



# PAYMENT

## Reimbursement Tips:

### Psychiatric Collaborative Care Model (CoCM)



#### Overview

The Psychiatric Collaborative Care Model CoCM model enhances behavioral health integration services (see NACHC Reimbursement Tips for BHI) by incorporating a primary care provider, a behavioral health care manager, and a psychiatric consultant. This healthcare team provides personalized and supportive care for patients with complex mental, behavioral, psychiatric conditions, and substance abuse disorders, ensuring coordinated care and effective care plan development to achieve health goals.

CoCM services are billed by FQHCs using HCPCS code G0512. They are not grouped in with the suite of care management services billable by FQHCs via G0511 (see NACHC resource: Summary of Medicare Care Management Services Billed Using G0511). Also see NACHC resource: CMS Billing Lingo, Defined! for definitions of terms used throughout this document.



#### Initiating Visit Requirements

The initiating visit, which is a separately billable and reimbursable service from CoCM services, may be any one of the following:

- Evaluation and Management (E/M) visit (CPT 99212-99215)
- Initial Preventive Physical Examination (IPPE) (HCPCS G0402)
- Annual Wellness Visit (AWV) (HCPCS G0438, G0439)
- Transitional Care Management (TCM) (CPT 99495-99496)

The initiating visit must:

- Occur within 12 months of the start of CoCM services.
- Be furnished by the same billing provider who will supervise and bill for subsequent CoCM services.
- Establish a patient-centered treatment plan that specifies the benefit of CoCM support for the patient's condition(s).
- Establish the CoCM services as incidental to the practitioner's Medicare Part B services and explain to the patient that auxiliary personnel may perform subsequent CoCM services.

*Note: There is an ongoing discrepancy between several CMS Subregulatory documents regarding whether the initiating visit must include a discussion with the patient about CoCM services, prior to the start of services. (See [Chapter 13](#) of the policy manual 230.2, [CMS MLN Chronic Care Management](#), and [CMS Chronic Care Management FAQs](#).) NACHC recommends for health centers to include a discussion about CoCM services with the patient during the initiating visit, as this guidance is consistent with new CMS regulations for other CMS care management services. Please contact your MAC for guidance regarding your local policy.*

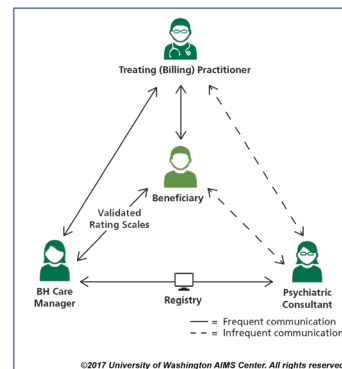
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### Eligible Patients

- ✓ Medicare Part B beneficiaries.
- ✓ Provide consent for services.
- ✓ Have one or more new or pre-existing complex behavioral, mental or psychiatric health condition(s), which may include Substance Use Disorder (SUD).
- ✓ May need help engaging in treatment or have not responded well to treatment, or require further assessment before being referred to a psychiatric care setting.
- ✓ Required an integrated plan of care management for primary care, behavioral health care management, and psychiatric inter-specialty consultation services.
- ✓ Have been seen for an initiating visit prior to the start of services.

### Interdisciplinary Team Model

CoCM uses a team-based, interdisciplinary approach which includes a primary care provider (billing provider), a behavioral health care manager, and psychiatric consultant. This triad care team model is a key factor that differentiates between general Behavioral Health integration (BHI) and CoCM. For more information about general BHI, please refer to the [NACHC Reimbursement Tips for BHI](#).



<https://aims.uw.edu/team-structure/>

### Authorized Billing Providers

What they do:

- ✓ Perform an initiating visit for new or established patients not seen by the billing practitioner within 12 months before the start of CoCM services.
- ✓ Determine medical necessity of CoCM and order services.
- ✓ Obtain patient consent for services (verbal or written) for CoCM services including talking with a psychiatric consultant and behavioral health care manager. If not obtained by billing provider, consent may also be obtained by auxiliary personnel under general supervision.
- ✓ Oversees all elements of the patient's CoCM care, which may include: primary care medical treatments, specialist referrals, medication prescription and management, collaboration with the care team, and patient reassessment.

*Note: During the consent process, the patient must be informed of the availability of CoCM services, the application of coinsurance, the limitation to one practitioner per month for delivering and billing CoCM services, and the patient's right to terminate services at any time. If there is a change in the billing provider, consent must be obtained again.*

Who they are:

- Physicians (MD,DO)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Certified Nurse Midwife (CNM)

*Note: Must be qualified by education, licensure, scope of practice, and training to perform E/M and TCM level services or the specified IPPE or AWW service.*

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### Behavioral Health Care Manager

What they do:

- ✓ Provide various aspects of needed health status assessments and care management services such as evaluating mental health status, reviewing mental health history, developing personalized care plans, providing health education, and monitoring patient treatment progress.
- ✓ Utilize validated rating scales, such as those described by the Kennedy Forum Issue Brief: [A Core Set of Outcome Measures for Behavioral Health Across Service Settings](#), for ongoing monitoring of patient status
- ✓ Offer brief psychosocial interventions.
- ✓ Maintain a registry that tracks patient follow-up and progress.
- ✓ Reviews treatment plan and patient status with the psychiatric consultant on a weekly basis.
- ✓ Behavioral health planning in relation to mental, behavioral, psychiatric health conditions, including revisions to plans for patients who are not progressing or whose status changes.
- ✓ Provide in-person, face-to-face services with the patient if needed; although face-to-face services are not a required element of CoCM.
- ✓ Provide services outside of regular health center business hours, as needed.
- ✓ Maintain a registry that tracks patient follow-up and progress.

*Note: The CoCM registry is a required element of CoCM services that allows the care team to track the status of and monitor multiple patients simultaneously, identify priority patients, ensure tracking of each patient's treatments, analyze outcomes, and provide a shared platform for communication between care team members.*

Who they are:

- Social Worker
- Clinical Psychologist
- Mental Health Counselor
- Marriage & Family Therapist
- Nurse (clinical nurse specialist, registered nurse, licensed practice nurse)

*Note: In the FQHC setting, the Behavioral Health Care Manager is a clinical staff member with a bachelor's degree in behavioral health (i.e., social work, psychology) or has specialized training in behavioral health [82 FR 52976](#). (Source: AMA 2024 CPT Manual.) The Behavioral Health Care Manager provides both face-to-face and non-face-to-face services which means that they would not be able to work exclusively remotely. The Behavioral Health Care Manager and Psychiatric Consultant may either be employees of the health center or working under contract.*

### Psychiatric Consultant

What they do:

- ✓ Provide inter-disciplinary consultation to the authorized billing provider via the Behavioral Health Care Manager by reviewing cases, recommending medications, and advising on therapeutic interventions.
- ✓ Consult to the care team on the diagnosis of psychiatric and mental health conditions.
- ✓ Advise the care team of any recommended psychiatric medications and suggests methods for assuring patient compliance and tolerance with behavioral health treatment.
- ✓ Review the behavioral health treatment plan and status with the behavioral health care manager on a weekly basis and suggests adjustments to treatment in instances where a patient is not progressing.
- ✓ Handle any adverse interactions between patients' behavioral health and medical treatments.

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- ✓ Facilitates referrals for the direct provision of psychiatric care when clinically indicated.
- ✓ Typically utilizes telephone or secure virtual meeting apps for their inter-disciplinary consultations.
- ✓ Provide services outside of regular health center business hours, as needed.
- ✓ Typically have minimal direct contact with the patient, except in rare instances.

Who they are:

- Psychiatrist
- Addiction Medicine or Pain Management Specialists

*Note: The psychiatric consultant is a medical professional trained in psychiatry and is qualified to prescribe a full range of medications. If a patient is receiving CoCM services for a substance abuse disorder, the consultant may be one who specializes in addiction medicine or pain management but must also be qualified to prescribe any necessary, relevant medications. They may either be employees of the health center or working under contract.*

## Service Elements, Coding & Billing

CODE	Service Elements	Service Provider	FQHC Medicare Billing Code & Rate
<b>CPT® 99492</b>	<p><b>Initial CoCM Visit</b></p> <p>Initial psychiatric collaborative care management visit, first 70 minutes in the initial calendar month of behavioral health care manager activities, in consultation with the psychiatric consultant, and directed by the treating physician or other qualified health care professional. CoCM focuses on integrated treatment of a patient with new or pre-existing complex, mental, behavioral health, and/or psychiatric condition and include the following elements:</p> <ul style="list-style-type: none"> <li>• Outreach to a patient to engage in treatment directed by the treating physician or other qualified health care professional.</li> <li>• Initial assessment of the patient including administration of validated rating scales with the development of an individualized treatment plan.</li> <li>• Review by the psychiatric consultant with modifications of the plan, if recommended.</li> <li>• Enter patient in a registry and track patient follow-up in the registry, with appropriate documentation.</li> <li>• Participate in weekly caseload consultation with the psychiatric consultant.</li> <li>• Provide brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.</li> </ul>	<p>Behavioral health care manager time, in consultation with psychiatrist, billed under the authorized billing provider or personally performed by the authorized billing provider.</p> <p><i>The time associated with the discussion between the behavioral health care manager and the psychiatric consultant is counted for only one clinician. Time the psychiatric consultant spends outside of the weekly discussions on treatment plan review may be counted towards the total CoCM calendar month time.</i></p>	<p>G0512: \$146.47</p> <p>Along with the CPT® service codes, FQHCs must submit HCPCS G0512 on the claim to be reimbursed.</p> <p>Since this service is reported by calendar month, the date of service may be set for the date when billing requirements have been met, or any date after that, as long as it is on or before the last day of the calendar month.</p>

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**Service Elements, Coding & Billing**

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CODE	Service Elements	Service Provider	FQHC Medicare Billing Code & Rate
<b>CPT® 99492</b>	<p><b>Subsequent CoCM Services</b></p> <p>Subsequent CoCM services may be billed once per calendar month when at least 60 minutes of services performed by a behavioral health manager in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional.</p> <ul style="list-style-type: none"> <li>Track patient follow-up and progress using the registry, with appropriate documentation.</li> <li>Participate in weekly caseload consultation with the psychiatric consultant.</li> <li>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.</li> <li>Additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant.</li> <li>Provide brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.</li> <li>Monitor patient outcomes using validated rating scales.</li> <li>Plan relapse prevention with patients as they achieve remission of symptoms and/or other treatment goals to assist them in preparing for discharge from active treatment.</li> </ul>	<p>Behavioral health care manager time, in consultation with psychiatrist, billed under the authorized billing provider or personally performed by the authorized billing provider.</p> <p><i>The time associated with the discussion between the behavioral health care manager and the psychiatric consultant is counted for only one clinician. Time the psychiatric consultant spends outside of the weekly discussions on treatment plan review may be counted towards the total CoCM calendar month time.</i></p>	<p>G0512: \$146.47</p> <p>Along with the CPT® service codes, FQHCs must submit HCPCS G0512 on the claim to be reimbursed.</p> <p>Since this service is reported by calendar month, the date of service may be set for the date when billing requirements have been met, or any date after that, as long as it is on or before the last day of the calendar month.</p>
<b>CPT® +99494* or HCPCS G2214*</b>	CoCM services, each add'l 30 minutes of initial (99492) or subsequent (99493) CoCM time per calendar month		

• The payment rate is based on the 2024 Medicare Physician Fee Schedule (PFS). The most up-to-date 2024 payment rates, reflecting the changes effective March 9th, can be confirmed [here](#). The payment rate is based upon the date of service as opposed to the billing date. No Geographical Adjustment Factor (GAF) or Geographic Practice Cost Index (GPCI) has been applied; FQHCs can expect the payment to be slightly higher or lower depending on the GAF/GPCI.

• Code descriptions taken from AMA's CPT 2024 Manual, Professional Edition.

• \*Not permitted to be billed by FQHCs. Once a minimum CPT service time threshold is reached, FQHCs are expected to continue furnishing services, as applicable, during the calendar month and are not permitted to bill for any additional time via add-on service codes.

**Be sure to capture the following documentation elements when billing for CoCM services:**

- ✓ The complex mental, behavioral health condition, and/or psychiatric conditions.
- ✓ The medical necessity of the CoCM services.
- ✓ The date and practitioner who furnished the initiating visit
- ✓ Patient consent.
- ✓ CoCM services, who furnished them, and the time spent on the activities.

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The billing practitioner is ultimately responsible for documentation, including that of any contracted community-based organizations (CBOs) or other contracted personnel who furnish CoCM services under the clinical care and treatment of this same billing practitioner.

As CoCM services do not include a face-to-face component (see [CMS Billing Lingo, Defined!](#)), CMS does not include the services in the Medicare telehealth services list. CoCM services may be provided in person or virtually (i.e., audio-visual or two-way audio technology), or a combination of both.

Patients pay 20% coinsurance based upon the lesser of the submitted charges or the local payment rate for G0512. Coinsurance may be covered in part or in full by secondary coverage (Medigap, private, or Medicaid). Coinsurance may be “slid” commensurate with the sliding fee discount program (SFDP) policy of the health center (see [Sliding Coinsurance for CMS/Medicare Care Management](#) for more information).

## Co-Occurring Care Management Services

CMS allows separately identifiable care management services to be delivered and billed during the same calendar month as CoCM, including CCM, CCCM, PCM, TCM, and CHI. BHI and Psych CoCM services may not be reported in the same calendar month. CMS guidelines allow for multiple services to be billed in the same month as long as they are distinctly separate services and properly documented; however, CMS does not currently explicitly state that CoCM services can be performed in the same calendar month as RPM or RTM services. It is important that you check with your MAC before billing CoCM concurrently with RPM or RTM services. See NACHC resource: [Summary of Medicare Care Management Services Billed Using G0511](#)) for more information on Medicare Care Management Services.

The authorized billing provider, behavioral health care manager, and psychiatric consultant may provide and bill for services unrelated to co-occurring care management services in the same calendar month as CoCM. Examples of these separately identifiable services include evaluation and management services, psychiatric evaluations, psychotherapy, smoking and tobacco use cessation counseling.

## References

- AMA. 2024 CPT 2024 Codebook
- AAPC. 2024 HCPCS Level II Codebook
- CMS. CY 2018 Physician Fee Schedule Final Rule. <https://www.federalregister.gov/documents/2017/11/15/2017-23953/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions>
- CMS. CY 2024 Physician Fee Schedule Final Rule. <https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicare-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other#h-255>
- CMS. MLN Behavioral Health Integration Services. May 2023 Not updated with 2024 Final Rule changes at time of this publication. <https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf>
- CMS. FAQs BHI. December 5, 2023. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/downloads/behavioral-health-integration-faqs.pdf>
- CMS. MLN Medicare & Mental Health Coverage. January 2024. <https://www.cms.gov/files/document/mln1986542-medicare-mental-health-coverage.pdf>
- University of Washington, AIMS Center. Team Structure. May 2022. Accessed at <https://aims.uw.edu/team-structure/>

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