

Learn about 4 new CPT codes to bill for collaborative care

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Your practice is considering making a move—or has moved—to a collaborative care model so patients have greater access to mental health care in the primary care setting. It's a model that requires collaboration and coordination that doesn't always fit into previous billing codes.

So, what are the opportunities to bill for the time your team is working in this different way?

Experts shared billing codes and real-world experiences during an AMA-hosted Behavioral Health Integration (BHI) Collaborative webinar, "Deep dive: Practical billing strategies for the Collaborative Care Model." The webinar examines effective billing and coding strategies specific to the collaborative care model (CoCM), with a focus on direct billing.

"The collaborative care codes really offer a source of payment for that time spent coordinating care that's complementary to the direct service delivery that the care managers participate in," Anna Ratzliff, MD, PhD, said during the BHI Collaborative webinar. She is co-director of the AIMS Center at the University of Washington.

To help physicians create practices that are able to help treat the whole patient, the AMA established the BHI Collaborative with seven other leading medical associations. The collaborative assists physicians in overcoming obstacles to integrating behavioral and mental health care into primary care practices to help reach more patients. The goal is for the patient to receive mental health care within the primary care office, whether from a psychiatrist, other mental health professional or a combination in a team-based care approach.

Coding for CoCM

Dr. Ratzliff explained that there are four new Current Procedural Terminology (CPT[®]) codes that can be used specifically for CoCM:

- 99492 CoCM, is used to bill the first 70 minutes in the first initial month of collaborative care.
- 99493 CoCM, is used to bill the first 60 minutes in any subsequent months of collaborative care.
- 99494 CoCM is used to bill each additional 30 minutes in any month. It can be used in conjunction with 99492 or 99493.
- G2214 CoCM, is used to bill for the first 30 minutes in the first month of care or any subsequent month.

Medicare was the first to allow billing with these codes, but today some state Medicaid programs and private payers allow you to allow these codes, too.

To use the codes, Dr. Razzliff explained, the practice must be providing active collaborative care management by meeting three core components. To do so, the practice must:

- Provide active treatment and care management for an identified patient population.
- Use a patient-tracking tool—for example the Patient Health Questionnaire-9—to promote regular, proactive outcome monitoring and treatment-to-target.
- Use a registry to hold regular—typically weekly—systematic psychiatric caseload reviews. This doesn't necessarily mean you need to be talking about every patient every week, but you need to be thinking about the whole caseload every week and identifying those patients needing to be discussed in that psychiatric case review.

Coordinating payment

While collaborative care is about coordinating care for the patients, physicians will find that there's also coordination involved in ensuring that everyone providing care gets reimbursed.

Payments for the CoCM codes go entirely to the primary care physician who bills for the service, Dr. Ratzliff told webinar viewers. Consequently, there needs to be a plan on how the revenue will be divided between the team to cover the cost of people such as the care manager and the psychiatric care consultant. For example, some practices pay the psychiatrist for a specified amount of time, others directly hire someone or partner with a behavioral health organization.

“It is a really important thing to think about,” Dr. Ratzliff emphasized.

The webinar also features a patient scenario to show what a month of treatment looks like and how the care is documented. And Sebastian Haines, director of program operations for Penn Medicine's

Primary Care Service Line, shared his organization's experiences, including having conversations with payers as they established collaborative care.

To help physicians offer mental and behavioral health services their practices, the BHI Collaborative has created the Overcoming Obstacles webinar series.

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