



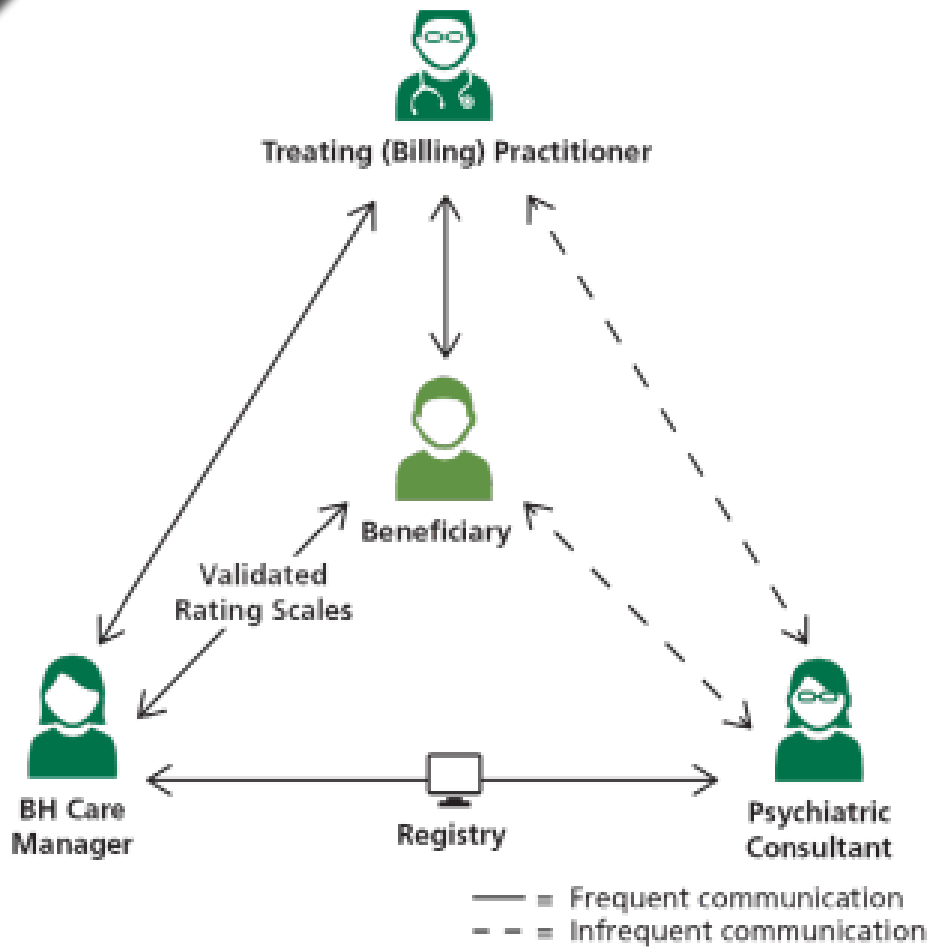
INTEGRATING PRIMARY CARE & BEHAVIORAL HEALTH: THE COLLABORATIVE CARE MANAGEMENT MODEL (COCM)

Stephanie Moore, CPC, CPMA, CRC
Documentation Improvement Specialist
President Seacoast Dover AAPC
smoorecoding@yahoo.com
603-918-6916

THIS SESSION WILL ADDRESS

- ▶ What is CoCM?
- ▶ Who are the care team members
- ▶ What are the CPT® Codes & Billing Requirements





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- ▶ Team of providers that includes a behavioral health care manager, psychiatric consultant, and the treating provider.
- ▶ The goal is to enhance the primary care model by adding to the team. This is particularly helpful for patients whose conditions are not improving.

WHAT IS COCM?



CARE TEAM MEMBERS

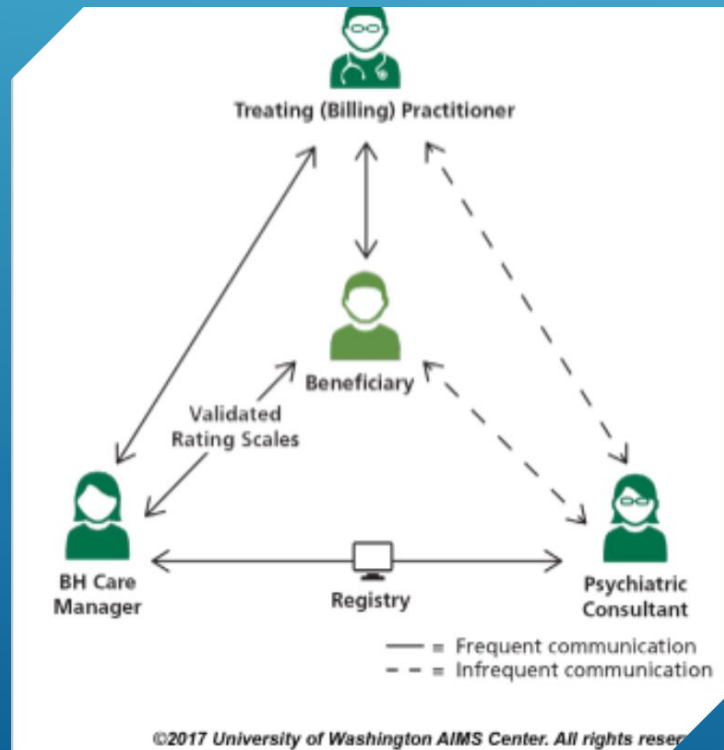
- ▶ **Treating (Billing) Practitioner** – A physician or non-physician practitioner (physician assistant or nurse practitioner); typically, primary care, but may be of another specialty (for example, cardiology, oncology)
- ▶ **Behavioral Health Care Manager** – A designated individual with formal education or specialized training in behavioral health (including social work, nursing, or psychology), working under the oversight and direction of the billing practitioner.
- ▶ **Psychiatric Consultant** – A medical professional trained in psychiatry and qualified to prescribe the full range of medications
- ▶ **Patient** – The patient is a member of the care team.



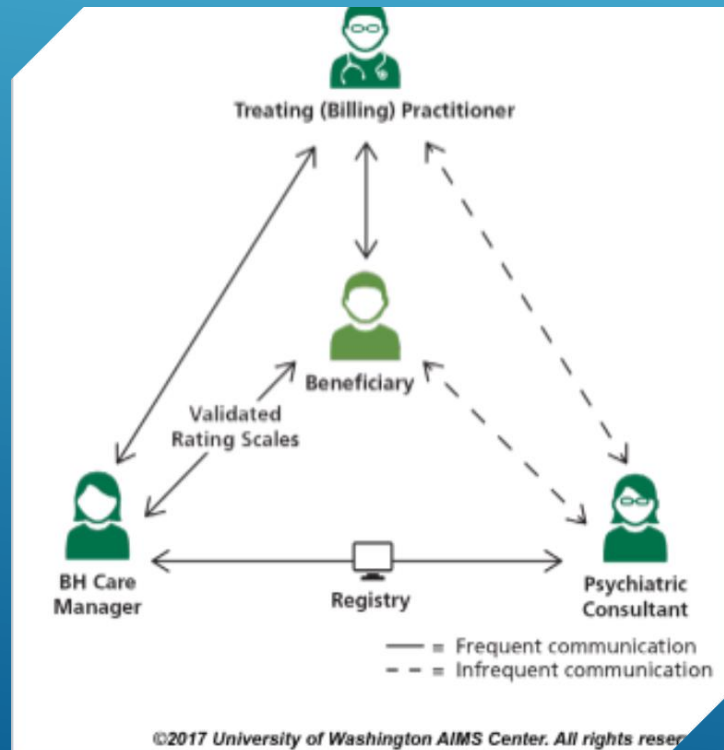


BILLING PRACTITIONER

- ▶ Directs the behavioral health care manager or clinical staff. Oversees the patient'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.



BEHAVIORAL HEALTH CARE MANAGER

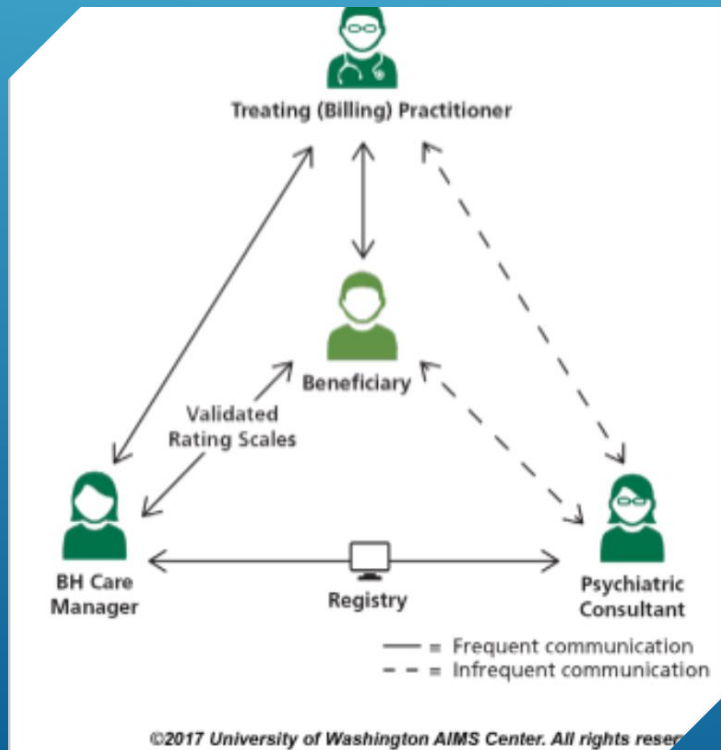


- ▶ Administration of validated scales
- ▶ Care planning
- ▶ Brief interventions
- ▶ Ongoing collaboration with the billing practitioner
- ▶ Updates and manages the patient registry
- ▶ Consults with the psychiatrist; weekly
- ▶ Has a continuous relationship with the patient
- ▶ Collaborates with the entire team



PSYCHIATRIC CONSULTANT

- ▶ Participates in regular review of clinical status of patients receiving BHI services
- ▶ Advises the billing practitioner (and behavioral health care manager) about diagnosis; indicates options for resolving issues with patient adherence and tolerance of behavioral health treatment; adjusts behavioral health treatment for patients who are not progressing; manages any negative interactions between patients' behavioral health and medical treatments
- ▶ Can be remotely located, generally does not have contact with the patient, prescribes medications.
- ▶ Can and should offer a referral for direct provision of psychiatric care when clinically indicated



CPT® CODES 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.



TIME BASED BILLING RULE

- ▶ $\frac{1}{2}$ of the time plus 1-minute criteria must be met to meet the billing requirements.
- ▶ Example: G2214 is a 30-minute code. Therefore, 16 minutes of time must be documented to meet the CPT® code criteria.
- ▶ The one exception of the $\frac{1}{2} + 1$ minute rule is general BHI CPT 99484. The CPT® descriptor reads “.....at least 20 minutes”. Therefore, 20 minutes must be met.



WHAT IS REQUIRED FOR BILLING COCM

- ▶ Provide active treatment and care management for an identified patient population.
- ▶ Use a patient-tracking tool—for example, the Patient Health Questionnaire (PHQ-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.



COCM REQUIREMENTS

- ▶ Initiating visit must be within a year prior to commencement BHI services.
- ▶ Psychiatric diagnosis (F01-F99)
 - ▶ May or may not have chronic conditions.
- ▶ Rating scales (i.e., PHQ-9, GAD-7)
- ▶ Consent by the billing practitioner
- ▶ Patient registry
- ▶ Caseload review



INITIATING VISIT

Must be initiated by the billing practitioner during a “comprehensive (E/M) visit, annual wellness visit (AWV) or initial preventive physical exam (IPPE). This would be a separately billable service.



CONSENT

- ▶ Consent shall be executed by the billing provider prior to beginning integrated behavioral health services.
- ▶ The patient must be informed that cost sharing applies for both face to face and non face to face services.
- ▶ It can be verbal or written.
- ▶ Once consented a new consent does not need to be executed again until either the billing provider changes, or the patient is discharged from CoCM and starts a new treatment series.









On today's date:

- 1) I informed the patient or, as applicable, the patient's legal guardian, about the Behavioral Health Integration Services available at _____, and discussed the roles played by the patient's physician or other primary care provider (PCP), the behavioral health care manager, the embedded therapist, and, as applicable, a consulting psychiatrist, in providing such services;
- 2) I informed the patient or, as applicable, the patient's legal guardian, about potential cost sharing and financial responsibility for out-of-pocket costs for both face-to-face and non-face-to-face services that are provided;
- 3) I answered any questions posed to me about the provision of Behavioral Health Integration Services and the potential for cost sharing for both face-to-face and non-face-to-face services; and
- 4) I obtained the patient's or, as applicable, the patient's legal guardian's consent to participate in Behavioral Health Integration Services at Core Physicians, which includes consultation with other members of the Behavioral Health team, including the consulting psychiatrist.

CONSENT

REGISTRY KEY FUNCTIONS

- ▶ Facilitate efficient caseload review
- ▶ Weekly 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.
- ▶ Monitor patients progress over time

				Treatment Status					PHQ-9				GAD-7				Diagnosis'			
				<p> The most recent contact was over 1 month (30 days) ago</p> <p> The next follow-up contact is past due</p>					<p> The last available PHQ-9 score is at target (<5 or 50% decrease from initial score)</p> <p> The last available PHQ-9 score is more than 30 days old</p>				<p> The last available GAD-7 score is at target (<10 or 50% decrease from initial score)</p> <p> The last available GAD-7 score is more than 30 days old</p>				List all current dx	Psychiatric Case Review		
Treatment Status	Last Name	First Name	DOB	Date of Initial Assessment	Date of Most Recent Contact	Date Next Follow-up Due	Number of Follow-up Contacts	Weeks in Treatment	Initial PHQ-9 Score	Last Available PHQ-9 Score	% Change in PHQ-9 Score	Date of Last PHQ-9 Score	Initial GAD-7 Score	Last Available GAD-7 Score	% Change in GAD-7 Score	Date of Last GAD-7 Score	DX	Flag	Date of Most Recent Psychiatric Case Review	

PATIENT REGISTRY



TIME KEEPING

- ▶ Capture every minute
- ▶ Start at the warm handoff
- ▶ Time is cumulative (monthly)
- ▶ Care manager should be proactive in maximizing billable services
- ▶ Make it easy, create a tool or template within the EHR

Service/ Notes/Outcome	COCM/BHI minutes	Time in	Time out
therapist, care coordinator discussion, update doing good	2	11:51	11:53
CoCm case review	13	1:20	1:33
CoCM prep and Mirah review	14	11:30	11:44

TIME IS OF THE ESSENCE



DOCUMENTATION REQUIREMENTS

- ▶ Total time
- ▶ Recommend a monthly summary that addresses the progress of the patient and their goals.
- ▶ Attestation statement in the monthly summary



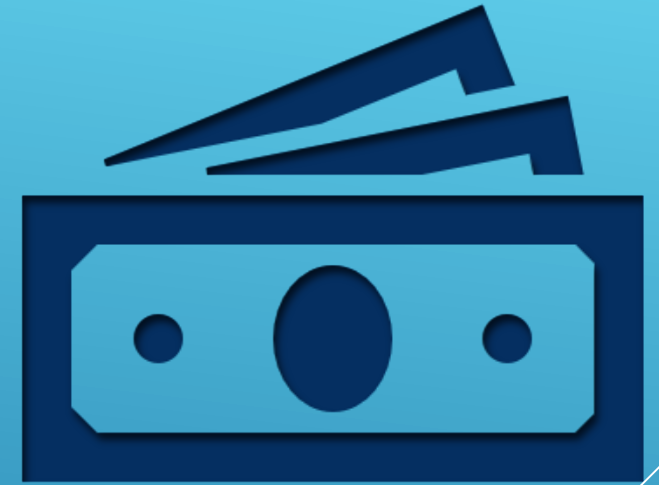


“This patient has been included in weekly structured caseload review to identify those patients in need of focused individual case review/consultation by psychiatric the consultant.”

ATTESTATION STATEMENT



- ▶ DOS last day of the month
- ▶ POS 11
- ▶ Rendering provider PCP or Specialist
- ▶ Report total units for additional time



MONTHLY CHARGES/BILLING WORKFLOW RECOMMENDATIONS



Payer	Medicare	Medicare	NH Medicaid	NH Medicaid	VT Medicaid	VT Medicaid
CPT®	Office	Facility	Office	Facility	Office	Facility
99492 Initial	\$156.56	\$94.77	\$58.19	\$58.19	\$125.43	\$76.30
99493 Subsequent	\$151.26	\$104.21	\$52.40	\$52.40	\$121.31	\$83.88
99494 Additional 30	\$64.81	\$42.54	\$28.08	\$28.08	\$51.93	\$34.21
99484 BHI	\$45.37	\$30.64	\$20.87	\$20.87	\$36.34	\$24.63
G2214 I/S 30min	\$63.08	\$39.37	\$65.77	\$65.77	N/A	N/A

REIMBURSEMENT RATES : 2022



CHALLENGES

- ▶ Primary Care by in
- ▶ Execution of patient consent
- ▶ Integrating a patient registry into your EMR
- ▶ Compliance Department



AIMS CENTER OFFICE HOURS

Implementation: Focuses on questions related to implementing Collaborative Care

- ▶ 3rd Thursday of every month 10:00 -11:00 Pacific Time

Join URL: <https://uw-phi.zoom.us/j/682654694>

Finance: Focuses on questions about using the Collaborative Care codes to finance your program.

- ▶ 1st Wednesday of every month 9:00 -10:00 Pacific Time

Join URL: <https://zoom.us/j/95007236406%C2%A0>



REFERENCES

- ▶ [MLN Booklet Behavioral Health Integration Services](#)
- ▶ [The AIMS Center Resource Library](#)
- ▶ [APA FAQ's](#)



QUESTIONS?



Stephanie Moore, CPC, CPMA, CRC
Documentation Improvement Specialist
Core Physicians

smoorecoding@yahoo.com

603-918-6916

