

Psychiatric Collaborative Care Model

Impact on Follow-Up After Hospitalization for Mental Illness

We are committed to the care and well-being of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Why is Collaborative Care Important?

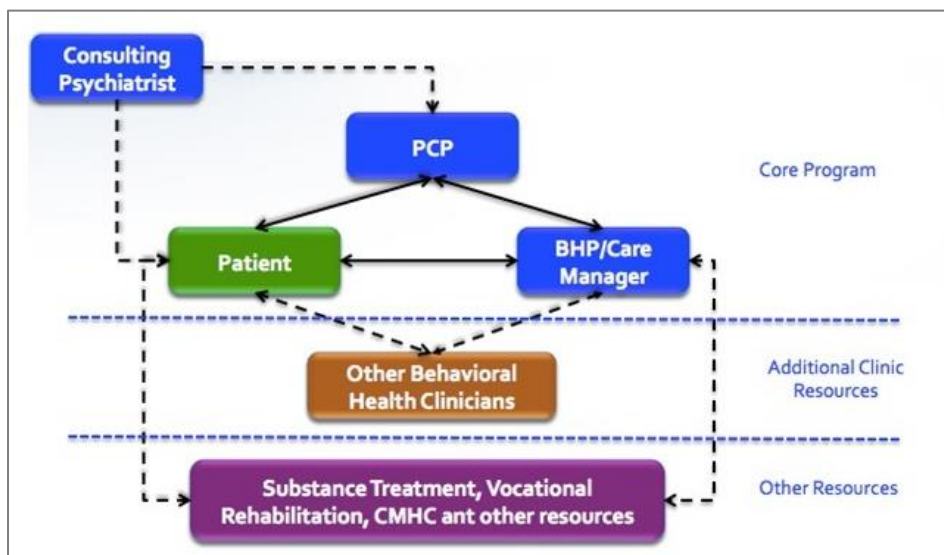
The integration of behavioral health (BH) and general medical services improves patient outcomes, saves money, and reduces stigma related to mental health. The Collaborative Care Model (CoCM) is a proven effective and efficient way to deliver integrated care.¹

In 2022, the National Committee for Quality Assurance (NCQA) added psychiatric collaborative case management service codes 99492, 99493, 99494, and G0512 to help close the gap for the Follow-Up After Hospitalization for Mental Illness (FUH) HEDIS Measure.

What is CoCM?

Psychiatric services are provided under the direction of a treating primary care provider (PCP) for work performed by a BH care manager in consultation with a psychiatric consultant with prescribing authority.

The treating PCP submits the claims for these services. The consulting psychiatrist and the care manager are then paid by the PCP through a contract, employment, or other arrangement.



Core Principles of CoCM:

- **Patient-Centered Care:** Primary and behavioral health providers collaborate effectively using shared care plans.
- **Population-Based Care:** Patient care and progress is tracked in a registry to help identify needed psychiatric case reviews so no one “falls through the cracks”.
- **Treatment to Target:** Progress is tracked with a measurement-based tool (i.e., Patient Health Questionnaire (PHQ-9) to assess and actively change treatments until clinical goals are achieved.
- **Evidence-Based Care:** Providers use evidence-based treatment modalities and tools for proven effective care.
- **Accountable Care:** Providers are accountable and reimbursed for quality of care and clinical outcomes, not just volume of care provided.

Service Codes

**CPT & HCPCS Coding for CoCM
<ul style="list-style-type: none"> • 99492 - first 70 mins in the first initial month • 99493 - first 60 mins in any subsequent months • 99494 - each additional 30 mins in any month • G0512 - FQHC or RHC locations <p>*Some service codes may not be included as a covered benefit for certain lines of business or products. Leverage provider resources and pre-auth checker tool on the health plan website to help determine covered benefits.</p>

Additional Support:

- American Psychiatric Association (APA)
 - www.psychiatry.org
 - [Collaborative Care Model](#)
- AMA
 - [Compendium of behavioral health integration resources for physician practices](#)
 - [Experts on practical billing strategies for the collaborative care model](#)

Please view the Provider section of our website
<https://www.ambetteroftennessee.com/> for additional tools and local resources or
 contact a Provider Relations or Quality Improvement Specialist for assistance.

References: AMA: <https://www.ama-assn.org/>; APA: <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn>; NCQA: <https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment>

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