The Practice and Billing Toolkit

Tools for successful implementation of the Collaborative Care Model

AMERICAN PSYCHIATRIC ASSOCIATION

This toolkit is a compilation of sample tools and resources from pioneer practices who have implemented the Collaborative Care Model (CoCM) and are billing for services delivered in the model. We are grateful for their willingness to share their innovative solutions and resources to help others on their journey to building and implementing a sustainable Collaborative Care Model within their practice. If you, or your practice, have good examples, please send them to us at SAN@psych.org, as we would like to continue to build our library.

DOCUMENTING CONSENT

The following is used with permission from Greenville Health Systems – Greenville, SC

The following **smartphrase** is used by PCPs to document that consent was obtained from patients. A diagnosis was affiliated with each consent.

- **CCConsent:** Consent was obtained from the patient to consult with relevant specialists including a psychiatric consultant, and that, as part of this consent, the patient was informed that there is beneficiary cost-sharing, including potential deductible and coinsurance amounts for both in-person and non-face-to-face services that are provided.
- **Smartlist:** CoCM Common Psychiatric Diagnoses
  - ☐ Adjustment disorder, unspecified (F43.20)
  - ☐ Adjustment disorder, with anxiety (F43.22)
  - ☐ Adjustment disorder, with depressed mood (F43.21)
  - ☐ Generalized anxiety disorder (F41.1)
  - ☐ Major depressive disorder, recurrent, mild (F33.0)
  - ☐ Major depressive disorder, recurrent, moderate (F33.1)
  - ☐ Major depressive disorder, recurrent, severe without psychotic features (F33.2)
  - ☐ Major depressive disorder, recurrent, in partial remission (F33.41)
  - ☐ Major depressive disorder, recurrent, in full remission (F33.42)
  - ☐ Major depressive disorder, recurrent, unspecified (F33.9)
  - ☐ Major depressive disorder, single episode, mild (F32.0)
  - ☐ Major depressive disorder, single episode, moderate (F32.1)
  - ☐ Major depressive disorder, single episode, severe without psychotic features (F32.2)
  - ☐ Major depressive disorder, single episode, in partial remission (F32.4)
  - ☐ Major depressive disorder, single episode, in full remission (F32.5)
  - ☐ Major depressive disorder, single episode, unspecified (F33.9)
  - ☐ Agoraphobia with panic disorder (F40.01)
  - ☐ Panic disorder (F41.0)

- ☐ Post-traumatic stress disorder, acute (F43.11)
- ☐ Post-traumatic stress disorder, chronic (F43.12)
- ☐ Post-traumatic stress disorder, unspecified (F43.10)

Documenting Consent Checklist
The following is used with permission from Integrated Healthcare Associates (IHA) – Ann Arbor, MI

- ☐ I have discussed IHA's Behavioral Health Collaborative Care Program with the patient, including the roles of the behavioral health care manager and psychiatric consultant.
- ☐ I have informed the patient that they will be responsible for potential cost sharing expenses for both in person and non-face-to-face services.
- ☐ The patient has agreed to participate in the Behavioral Health Collaborative Care Program and for consultations to be conducted with relevant specialists.

INTRODUCING THE COLLABORATIVE CARE MODEL TO PATIENTS

Provider Script
The following is a treating provider sample script used to introduce the Collaborative Care Model to patients, it has been modified and is used with permission from Integrated Healthcare Associates (IHA) – Ann Arbor, MI

- Depression and anxiety are common and can affect our health
- We have a program here in our office to help us treat these types of problems
- We have a behavioral health care manager on our team who can help us sort out what might be useful for you to treat your symptoms
- Sometimes the behavioral health care manager can help you learn some coping skills over 4-6 sessions to help with your problems
- There is also a consulting psychiatrist who can make recommendations about medications if they might be useful
- You, me, and the behavioral health care manager will all work together to treat your depression and/or anxiety
- Depending on your insurance, there may be cost sharing for participation in this program related to the services you receive, both face-to-face and others
- Would you like to talk to the behavioral health care manager about the program?

Patient Education Materials

The following patient education resources are used with permission from Integrated Healthcare Associates (IHA) – Ann Arbor, MI

IHA Collaborative Care Behavioral Health Program

Your physician has referred you to the IHA Collaborative Care Behavioral Health Program because you might benefit from additional specialized support.

We work with patients who may have anxiety and/or depression – right here in your physician's office! Our team is made up of a behavioral health care manager, your physician and a psychiatrist who talks with your doctor and behavioral health care manager. We all work together to help improve your overall well-being.

In this program, the behavioral health care manager works with you to build skills and techniques to better manage your depression and/or anxiety. If you are interested in using medication to help control your symptoms, our team psychiatrist will talk to your behavioral health care manager and your physician to figure out the best treatment options.

How does the IHA Collaborative Care Behavioral Health Program differ from therapy?

IHA BEHAVIORAL HEALTH PROGRAM

- A behavioral health care manager will work with you for 3-6 months offering brief behavioral interventions
- They will check in often with you over the phone or at your physician's office
- A psychiatrist consults with your behavioral health care manager and your primary care physician to help determine treatment options
- Your behavioral health care manager only works with patients experiencing depression and anxiety

THERAPY WITH A COMMUNITY PROVIDER

- A therapist often will work with you for longer periods of time practicing traditional therapy
- They meet with you in-person, in their office
- A therapist will refer you to a psychiatrist you see in-person
- They work with depression, anxiety and many other behavioral health conditions (like bipolar disorder, obsessive compulsive disorder, etc.)

What are the benefits?

For patients in this program, your overall general health could be improved. Our team provides added support to you and your physician. Patients in this program often feel less depressed and anxious in just a couple months.

How does it work?

The behavioral health care manager will call you or meet in the physician's office to check in, ask about your mood symptoms and they may discuss how your medication(s) are working. We use questionnaires to help track changes in your symptoms.

Brenda Walsh, LMSW

Behavioral Health Care Manager

IHA Practice Name
Address
Suite
City, MI 00000
734.000.0000

Emergency Contact Information:

IF YOU ARE IN CRISIS,

Call 911

National Suicide Prevention Lifeline: **1.800.273.8255**
Detroit Wayne Mental Health Authority: **1.800.241.4949**
Washtenaw County Crisis Support Team: **734.544.3050**
St. Joseph Mercy Ann Arbor Emergency Department: **734.712.3000**
St. Mary Mercy Livonia Emergency Department: **734.655.4800**

National Crisis Text Line
Text HELLO to 741741
(or go to your nearest emergency department)

IHAcares.com

PATIENT SATISFACTION

Patient Satisfaction Survey

The following is a Patient Survey used with permission from Baystate Behavioral Health – Springfield, MA

We are interested in your opinions about Integrated Behavioral Health Services at this practice and ask that you please take a few moments to answer the questions below. Responses will be kept anonymous. Your views will assist us in our continuing efforts to provide the highest possible level of care.

Instructions: Please rate the Integrated Behavioral Health services you received from our facility. Circle the number that best represents your experience. If a question does not apply to you, please check "N/A." Thank you!

You are (check one): ☐ The patient ☐ The parent/caretaker of the patient

Registration/Office Staff/Facility						
	Poor	**Fair**	**Good**	**Very Good**	**Excellent**	**N/A**
Courtesy & helpfulness of appointment and office staff	1	2	3	4	5	N/A
Ease of scheduling your appointment	1	2	3	4	5	N/A
Convenience of scheduling an appointment time	1	2	3	4	5	N/A
Therapeutic Services						
	Poor	**Fair**	**Good**	**Very Good**	**Excellent**	**N/A**
Degree to which the therapist listened carefully to me/my child	1	2	3	4	5	N/A
Degree to which the provider is skillful and knowledgeable about my/my child's problems	1	2	3	4	5	N/A
Provider's respect for my/our personal beliefs and culture	1	2	3	4	5	N/A
Helpfulness of the services provided to me/my child	1	2	3	4	5	N/A
Likelihood of recommending Integrated Behavioral Health services to others	1	2	3	4	5	N/A
Likelihood that I/we would have seen a therapist if they were not available in my primary care practice	1	2	3	4	5	N/A
Overall experience of the program	1	2	3	4	5	N/A

Comments:

PROVIDER SATISFACTION

Treating Provider Survey

The following is a treating provider survey that has been modified and is used with permission from Integrated Healthcare Associates (IHA) – Ann Arbor, MI

Instructions: Please answer the following questions on a 1 to 5 scale where 5 indicates Strongly Agree and 1 indicates Strongly Disagree.

_____ I have adequate knowledge about prescribing psychiatric medications for depression and anxiety diagnoses.

_____ Depression and anxiety can be effectively treated in the IHA primary care practice where I work.

_____ The psychiatric consultant has a positive impact on patient care.

_____ Recommendations regarding the use of psychiatric medications were helpful.

_____ Based on my personal experience I would recommend using the Collaborative Care Model to my colleagues.

_____ More of my patients have access to behavioral health services since implementation of the Collaborative Care Model.

Behavioral Health Care Manager Experience Survey

The following is a behavioral health care manager experience survey used with permission from Integrated Healthcare Associates (IHA) – Ann Arbor, MI

Instructions: Answer each question by marking the box ☐ to the left of your answer.

1. **I know who [behavioral health care manager Name] is.**
   - ☐ Strongly Agree
   - ☐ Agree
   - ☐ Neither Agree nor Disagree
   - ☐ Disagree
   - ☐ Strongly Disagree
2. **I know how to get in touch with [behavioral health care manager Name].**
   - ☐ Strongly Agree
   - ☐ Agree
   - ☐ Neither Agree nor Disagree
   - ☐ Disagree
   - ☐ Strongly Disagree
3. **The behavioral health care manager, [behavioral health care manager Name], understood my needs.**
   - ☐ Strongly Agree
   - ☐ Agree
   - ☐ Neither Agree nor Disagree
   - ☐ Disagree
   - ☐ Strongly Disagree

4. **[Behavioral health care manager Name] helped me understand my illness better.**
   - ☐ Strongly Agree
   - ☐ Agree
   - ☐ Neither Agree nor Disagree
   - ☐ Disagree
   - ☐ Strongly Disagree

5. **The Behavioral Health Collaborative Care Program and [behavioral health care manager Name] offered services that were helpful to me.**
   - ☐ Strongly Agree
   - ☐ Agree
   - ☐ Neither Agree nor Disagree
   - ☐ Disagree
   - ☐ Strongly Disagree

6. **[Behavioral health care manager Name] gave clear directions concerning medications (answer only if you were on medications, otherwise leave blank).**
   - ☐ Strongly Agree
   - ☐ Agree
   - ☐ Neither Agree nor Disagree
   - ☐ Disagree
   - ☐ Strongly Disagree

7. **[Behavioral health care manager Name] and my PCP were both knowledgeable about my care plan.**
   - ☐ Strongly Agree
   - ☐ Agree
   - ☐ Neither Agree nor Disagree
   - ☐ Disagree
   - ☐ Strongly Disagree

8. **I would recommend this program to a friend.**
   - ☐ Strongly Agree
   - ☐ Agree
   - ☐ Neither Agree nor Disagree
   - ☐ Disagree
   - ☐ Strongly Disagree

9. **I would return to this program in the future if I needed help.**
   - ☐ Strongly Agree
   - ☐ Agree
   - ☐ Neither Agree nor Disagree
   - ☐ Disagree
   - ☐ Strongly Disagree

10. **I am satisfied with my experiences in the Behavioral Health Collaborative Program.**
    - ☐ Strongly Agree
    - ☐ Agree
    - ☐ Neither Agree nor Disagree
    - ☐ Disagree
    - ☐ Strongly Disagree

TRACKING TIME

When billing the Psychiatric Collaborative Care Model (CoCM) CPT codes, the tracking of time is important as the services are billed based on the total number of minutes the behavioral health care manager spends on clinical activities over the course of a month. Clinical activities include both face-to-face and non-face-to-face (e.g. phone, email) time spent with the patient, performing the registry review to identify patients who may not be improving, and discussions with the psychiatric consultant or the treating practitioner about the patient's care. The same unit of time should never be billed more than once. For instance, you would not bill both a psychotherapy code and count the same minutes of service toward the total amount of time spent with the patient over the course of a month to bill a CoCM CPT code. You would pick one CPT code to account for the minutes spent. Practitioner time is captured separately in the valuation of the CoCM codes, so their time is not counted toward the monthly total. The treating practitioner and psychiatric consultant can bill separately for any direct patient care (i.e., an outpatient face-to-face E/M service).

Many methods have been adopted by practices to ensure that time spent delivering care in CoCM are accurately captured. Some systems are using time tracking in the registry function, including built-in time tracking in the ACT and AIMS Excel Spreadsheet, while others are tracking time in the electronic health record with clinical activity documentation.

Collaborative Care Model Time Tracking Tool

The tracking tool below is used with permission from Greenville Health System – Greenville, SC

This time tracking tool was created by Greenville Health System's behavioral health care managers and support staff to help keep track of time during the day to ensure that all time is captured. The tool is printed out and updated throughout the day to help capture time without the burden of having to document in real time within the EHR. At day's end, the populated document is given to the support staff who documents within the EHR the services that took place, as well as the staff member that completed them.

Practice	Patient (first 3 letters)	Time (Start time and end time)	Action Performed (circle)
			Direct care Chart Rev. Care Coord. Psych Consult Ph Call Document
			Direct care Chart Rev. Care Coord. Psych Consult Ph Call Document
			Direct care Chart Rev. Care Coord. Psych Consult Ph Call Document

OVERVIEW OF THE PSYCHIATRIC COLLABORATIVE CARE MODEL (CoCM) CPT CODES

The Psychiatric Collaborative Care Model (CoCM) codes are billed by the treating practitioner to account for the work of the treating provider, the psychiatric consultant and the behavioral health care manager. The codes include required elements based on the evidence-based Collaborative Care Model (CoCM) – patient engagement and assessment, tracking progress and treating to target goals, consultation with psychiatric consultant, and management of an individual patient as part of a population of patients. Billing of the services are based on the work performed and the total number of minutes spent by a behavioral health care manager over the course of a month. In general, CoCM codes follow the CPT Time Rule which allows for the billing of the service at 50% plus 1 minute of time based on the times listed in the CPT manual. For example, the 99492, which notes 70 minutes of clinical activities in the description, can be billed once you reach the 36th minute, which is 1 minute past the midpoint of 35 minutes.

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) have DIFFERENT billing codes and time requirements for billing purposes. There is one Healthcare Common Procedure Coding System (HCPCS) code that describes the work of the Collaborative Care Model – G0512, and there is one HCPCS code that describes the work of general behavioral integration – G0511. The full allocation of minutes (70 minutes for the initial month and 60 minutes for the subsequent month) must be met prior to billing for CoCM in an FQHC or RHC. And there is no mechanism to account for additional time spent over the course of the month for these settings. **To access the Centers for Medicare and Medicaid (CMS) FAQ on these and related care management codes please** CLICK HERE

Additional Resources on CoCM Coding and Billing

The University of Washington's AIMS Center has created a FAQ based on questions participants have asked on the monthly Office Hour conference calls.

CMS has created a Fact Sheet and FAQ which provides an overview of the Psychiatric CoCM CPT codes and the associated requirements for billing.

How to Navigate Private Payer Reimbursement for the Collaborative Care Model Codes

Private payers around the country are now reimbursing for care delivered in the Collaborative Care Model. Insurance coverage for services differs between insurance providers, individual plans, and by state, so it's important to inquire in advance of billing if your practice's accepted payers are reimbursing for care delivered in the CoCM. To do so, those staff in charge of – or familiar with – billing (often the Practice Administrator) should reach out to the plans you bill and ask if the CoCM codes are a covered service (99492, 99493, 99494, G2214 and 99484), and if so, at what rate, and what the patient's cost share would be.

Talking Points: Introducing CoCM and the Codes to Payers

A. Ask if currently paying for the Psychiatric Collaborative Care Model CPT Codes:

1. "Are you currently reimbursing for codes 99492, 99493, 99494, G2214, 99484?"
2. If yes, "How much do you reimburse for each code?"
3. "Are there any special requirements or limitations related to these codes?"

B. If the payer is not aware of the Psychiatric CoCM codes, please share the following resources with them:

1. The MLN Behavioral Health Integration Services Fact Sheet
2. The National Alliance of Purchasers of Healthcare Fact Sheet

Who is Paying?

APA has compiled an interim list of payers who have either indicated they have approved coverage for Psychiatric Collaborative Care Model (CoCM) codes (CPT codes 99492 – 99494) or for whom we have confirmation that a paid claim(s) has occurred. This is a dynamic list, so it is important to confirm coverage on a payer by payer basis. To access the list of payers, CLICK HERE

Overview of the Psychiatric Collaborative Care Model (CoCM) CPT Codes

CPT Code	CoCM Code Info	Behavioral Health Care Manager or Clinical Staff Time
99492	CoCM First Month	70 minutes per calendar month; billable at 36 minutes
99493	CoCM Subsequent Months	60 Minutes per calendar month; billable at 31 minutes
99494	Add-On CoCM (any month)	Each additional 30 minutes per calendar month; billable at 16 minutes beyond total time (86 minutes for the first month; 76 minutes for subsequent months)
G2214	Initial or subsequent psychiatric collaborative care management	First 30 minutes in a month
99484	General Behavioral Health Integration (BHI)	At least 20 minutes per calendar month
G0512	RHC/FQHC only, CoCM	60 minutes or more of clinical staff time
G0511	RHC/FQHC general care management	20 minutes or more

Full code descriptors can be found in the Centers for Medicare and Medicaid's (CMS) Behavioral Health Integration (BHI) Medicare Learning Network (MLN) Fact Sheet. To access the fact sheet, CLICK HERE

Estimating the Net Financial Impact of Implementing the Collaborative Care Model
As your practice looks to build the business case for the implementation of a sustainable Collaborative Care Model, the Financial Modeling Workbook is an excellent tool. Created in collaboration with the AIMS Center at the University of Washington and the Institute for Family Health, **the Financial Modeling Workbook can help your practice more accurately:**

- Estimate visit volume and the number of patients served;
- Define and analyze how much time key staff engage in key Collaborative Care Model tasks; and
- Estimate fee-for-service and CoCM CPT code potential revenues.

To access the free Financial Modeling Workbook or to get your questions answered by joining the APA-AIMS Center Financial Modeling Monthly Office Hours, CLICK HERE

For a list of FAQs from CoCM Office Hours, please CLICK HERE

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