

EFFECTIVE DATE: 02|07|2017

POLICY LAST UPDATED: 02|07|2017

OVERVIEW

This policy addresses payment guidelines for services provided by primary care providers for care management with integrated behavioral health services and the Collaborative Care Model (CoCM). The Centers for Medicare and Medicaid Services (CMS) has established coding for collaborative care management services in which patients are cared for through a team approach, involving a primary care practitioner, behavioral health care manager, and a psychiatric consultant.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare

Collaborative Care Management for Behavioral Health is covered for primary care physicians who have met all of the CMS coverage guidelines for the Collaborative Care Model (CoCM) and have submitted a program description and received approval from Blue Cross and Blue Shield of Rhode Island (BCBSRI).

Program descriptions must be sent to **Behavioralhealth@bcsri.org** and must include all of the following documentation that supports adherence to the CMS guidelines:

- 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
- 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 consulting psychiatrist
- Written workflows documenting:
 - psychiatrist 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

Note: Please include a cover sheet with your documentation that includes the billing provider information and the billing provider number and National Provider Identification (NPI) number.

Additionally, Care Management for Behavioral Health conditions for related models other than the CoCM is a covered service but providers will not be separately reimbursed for this service.

Commercial Products

Collaborative Care Management for all Behavioral Health models is a covered service but providers will not be separately reimbursed for this service.

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 Centers for Medicare and Medicaid Services has established codes effective January 1, 2017 that describe specific behavioral health services furnished using the psychiatric Collaborative Care Model, which has demonstrated benefits in a variety of settings. In this model, patients are cared for through a team approach, involving a primary care practitioner, behavioral health care manager, and psychiatric consultant. CMS has also established a new code that broadly describes behavioral health integration services, including payments for other approaches and for practices that are not yet prepared to implement the Collaborative Care Model.

CODING

BlueCHiP for Medicare and Commercial Products

The following three HCPCS codes, effective January 1, 2017 are covered for BlueCHiP for Medicare for primary care providers within 60 days of notification of program approval. These codes are covered but providers will not be separately reimbursed for Commercial products.

Psychiatric Collaborative Care Model (CoCM):

G0502

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 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

G0503

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

G0504

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); (use G0504 in conjunction with G0502, G0503)

Other Behavioral Health Integration (BHI) models:

The following code is applicable for services furnished according to other Behavioral Health Integration (BHI) models and is a covered service but providers will not be separately reimbursed for BlueCHiP for Medicare and Commercial products:

G0507

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

RELATED POLICIES

None

PUBLISHED

Provider Update, March 2017

REFERENCES:

None

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