



MASSACHUSETTS

# PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT (CoCM)

## A model for integrating mental health care into primary care



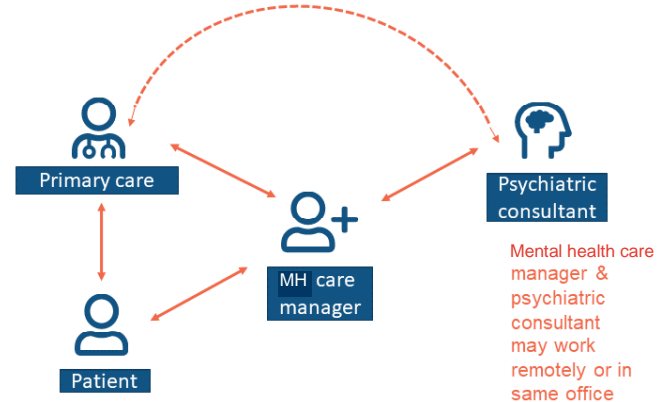
### PRINCIPLES

- Patient-centered team care
- Population-based care
- Measurement-based treatment to target
- Evidence-based care
- Accountable care

### PSYCHIATRIC CoCM HAS A SPECIFIC TEAM STRUCTURE DIFFERENT FROM SUBSPECIALTY MENTAL HEALTH CARE

- Medical provider (physician, usually the primary care provider).
- Mental health care manager (social worker, nurse or psychologist, who is usually, but not necessarily, on site with the primary care provider).
- Psychiatric consultant (physician, who is usually, but not necessarily, off-site) to the mental health care manager and the primary care provider.
- Psychiatric CoCM is not a face-to-face service and is not the same as “co-location” of mental health services.

### HOW CoCM WORKS



### CODING AND BILLING

Psychiatric CoCM is coded and billed via 5 time-based CPT care management codes\*

**99492** – Psychiatric CoCM, initial, 70 minutes (per calendar month)

**99493** – Psychiatric CoCM, subsequent, 60 minutes (per calendar month)

**99494** – Psychiatric CoCM, additional +30 add-on code (initial or subsequent, per calendar month)

**G0512** – Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric CoCM), 60 minutes or more of clinical staff time for psychiatric CoCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month

## CODING AND BILLING, CONTINUED

**G2214** – Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional

### TIME

Time is tracked through the mental health care manager's time performing psychiatric CoCM activities.

- Medical provider and psychiatric consultant time is assumed based on service elements.
- Typically, the medical provider will bill for the service, employ a behavioral health care manager (typically on-site), and create a contractual relationship with a psychiatric consultant (typically working off-site).
- This is not the only possible billing or staffing arrangement. But only one provider bills the service.
- All required service elements (per CPT professional) must be provided for the service to be reimbursed.

## SUPPORTING LINKS

Psychiatric CoCM studied 20+ years, found effective and cost-effective

<http://aims.uw.edu/collaborative-care/evidence-base>

<https://aims.uw.edu/resource-library/evidence-base-collaborative-care>

<http://alert.psychnews.org/2017/08/collaborative-care-increases-access.html?m=1>

American Psychiatric Association (APA) offers CME programs/assistance in practice transformation and networking

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-trained/about-tcpi>