

Billing Collaborative Care Services

Objective and Learning Outcomes

Objective

- Review how to bill CoCM services using the CoCM codes

Learning Outcomes

- Discuss billing codes, billing thresholds, and documentation to promote the financial sustainability of CoCM services

Considerations

- We are discussing guidelines per our understanding of the CMS requirements for CoCM services.
- Please check with your billing and compliance officers and payer representatives
- Guidelines may vary by payer
- Send billing questions to valuepartnerships.com

Billing Basics

- Billed per member per calendar month
- Only count BHCM time delivering CoCM services; payment accounts for time spent by all clinical team members but can't duplicate shared time
- Separate Initiating Billable Visit
 - Visit will include the treating provider establishing a relationship with the patient, assessing the patient prior to referral, and obtaining patient consent to consult with specialists
 - Required for patients not seen within one year
- Billed alone or with a claim for another billable visit
- Can bill CoCM services with PDCM claims
- Can't bill CoCM (99492, 99493, 99493, G0512) services in the same calendar month as chronic care management/general behavioral health integration (99484, G0511)

Additional Requirements

- Advance Consent
 - Verbal or written, must be documented in the EHR
 - Permission to consult with relevant specialists (i.e., psychiatric consultant)
 - Inform the patient of cost sharing
- **BCBSM has waived cost sharing (deductible, coinsurance and copayments) beginning July 1st**

“I have discussed [practice’s] 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 collaborative care program and for consultations to be conducted with relevant specialists.

Face-to-face or telehealth visits with a behavioral health specialist are not associated with this model, even though they may be part of the patient’s overall treatment plan. Services that are not a part of collaborative care can be provided and will be billed according to the patient’s benefit package. These services would also be subject to the cost sharing expenses defined by that benefit plan.”

Billing Codes: Commercial

| Provider Location | Service | Code | Month | Time Threshold |
|-------------------|--|-------|---------------------|----------------|
| Any Location | Chronic Care Management/ General Behavioral Health Integration | 99484 | Any month | 11-20 minutes |
| | CoCM | 99492 | Initial month | 36-70 minutes |
| | | 99493 | Subsequent month(s) | 31-60 minutes |
| | | 99494 | Add-on code | 16-30 minutes |

Billing Codes: Medicare, MA, Medicaid

| Provider Location | Service | Code | Month | Time Threshold | |
|-------------------|--|-------|-----------|---------------------|---------------|
| Non-FQHC/RHC | Chronic Care Management/ General Behavioral Health Integration | 99484 | Any month | 11-20 minutes | |
| | | CoCM | 99492 | Initial month | 36-70 minutes |
| | | | 99493 | Subsequent month(s) | 31-60 minutes |
| | | | 99494 | Add-on code | 16-30 minutes |
| FQHC/RHC | Chronic Care Management/General Behavioral Health Integration | G0511 | Any month | 20 minutes | |
| | | CoCM | G0512 | Initial month | 70 minutes |
| | | | | Subsequent month | 60 minutes |

Billing by Time Threshold: CPT Codes*

| Month | Time Spent | CPT Codes |
|---------------------|-----------------|---------------------------------|
| Initial Month | ≤10 minutes | Not billable |
| | 11-35 | 99484 – Gen BHI |
| | 36-85 minutes | 99492 |
| | 86-115 minutes | 99492 + 99494 |
| | 116-130 minutes | 99492 + 99494, quantity 2 units |
| Subsequent Month(s) | ≤10 minutes | Not billable |
| | 11-30 | 99484 |
| | 31-75 minutes | 99493 |
| | 76-105 minutes | 99493 + 99494 |
| | 106-135 minutes | 99493 + 99494, quantity 2 units |

*<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf>

Billing by Time Threshold: G Codes

| Month | Time Spent | G Codes |
|---------------------|---------------|--------------|
| Initial Month | <20 minutes | Not billable |
| | 20-69 minutes | G0511 |
| | ≥70 minutes | G0512 |
| Subsequent Month(s) | <20 minutes | Not billable |
| | 20-59 minutes | G0511 |
| | ≥60 minutes | G0512 |

What Activities Can I Include?

- Providing assessment and care management services
 - Any form of patient contact
 - Structured behavioral health assessment
 - Self-management planning; relapse prevention planning
 - 99492 requires an initial assessment of the patient and development of individualized treatment plan
- Administering validated outcome measures (e.g., PHQ-9, GAD-7)
- Using brief therapeutic interventions (e.g., Motivational Interviewing, behavioral activation, problem solving therapy)
- Conducting systematic case review with the psychiatric consultant
- Maintaining systematic case review tool, disease registry, and/or EHR for patient tracking and follow-up
 - Does not include strictly administrative or clerical duties
- Collaboration and coordination with PCP or other qualified health care professionals
- “Running” the caseload with the psychiatric consultant (i.e., conducting a systematic review of caseload without specifically discussing the patient)
 - Approximately 5 billable minutes per calendar month
 - “the patient has been included in the caseload review activities and consulted on as needed”

Medicaid Guidelines

- Effective August 1, 2020
- Psychiatric consultant must have MD or DO licensure
- Initial visit must be face-to-face
- Monthly administration of outcome measures (e.g., PHQ-9, GAD-7)
- After the initial 6 months of treatment, prior authorization is required for an additional 6 months of treatment
- Can't bill G0511
- Can't bill CoCM patients receiving MI Care Team, Behavioral Health Home, or Opioid Health Home benefits
- The policy can be found [here](#).

Scenario 1: Initial Month, Commercial Patient

| Date | Activity | Time Spent |
|----------------------------------|--|------------|
| 4/2/20 | Patient enrolled in CoCM services; BHCM conducted initial assessment; BHCM administered PHQ-9/GAD-7; BHCM updated SCR tool | 45 |
| 4/7/20 | BHCM discussed patient with psychiatric consultant during SCR; BHCM followed-up with PCP; BHCM updated SCR tool | 15 |
| 4/8/20 | BHCM followed-up with patient | 5 |
| 4/22/20 | BHCM followed-up with patient; BHCM delivered Problem Solving Therapy | 20 |
| No date | BHCM/psychiatric consultant 'ran' the panel | 5 |
| Total: Bill 99492 + 99494 | | 90 |

Scenario 2: Subsequent Month

| Date | Activity | Time Spent |
|--------------------------|---|------------|
| 5/5/20 | BHCM administer PHQ9/GAD7, scores show improvement; BCHM delivers behavioral activation | 20 |
| 5/25/20 | BHCM contacts patient, patient doing well | 8 |
| No date | BHCM/psychiatric consultant 'ran' the panel | 5 |
| Total: Bill 99493 | | 33 |

Scenario 3: Subsequent Month

| Date | Activity | Time Spent |
|----------------------------------|--|------------|
| 5/5/20 | BHCM administers PHQ9/GAD7, scores show worsening symptoms; BHCM delivers behavioral activation; BHCM updates SCR tool | 25 |
| 5/8/20 | BHCM discusses patient with psychiatric consultant in panel review | 10 |
| 5/10/20 | BHCM follows-up with PCP, approves new medication; BHCM contacts patient | 15 |
| 5/18/20 | BHCM contacts patient; BHCM delivers Motivational Interviewing | 15 |
| 5/28/20 | BHCM contacts patient; BHCM administers PHQ9/GAD7; BHCM updates SCR tool | 20 |
| No date | BHCM/psychiatric consultant 'ran' the panel | 5 |
| Total: Bill 99493 + 99494 | | 90 |

Best Practices

- Have you documented all billable time?
 - Create a smartphrase to prompt BHCMS to document billable time
 - Create a documentation checklist to ensure all BHCM clinical time is calculated
 - Add an EHR form to calculate billable time per calendar month
- Review a report of documented billable minutes per patient per calendar month
 - Review this report half-way through each month to determine which patients would need additional time to reach the next billing threshold
 - Assess distribution of time across the entire caseload
- Is your clinical time being optimized for your caseload size?
 - Conduct a clinical caseload supervision
 - Assess opportunities to keep the caseload “fluid” (i.e., who could benefit from a different level of care?)

Evaluating Time Delivered Across Caseload

| Patient | Mar-20 | Apr-20 | May-20 | Jun-20 | July-20 | Aug-20 |
|---------|--------|--------|--------|--------|---------|--------|
| A | 20 | 35 | 0 | 35 | 30 | 0 |
| B | 65 | 35 | 20 | 25 | 15 | 0 |
| C | 20 | 25 | 20 | 10 | 0 | 0 |
| D | 70 | 50 | 40 | 10 | 5 | 20 |
| E | 75 | 55 | 15 | 25 | 55 | 35 |
| F | 80 | 35 | 20 | 35 | 85 | 40 |
| G | | 70 | 45 | 35 | 0 | 40 |
| H | | 95 | 45 | 80 | 105 | 65 |
| I | | 70 | 20 | 30 | 0 | 35 |
| J | | | 60 | 60 | 30 | 30 |
| K | | | 145 | 60 | 0 | 65 |

| Month | Time Spent | CPT Codes |
|---------------|-----------------|---------------------------------|
| Initial Month | ≤10 minutes | Not billable |
| | 11-35 | 99484 |
| | 36-85 minutes | 99492 |
| | 86-115 minutes | 99492 + 99494 |
| | 116-130 minutes | 99492 + 99494, quantity 2 units |
| Sub. Month(s) | ≤10 minutes | Not billable |
| | 11-30 | 99484 |
| | 31-75 minutes | 99493 |
| | 76-105 minutes | 99493 + 99494 |
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Evaluating Time Delivered: 99484

| Patient | Mar-20 | Apr-20 | May-20 | Jun-20 | July-20 | Aug-20 |
|---------|--------|--------|--------|--------|---------|--------|
| A | 20 | 35 | 0 | 35 | 30 | 0 |
| B | 65 | 35 | 20 | 25 | 15 | 0 |
| C | 20 | 25 | 20 | 10 | 0 | 0 |
| D | 70 | 50 | 40 | 10 | 5 | 20 |
| E | 75 | 55 | 15 | 25 | 55 | 35 |
| F | 80 | 35 | 20 | 35 | 85 | 40 |
| G | | 70 | 45 | 35 | 0 | 40 |
| H | | 95 | 45 | 80 | 110 | 65 |
| I | | 70 | 20 | 30 | 0 | 35 |
| J | | | 60 | 60 | 30 | 30 |
| K | | | 145 | 60 | 0 | 65 |

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| | 31-75 minutes | 99493 |
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Evaluating Time Delivered: 99492

| Patient | Mar-20 | Apr-20 | May-20 | Jun-20 | July-20 | Aug-20 |
|---------|--------|--------|--------|--------|---------|--------|
| A | 20 | 35 | 0 | 35 | 30 | 0 |
| B | 65 | 35 | 20 | 25 | 15 | 0 |
| C | 20 | 25 | 20 | 10 | 0 | 0 |
| D | 70 | 50 | 40 | 10 | 5 | 20 |
| E | 75 | 55 | 15 | 25 | 55 | 35 |
| F | 80 | 35 | 20 | 35 | 85 | 40 |
| G | | 70 | 45 | 35 | 0 | 40 |
| H | | 95 | 45 | 80 | 105 | 65 |
| I | | 70 | 20 | 30 | 0 | 35 |
| J | | | 60 | 60 | 30 | 30 |
| K | | | 145 | 60 | 0 | 65 |

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| | 76-105 minutes | 99493 + 99494 |
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Evaluating Time Delivered: 99492 + 99494*

| Patient | Mar-20 | Apr-20 | May-20 | Jun-20 | July-20 | Aug-20 |
|---------|--------|--------|--------|--------|---------|--------|
| A | 20 | 35 | 0 | 35 | 30 | 0 |
| B | 65 | 35 | 20 | 25 | 15 | 0 |
| C | 20 | 25 | 20 | 10 | 0 | 0 |
| D | 70 | 50 | 40 | 10 | 5 | 20 |
| E | 75 | 55 | 15 | 25 | 55 | 35 |
| F | 80 | 35 | 20 | 35 | 85 | 40 |
| G | | 70 | 45 | 35 | 0 | 40 |
| H | | 95* | 45 | 80 | 105 | 65 |
| I | | 70 | 20 | 30 | 0 | 35 |
| J | | | 60 | 60 | 30 | 30 |
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Evaluating Time Delivered: 99493

| Patient | Mar-20 | Apr-20 | May-20 | Jun-20 | July-20 | Aug-20 |
|---------|--------|--------|--------|--------|---------|--------|
| A | 20 | 35 | 0 | 35 | 30 | 0 |
| B | 65 | 35 | 20 | 25 | 15 | 0 |
| C | 20 | 25 | 20 | 10 | 0 | 0 |
| D | 70 | 50 | 40 | 10 | 5 | 20 |
| E | 75 | 55 | 15 | 25 | 55 | 35 |
| F | 80 | 35 | 20 | 35 | 85 | 40 |
| G | | 70 | 45 | 35 | 0 | 40 |
| H | | 95 | 45 | 80 | 110 | 65 |
| I | | 70 | 20 | 30 | 0 | 35 |
| J | | | 60 | 60 | 30 | 30 |
| K | | | 145 | 60 | 0 | 65 |

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Evaluating Time Delivered: 99493 + 99494*

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|---------|--------|--------|--------|--------|---------|--------|
| A | 20 | 35 | 0 | 35 | 30 | 0 |
| B | 65 | 35 | 20 | 25 | 15 | 0 |
| C | 20 | 25 | 20 | 10 | 0 | 0 |
| D | 70 | 50 | 40 | 10 | 5 | 20 |
| E | 75 | 55 | 15 | 25 | 55 | 35 |
| F | 80 | 35 | 20 | 35 | 85* | 40 |
| G | | 70 | 45 | 35 | 0 | 40 |
| H | | 95 | 45 | 80* | 110** | 65 |
| I | | 70 | 20 | 30 | 0 | 35 |
| J | | | 60 | 60 | 30 | 30 |
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| E | 75 | 55 | 15 | 25 | 55 | 35 |
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| I | | 70 | 20 | 30 | 0 | 35 |
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Evaluating Time Delivered: Looking for Trends

| Patient | Mar-20 | Apr-20 | May-20 | Jun-20 | July-20 | Aug-20 |
|---------|--------|--------|--------|--------|---------|--------|
| A | 20 | 35 | 0 | 35 | 30 | 0 |
| B | 65 | 35 | 20 | 25 | 15 | 0 |
| C | 20 | 25 | 20 | 10 | 0 | 0 |
| D | 70 | 50 | 40 | 10 | 5 | 20 |
| E | 75 | 55 | 15 | 25 | 55 | 35 |
| F | 80 | 35 | 20 | 35 | 85* | 40 |
| G | | 70 | 45 | 35 | 0 | 40 |
| H | | 95* | 45 | 80* | 110** | 65 |
| I | | 70 | 20 | 30 | 0 | 35 |
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- *Most of BHCM time spent with a few patients*
- *50% of patients **not** contacts in July*

Evaluating Time Delivered: Looking for Trends

| Patient | Mar-20 | Apr-20 | May-20 | Jun-20 | July-20 | Aug-20 |
|---------|--------|--------|--------|--------|---------|--------|
| A | 20 | 35 | 0 | 35 | 30 | 0 |
| B | 65 | 35 | 20 | 25 | 15 | 0 |
| C | 20 | 25 | 20 | 10 | 0 | 0 |
| D | 70 | 50 | 40 | 10 | 5 | 20 |
| E | 75 | 55 | 15 | 25 | 55 | 35 |
| F | 80 | 35 | 20 | 35 | 85* | 40 |
| G | | 70 | 45 | 35 | 0 | 40 |
| H | | 95* | 45 | 80* | 110** | 65 |
| I | | 70 | 20 | 30 | 0 | 35 |
| J | | | 60 | 60 | 30 | 30 |
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- *Less time spent with patient in continuous months*
- *Are these patients in relapse prevention?*
- *Are these patients not engaging in services?*

Resources

- [Medicare Learning Network CoCM Fact Sheet](#)
- [Medicare Learning Network FAQ](#)
- [MDHHS MSA Bulletin \(Medicaid\)](#)
- [Guide to Billable Activities](#)
- [Guide to Optimizing Billable Time](#)
- <https://www.bcbsm.com/content/dam/microsites/corpcomm/provider/VPU/2020/apr/0420b.html>
- BCBSM billing guidance is posted on the PGIP collaboration site; more information will be posted in Fall 2020

Questions?

Stretch Break – 5 minutes

