Payment Policy | Behavioral Health Integration Services including the Collaborative Care Model

EFFECTIVE DATE: 08|01|2024
POLICY LAST REVIEWED: 07|17|2024

OVERVIEW
This policy addresses payment guidelines for integrated behavioral health services, including the Collaborative Care Model (CoCM).

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Medicare Advantage Plans and Commercial Products
Collaborative Care Management Services (CoCM)
Blue Cross and Blue Shield of Rhode Island (BCBSRI) follows the Centers for Medicare and Medicaid Services (CMS) coverage guidelines for Psychiatric Collaborative Care Services. CoCM is a covered service. Under the Collaborative Care Model, patients are cared for through a team approach typically involving a primary care practitioner, behavioral health care manager, and a psychiatric consultant.

Practices must maintain a program description which include all of the following documentation:

- Job description for the behavioral health care manager demonstrating a collaborative integrated relationship with the rest of the team members with formalized training or specialized education in behavioral health (including social work, nursing, or psychology)
- Plan for identification, outreach and engagement of patients directed by a primary care provider
- Initial assessment, including administration of validated scales and resulting in a treatment plan
- Evidence of a compact/contract with a psychiatric consultant
- Written workflows documenting:
  - Psychiatric consultation/referral process
  - Evidence based treatment interventions to be used in working with patients (i.e.: behavioral activation, problem solving treatment, other focused treatment activities)
  - plans for ongoing collaboration and coordination with PCP and any other treating providers;
  - Relapse prevention planning and preparation for discharge from active treatment.
- Demonstrated use of a registry for tracking patient follow up and progress
- Evidence of weekly caseload review with psychiatric consultant
- Evidence of monitoring of patient outcomes using validated rating scales

General Behavioral Health Integration Services
Medicare Advantage Plans and Commercial Products*
Care Management rendered in the context of behavioral health integration is covered.

The practice must maintain a program description that indicates the practice is meeting these required elements:

- Initial Assessment
- Systematic assessment and monitoring, using applicable validated clinical rating scales.
- Care planning by the primary care team jointly with the beneficiary, with care plan revision for patients whose condition is not improving
- Facilitation and coordination of behavioral health treatment
- Continuous relationship with a designated member of the care team

In addition, the following elements, which support a strong integrated care model, may be included with the program description:

- Employ or contract with a dedicated Behavioral Health (BH) care manager. The care manager is not required to be an independently licensed clinician eligible for credentialing, however must have relevant experience in behavioral health (eg, psychiatric nurse, master's level clinician without independent license).
- Maintain a registry for behavioral health conditions including at minimum depression, anxiety and substance use disorders.
- Facilitate and coordinate treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation.
- Identify BH care manager as designated point of contact for BH care management needs.
- Provide brief psychosocial interventions, coaching and support for identified members.
- Demonstrate ongoing collaboration with the billing practitioner
- Demonstrate ability to provide face to face and telephonic services both during and outside of regular clinic hours.

Cost Share Waiver for Commercial Products Only:
Effective January 1, 2021, in compliance with 230-RICR-20-30-4, BCBSRI will waive member copayments for certain behavioral health services if all the following conditions are satisfied:

- The service is rendered by a BCBSRI Credentialed behavioral health provider;
- The behavioral health provider is practicing within a Qualifying Integrated Behavioral Health Primary Care Practice as designated annually by the Office of the Health Insurance Commissioner (OHIC);
- The behavioral health service is rendered on the same day as a primary care visit at the same Qualifying Integrated Behavioral Health Primary Care Practice; and
- The behavioral health service is one that is identified in the coding section below.

This waiver applies to all BCBSRI members enrolled in fully insured individual, small group and large group plans. Self-funded accounts have the option to elect or decline this cost share waiver. Members of non-Rhode Island Blue Cross Blue Shield plans are not eligible for the copay waiver**.**

Please see the coding section for additional details.

COVERAGE

Benefits may vary among groups. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement, for applicable medical services.

BACKGROUND

The psychiatric Collaborative Care Model is an approach to Behavioral Health Integration (BHI) shown to improve outcomes in multiple studies. In this model, patients are cared for through a team approach, involving a primary care practitioner, behavioral health care manager, and psychiatric consultant.

General behavioral health integration care management services are provided face-to-face by clinical staff, under the direct supervision of a physician or other qualified health care professional, to a patient with a diagnosed health care condition, including substance abuse issues requiring care management services.

CODING

Medicare Advantage Plans and Commercial Products

Psychiatric Collaborative Care Services (CoCM):

The following codes are covered and not separately reimbursed except for primary care providers within 60 days of notification of program approval:

99492

Initial psychiatric collaborative care management, first 70 minutes in the first calendar 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, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies

99493

Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent 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, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment

99494

Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar 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 (List separately in addition to code for primary procedure)

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, CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month

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

General Behavioral Health Integration Services

The following code is covered and not separately reimbursed except for primary care providers within 60 days of notification of program approval:

99484
Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling-and/or psychiatric consultation, and continuity of care with a designated member of the care team

Commercial Products Only:
For integrated behavioral health services rendered in an OHIC-designated Qualifying Integrated Behavioral Health Primary Care Practice on the same day as a primary care visit meeting the criteria set forth above, the following coding guidelines must be followed in order to waive member copayment:

- Codes submitted to BCBSRI must include the modifier HK: Specialized mental health programs for high-risk populations
- All IRS rules apply to high deductible health plans.
- Per OHIC, the following codes are eligible for cost share waiver:

	CPT Code
Behavioral Health	90791-90792, 90832-90837, 90839-90840, 90846, 90847, 90849, 90853, 90863
Screening, Brief Intervention and Referral to Treatment codes	99408-99409
Health and Behavior Assessment Codes	96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171

RELATED POLICIES
Health and Behavior Assessment
Preventive Services for Commercial Members

PUBLISHED
Provider Update, July 2024
Provider Update, April 2023
Provider Update, June 2020
Provider Update, May 2019
Provider Update, April 2018

REFERENCES:
None

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