

Provider Network News

The Collaborative Care Model New Medicaid Benefit Effective June 1, 2022

Background

Senate Bill 672, 87th Legislature, Regular Session, 2021 directed HHSC to provide medical assistance reimbursement of collaborative care management services to eligible treating health care providers. In response to this requirement, HHSC Medical and Dental Benefits staff drafted a new Medicaid medical policy for the **Collaborative Care Model (CoCM)** services that includes coverage for four related CPT codes.

Key Details

Effective for dates of service on or after June 1, 2022, PCHP will be able to reimburse qualifying providers for Collaborative Care Model services for PCHP's Medicaid managed care members of all ages. Members eligible for CoCM services must have a mental health or substance use condition, to include a preexisting or suspected mental health or substance use condition, as determined by the primary care provider (PCP) (i.e., physician, physician assistant, or nurse practitioner).

Only the PCP may submit claims for CoCM services. The BHCM and psychiatric consultant are reimbursed by the PCP via a contract, employment, or other arrangement. Effective June 1, 2022, the PCP must submit the following procedure codes and meet the designated time thresholds to bill for monthly CoCM services in all settings:

The CoCM is a systematic approach to the treatment of behavioral health conditions (mental health or substance use) in primary care settings. The model integrates the services of

behavioral health care managers (BHCMs) and psychiatric consultants with PCP oversight to proactively manage behavioral health conditions as chronic diseases. CoCM services must be provided under the direction of the PCP and are benefits when provided in an office, outpatient hospital, inpatient hospital, skilled nursing facility or intermediate care facility, extended care facility, and "other location" settings. CoCM services are individually delivered, time-based, monthly services that include the following:

- Outreach and engagement
- Completing an initial assessment
- Developing an individualized and person-centered plan of care
- Providing brief interventions and other focused treatments
- Conducting weekly caseload reviews with the psychiatric consultant
- Monitoring and tracking a person's progress using a registry



Procedure Code	Time Thresholds
99492	Initial month: First 70 minutes of services accrued during the initial calendar month of BHCM activities, in consultation with the psychiatric consultant and directed by the PCP; billable at 36 minutes, time threshold is 36 to 85 minutes
99493	Subsequent months: First 60 minutes of services accrued during each subsequent calendar month of BHCM activities, in consultation with the psychiatric consultant and directed by PCP; billable at 31 minutes, time threshold is 31 to 75 minutes
99494	Each additional 30 minutes of services accrued during the initial calendar month or subsequent calendar months of BHCM activities, in consultation with the psychiatric consultant and directed by the PCP; billable at 16 minutes beyond total time, up to 30 minutes
G2214	Initial or subsequent months: 30 minutes of services accrued during an initial calendar month or subsequent calendar months of BHCM activities, in consultation with the psychiatric consultant and directed by the PCP; billable at 16 minutes, time threshold is 16 to 30 minutes

Additional Information

Information about the benefit will be published in the *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook (Vol. 2, Provider Handbooks)* in the Texas Medicaid Provider Procedure Manual.

To ensure providers have an established CoCM program, HHSC is developing an attestation form that fee-for-service providers will have to sign prior to the delivery of CoCM services. Providers will need to attest that they are actively providing care consistent with the CoCM's core principles and specific function requirements, i.e., patient-centered care, team structure with identified staff, measurement-based treatment using validated tools, and accountable care using a registry, as described in the CoCM Medicaid medical policy.

Resources:

- Collaborative Care Model Medicaid Policy_Public Comment Format
- For more information on registry requirements, refer to **Advancing Integrated Mental Health Solutions (AIMS) Center, University of Washington, Psychiatry and Behavioral Sciences Division of Population Health.**
- For more information on payment for CoCM in primary care, refer to the **American Medical Association's webinar titled Experts on practical billing strategies for the collaborative care model**

Questions? Contact:
medicaidbenefitrequest@hhsc.state.tx.us