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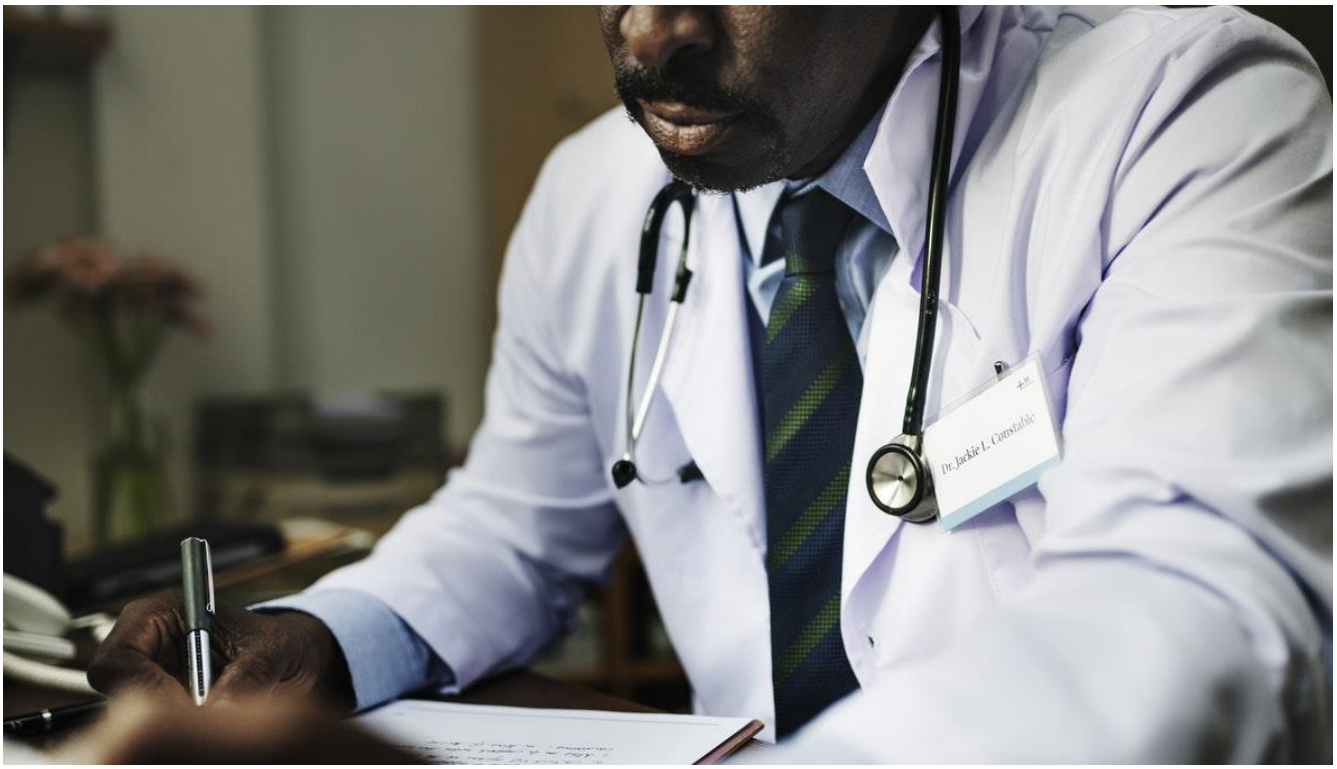

Establishing a Depression Treatment System in Primary Care Using Chronic Care Management and Behavioral Health Integration Codes

A Resource Guide for Primary Care Practices

Updated May 2021

Purpose

Use this guide to explore mechanisms for developing systems for depression treatment and follow-up for practices that bill Medicare Part B according to the prevailing physician fee schedule within a primary care setting. [1]

[1] *The information contained in this resource is intended for providers who bill Medicare Part B in accordance with the prevailing Physician Fee Schedule, and are not participating in the Center for Medicare and Medicaid Innovation Comprehensive Primary Care Plus medical home model. The information may not be applicable for rural health clinics or FQHCs, who are typically covered under alternative guidance. RHCs and FQHCs should please refer to this recent publication from CMS.*

Overview

As a primary care provider (PCP), you are acutely aware of the importance of identifying depression in your patient population. The prevalence of depressive symptoms in primary care patients is estimated at 5-10% in the general population and even higher in Medicare beneficiaries, both among those with other chronic conditions and those who are caregivers for loved ones. Further, we know that patients with depressive symptoms are likely to incur higher health care costs.

By screening for depression in primary care, you create an opportunity for early intervention and management of depressive symptoms. The US Preventive Services Task Force (USPSTF) found good evidence that screening and treatment in primary care settings can improve outcomes in adults with depression.

Many primary care practices are already resource-constrained. Chronic Care Management (CCM) and Behavioral Health Integration (BHI) billing codes were recently added or enhanced as a benefit available to beneficiaries through Medicare Part B. These codes provide an opportunity for your practice to provide a system of care for your patients with symptoms of depression and receive meaningful reimbursement for those services, benefitting both your patients and your practice. This resource can help you get started.

All treatment planning for symptoms of depression benefits from using a shared decision making model with patients. So the options described in this resource assume a conversation between you, the PCP, and the patient to identify values and costs/benefits of different treatments in the context of that patient's health care needs and preferences. *(**Please note:** These options are not intended to be directive or substitute for clinical judgment in the management of patients with symptoms of depression in primary care practices.)*

Primary care practices may:

- Provide behavioral activation counseling (which seeks to increase opportunities for positively reinforcing activities, such as engaging in pleasurable experiences and social contacts) and watchful waiting and monitoring of patients with mild or sub-clinical symptoms.
- Initiate a course of antidepressant therapy (monitor symptoms and escalate/adjust dosage as needed).
- Offer care management services for more intensive follow-up between office appointments, to monitor symptoms and/or follow through with treatment recommendations (whether the treatment is counseling- or pharmacological-based).
- Offer a range of behavioral health services integrated with primary care services within the practice.
- Refer a patient to a local behavioral health care provider for counseling services (you can use the Physician Compare website and search for psychiatrics, geriatric psychiatrists, clinical psychologists, or clinical social workers in your area; you can also call or check 211 online, or contact your local Area Agency on Aging, Community Mental Health Center, or SAMHSA Referral Helpline: **1-800-662-HELP**).

This resource can help you with the first four bullets, listed above, by implementing services available through the Medicare benefits of CCM and BHI, even if you are thinking about initiating a care system for depression.

According to CMS, BHI and CCM are distinct clinical services. Although some patients are eligible for both, a care team must decide between billing for a CCM or BHI visit based on patients' needs and the services rendered.

CCM for Depression in Primary Care

CCM is recognized by the Centers for Medicare & Medicaid Services (CMS) as a critical component of primary care that contributes to better health and care for individuals. Through the Medicare Physician Fee Schedule, you can use CCM codes to provide care to Medicare beneficiaries who have two or more chronic conditions expected to last at least 12 months or until death. Depression is a qualifying chronic condition.

Consider initiating CCM services for patients with symptoms of depression who:

- Have mild symptoms of depression and would benefit from behavioral activation interventions and "watchful waiting," coupled with regular follow-up to assess progress toward goals, changes in mood status, and evaluate any needed escalation in treatment intervention (i.e., referral for counseling or initiation of antidepressant medication).
- Have recently begun a medication regimen for treating their depressive symptoms, to verify whether the patient is taking the medication as prescribed, to assess side effects, to assess changes in mood status, and guide through escalation of therapy, if indicated.
- Were referred to counseling services, to verify the initiation of counseling services, to assess changes in mood status, and guide through intensification of intervention to include medication, if indicated.
- Have conditions that make depressive symptoms a risk to fulfilling a self-care regimen for other conditions, such as patients with uncontrolled diabetes who may not be following their diet and medication regimen as prescribed, due to depressive mood.

For more information on CCM services, see the **Billing and Care Delivery Overview** section below.

Be sure to follow all CMS guidelines for the initiation and provision of CCM services, including obtaining patient consent.

BHI for Depression in Primary Care

The integration of behavioral health services into primary care is a hallmark of holistic and comprehensive care models. It effectively and efficiently delivers improved outcomes for patients with behavioral health conditions seen in primary care settings, and is also positively impacting costs, access, and satisfaction with care.

BHI is a Medicare-reimbursable service that uses a primary care team approach for patients receiving behavioral health care at their PCP's office instead of being referred to an outside specialist.

BHI includes two tracks: General BHI and the Psychiatric Collaborative Care Model (CoCM).

- General BHI includes an initial assessment (including a validated screening tool, such as the Beck Depression Inventory or Patient Health Questionnaires (PHQ) 2 and 9), ongoing assessment and monitoring of the patient's condition (with continued use of a validated screening tool), care plan revision for a patient whose condition is not improving adequately, coordination of agreed-upon treatment, and a continuous relationship with a designated care team member. Models of care consistent with general BHI may or may not include a psychiatric consultant or a designated behavioral health care manager.

- The CoCM track allows the staff at a patient's PCP's office to treat a behavioral health condition and includes a physically available behavioral health care manager employed by the PCP's medical practice and a psychiatric consultant (e.g., psychiatrist or psychiatric nurse practitioner) with whom the care team consults about the recommended treatment for the patient. The consultant does not bill "incident-to," nor are they required to interact with the patient at all. PCP team consultation with the psychiatric consultant – minimally, on a weekly basis – is to include chart review, updating treatment recommendations as needed, and referral to treatment if necessary.
- CMS chose to use a specific model, found in the **Resources** section below, from the University of Washington's AIMS Center, the Psychiatric CoCM. However, due to a large number of available behavioral health models across primary care practices, CMS added the General BHI services to the reimbursable list to include all other behavioral health integrative model types outside of the CoCM.

Provider Type	General BHI	Psychiatric Collaborative Care Model
Treating (Billing) Practitioner	Required	Required
Behavioral Health Care Manager	Optional	Required
Psychiatric Consultant	Optional	Required

For more information on BHI services, please see the **Billing and Care Delivery Overview** section below.

Billing and Care Delivery Overview

Chronic Care Management				
CCM Description	**CPT Code**	**Care Manager/ Clinical Staff Threshold Time**	**Assumed Billing Practitioner Time and Effort**	**Estimated Value in Non-facility Settings†**
CCM Initiating Visit (AWV, IPPE, TCM, qualifying E/M)	N/A	N/A	• Usual face-to-face work required by the billed initiating visit code	$44 - $282
Add-On to CCM Initiating Visit	G0506	N/A	• Personally performs extensive assessment and CCM care planning beyond usual effort described by separately billable CCM initiating visit	$61.76
CCM	99490	At least 20 min. of clinical staff time in qualifying services	• Ongoing oversight, direction, and management • Assumes 15 min. of work	$41.17
Complex CCM	99487	60 min.	• Ongoing oversight, direction, and management • Plus, medical decision-making of moderate- high complexity • Assumes 26 min. of work	$91.77
Complex CCM Add-On	99489, use with 99487	Each additional 30 min. of clinical staff time	• Ongoing oversight, direction, and management • Plus, medical decision-making of moderate- high complexity • Assumes 13 min. of work	$43.97

Sources: *CMS MLN Booklet, Chronic Care Management Services, MLN909188 July 2019; CMS 2021 Physician Fee Schedule, using 2021 National Payment Amounts.*

† Based on national average value. Actual value may vary.

Behavioral Health Integration				
BHI Description	**CPT Code**	**Behavioral Health Care Manager or Clinical Staff Threshold Time**	**Assumed Billing Practitioner Time**	**Estimated Value in Non-facility Settings‡**
BHI Initiating Visit (AWV, IPPE, TCM, qualifying E/M)	N/A	N/A	Usual work for visit code	Billed separately
General BHI	99484	• At least 20 min. per calendar month	15 min.	$46.76
CoCM First Month	99492	• First 70 min. per calendar month	30 min.	$154.23
Initial or subsequent psychiatric collaborative care management	G2214	• First 30 min. in any month	Usual work for visit code	$64.55
CoCM Subsequent Months*	99493	• First 60 min. per calendar month	26 min.	$154.23
Add-On CoCM (Any month)	99494	• Each additional 30 min. per calendar month • Listed separately and used in conjunction with 99492 and 99493 • Limit of 2 add-ons each month	13 min.	$58.97

** CoCM is furnished monthly for an episode of care that ends when targeted treatment goals are met or there is failure to attain targeted treatment goals culminating in referral for direct psychiatric care, or there is a break in episode (no CoCM for 6 consecutive months).*

‡ Based on national average value. Actual value may vary.

Sources: *CMS MLN Booklet, Behavioral Health Integration Services, MLN909432 March 2021; CMS 2021 Physician Fee Schedule.*

Resources

- AAFP Managing Behavioral Health Issues in Primary Care: Six Five-Minute Tools – includes practical strategies to help physicians support patients with depression, anxiety, and similar conditions.
- AHRQ Academy for Integrating Behavioral Health and Primary Care – central resource hub with news, research, and resources for those who want to integrate primary and behavioral health care.
- CMS Behavioral Health Integration FAQs – answers frequently asked questions about billing BHI services to the Physician Fee Schedule.
- CMS Care Management – includes fact sheets, FAQs, and other resources for advance care planning, behavioral health integration, CCM, and transitional care management
- CMS Care Management Services in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Frequently Asked Questions – released December 2019, includes program requirements for CCM, General BHI, and Psychiatric CoCM.
- CMS CY 2021 Physician Fee Schedule – contains the official verbiage of the final rule published in the Federal Register, December 2, 2020.
- CMS Health Care Professional Resources, Connected Care: The Chronic Care Management Resource – provides resources and tools that can help health care professionals learn how to implement CCM and receive payment for providing these services.
- CMS MLN Booklet, Behavioral Health Integration Services – Medicare Learning Network (MLN) resource for providing and billing for behavioral health services, including under the Psychiatric Collaborative Care Model (CoCM) or general BHI.
- CMS MLN Booklet, Chronic Care Management Services – provides background on payable CCM service codes, identifies eligible practitioners and patients, and details the Medicare PFS billing requirements.
- NEJM Article - Medicare Payment for Behavioral Health Integration – an article with authors from both CMS and the National Institute for Mental Health on the use of the BHI Medicare benefit.
- University of Washington, AIMS Center
  - AIMS Center Cheat Sheet on Medicare Payments for Behavioral Health Integration Services
  - AIMS Center CoCM Implementation Guide
- PCPCI – behavioral health integration resources from the Patient-Centered Primary Care Institute, a resource for primary care transformation.
- SAMHSA Behavioral Health In Primary Care – provides extensive resources, including videos, webinars, information on building the business case, and research briefs to support integrated care.

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