



Collaborative Care Payer Policy Comparative Table (Updated March 2023)

NOTE: This comparative guide is meant to serve as a resource to practices regarding the general framework of collaborative care payer policies. It is not a substitute for detailed payer billing and coding requirements. It will be updated on an annual basis.

	Billing Codes	Eligible Conditions	Team Criteria	Psychiatric Consultant Definition	Episode Definition	Patient Cost Share	Initiating (Initial) Assessment	Prior Auth.	Plan of Care Documentation	Required Services
CMS (Medicare Fee for Service)	99492 99493 99494 G2214	Any mental, behavioral health, or psychiatric condition treated by the billing practitioner, including substance use disorders, that, in the clinical judgment of the billing practitioner, calls for BHI services	Treating (Billing) Practitioner; Behavioral Health Care Manager (required for CoCM; optional for General BHI); Psychiatric Consultant (required for CoCM; optional for General BHI) ; Clinical Staff (may be used in provision of General BHI)	A medical professional trained in psychiatry and qualified to prescribe the full range of medications.	CoCM is delivered monthly for an episode of care that ends when targeted treatment goals are met or there is failure to attain targeted treatment goals culminating in referral for direct psychiatric care, or there is a break in episode (no CoCM for 6 consecutive months).	Traditional Medicare FFS coverage rules apply	Includes administration of applicable validated rating scale(s)	N/A	Appropriate documentation required	<i>Please see Appendix at end of grid for detail on codes 99492-99494 and G2214</i>

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Blue Cross and Blue Shield of Michigan (commercial and MA)	99492 99493 99494 G2214 G0512	Focus is on depression and anxiety in primary practices and in family and OB practices for perinatal population	Must use triad of providers as described by University of Washington’s AIMS Center and Centers for Medicare & Medicaid Services	Aligns with the Centers for Medicare and Medicaid Service’s definitions.	Aligns with the Centers for Medicare and Medicaid Service’s definitions.	Patient liability that aligns with copays and deductibles may apply.	Required	Not required. Medicaid has different rules.	Required	Aligns with the Centers for Medicare and Medicaid Service.
Priority Health (commercial and MA)	99492 99493 99494 G0512 G2214	Patients ≥ 12 years or older; Focus is on depression and anxiety measured through GAD-7 and PHQ-9 scores	PCPs should be practicing at PCMH designated practice in program year and use an evidence-based program that aligns with University of Washington AIMS Center program to integrate PCP and behavioral health using a triad of providers to	Aligns with the Centers for Medicare and Medicaid Service’s definitions.	Aligns with the Centers for Medicare and Medicaid Service’s definitions.	Patient liability that aligns with copays and deductibles may apply.	Required	Not Required	Required	Aligns with the Centers for Medicare and Medicaid Service.

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			address BH needs.							
HAP (commercial and MA)	99492 99493 99494 G2214 G0512	Intended to manage behavioral health conditions in primary care practices	Primary care provider (PCP) working in Collaboration with a Behavioral Health Care Manager and the Psychiatric Consultant.	Aligns with the Centers for Medicare and Medicaid Service's definitions.	Aligns with the Centers for Medicare and Medicaid Service's definitions.	Patient liability that aligns with copays and deductibles may apply.	Required	Not required	Required	Aligns with the Centers for Medicare and Medicaid Service.
MDHHS Medicaid* NOTE: Individual MHPs may offer more generous policies, but may not be less generous in benefit coverage.	99492 99493 99494 G0512 G2214	Include, but are not limited to, mild to moderate depression, anxiety, bipolar disorder, attention deficit disorder, substance use disorder (SUD) and individuals who may not be deemed eligible for specialist services through the Community Mental Health	Primary Care Provider or treating physician, Behavioral health care manager, Psychiatric consultant.	Medical professional (MD or DO) who is trained in psychiatry or behavioral health and qualified to prescribe the full range of medications.	An episode of care begins when a beneficiary starts CoCM and an episode of care ends when a beneficiary either: • Fulfills treatment goals and the beneficiary returns to usual primary care follow-up, • Fails to attain	N/A	Required	Required after an initial six-month episode of care for an additional six months.	Required	Initial assessment continued monitoring and monthly monitoring.

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		Services Program (CMHSP)			treatment goals, fails to improve or their condition worsens and requires referral to specialty services, or • A break in services for six consecutive months or more occurs, at which point a new episode of care begins					

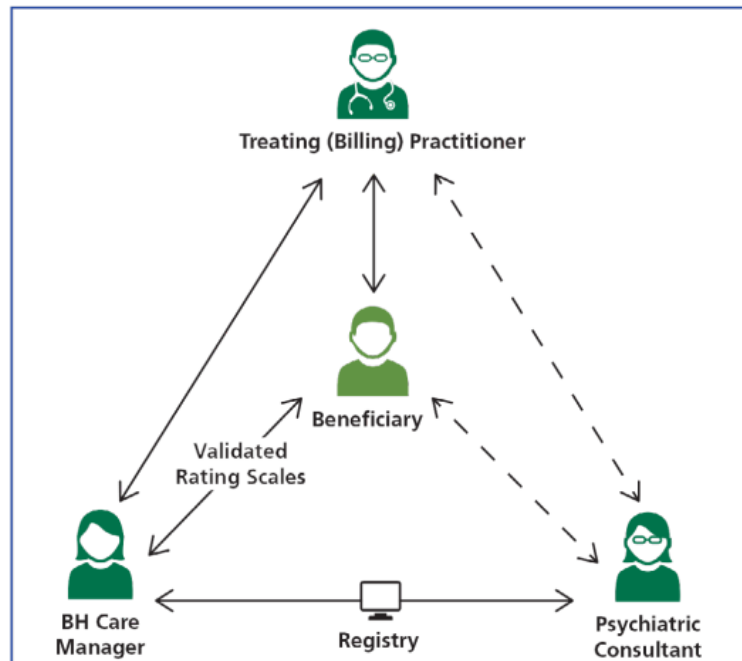
*MDHHS policy represents the minimum that Medicaid Health Plans must provide. Individual MHPs may offer more generous policies, but may not be less generous in benefit coverage.

If you represent a plan or payer and have additional information to share about collaborative care policy updates, please contact multipayerprimcare@med.umich.edu.

Psychiatric Collaborative Care Model (CoCM)

Use CPT codes 99492, 99493, and 99494, and HCPCS code G2214 to bill for monthly services delivered using the CoCM, an approach to BHI shown to improve outcomes in multiple studies.

What is CoCM? This figure is a model of behavioral health integration that enhances usual primary care by adding 2 key services to the primary care team, particularly patients whose conditions aren't improving:



- Care management support for patients receiving behavioral health treatment
- Regular psychiatric inter-specialty consultation
- A team of 3 individuals deliver CoCM: the Behavioral Health Care Manager, the Psychiatric Consultant and the Treating (Billing) Practitioner

Care Team Members

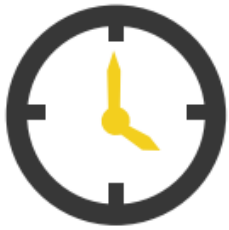


- **Treating (Billing) Practitioner** – A physician or non-physician practitioner (physician assistant or nurse practitioner); typically primary care, but may be of another specialty (for example, cardiology, oncology)
- **Behavioral Health Care Manager** – A designated individual with formal education or specialized training in behavioral health (including social work, nursing, or psychology), working under the oversight and direction of the billing practitioner
- **Psychiatric Consultant** – A medical professional trained in psychiatry and qualified to prescribe the full range of medications
- **Patient** – The patient is a member of the care team

Service Components

- The primary care team (billing practitioner and behavioral health care manager) initial assessment
 - Administration of validated rating scale(s)
- The primary care team's joint care planning with the patient, with care plan revision for patients whose condition isn't improving adequately. Treatment may include pharmacotherapy, psychotherapy, or other indicated treatments

- Behavioral health care manager following up proactively and systematically using validated rating scales and a registry



- Assesses treatment adherence, tolerability, and clinical response using validated rating scales; delivers brief evidence-based psychosocial interventions such as behavioral activation or motivational interviewing
- 70 minutes of behavioral health care manager time the first month
- 60 minutes following months
- Add-on code for 30 more minutes any month

- Regular case load review with psychiatric consultant:

- The primary care team regularly (at least weekly) reviews the patient's treatment plan and status with the psychiatric consultant
- The primary care team continues or adjusts treatment, including referral to behavioral health specialty care, as needed

CMS Collaborative Care Full Code Descriptors

CPT code 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 that the treating physician or other qualified health care professional directs, 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
- Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies

CPT code 99493 Follow up psychiatric collaborative care management, first 60 minutes in a following 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
- Other review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations supplied 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 or other treatment goals and are prepared for discharge from active treatment

CPT code 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 that the treating physician or other qualified health care professional directs (list separately from the code for the primary procedure)

HCPCS code 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:

- 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
- Other review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations supplied 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
- Relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment)