

Care Management for Behavioral Health Conditions (99484)

DISCLAIMER

This is provided as a tool to give examples of how payers are addressing coverage for 99484. We make no representation as to the accuracy of any code discussed. We recommend you get confirmation from your own coding experts.

CPT CODE

99484	<p>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:</p> <ul style="list-style-type: none">• 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. <p>The services are performed by clinical staff for a patient with a behavioral health (including substance abuse) condition that requires care management services (face-to-face or non-face-to-face) of 20 or more minutes in a calendar month.</p> <p>The CPT Code states that 99484 may be used in any outpatient setting, as long as the reporting professional has an ongoing relationship with the patient and clinical staff and as long as the clinical staff is available for face-to-face services with the patient.</p>
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DIAGNOSIS CODES

- The BHI codes may be used to treat patients with any mental, behavioral health or psychiatric condition that is being treated by the billing practitioner, including substance use disorders. Medicare does not limit billing and payment for the BHI codes to a specified set of behavioral health conditions. The services require that there must be a presenting mental, psychiatric or behavioral health condition(s) that, in the clinical judgment of the billing practitioner, warrants BHI services. The diagnosis or diagnoses could be either pre-existing or made by the billing practitioner and may be refined over time.

MEDICARE COVERAGE INFORMATION

- An initiating visit (separately billable) is required for new patients or beneficiaries not seen within one year prior to commencement of BHI services. This visit establishes the beneficiary's relationship with the billing practitioner, and ensures the billing practitioner assesses the beneficiary prior to initiating BHI services. The billing practitioner should document in the initial assessment what the clinical's staff's responsibilities are.
- The treating (billing) practitioner directs the behavioral health manager or clinical staff, oversees the beneficiary's care, including prescribing medications, providing treatments for medical conditions, and making referrals to specialty care when needed, remains involved through ongoing oversight, management, collaboration and reassessment, and may, but is not required to, provide the BHI service in its entirety.
- Clinical staff have a continuous relationship with the beneficiary and a collaborative, integrated relationship with the rest of the care team, may or may not be a professional who meets all the requirements to independently furnish and report services to Medicare, does not include administrative or clerical staff time, and may include (but not required to include) a behavioral health care manager or psychiatric consultant.

- BHI services that are not personally performed by the billing practitioner are considered general supervision services under the Medicare Physician Fee Schedule. General supervision is defined as the service being furnished under the overall direction and control of the billing practitioner, but his or her physical presence, at the time of the clinical service, is not required.
- The BHI codes can be billed (directly reported) by physicians and non-physician practitioners whose scope of practice includes evaluation & management (E/M) services and who have a statutory benefit for independently reporting services to Medicare. This includes physicians of any specialty, physician assistants, nurse practitioners, clinical nurse specialists and certified nurse midwives.
- The billing practitioner should report the POS for the location where he or she would ordinarily provide face-to-face care to the beneficiary.
- According to Medicare's 2018 FAQs, the General BHI service can be provided by employees of the billing provider or contracted out to a 3rd party entity. However, the CPT Code states that the clinical staff must be available for face-to-face services with the patient.

COMMERCIAL PAYER COVERAGE INFORMATION

- We did not find any national commercial payer policies regarding 99484. The only guidance found (April 2019) was Medicare guidance for Medicare beneficiaries and guidance in the CPT Code itself.

REFERENCES

2019 CPT Professional

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

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf>