



PAYMENT

Reimbursement Tips:

Behavioral Health Integration (BHI)



Overview

Behavioral Health Integration (BHI) are personalized and supportive services provided to patients with behavioral health needs to coordinate care and develop a care plan to achieve health goals.

BHI services that use the Psychiatric Collaborative Care Model (Psych CoCM) include a psychiatric consultant and a behavioral health care manager to enhance the primary care services. For more information, please refer to the [NACHC Reimbursement Tips for Psych CoCM](#).

BHI services are grouped in with the suite of care management services billable by FQHCs via G0511 (see NACHC resource: [Summary of Medicare Care Management Services Billed Using G0511](#)). This Tip Sheet provides FQHCs with simplified, easy-to-understand instructions for providing and billing Medicare for BHI services. Also see NACHC resource: [CMS Billing Lingo, Defined!](#) for definitions of terms used throughout this document.



Initiating Visit Requirements

The initiating visit, which is a separately billable and reimbursable service from general BHI services, may be any one of the following:

- Evaluation and Management (E/M) visit (CPT 99212-99215)
- Initial Preventive Physical Examination (IPPE) (HCPCS G0402)
- Annual Wellness Visit (AWV) (HCPCS G0438, G0439)
- Transitional Care Management (TCM) (CPT 99495-99496)
- Psychiatric diagnostic evaluation (CPT 90791) performed by a Clinical Psychologist, Clinical Social Worker, MHC, or MFT, if qualified as per State scope of practice regulations.

The initiating visit must:

- Occur within 12 months of the start of BHI services.
- Be furnished by the same billing provider who will supervise and bill for subsequent BHI services.
- Establish a patient-centered treatment plan that specifies the benefit of BHI support for the patient's condition(s).
- Establish the BHI services as incidental to the practitioner's Medicare Part B services and explain to the patient that auxiliary personnel may perform subsequent BHI services.

Note: There is an ongoing discrepancy between several CMS Subregulatory documents regarding whether the initiating visit must include a discussion with the patient about BHI services, prior to the start of services. (See Chapter 13 of the policy manual 230.2, [CMS MLN Chronic Care Management](#), and [CMS Chronic Care Management FAQs](#).) NACHC recommends for health centers to include a discussion about BHI services with the patient during the initiating visit, as this guidance is consistent with new CMS regulations for other CMS care management services. Please contact your MAC for guidance regarding your local policy.

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Eligible Patients

- ✓ Medicare Part B beneficiaries.
- ✓ Provide consent for services.
- ✓ Have one or more new or pre-existing behavioral, mental or psychiatric health condition(s), including Substance Use Disorder (SUD). The diagnosis(es) may be refined by the billing provider over the span of treatment time.
- ✓ Require an integrated plan of care management for behavioral health and primary care services.
- ✓ Have been seen for an initiating visit prior to the start of services

Authorized Billing Providers

What they do:

- ✓ Perform an initiating visit for new or established patients not seen by the billing practitioner within 12 months before the start of BHI services.
- ✓ Determine medical necessity of BHI and order services.
- ✓ Obtain patient consent for services (verbal or written). If not obtained by billing provider, consent may also be obtained by auxiliary personnel under general supervision.
- ✓ Furnish services personally and/or via general supervision of auxiliary personal as indicated by the service CPT code.

Note: During the consent process, the patient must be informed of the availability of BHI services, the application of coinsurance, the limitation to one practitioner per month for delivering and billing BHI services, and the patient's right to terminate services at any time. If there is a change in the billing provider, consent must be obtained again.

Who they are:

- Physicians (MD,DO)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Certified Nurse Midwife (CNM)
- Clinical Psychologist (CP) (G0323 service)
- Clinical Social Worker (CSW) (G0323 service)
- Mental Health Counselor (MHC) (G0323 service)
- Marriage and Family Therapist (MFT) (G0323 service)

Note: Must be qualified by education, licensure, scope of practice, and training to perform E/M and TCM level services or the specified IPPE or AWW service. A CP, CSW, MHC, or MFT must be qualified to perform a psychiatric diagnostic evaluation (CPT 90791). Licensed CSWs are only authorized to bill Medicare for services they furnish directly and personally, which means that clinical and auxiliary staff cannot provide services incident to a CSW. (Section 35 of the CY 2023 CMS Final Rule).

Auxiliary Personnel

What they may do (under general supervision, and after the initiating visit has taken place):

- ✓ Obtain patient consent for services (verbal or written)
- ✓ Provide BHI services
- ✓ Utilize validated rating scales, such as those described by the Kennedy Forum Issue Brief: [A Core Set of Outcome Measures for Behavioral Health Across Service Settings](#), for ongoing monitoring of patient status
- ✓ Document BHI service activities and time spent on such activities in the medical record

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Who they are (examples):

- ✓ Nurses (nurse care manager, clinical nurse specialist (CNS), RN, LPN)
- ✓ Social Workers
- ✓ Behavioral Health Care Manager

Note: A Behavioral Health Care (BHC) Manager is optional for BHI services and required for Psychiatric CoCM. A BHC Manager is a designated individual with formalized or specialized training in behavioral health. A nurse, social worker, and clinical psychologist are examples of clinical staff who may serve in this role. A full description of the Behavioral Health Care Manager's role may be found on page 8 of the [CMS BHI Services MLN booklet](#).

Services Elements, Coding & Billing

CODE	Service Elements	Service Provider	FQHC Medicare Billing Code & Rate
CPT® 99484	<p>BHI services may be billed once per calendar month after at least 20 minutes of services performed by auxiliary personnel under the general direction of a physician or other practitioner. BHI services focus on integrated treatment of a patient with new or pre-existing mental or behavioral conditions and include the following elements:</p> <ul style="list-style-type: none"> • Patient-centered assessment • Ongoing monitoring using applicable validated rating scales • Patient-centered treatment plan to address behavioral/psychiatric issues, modified as needed for status changes or lack of treatment progression • Facilitation and coordination for any needed treatment, such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation • Assuring continuity of care with a designated care team member 	<p>Auxiliary personnel under general supervision, (see CMS Billing Lingo, Defined!), or the billing provider may choose to personally deliver these services.</p>	<p>G0511: \$72.90</p> <p>Along with the CPT® service codes, FQHCs must submit HCPCS G0511 on the claim to be reimbursed.</p> <p>Since this service is reported by calendar month, the date of service may be set for the date when billing requirements have been met, or any date after that, as long as it is on or before the last day of the calendar month.</p>
HCPCS G0323	<p>BHI may be billed once per calendar month when at least 20 minutes of services performed by a clinical psychologist or clinical social work or mental health counselor or marriage and family therapist. BHI services focus on integrated treatment of a patient with new or pre-existing mental or behavioral conditions and include the following elements:</p> <ul style="list-style-type: none"> • Patient-centered assessment • Ongoing monitoring using applicable validated rating scales • Patient-centered treatment plan to address behavioral/psychiatric issues, modified as needed for status changes or lack of treatment progression • Facilitation and coordination for any needed treatment, such as psychotherapy, coordination with and/or referral to physicians and practitioners who are authorized by Medicare to furnish E/M services, prescribe medications, counseling and/or psychiatric consultation • Assuring continuity of care with a designated care team member <p><i>Note: G0323 services include the effort of practitioner to coordinate E/M services and medication prescribing with physicians or other practitioners authorized and qualified to carry out those activities.</i></p>	<p>Personally furnished by a clinical psychologist, clinical social worker, mental health counselor, marriage & family therapist.</p>	

• The payment rate is based on the 2024 Medicare Physician Fee Schedule (PFS). The most up-to-date 2024 payment rates, reflecting the changes effective March 9th, can be confirmed [here](#). The payment rate is based upon the date of service as opposed to the billing date. No Geographical Adjustment Factor (GAF) or Geographic Practice Cost Index (GPCI) has been applied; FQHCs can expect the payment to be slightly higher or lower depending on the GAF/GPCI.

• Code descriptions taken from the AMA's CPT 2024 Manual, Professional Edition.

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Be sure to capture the following documentation elements when billing for BHI services:

- ✓ Single or multiple mental and/or behavioral health condition(s)
- ✓ The medical necessity of the BHI services
- ✓ The date and practitioner who furnished the initiating visit
- ✓ Patient consent
- ✓ BHI services and who furnished them

The billing practitioner is ultimately responsible for documentation, including that of any contracted community-based organizations (CBOs) or other contracted personnel who furnish BHI services under the clinical care and treatment of this same billing practitioner.

As BHI services do not include a face-to-face component (see [CMS Billing Lingo, Defined!](#)), CMS does not include the services in the Medicare telehealth services list. BHI services may be provided in person or virtually (i.e., audio-visual or two-way audio technology), or a combination of both.

Capturing the time spent on BHI activities can be challenging. Here are some helpful tips:

- BHI services may spread across the entire calendar month, so be sure to capture and count time by each auxiliary personnel and/or authorized billing provider to best determine which service to bill.
- Only count the billing provider's time in addition to the auxiliary staff time when the provider is not otherwise reporting the time for a separately reported code.
- Count only the time of one auxiliary staff member or authorized billing provider when multiple care team members meet about a patient.
- Auxiliary personnel time spent coordinating emergency department care may count towards the total reporting time of BHI, but time spent while the patient is a hospital inpatient or admitted to a hospital observation unit may not be counted.

Patients pay 20% coinsurance based upon the lesser of the submitted charges or the local payment rate for G0511. Coinsurance may be covered in part or in full by secondary coverage (Medigap, private, or Medicaid). Coinsurance may be "slid" commensurate with the sliding fee discount program (SFDP) policy of the health center (see [Sliding Coinsurance for CMS/Medicare Care Management](#) for more information).

Co-Occurring Care Management Services

CMS allows separately identifiable care management services to be delivered and billed during the same calendar month as BHI, including, CCM, CCCM, TCM, CHI, RPM, and RTM. BHI and Psych CoCM services may not be reported in the same calendar month. See NACHC resource: [Summary of Medicare Care Management Services Billed Using G0511](#) for more information on Medicare Care Management Services.



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References

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- AAPC. 2024 HCPCS Level II Codebook
- CMS. CY 2024 Physician Fee Schedule Final Rule. <https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other#h-255>
- CMS. FAQs Billing for BHI. December 2023 <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Behavioral-Health-Integration-FAQs.pdf>
- CMS. MFTs and MHCs FAQs. March 2024 <https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq.pdf>
- CMS. MLN Behavioral Health Integration Services. May 2023 *Not updated with 2024 Final Rule changes at time of this publication* <https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf>
- CMS. MLN Medicare & Mental Health Coverage. January 2024. <https://www.cms.gov/files/document/mln1986542-medicare-mental-health-coverage.pdf>

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