Episode Intelligence Authorization and Payment (EIA) Compensation Model (Revised Version)

Quantitative Analysis

October 23, 2026

I. Purpose

The purpose of this quantitative analysis is to provide members of the Physician-Focused Payment Model Technical Advisory Committee (PTAC) with background information on the potential scope of and impact to the Medicare population of the proposed physician-focused payment model (PFPM) *Episode Intelligence Authorization and Payment (EIA) Compensation Model (Revised Version)*. This revised proposal was submitted by Joanne Bayouk and was determined to have met the administrative requirements for a PFPM on September 28, 2026.

II. Background

The Bayouk proposal includes the following groups of beneficiaries and providers as eligible for participation in the proposed model:

Beneficiary Eligibility	Provider Eligibility
• Medicare beneficiaries with major depressive disorder (MDD)	• Clinician practices providing outpatient behavioral health care in traditional Medicare • Psychiatrists, psychiatric nurse practitioners, clinical psychologists, licensed clinical social workers, marriage and family therapists, and mental health counselors

III. Analyses

The following analyses were conducted using Medicare 2024 fee-for-service (FFS) claims data to assess the potential scope of and impact on the proposed Medicare beneficiary and provider groups identified in the Bayouk proposal, to the extent that these groups were available in the data:

A. Medicare Beneficiaries Receiving MDD Outpatient Services, 2024

B. Medicare Providers Billing for MDD Outpatient Services, 2024

Beneficiary analyses were conducted on two Medicare populations, referred to as "impacted beneficiaries," based on 2024 data:

- All impacted beneficiaries. Beneficiaries with at least one claim (inpatient or outpatient) with a *primary* diagnosis of moderate-to-severe MDD within data year 2024.

- March 2024 impacted beneficiaries. Beneficiaries who had their first visit (inpatient or outpatient) with MDD as a *primary* diagnosis (the index visit) in March 2024 and who did not have MDD as a primary or secondary diagnosis in January or February 2024. This is a subset of all impacted beneficiaries defined above.

Analysis focused on beneficiaries with outpatient claims where MDD was the *primary* diagnosis in order to examine services that specifically were to treat MDD as compared with other types of services targeting a different condition (e.g., ankle injury) where MDD was noted as secondary.

Three sets of analyses were conducted for each of the two impacted beneficiary populations:

1. Aggregate analysis. This analysis focused on totals across impacted beneficiaries. Outcome variables are presented as aggregate values (e.g., total number of beneficiaries, total costs across beneficiaries).

2. Average beneficiary analysis. This analysis focused on averages across all impacted beneficiaries. Outcome variables are presented as means, with medians and ranges presented for some variables (e.g., average number of MDD claims, average costs).

3. Monthly average beneficiary analysis. This analysis focused on monthly averages across impacted beneficiaries. Number of months for each beneficiary are based on the month in which the first visit with MDD occurred as a *primary* diagnosis (the index visit) and all subsequent months in 2024. For the March 2024 impacted beneficiary analysis, there were a total of 10 months included in the average calculation for each beneficiary. Outcome variables are presented as means, with medians and ranges presented for some variables (e.g., monthly average number of behavioral health claims, monthly average costs).

Tables 1–3 report results (aggregate, average, and monthly average) for all impacted beneficiaries. **Tables 4–6** report results (aggregate, average, and monthly average) for March 2024 impacted beneficiaries. **Table 7** reports results of the provider analysis.

Appendix A includes the list of ICD-10-CM diagnosis codes used to define MDD. **Appendix B** includes the list of Current Procedural Terminology (CPT) codes for included behavioral health care outpatient services.

A. Medicare Beneficiaries Receiving MDD Outpatient Services, 2024

RESULTS FOR ALL IMPACTED BENEFICIARIES – Tables 1–3

Table 1. Aggregate Statistics for Outpatient Services for Beneficiaries with Major Depressive Disorder (MDD), All Impacted Beneficiaries, 2024

Statistic (Aggregate Counts)	Major Depressive Disorder
Beneficiaries and Claims with a Primary Diagnosis of MDD	
Beneficiaries, N (% of all Medicare beneficiaries)	1,271,124 (4.8%)
Outpatient Claims, N (% of all outpatient claims)	7,613,498 (0.9%)
Outpatient Claims, $	$1,290,374,230
Claims for Outpatient Services That Included Any Behavioral Health Services, N (% of claims with behavioral health services)*	3,518,070 (46.2%)
Type of Behavioral Health Services† Across Outpatient Claims with a Primary Diagnosis of MDD, N (% of all outpatient behavioral health services for MDD)	
All Behavioral Health Services	3,521,538 (100%)
Psychotherapy	3,330,703 (94.6%)
Developmental Behavioral Screening	42,610 (1.2%)
Adaptive Behavior Services	‡
Health Behavior Assessment and Intervention	2,792 (0.1%)
Inter-professional Digital Services	18,562 (0.5%)
Collaborative Care Model (CoCM) Services	43,597 (1.2%)
Behavioral Health Integration (BHI) services	83,182 (2.4%)
Office-Based Treatment of Substance Use Disorders (SUDs)	92 (0.0%)
Alcohol/Substance Abuse Screening and Brief Intervention	0

* Beneficiaries received other outpatient services in addition to behavioral health services; these services included office visits, laboratory services, and care coordination services.

† Analysis is based on total behavioral health services across claims. There may be more than one type of behavioral health service per claim. Additionally, the same type of behavioral health service may appear more than once per claim (e.g., multiple CPT codes for the same type of service).

‡ Counts less than or equal to 10 have been suppressed to maintain confidentiality. Total number of behavioral health services is the sum across cells that have not been suppressed.

Source: Centers for Medicare & Medicaid Services (CMS), Chronic Conditions Data Warehouse (CCW), Medicare fee-for-service (FFS) claims and enrollment data, 2024

Table 2. Average Statistics for Outpatient Services for Beneficiaries with Major Depressive Disorder (MDD), All Impacted Beneficiaries, 2024

Statistic (Beneficiary Averages)	Major Depressive Disorder
Beneficiaries, N	1,271,124
Outpatient Claims with a Primary Diagnosis of MDD	
Mean	6.00
Median	2.00
Quartile 1	1.00
Quartile 3	6.00
Cost of Outpatient Claims with a Primary Diagnosis of MDD	
Mean	$1,017
Median	$336
Quartile 1	$152
Quartile 3	$866
Type of Behavioral Health Services* Across Outpatient Claims with a Primary Diagnosis of MDD, mean	
Psychotherapy	8.40
Developmental Behavioral Screening	1.75
Adaptive Behavior Services	0
Health Behavior Assessment and Intervention	1.48
Inter-professional Digital Services	6.62
CoCM Services	3.25
BHI Services	3.06
Office-Based Treatment of SUDs	5.41
Alcohol/Substance Abuse Screening and Brief Intervention	0

* Analysis is based on total behavioral health services across claims. There may be more than one type of behavioral health service per claim. Additionally, the same type of behavioral health service may appear more than once per claim (e.g., multiple CPT codes for the same type of service).

Source: Centers for Medicare & Medicaid Services (CMS), Chronic Conditions Data Warehouse (CCW), Medicare fee-for-service (FFS) claims and enrollment data, 2024

Table 3. Average Monthly Statistics for Outpatient Services for Beneficiaries with Major Depressive Disorder (MDD), All Impacted Beneficiaries, 2024

Statistic (Monthly Beneficiary Averages)	Major Depressive Disorder
Beneficiaries, N	1,271,124
Outpatient Claims with a Primary Diagnosis of MDD	
Mean	0.74
Median	0.42
Quartile 1	0.20
Quartile 3	1.00
Cost of Outpatient Claims with a Primary Diagnosis of MDD	
Mean	$128
Median	$54
Quartile 1	$25
Quartile 3	$121
Type of Behavioral Health Services* Across Outpatient Claims with a Primary Diagnosis of MDD, monthly mean	
Psychotherapy	0.87
Developmental Behavioral Screening	0.26
Adaptive Behavior Services	0
Health Behavior Assessment and Intervention	0.22
Inter-professional Digital Services	0.76
CoCM Services	0.44
BHI Services	0.39
Office-Based Treatment of SUDs	0.54
Alcohol/Substance Abuse Screening and Brief Intervention	0

* Analysis is based on total behavioral health services across claims. There may be more than one type of behavioral health service per claim. Additionally, the same type of behavioral health service may appear more than once per claim (e.g., multiple CPT codes for the same type of service).

Source: Centers for Medicare & Medicaid Services (CMS), Chronic Conditions Data Warehouse (CCW), Medicare fee-for-service (FFS) claims and enrollment data, 2024

RESULTS FOR MARCH 2024 IMPACTED BENEFICIARIES – Tables 4–6

Table 4. Aggregate Statistics for Outpatient Services for Beneficiaries with Major Depressive Disorder (MDD), March 2024 Impacted Beneficiaries, 2024

Statistic (Aggregate Counts)	Major Depressive Disorder
Beneficiaries and Claims with a Primary Diagnosis of MDD	
Beneficiaries, N	116,857
Outpatient Claims, N	533,123
Outpatient Claims, $	$87,006,963
Claims for Outpatient Services That Included Any Behavioral Health Services, N (% of claims with behavioral health services)*	180,957 (33.9%)
Type of Behavioral Health Services† Across Outpatient Claims with a Primary Diagnosis of MDD, N (% of all outpatient behavioral health services for MDD)	
All Behavioral Health Services	181,172 (100%)
Psychotherapy	167,211 (92.3%)
Developmental Behavioral Screening	4,064 (2.2%)
Adaptive Behavior Services	0
Health Behavior Assessment and Intervention	245 (0.1%)
Inter-professional Digital Services	1,206 (0.7%)
CoCM Services	3,059 (1.7%)
BHI services	5,387 (3.0%)
Office-Based Treatment of SUDs	‡
Alcohol/Substance Abuse Screening and Brief Intervention	0

* Beneficiaries received other outpatient services in addition to behavioral health services; these services included office visits, laboratory services, and care coordination services.

† Analysis is based on total behavioral health services across claims. There may be more than one type of behavioral health service per claim. Additionally, the same type of behavioral health service may appear more than once per claim (e.g., multiple CPT codes for the same type of service).

‡ Counts less than or equal to 10 have been suppressed to maintain confidentiality. Total number of behavioral health services is the sum across cells that have not been suppressed.

Source: Centers for Medicare & Medicaid Services (CMS), Chronic Conditions Data Warehouse (CCW), Medicare fee-for-service (FFS) claims and enrollment data, 2024

Table 5. Average Statistics for Outpatient Services for Beneficiaries with Major Depressive Disorder (MDD), March 2024 Impacted Beneficiaries, 2024

Statistic (Beneficiary Averages)	Major Depressive Disorder
Beneficiaries, N	116,857
Outpatient Claims with a Primary Diagnosis of MDD	
Mean	4.57
Median	3.00
Quartile 1	1.00
Quartile 3	5.00
Cost of Outpatient Claims with a Primary Diagnosis of MDD	
Mean	$745
Median	$327
Quartile 1	$157
Quartile 3	$666
Type of Behavioral Health Services* Across Outpatient Claims with a Primary Diagnosis of MDD, mean	
Psychotherapy	5.39
Developmental Behavioral Screening	1.66
Adaptive Behavior Services	0
Health Behavior Assessment and Intervention	1.35
Inter-professional Digital Services	5.43
CoCM Services	3.21
BHI Services	2.78
Office-Based Treatment of SUDs	0
Alcohol/Substance Abuse Screening and Brief Intervention	0

* Analysis is based on total behavioral health services across claims. There may be more than one type of behavioral health service per claim. Additionally, the same type of behavioral health service may appear more than once per claim (e.g., multiple CPT codes for the same type of service).

Source: Centers for Medicare & Medicaid Services (CMS), Chronic Conditions Data Warehouse (CCW), Medicare fee-for-service (FFS) claims and enrollment data, 2024

Table 6. Average Monthly Statistics for Outpatient Services for Beneficiaries with Major Depressive Disorder (MDD), March 2024 Impacted Beneficiaries, 2024

Statistic (Monthly Beneficiary Averages)	Major Depressive Disorder
Beneficiaries, N	116,857
Outpatient Claims with a Primary Diagnosis of MDD	
Mean	0.49
Median	0.30
Quartile 1	0.10
Quartile 3	0.50
Cost of Outpatient Claims with a Primary Diagnosis of MDD	
Mean	$79
Median	$35
Quartile 1	$17
Quartile 3	$72
Type of Behavioral Health Services* Across Outpatient Claims with a Primary Diagnosis of MDD, monthly mean	
Psychotherapy	0.55
Developmental Behavioral Screening	0.17
Adaptive Behavior Services	0
Health Behavior Assessment and Intervention	0.14
Inter-professional Digital Services	0.61
CoCM Services	0.34
BHI Services	0.30
Office-Based Treatment of SUDs	0
Alcohol/Substance Abuse Screening and Brief Intervention	0

* Analysis is based on total behavioral health services across claims. There may be more than one type of behavioral health service per claim. Additionally, the same type of behavioral health service may appear more than once per claim (e.g., multiple CPT codes for the same type of service).

Source: Centers for Medicare & Medicaid Services (CMS), Chronic Conditions Data Warehouse (CCW), Medicare fee-for-service (FFS) claims and enrollment data, 2024

B. Medicare Providers Billing for MDD Outpatient Services, 2024

Table 7. Providers Billing for Major Depressive Disorder (MDD), 2024

Provider Type	Providers Billing Services For MDD (as the primary diagnosis)	
	Number	**Percent**
Total	**323,756**	**100**
Primary care clinicians treating MDD	90,174	27.9
Nurse practitioners	72,611	22.4
Clinical social workers	35,406	10.9
Psychiatrists	24,318	7.5
Physician assistants	18,133	5.6
Clinical psychologists	17,005	5.3
Emergency medicine providers	14,012	4.3
Mental health counselors	12,836	4.0
Other*	39,261	12.1
Federally Qualified Health Centers (FQHCs)/Rural Health Clinics (RHCs)	9,638	
Large Group Practices (10+)	8,221	
Small Group Practices (<10)	59,251	

*Other provider types individually account for less than 2% each of the number of providers billing for MDD services.

Source: Centers for Medicare & Medicaid Services (CMS), Chronic Conditions Data Warehouse (CCW), Medicare fee-for-service (FFS) claims and enrollment data, 2024

APPENDIX A: ICD-10-CM Diagnosis Codes for Major Depressive Disorder

Diagnosis	ICD-10-CM Codes[1]	Medicare Beneficiary Eligibility for Analysis
Diagnosis of major depressive disorder (MDD)	Major depressive disorder, single episode: • F32.1 – Major depressive disorder, single episode, moderate • F32.2 – Major depressive disorder, single episode, severe without psychotic features • F32.3 – Major depressive disorder, single episode, severe with psychotic features • F32.4 – Major depressive disorder, single episode, in partial remission • F32.8 – Other depressive episodes • F32.89 – Other specified depressive episodes • F32.9 – Major depressive disorder, single episode, unspecified • F32.A – Depression, unspecified Major depressive disorder, recurrent: • F33.1 – Major depressive disorder, recurrent, moderate • F33.2 – Major depressive disorder, recurrent, severe without psychotic features • F33.3 – Major depressive disorder, recurrent, severe with psychotic symptoms • F33.41 – Major depressive disorder, recurrent, in partial remission • F33.8 – Other recurrent depressive disorders • F33.9 – Major depressive disorder, recurrent, unspecified	• Continuous Medicare Parts A and B enrollment • ≥1 inpatient or outpatient/ professional claim with F32* or F33*

[1] HCUP Clinical Classifications Software Refined (CCSR) for ICD-10-CM Diagnoses, v2026.1. Healthcare Cost and Utilization Project (HCUP). Agency for Healthcare Research and Quality, Rockville, MD. hcup-us.ahrq.gov/toolssoftware/ccsr/dxccsr.jsp. Accessed July 24, 2026.

APPENDIX B: Behavioral Health Care Outpatient Services for Beneficiaries Diagnosed with Major Depressive Disorder

Service	Current Procedural Terminology (CPT) Codes[2]
Psychotherapy	• 90832, 90833, 90834, 90836, 90837, 90838, 90853
Developmental Behavioral Screening	• 96127, 96161
Adaptive Behavior Services	• 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158
Health Behavior Assessment and Intervention	• 96156, 96158, 96159, 96160, 96161, 96164, 96165, 96167, 96168, 96170, 96171
Inter-professional Digital Services	• 99446–9, 99451, 99452, G0546–G0551
Collaborative Care Model (CoCM) services[3]	• 99492 – Initial psychiatric collaborative care management • 99493 – Subsequent psychiatric collaborative care management • 99494 – Each additional 30 minutes of psychiatric collaborative care • G2214 – Initial and subsequent psychiatric CoCM • G0568 and G0569 – Psychiatric CoCM services delivered to patients also receiving Advanced Primary Care Management (APCM) services
Behavioral Health Integration (BHI) services[4]	• 99484 – Care management services for behavioral health conditions • G0323 – Care management services for behavioral health conditions for licensed independent social workers and clinical psychologists • G0570 – General BHI services delivered to patients also receiving APCM services
Office-Based Treatment of Substance Use Disorders	• G2086, G2087, G2088
Alcohol/Substance Abuse Screening and Brief Intervention	• 99408, 99409

[2] American Medical Association. Behavioral Health Coding Resource. https://www.ama-assn.org/system/files/behavioral-health-coding-resource.pdf

[3] Centers for Medicare & Medicaid Services. Medicare Learning Network (MLN) Booklet. Behavioral Health Integration Services. January 2026. https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf

[4] Centers for Medicare & Medicaid Services. Medicare Learning Network (MLN) Booklet. Behavioral Health Integration Services. January 2026. https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf