



Presents:

Behavioral Health Integration (BHI) and Collaborative Care (CoCM)

Calling all physicians, PAs, APRNs, other primary care providers and administrators.

This is an excellent free opportunity to learn and engage with experts currently providing implementation support and technical assistance for Behavioral Health Integration (BHI) on the frontlines of health systems across the country.

Date: **Thursday, February 27, 2025, 1:00 PM – 3:00 PM MST**

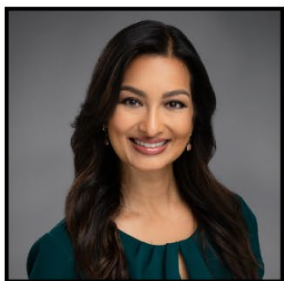
Location: **Paso del Norte Health Foundation
221 N. Kansas, 19th Floor, Meeting Room C
El Paso Dr. EL Paso TX 79901**

****Please park in the garage on Kansas Street immediately to the left of the Wells Fargo Building. Bring your ticket with you for validation.**

Don't miss this important event – Register now space is limited!

For More information and to register click on this [Registration Link](#)

**Behavioral Health Integration (BHI) and Collaborative Care (CoCM)
Presenters:**



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Nicole Portrude
Director of Health
System Implementation
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Hosted By



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Code	Description
99492	First 70 minutes of CoCM services rendered in the <u>first</u> calendar month (36–85 minutes).
99493	First 60 minutes of CoCM services rendered in any <u>subsequent</u> month (31-75 minutes).
99494	Each <u>additional</u> 30 minutes of CoCM services rendered in <u>any</u> calendar month (16–30 minutes), after the total time for the primary code has been met. <i>Effective 7/1/24, Medicare reimburses up to 4 units, per month. Stipulations and limitations vary by payer and may change over time.</i>
G2214	30 minutes of CoCM services rendered in <u>any</u> calendar month (16–30 minutes).
G0512	<u>Minimum</u> 70 minutes during initial month and <u>minimum</u> 60 minutes during subsequent months of CoCM services in <u>FQHC/RHC</u> settings.

CoCM services are reimbursed by Medicare, more than half state Medicaid agencies, and most private payers.

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Some common reasons why CoCM codes are not paid include codes are not included in the provider fee schedule, prior authorization requirement, or the claim was forwarded to the behavioral health carve-out in error.

Additionally, if CoCM criteria is not met, **99484** for 20 minutes of general Behavioral Health Integration (BHI) services may be billed.

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Resources: Medicare Learning Center (2022). Behavioral Health Integration Services. Retrieved from: <https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf>.

Introduction to the Collaborative Care Model and Billing

Our Team Presenting Today









Roshni Koli, MD
Chief Medical Officer



Nicole Portrude
*Director of Health System
Implementation*

Agenda

-  **Collaborative Care Model (CoCM) Overview**
-  **Billing Basics**
-  **Billing STEPS**
-  **Scoping Questions**
-  **Group Activity: Implementation Checklist**
-  **Billing Workflow Questions**

120
SUBSTANCE

RELATED DEATHS
for children (<18) in Texas in 2023

THE CURRENT MENTAL HEALTH CARE SYSTEM

171
DEATHS BY
SUICIDE

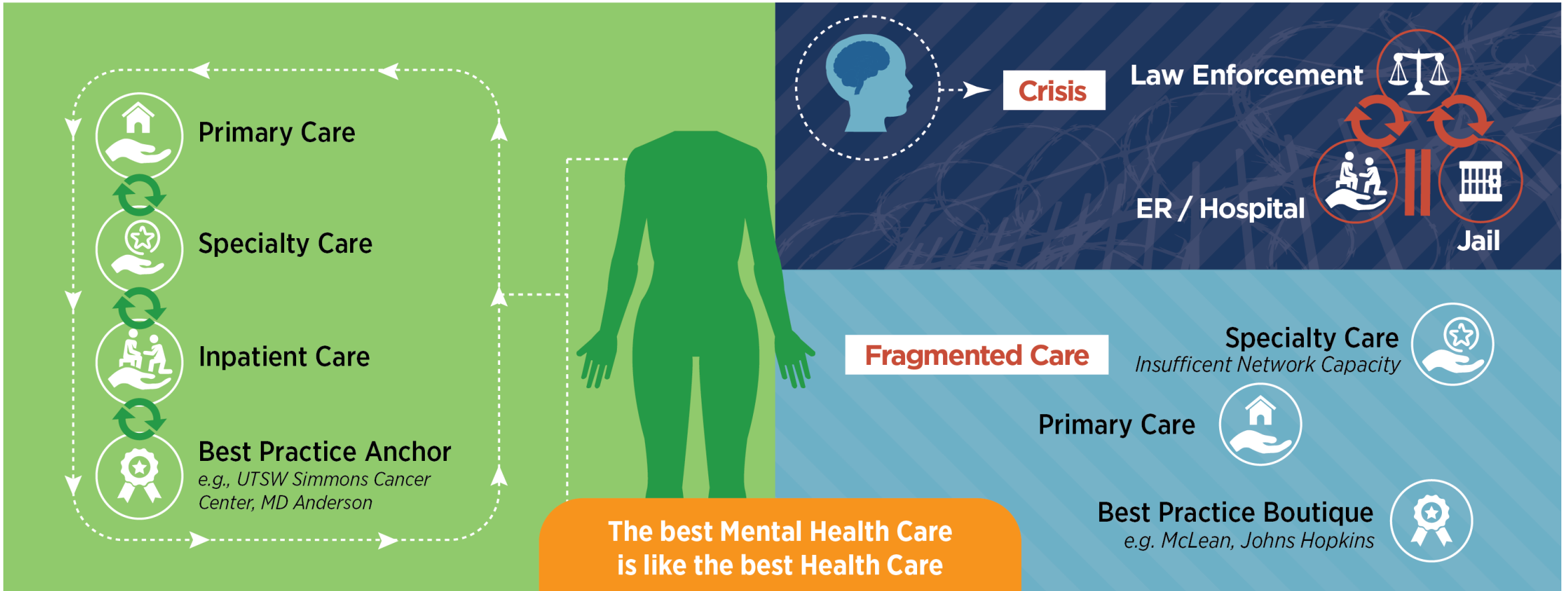
for children (<18) in Texas in 2023

The Goal of Health Care: **LIVING YOUR LIFE** in the COMMUNITY

HEALTH CARE



MENTAL
HEALTH CARE



THE IDEAL CHILDREN'S MENTAL HEALTH SYSTEM

LIFE in the Community

OTHER HEALTH CARE

MENTAL HEALTH CARE

COMMUNITY

FAITH

HOME

FAMILY

SCHOOL



School MTSS
(Multi-Tiered System of Support)

Integrated Primary Care

Prevention and Early Detection



Measurement Informed Care

LEVEL 1 Mental Health Access Programs

LEVEL 2 Collaborative Care (CoCM)

LEVEL 3 CoCM + Embedded Clinicians

SPECIALTY CARE

(MIC) Measurement informed care and best practices at every level



Outpatient

Physician, other non-physician specialists



Complex Care

Care for more complex, acute medical conditions in children's hospitals, outpatient clinics or centers of excellence



Urgent/Emergent

Urgent Care/Same Day Access
Acute Care: children's hospital ER/ inpatient hospitalization

Sufficient Network Capacity

SPECIALTY CARE

(MIC) Measurement informed care and best practices at every level



Outpatient

Diagnostic Evaluation
Treatment by: Psychiatrists, psychologists, and other licensed mental health professionals



Complex Care

Comprehensive Diagnostic Evaluation
Treatment by: Multi-disciplinary teams in community, outpatient or hospital settings



Urgent/Emergent Care

Urgent Care/Same Day Access
Mobile Response and Stabilization Services (MRSS)
Acute Care: children's hospital ER/ inpatient hospitalization



Sufficient Network Capacity

Like all health care, the best mental health care involves prevention, detection, and intervention at the earliest possible level.



Collaborative Care Model (CoCM) Overview

Integrated Behavioral Health Models

Peer to Peer Consultation

Example: Child Psychiatry Access Program (CPAP)

- Primary care provider (PCP) reaches out to BH professional for “curbside consult”
- Psychiatrist discusses case with PCP or pediatrician, provides recommendations re: diagnosis and treatment alternatives
- Best used in regions with specialist shortages (e.g., child psychiatry, peri-natal, rural)

Colocation

Example: Embedded therapist or psychiatrist

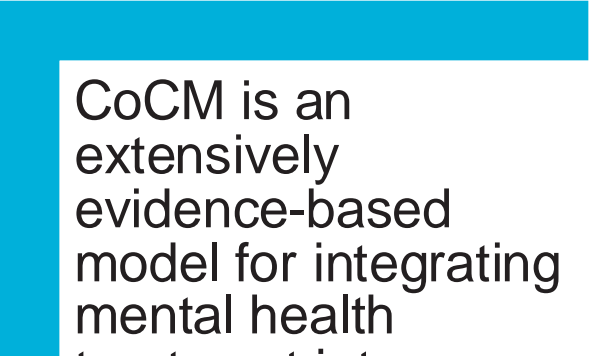
- Psychiatrist/therapist provides direct services within primary care setting
- Short-term psychotherapy, brief consultation, ad hoc collaboration with PCP or pediatrician

Integrated Care

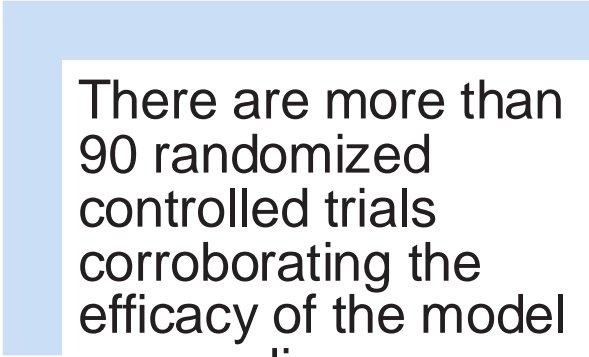
Example: Collaborative Care Model (CoCM)

- Evidence-based model of care focused on improving mental health within primary care
- Patient has integrated BH team of PCP or pediatrician, behavioral health care manager (BHCM), and psychiatric consultant
- Required elements: measurement-based care and treatment registry

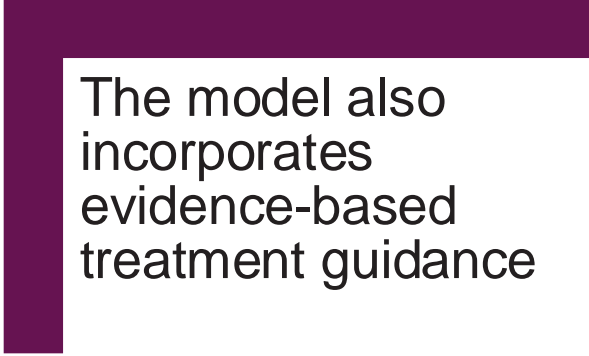
Collaborative Care Model (CoCM) Evidence Base



CoCM is an extensively evidence-based model for integrating mental health treatment into primary care



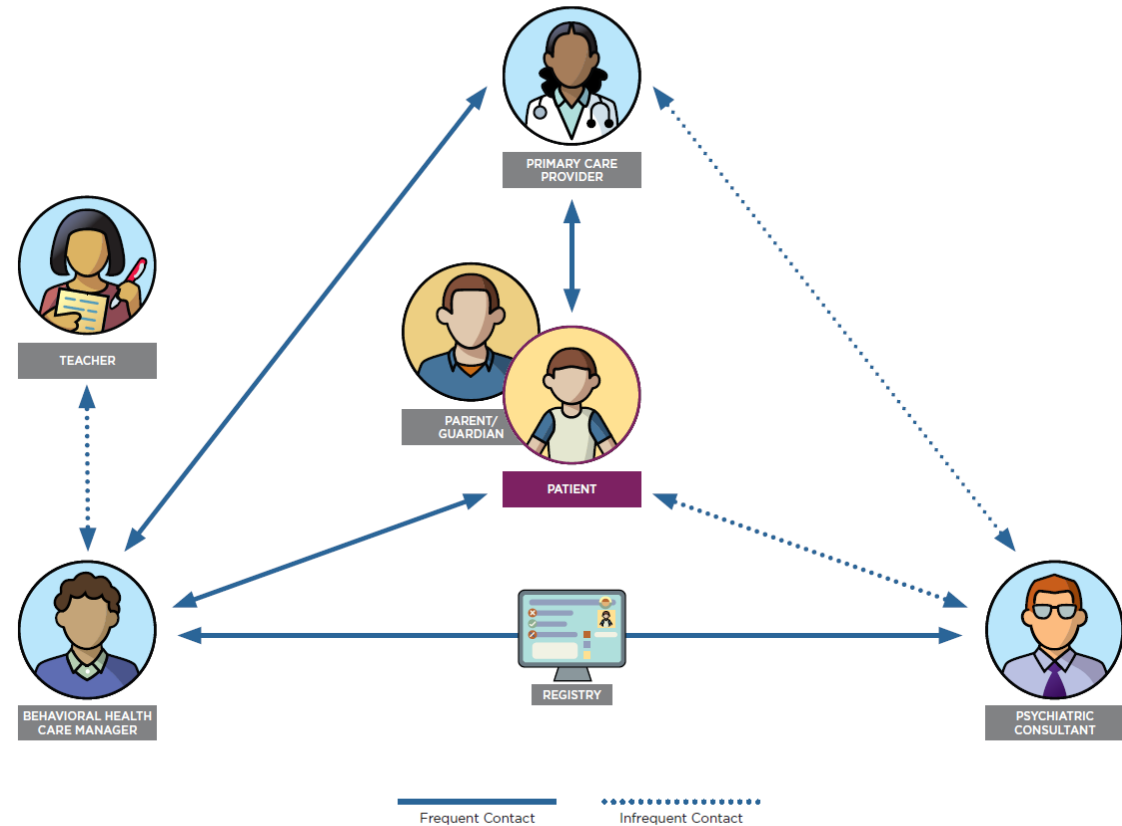
There are more than 90 randomized controlled trials corroborating the efficacy of the model across diverse populations and settings

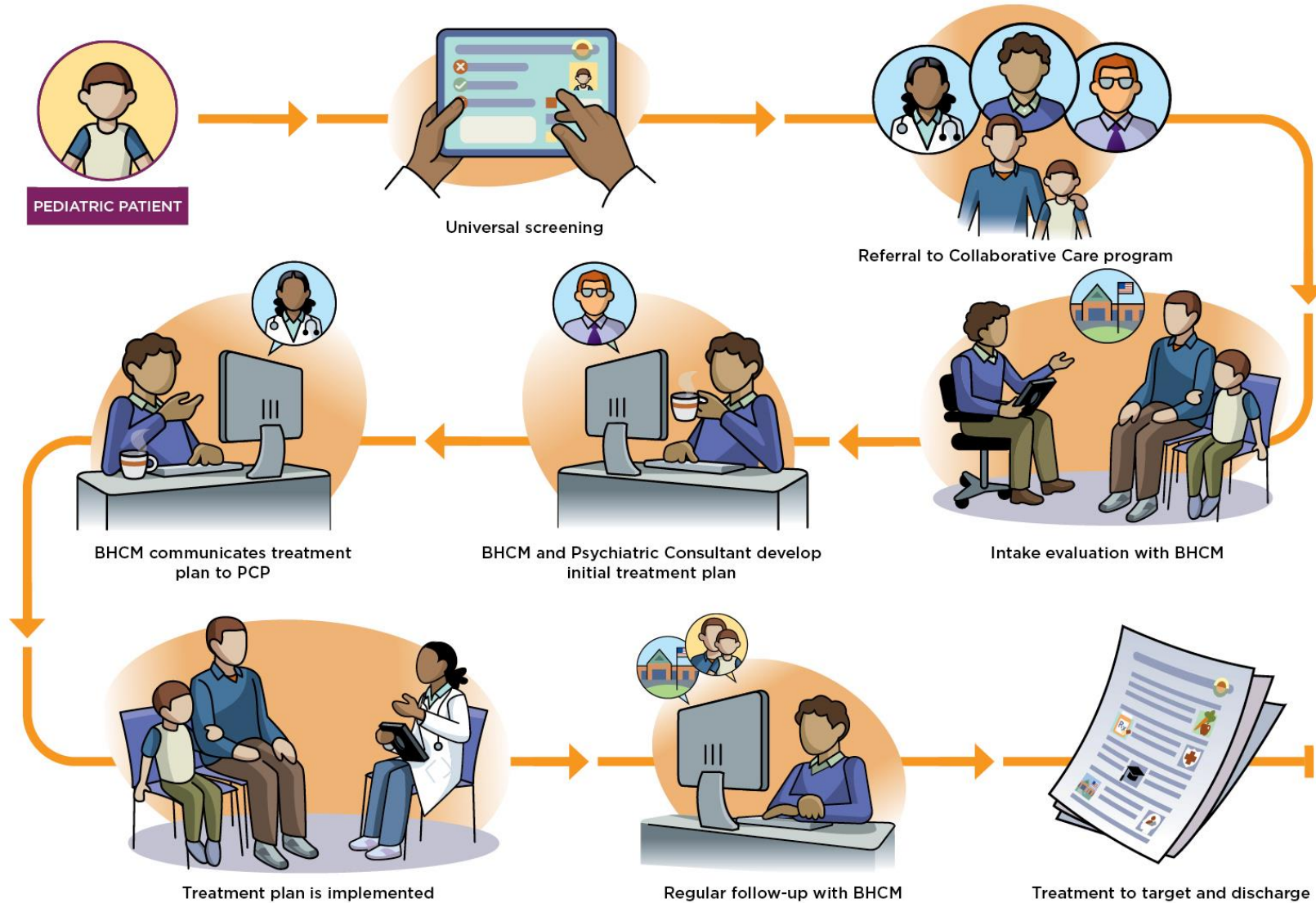


The model also incorporates evidence-based treatment guidance

Collaborative Care Model (CoCM)

CoCM is a team-based, data-driven, patient-centered population health approach to behavioral health integration





Sustainability and Cost Savings

Revenue Generating

This effort is reimbursable. Collaborative Care is the only integrated care model (currently) with designated billing codes. It is reimbursed by Medicare, Texas Medicaid and many private payers. Billing codes are time-based and generated based on the amount of time spent by the behavioral health care manager and psychiatric consultant but billed by the primary care provider (treating provider) under medical benefits.

Cost-effective and Feasible

- CoCM has a 6:1 return on investment (Unützer et al 2008).
- Benefit of ~\$1,000 per patient treated with depression and diabetes (Simon et al 2007).
- CoCM is the only integrated care model with designated billing codes.
- Billing has been shown to be feasible in real-world settings (Carlo et al, 2019; Carlo et al, 2020).

Billing Basics

Collaborative Care Model Billing Basics

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Find flyer here: https://mmhpi.org/wp-content/uploads/2024/10/CoCM_Billing_Basics.pdf

Billing STEPS

STEPS TO COCM BILLING SUCCESS

Use the STEPS model to optimize CoCM billing workflow efficiencies and ensure maximum payer reimbursement

S

SET PATIENT RESPONSIBILITY

CoCM billing codes are paid under the medical benefits not the behavioral health carve-out. Most payers follow similar cost sharing to other non-preventive pediatric PCP services. If a copay applies, only 1 monthly charge is due.

T

TRACK TIME

CoCM billing codes are time-based and reported as the total amount of time the BHCM spends engaging in clinical activities over the course of a calendar month. Services are billed monthly once the time threshold has been met.

E

ENTER CHARGES AND SUBMIT CLAIMS

CoCM billing codes are billed by the treating provider who takes the role of the billing provider. All services delivered by the behavioral health care manager working in collaboration with the psychiatric consultant are billed incident to.

P

POST PAYMENTS

CoCM services are reimbursed by Medicare and most commercial payers. In Texas, Medicaid also reimburses for CoCM services. Other separate and distinct E/M and psychotherapy services will be paid in addition to CoCM.

S

SETTLE OUTSTANDING BALANCES

Common reasons why CoCM billing codes are not paid include codes need to be added to the fee schedule, patient cost sharing, prior authorization beyond 6 months, and claim was forwarded to the behavioral health carve-out in error.

Scoping Questions

Scoping Questions

- Who in your clinic is responsible for providing the assessments to the patients to complete?
- Who is managing and tracking the registry?
- Who is present during your regular systematic case reviews (SCR)?
- Who is responsible for submitting the claims?
- Are there any efforts in place to bill for the Child Psychiatry Access Network (CPAN)?
- What does the warm handoff between the pediatrician and the care coordinator entail?
- Is there an explanation of CoCM or services provided?
- Does the pediatrician and/or care coordinator subsequently meet with the psychiatrist for initial treatment guidance?
- Is consent obtained for the services rendered by the RN or care coordinator, and if so, is it documented?



Implementation Checklist

Billing Requirements

- Establish [CoCM team](#)** and ensure they meet state licensure/training requirements and proximity standards for billing for CoCM services.
- Utilize patient registry** to track patient participation, clinical outcomes, and BHCM time.
- Complete initiating [patient visit](#) with referring provider**, including mental health screening and documentation of patient verbal consent for referral to CoCM.
- Administer monthly validated assessments** to guide clinical decisions and track progress.
- Implement weekly systematic case reviews** between the BHCM and psychiatric consultant.
- Meet time thresholds** for [CoCM codes](#) and **bill** monthly with the PCP as the billing provider.

Billing Workflow Questions

Meadows Mental Health Policy Institute

Collaborative Care Model (CoCM) Billing Workflow Template

SET PATIENT RESPONSIBILITY		
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Task	Workflow	Team Member(s) Responsible
Benefit verification		
Advise PT of cost-sharing details		
Other		

TRACK TIME		
CoCM billing codes are time-based and reported as the total amount of time the BHCM spends engaging in clinical activities over the course of a calendar month. Services are billed monthly once the time threshold has been met.		
Task	Workflow	Team Member(s) Responsible
Time tracking report		
Calculating CoCM billing codes		

Questions

Contact Information

Nicole Portrude

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Dr. Roshni Koli

Chief Medical Officer

rkoli@mmhpi.org

Thank You!

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

PASO *del* NORTE CENTER
Meadows Mental Health Policy Institute

 **THE HACKETT CENTER**
FOR MENTAL HEALTH

TRAUMA & GRIEF CENTER
Meadows Institute

Meadows Institute | **DALLAS**

Meadows Institute | **PANHANDLE**

CoCM Implementation Checklist

This comprehensive checklist will guide you through Collaborative Care (CoCM) implementation. It outlines key considerations, essential steps, and program requirements to confidently bill for services while ensuring fidelity to the model. For more information and implementation support, visit mmhpi.org/cocm or email cocm@mmhpi.org.

Getting Started

- Identify champions** and engage key [clinical and finance stakeholders](#).
- Assess in-house capabilities** for delivering CoCM and potential needs for vendor solutions.
- Identify and evaluate [registry options](#)**; decide whether to build within or alongside EHR or partner with a vendor.
- Engage compliance** team early to ensure alignment with organizational policies.
- Assess access to start up funds** and explore implementation grants and investments as needed.
- Understand your payers** by learning billing requirements and reimbursement rates.
- Consider population and geographical nuances** and tailor your program to specific needs, demographics, and local resources (or lack thereof).
- Define inclusion and exclusion criteria** for CoCM program participation.
- Build a de-escalation pathway** with a structured approach for crisis management.
- Develop safety and relapse prevention plans** to enhance well-being and minimize relapse.

Billing Requirements

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Meadows Mental Health Policy Institute

Collaborative Care Model (CoCM) Billing Workflow Template

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Benefit verification		
Advise PT of cost-sharing details		
Other		

TRACK TIME		
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Task	Workflow	Team Member(s) Responsible
Time tracking report		
Calculating CoCM billing codes		
Notify leadership of over/under minutes		
Other		

ENTER CHARGES AND SUBMIT CLAIMS		
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Task	Workflow	Team Member(s) Responsible
Enter charges and generate claims		
Review and approve claims		
Submit claims		

POST PAYMENTS		
CoCM services are reimbursed by Medicare and most commercial payers. In Texas, Medicaid also reimburses for CoCM services. Other separate and distinct E/M and psychotherapy services will be paid in addition to CoCM.		
Task	Workflow	Team Member(s) Responsible
Post payments		
Collect patient cost-sharing portion (Patient statements)		

Other		
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SETTLE OUTSTANDING BALANCES

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Task	Workflow	Team Member(s) Responsible
Denials		
Other		

OTHER

Task	Workflow	Team Member(s) Responsible
Data reporting for grant		
Other		