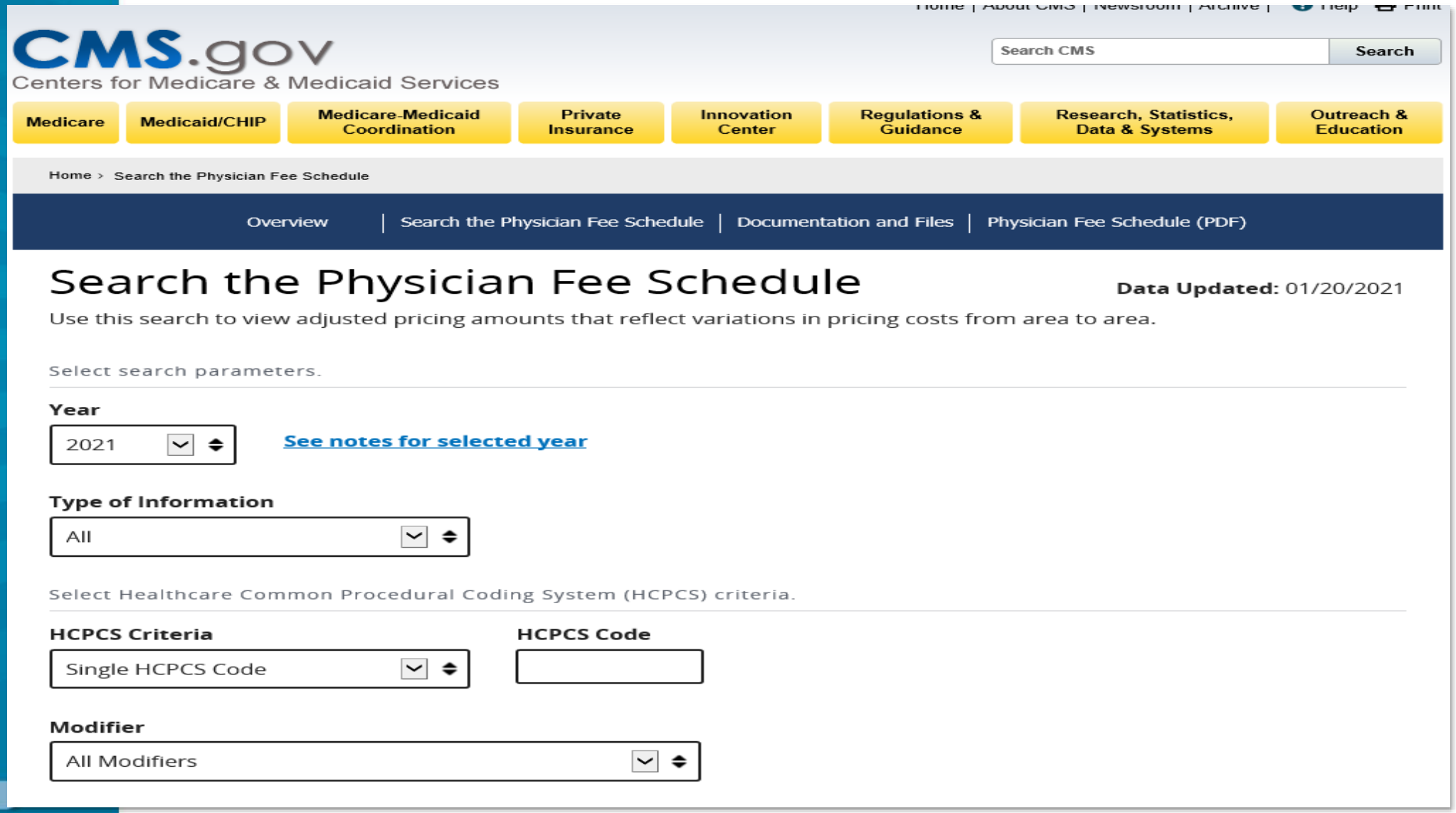
   As noted in the CY 2017 PFS final rule (81 FR 80233, 80247), CCM and BHI are distinct services although there is some overlap in eligible patient populations. There are substantial differences in the potential number and nature of conditions, types of individuals providing the services, and time spent providing services. CCM involves care planning for all health issues and includes systems to ensure receipt of all recommended preventive services, whereas BHI care planning focuses on individuals with behavioral health issues, systematic care management using validated rating scales (when applicable), and does not focus on preventive services. CCM requires use of certified electronic health information technology, whereas BHI does not. In most cases, we believe it would not be difficult to determine which set of codes (BHI or CCM) more accurately describe the patient and the services provided. As we state in the final rule, the code(s) that most specifically describe the services being furnished should be used. If a BHI service code more specifically describes the service furnished (service time and other relevant aspects of the service being equal), then it is more appropriate to report the BHI code(s) than the CCM code(s).

2. **Can the BHI codes be billed in the same month as CCM? What about other non-face-to-face care management services?**

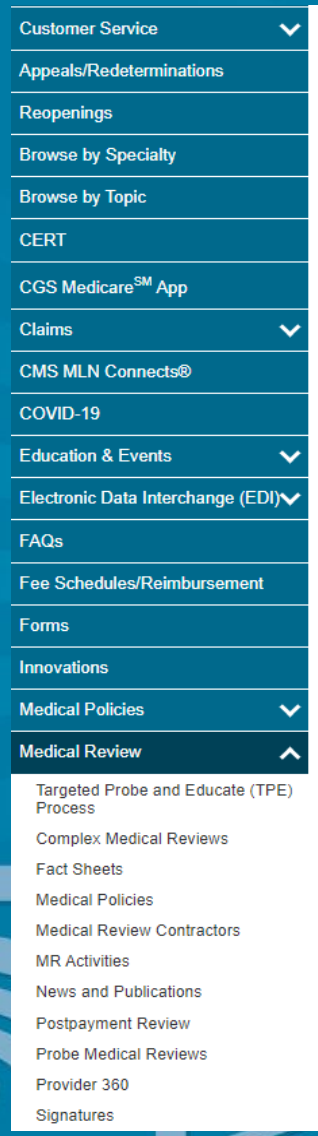
   As discussed above (see #1), CCM and BHI are distinct, differing services even though there is some overlap in eligible patient populations. There may be some circumstances in which it is reasonable and necessary to provide both services in a given month. The BHI codes can be billed for the same patient in the same month as CCM if advance consent for both services and all other requirements to report BHI and to report CCM are met and time and effort are not counted more than once. Billing practitioners should keep in mind that cost sharing and advance consent apply to each service independently

CY 2021 Physician Fee Schedule Final Rule

https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched

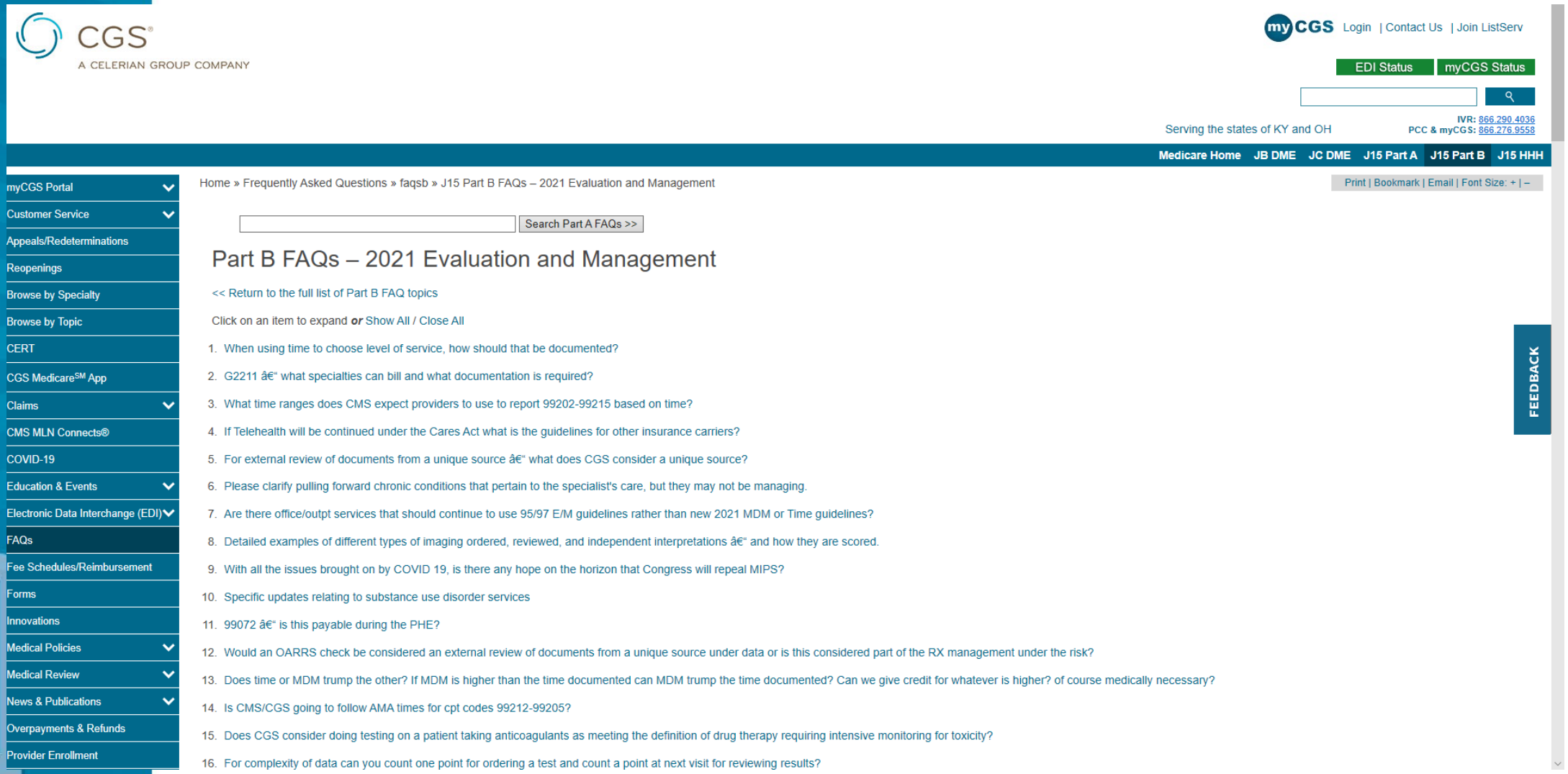


https://www.cgsmedicare.com/partb/mr/index.html



Part B FAQs – 2021 Evaluation and Management

https://www.cgsmedicare.com/medicare_dynamic/faqs/faqsb/display_faqs_j15b.aspx?id=171



Medical Review News and Publications

https://www.cgsmedicare.com/partb/mr/news_pub.html

General

Topic	Publication Date	Last Revised/Reviewed
Documentation Guidelines for Evaluation & Management (E/M) Services: Reminders and Updates	12.23.20	
Parenteral Iron Therapy Article	12.08.20	
Use of Human Amniotic Based Products	12.02.20	
Non-covered Services/Category III CPT Code Utilization ADR Checklist	10.28.20	
Coding Encounter for Aftercare and Medical Care	08.31.20	
MACs Resume Medical Review on a Post-Payment Basis	08.11.20	
Reducing Denials through Correct Coding	06.18.20	
CGS is Retiring Policy L34370 Category III CPT Codes	05.27.20	
CGS is Retiring Policy L34093 Chemotherapy and Biologicals	04.16.20	
Micro-Invasive Glaucoma Surgery (MIGS) L37578 Update	12.19.19	
Policy Billing and Coding Articles Updated During Annual HCPCS and ICD-10 Updates	12.19.19	
Documentation Reminder for TAVR	12.13.19	

WEBINAR

References

References

- Medical Learning Network (MLN909432) *Behavioral Health Integration*. (2021, March). https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf
- *Establishing a System of Depression Treatment in Primary Care* . https://healthinsight.org/tools-and-resources/send/122-tools/1773-establishing-a-system-of-depression-treatment-in-primary-care-using-chronic-care-management-ccm-and-behavioral-health-integration-bhi-codes
- *Team Structure | University of Washington AIMS Center*. University of Washington AIMS Center. https://aims.uw.edu/collaborative-care/team-structure
- *Medicare Physician Fee Schedule*. (2021). CY 2021 Physician Fee Schedule Final Rule. http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedcrePhysFeeSchedfctsht.pdf

Next Steps

Readiness Assessment

- Be on the look out for an email with a link to the assessment
- Complete by May 12, 2021

Bi-weekly Learning Circles from 12-1PM

- May 26 – Where to Go From Here

Publications

- Read the resources shared during the sessions

Next Session

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
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Where Do We Go From Here

May 26, 2021 • 12-1PM EDT

SWEEP Wrap-up: Our team will present readiness assessment results.

Register

Your SWEEP Team

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Have a question? Contact us!

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Integrating Behavioral Health with Primary Care: Series Information & Materials

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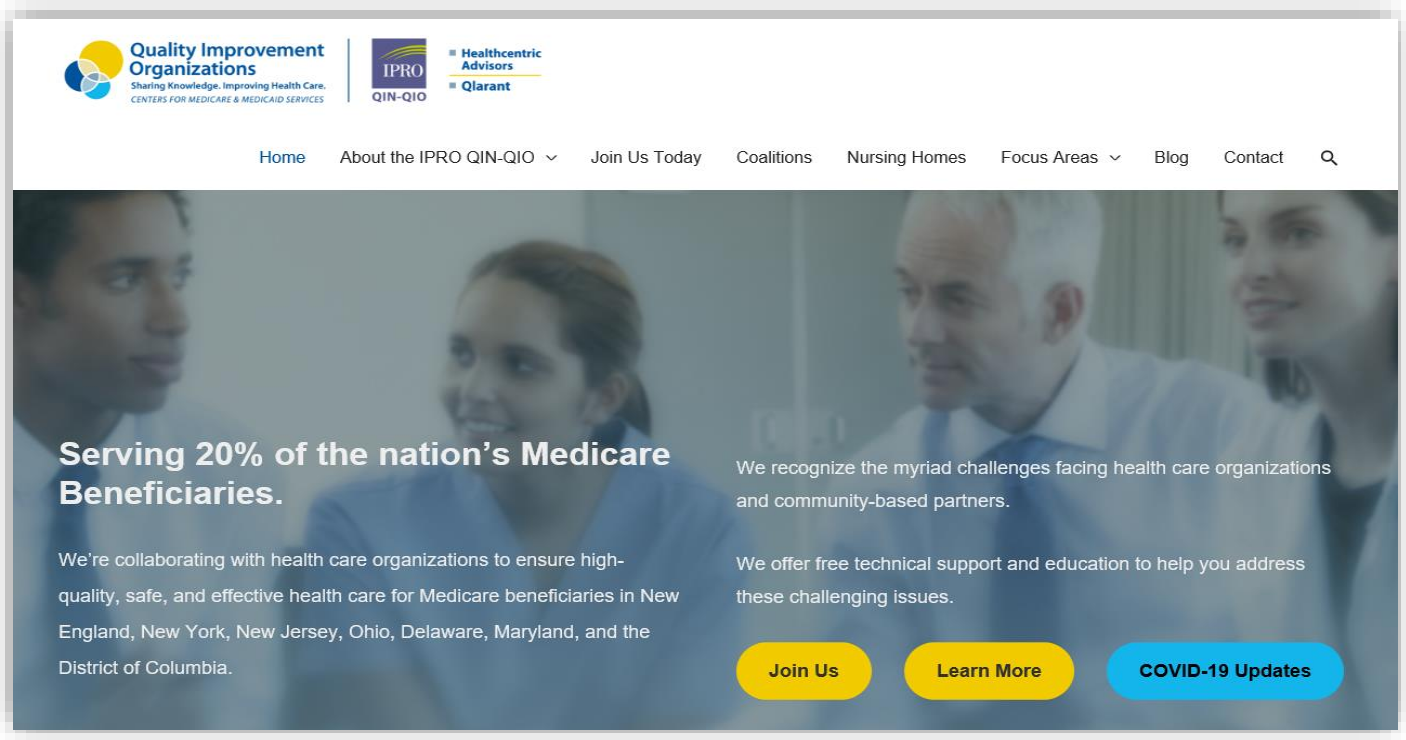
https://qi.ipro.org/



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