

# General Behavioral Health Integration, Targeted Case Management, and General Case Management

HealthySteps National Office Policy & Finance Team



## About This Document

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Have you ever speculated if case management and general behavioral health integration (BHI) services can be billed when providing care coordination and systems navigation to your HealthySteps families? Based on your site's contracts with state Medicaid agencies, Medicaid Managed Care Organizations, and/or private insurers, the answer may be yes! **It is necessary to check with your site's billing department to find out if these billing opportunities are available in your state.**

BHI services involve a monthly care management plan for patients with behavioral health conditions. To bill for these services, you must document time spent between the patient and their care team to assess, monitor, and coordinate behavioral health needs and treatments.

Case management is a service that assesses, plans, implements, coordinates, monitors, and evaluates to improve patient health outcomes and experiences. It involves professional collaboration occurring in a variety of settings where medical and mental health, including social support, are delivered. There are two types of case management: targeted case management and general case management.

This document provides a summary of BHI services and case management services. It contains examples of patient medical necessity for the services and examples of professionals that can be included in a management team and/or serve as a case manager. It also describes how general BHI, targeted case management, and general case management differ from one another. Finally, the document provides the respective billing codes and descriptions for each service.

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## General Behavioral Health Integration Services (99484)

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[BHI services](#) involve team-based care management. The service is designed to help integrate mental health services within a primary care setting. The intention is to effectively improve outcomes for patients with behavioral/mental health conditions.

### Key Aspects of General BHI Services:

- An initial assessment including administering applicable validated clinical rating scales,
- Systematic assessments and continuous monitoring,
- Care plan creation and applicable revisions for patients whose condition is not improving or whose status has changed, and
- Facilitation and coordination of behavioral health treatment such as psychotherapy and pharmacology.

These services are supported via a continuous relationship with a designated care team member. The designated care team is comprised of the billing physician or physician assistant (primary care physicians) or clinical nurse specialist or certified nurse midwife, along with the patient and their family as well as clinical staff members such as clinical social workers and psychologists. The Center for Medicare and Medicaid Services (CMS) classifies eligible conditions as any mental, behavioral, or psychiatric condition. These services are billed by a supervising provider (usually the primary care physician) once per month when at least 20 minutes of their time, or the time any member of the care team, is spent rendering services to the patient, per calendar month (billing for 1 unit = at least 20 minutes of accrued services provided during a calendar month).

## Targeted Case Management (T1017)

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[Targeted case management \(TCM\)](#) assists patients in accessing and coordinating medical, social, education, and other necessary services tailored around their care plan. The services are billed in 15-minute increments (billing for 1 unit = 15 minutes of service in a day). TCM requires a single case manager and does not explicitly mandate a full care team structure. Verification with carrier(s) is required.

### Key Aspects of TCM Services:

- Comprehensive assessment: Evaluating a patient's medical, social, and psychological needs to identify areas requiring support,
- Care Plan Development: Creating a detailed plan outlining specific goals, interventions, and responsible providers to address the patient's needs,

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- **Service Coordination:** Arranging appointments, facilitating communication between healthcare providers, and ensuring access to necessary services.
- **Patient Education:** Providing information and support to patients regarding their health conditions, and treatment options, and
- **Progress Monitoring:** Regularly reviewing the patient’s progress towards goals and adjusting the care plan as needed.

The purpose of TCM is to address a patient’s complex healthcare needs and to coordinate the assistance they may need, including addressing their social needs. The goal is to improve the patient’s healthcare outcomes and ensure the patient has timely access to the services needed. Services are used to support the patient’s overall well-being. Professionals that can bill for this service must be verified with insurance carrier(s) at the site level.

## General Case Management (T1016)

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[General case management \(General CM\)](#) aims to help patients navigate the healthcare system, ensuring they get appropriate care that includes coordination among multiple providers or assistance in helping access needed community resources or support services. General CM services involve short-term support. The goal is to improve the patient’s overall health outcomes. The services are billed in 15-minute increments (billing for 1 unit = 15 minutes of service in a day). Professionals that can bill for this service must be verified with insurance carrier(s) at the site level. General CM requires a single case manager and does not explicitly mandate a full care team. Verification with carrier(s) is required.

### Key Aspects of General CM Services:

- **Intake and Assessment:** Initial evaluation of patients’ needs including medical history, social situation, and potential risks,
- **Care Planning:** Developing a personalized plan with specific goals and interventions based on the assessment,
- **Collaboration:** Communicating and coordinating with other healthcare providers, community agencies, and patient’s support system to ensure care delivery,
- **Services Coordination:** Arranging necessary services like appointments, transportation, and referrals to appropriate providers,
- **Monitoring and Evaluation:** Regularly reviewing progress towards goals, adjusting as needed, and documenting outcomes, and
- **Advocacy:** Representing the patient’s interests and navigating complex systems to access the services needed.

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## Examples of Diagnoses that Support Medical Necessity for General Behavioral Health Integration, Targeted Case Management and General Case Management

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### General BHI:

- Behavioral/mental health conditions (e.g., autism spectrum disorder, attention-deficit/hyperactivity disorder)

### TCM:

- Chronic medical conditions (e.g., pediatric feeding disorders, low birth weight and prematurity, asthma, anemia)
- Concrete mental health disorders (e.g., attention-deficit/hyperactivity disorder, reactive attachment disorder, separation anxiety disorder)
- Developmental disabilities (e.g., autism spectrum disorder)
- Recovery from serious injury or surgery
- Social issues such as homelessness, substance abuse, or lack of access to basic services with chronic medical conditions and/or concrete mental health disorders

### General CM:

- Chronic medical conditions (e.g., pediatric feeding disorders, low birth weight and prematurity, asthma, anemia)
- Frequent hospital admissions or emergency room visits
- Concrete mental health disorders (attention-deficit/hyperactivity disorder, reactive attachment disorder, separation anxiety disorder)
- Developmental disabilities (e.g., autism spectrum disorder)
- Healthcare needs requiring coordination among multiple providers
- Patients who need help accessing community resources or support with chronic medical conditions and/or concrete mental health disorders

## Care Management Team Composition

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### **General BHI:**

- The billing practitioner: A physician (primary care provider, Psychiatrist) or non-physician practitioner (Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse

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Midwife) typically in primary care, that recommends the service and works with and oversees the clinical decision making of the clinical staff.

- Clinical Staff: Qualified clinical staff that must be verified with insurance carriers at the site level (e.g., Licensed Clinical Social Workers, Psychologists, Professional Counselors).

#### **TCM and General CM:**

- A case manager who can be a nurse, social worker or other qualified healthcare professional (insurance carrier verification is required if these professionals are recognized in your state as case managers).
- Although TCM and General CM require a single case manager and may not explicitly mandate a full care team structure, collaborating with healthcare providers such as the patient's primary care physician or their therapist will occur (billing would be done under the licensed behavioral/mental health practitioner that can independently bill the insurance carrier). Verification with carriers must be made if there are specific additional guidelines needed to bill for the service.

## How Do General Behavioral Health Integration, Targeted Case Management, and General Case Management Differ from one another?

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General BHI is for people with concrete mental/behavioral health conditions to facilitate and coordinate treatments such as psychotherapy or other behavioral health treatments. General BHI involves multiple care team members with one billing provider. General BHI is associated with the Center of Medicare and Medicaid Services Psychiatric Collaborative Care Model, but patients do not have to be enrolled in the model, nor do they need psychiatric consultation as other services in the model require. General BHI is for mental and behavioral health diagnoses and allows for the work of a clinical staff to count towards the accrued service time requirement for billing. Billing for General BHI is done by the prescribing physician, usually the PCP, which involves their work and/or the work of the approved clinical staff (designated care team), for services rendered to the patient for at least 20 minutes within a calendar month.

General CM is also for working with people with concrete mental/behavioral health conditions, but General CM can also involve working with patients with chronic medical conditions.

TCM involves patients struggling with multiple interconnected issues, providing individualized support to the patient. The main purpose of TCM is to identify clients that are at greater risk for poor outcomes and to provide tailored services to address their complex needs while General CM provides basic care and coordination of services.

General CM also aims to help patients with complex needs but on a lesser scale usually for patients with shorter term, and less complex needs. TCM indicates a more focused and intensive approach

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than General CM. General CM helps patients navigate the healthcare system, ensuring that they receive appropriate care to improve their overall health outcomes. Goals include enhancing patient well-being, improving self-management skills, and helping patients achieve their health goals. Patients and their families can expect to engage in detailed conversations about their health, goals, and challenges. The process is designed to be supportive, with the case manager advocating for the patient’s needs and ensuring they feel understood and assisted throughout their healthcare journey. Billing for General CM is usually done by the care manager (verification with insurance carrier(s) is needed) and is done in 15-minute increments, per visit with the patient. Verification if services must be face-to-face should be confirmed with the insurance carrier.

|   | <u>General Behavioral Health Integration (99484)</u>  | <u>Targeted Case Management (T1017)</u>   | <u>Case Management (T1016)</u>  |
|---|---|---|---|
| Frequency of Services:  | Requires a minimum of 20 minutes of accrued time, per calendar month with the patient, billed once per calendar month.                                    | Involves frequent face-to-face contact, sometimes weekly or daily check-ins, depending on the patient's needs. Billed in 15-minute increments for each visit. | May only require a few set periodic meetings with the patient(s). Billed in 15-minute increments for each visit.  |
| Comprehensiveness:  | The required focus is on assisting the patient with their behavioral/mental health treatment only.  | Coordinates care across many life and social domains like healthcare, housing, legal issues, finances, and employment. Longer term in nature.                 | May focus on just one of two areas of services and social support that the patient needs. Shorter term in nature. |
| Diagnoses:  | A concrete behavioral/mental health diagnosis. Requires insurance carrier verification on if services should be short term or can be long term in nature. | A concrete behavioral/mental health diagnosis or a chronic medical diagnosis.   | A concrete behavioral/mental health diagnosis or a chronic medical diagnosis.                                     |
| <p><i>Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) may utilize different codes for the reporting of these services. Insurance carrier verification must be made at the site level (e.g., some state Medicaid agencies recognize G0511 for the billing of General BHI when rendered at FQHCs and RHCs). Verification with insurance carriers is required at the site level on if these codes and the services they represent are recognized by the insurance carriers for reimbursement, and if there are specific guidelines associated with a targeted patient population for the services. In addition, the amount of monthly/yearly visits recognized for reimbursement must also be verified with insurance carriers.</i></p> |   |   |   |

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## Service Components and Documentation

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### **General BHI:**

1. **General BHI Referral:** Documentation of the primary care physician's prescription for General BHI services.
2. **Initial Assessment:** Documentation of the patient's concrete behavioral/mental condition with its assessment, including administering applicable validated clinical rating scales.
3. **Systematic Assessment and Monitoring:** Documentation of the clinical rating scales and assessment.
4. **Care Plan Development:** Documentation of plan outlining specific goals and interventions for the patient based on the patient's assessment.
5. **Progress Monitoring:** Documentation of regular reviews of the patient's progress towards their goals of managing their behavioral/mental health condition.
6. **Facilitation and Coordination:** Documentation of any appointment(s) arranged, or referral(s) made for treatment options for the managing of the patient's behavioral/mental health condition(s) (e.g., psychotherapy).

### **TCM:**

1. **Comprehensive Assessment:** Documentation of the evaluation of a patient's chronic medical, social and psychological need(s).
2. **Care Plan Development:** Documentation of a detailed plan outlining specific goals, interventions, and responsible providers to address the patient's needs.
3. **Service Coordination:** Documentation of the appointments arranged, the communications facilitated between other healthcare providers, and appointment(s) arranged for the patient, such as transportation or housing assistance.
4. **Patient Education:** Documentation of treatment information, treatment options, and information on the patient's conditions.
5. **Advocacy:** Documentation of communication with other providers and social agencies contacted on behalf of the patient.
6. **Progress Monitoring:** Documentation of regular reviews of the patient's progress towards goals and/or any adjustments made to the care plan as needed.

### **General CM:**

1. **Intake and Assessment:** Documentation of the initial evaluation of a patient's needs, including their medical history, chronic medical condition, social situation, and potential risks.
2. **Care Plan Development:** Documentation of a care plan with specific goals and interventions for the patient based on their assessment.
3. **Collaboration:** Documentation of communication with other providers and social agencies on behalf of the patient.

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4. Service Coordination: Documentation of appointments arranged, referrals made, and transportation services requested for the patient.
5. Monitoring and Evaluation: Documentation of regular reviews of the patient's progress towards goals with adjustments made as needed.
6. Advocacy: Documentation of systems navigation (social agencies, etc.) that is accessed for the patient's needs.

In addition to the services rendered and documented above, the following information should also be included in your documentation:

1. Patient's demographic information with date(s) of visit
2. Start and time/duration of the visits
3. Concrete behavioral/mental health diagnosis for General BHI and concrete behavioral/mental health diagnosis and/or developmental disabilities and/or chronic medical conditions for TCM and General CM
4. Members of the patient's care team and/or care manager
5. Mode of contact (face-to-face/telephone-if recognized by insurance carrier)

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