TIme	Topic
12:30-1:00pm	LUNCH
1:00-2:00pm	Billing and Sustainability
2:00-3:00pm	Program Performance
3:00-4:00pm	Implementation – Next Steps

Billing Collaborative Care Services

Section 4

Objective and Learning Outcomes

Objective

- Review how to bill CoCM services using the CoCM codes

Learning Outcomes

- Discuss billing codes, billing thresholds, and documentation to promote the financial sustainability of CoCM services

Considerations

- We are discussing guidelines per our understanding of the CMS requirements for CoCM services
- Please check with your billing and compliance officers and payer representatives
- Guidelines may vary by payer

- Send billing questions to valuepartnerships@bcbsm.com

Billing Basics

- Billed per member per calendar month
- Only count BHCM time delivering CoCM services; payment accounts for time spent by all clinical team members but can't duplicate shared time
- Separate Initiating Billable Visit
  - Visit will include the treating provider establishing a relationship with the patient, assessing the patient prior to referral, and obtaining patient consent to consult with specialists
  - Required for patients not seen within one year
- Billed alone or with a claim for another billable visit
- Can bill CoCM services with PDCM claims
- Can't bill CoCM (99492, 99493, 99494, G0512) services in the same calendar month as chronic care management/general behavioral health integration (99484, G0511)
- Claims need to be submitted under the PCP

Additional Requirements

- Advance Consent
  - Verbal or written, must be documented in the EHR
  - Permission to consult with relevant specialists (i.e., psychiatric consultant)
  - Inform the patient of cost sharing

BCBSM has waived cost sharing (deductible, coinsurance and copayments) beginning July 1st

"I have discussed [practice's] collaborative care program with the patient, including the roles of the behavioral health care manager and psychiatric consultant. I have informed the patient that they will be responsible for potential cost sharing expenses for both in-person and non-face-to-face services. The patient has agreed to participate in the collaborative care program and for consultations to be conducted with relevant specialists.

Face-to-face or telehealth visits with a behavioral health specialist are not associated with this model, even though they may be part of the patient's overall treatment plan. Services that are not a part of collaborative care can be provided and will be billed according to the patient's benefit package. These services would also be subject to the cost sharing expenses defined by that benefit plan."

Billing Codes: Commercial

Provider Location	Service	Code	Month	Time Threshold
Any Location	Chronic Care Management/ General Behavioral Health Integration	99484	Any month	11-20 minutes
	CoCM	99492	Initial month	36-70 minutes
		G2214	Subsequent Month(s)	16-30 minutes
		99493	Subsequent month(s)	31-60 minutes
		99494	Add-on code	16-30 minutes

Billing Codes: Medicare, MA, Medicaid

Provider Location	Service	Code	Month	Time Threshold
Non-FQHC/RHC	Chronic Care Management/ General Behavioral Health Integration	99484	Any month	11-20 minutes
	CoCM	99492	Initial month	36-70 minutes
		G2214*	Any month	16-30 minutes
		99493	Subsequent month(s)	31-60 minutes
		99494	Add-on code	16-30 minutes
FQHC/RHC	Chronic Care Management/General Behavioral Health Integration *Cost share applies to this code related to state/federal rules	G0511	Any month	20 minutes
	CoCM	G0512	Initial month	70 minutes
			Subsequent month	60 minutes

**G2214 Not billable by FQHCs/RHCs*

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 directed by the treating physician or other qualified health care professional, 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
- May only be billed 1x per calendar year for BCBS

G2214 – New CoCM Code
Federal Registry 2020-2021

- To accurately account for these resources costs, we are proposing to establish a G-code to describe 30 minutes of behavioral health care manager time. Since this code would describe one half of the time described by the existing code that describes subsequent months of CoCM services, we are proposing to price this code based on one half the work and direct PE inputs for CPT code 99493 (Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent 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 practitioners;
- Additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided 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……..

99493
Subsequent Psychiatric Collaborative CM

Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent 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
- Additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided 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 and/or other treatment goals and are prepared for discharge from active treatment

99494
Initial or Subsequent Psychiatric Collaborative CM

- Each additional 30 minutes in a calendar 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 (List separately in addition to code for primary procedure)

99484
Care Management Services for Behavioral Health

Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month, with the following required elements:

- Initial assessment or follow-up monitoring, including the use of applicable validated rating scales

- Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes

- Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation

- Continuity of care with a designated member of the care team

Billing by Time Threshold: CPT Codes

Month	Time Spent	CPT Codes
Initial Month	≤10 minutes	Not billable
	11-35	99484 – Gen BHI
	36-85 minutes	99492
	86-115 minutes	99492 + 99494
	116-130 minutes	99492 + 99494, quantity 2 units
Subsequent Month(s)	≤10 minutes	Not billable
	16-30	**G2214 – New Code
	31-75 minutes	99493
	76-105 minutes	99493 + 99494
	106-135 minutes	99493 + 99494, quantity 2 units

Billing by Time Threshold: G Codes

Month	Time Spent	G Codes
Initial Month	≤30 minutes	G2214
	20-69 minutes	G0511
	≥70 minutes	G0512
Subsequent Month(s)	≤30 minutes	G2214
	20-59 minutes	G0511
	≥60 minutes	G0512

What Activities Can I Include?

- Providing assessment and care management services
  - Any form of patient contact
  - Structured behavioral health assessment
  - Self-management planning; relapse prevention planning
  - 99492 requires an initial assessment of the patient and development of individualized treatment plan
- Administering validated outcome measures (e.g., PHQ-9, GAD-7)
- Using brief therapeutic interventions (e.g., Motivational Interviewing, behavioral activation, problem solving therapy)
- Conducting systematic case review with the psychiatric consultant
- Maintaining systematic case review tool, disease registry, and/or EHR for patient tracking and follow-up
  - Does not include strictly administrative or clerical duties
- Collaboration and coordination with PCP or other qualified health care professionals
- "Running" the caseload with the psychiatric consultant (i.e., conducting a systematic review of caseload without specifically discussing the patient)
  - Approximately 5 billable minutes per calendar month
  - "the patient has been included in the caseload review activities and consulted on as needed"

Medicaid Guidelines

- Effective August 1, 2020

- Psychiatric consultant must have MD or DO licensure
- Initial visit must be face-to-face
- Monthly administration of outcome measures (e.g., PHQ-9, GAD-7)
- After the initial 6 months of treatment, prior authorization is required for an additional 6 months of treatment
- Can’t bill G0511
- Can’t bill CoCM patients receiving MI Care Team, Behavioral Health Home, or Opioid Health Home benefits
- Can’t bill 99494

- The policy can be found here.

Scenario A: Chronic Care Management/General Behavioral Health Integration Code

Date	Activity	Time Spent
1/15/21	Patient A admitted to hospital for diffuse symptoms – back pain, headache, no physical diagnosis confirmed; diagnosed with depression. **PDCM phones** the patient and conducts a post-discharge call.	30
1/15/21	PDCM reviews the case with the BHCM. The BHCM outreaches to the patient and completes a PHQ9 screening and schedules a follow up visit to determine ongoing needs. Patient does not meet CoCM requirements	15
	BHCM Total: Bill 99484	**15**

Scenario B: Pre-enrollment to CoCM

Date	Activity	Time Spent
1/31/21	Patient screened for depression, referral to BHCM made. BHCM meets briefly with the patient, describes the CoCM model and benefits. The patient has not decided on participating	20
	BHCM Total: Bill 99484	**20**

Scenario 1: Initial Month, Commercial Patient

Date	Activity	Time Spent
2/2/21	Patient enrolled in CoCM services; BHCM conducted initial assessment; BHCM administered PHQ-9/GAD-7; BHCM updated SCR tool	45
2/7/21	BHCM discussed patient with psychiatric consultant during SCR; BHCM followed-up with PCP; BHCM updated SCR tool	15
2/8/21	BHCM followed-up with patient	5
2/22/21	BHCM followed-up with patient; BHCM delivered Problem Solving Therapy	20
No date	BHCM/psychiatric consultant 'ran' the systematic case review	5
	Total: Bill 99492 + 99494	**90**

Scenario 2: Subsequent Month

Date	Activity	Time Spent
3/5/21	BHCM administer PHQ9/GAD7, scores show improvement; BHCM delivers behavioral activation	20
3/25/21	BHCM contacts patient, patient doing well	8
No date	BHCM/psychiatric consultant ‘ran’ the systematic case review	5
	Total: Bill 99493	**33**

Scenario 3: Subsequent Month

Date	Activity	Time Spent
3/5/21	BHCM administers PHQ9/GAD7, scores show worsening symptoms; BHCM delivers behavioral activation; BHCM updates SCR tool	25
3/8/21	BHCM discusses patient with psychiatric consultant in systematic case review	10
3/10/21	BHCM follows-up with PCP, approves new medication; BHCM contacts patient	15
3/18/21	BHCM contacts patient; BHCM delivers Motivational Interviewing	15
3/28/21	BHCM contacts patient; BHCM administers PHQ9/GAD7; BHCM updates SCR tool	20
No date	BHCM/psychiatric consultant 'ran' the systematic case review	5
	Total: Bill 99493 + 99494	**90**

Scenario 4: Subsequent Month

Date	Activity	Time Spent
3/12/21	BHCM contacts patient, patient doing well - PHQ9 from 8 – 5	15
No date	BHCM/psychiatric consultant ‘ran’ the systematic case review	5
	Total: Bill G2214	**20**

Best Practices

- Have you documented all billable time?
  - Create a smartphrase to prompt BHCMs to document billable time
  - Create a documentation checklist to ensure all BHCM clinical time is calculated
  - Add an EHR form to calculate billable time per calendar month
- Review a report of documented billable minutes per patient per calendar month
  - Review this report half-way through each month to determine which patients would need additional time to reach the next billing threshold
  - Assess distribution of time across the entire caseload
- Is your clinical time being optimized for your caseload size?
  - Conduct a clinical caseload supervision
  - Assess opportunities to keep the caseload “fluid” (i.e., who could benefit from a different level of care?)

Evaluating Time Delivered Across Caseload

Patient	Mar-20	Apr-20	May-20	Jun-20	July-20	Aug-20
A	20	35	0	35	30	0
B	65	35	20	25	15	0
C	20	25	20	10	0	0
D	70	50	40	10	5	20
E	75	55	15	25	55	35
F	80	35	20	35	85	40
G		70	45	35	0	40
H		95	45	80	105	65
I		70	20	30	0	35
J			60	60	30	30
K			145	60	0	65

Month	Time Spent	CPT Codes
Initial Month	≤10 minutes	Not billable
	11-35	99484
	36-85 minutes	99492
	86-115 minutes	99492 + 99494
	116-130 minutes	99492 + 99494, quantity 2 units
Sub. Month(s)	≤10 minutes	Not billable
	11-30	99484
	31-75 minutes	99493
	76-105 minutes	99493 + 99494
	106-135 minutes	99493 + 99494, quantity 2 units

Evaluating Time Delivered: 99484

Patient	Mar-20	Apr-20	May-20	Jun-20	July-20	Aug-20
A	20	35	0	35	30	0
B	65	35	20	25	15	0
C	20	25	20	10	0	0
D	70	50	40	10	5	20
E	75	55	15	25	55	35
F	80	35	20	35	85	40
G		70	45	35	0	40
H		95	45	80	110	65
I		70	20	30	0	35
J			60	60	30	30
K			145	60	0	65

Month	Time Spent	CPT Codes
Initial Month	≤10 minutes	Not billable
	11-35	99484
	36-85 minutes	99492
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	116-130 minutes	99492 + 99494, quantity 2 units
Sub. Month(s)	≤10 minutes	Not billable
	11-30	99484
	31-75 minutes	99493
	76-105 minutes	99493 + 99494
	106-135 minutes	99493 + 99494, quantity 2 units

Evaluating Time Delivered: 99492

Patient	Mar-20	Apr-20	May-20	Jun-20	July-20	Aug-20
A	20	35	0	35	30	0
B	65	35	20	25	15	0
C	20	25	20	10	0	0
D	70	50	40	10	5	20
E	75	55	15	25	55	35
F	80	35	20	35	85	40
G		70	45	35	0	40
H		95	45	80	105	65
I		70	20	30	0	35
J			60	60	30	30
K			145	60	0	65

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	11-30	99484
	31-75 minutes	99493
	76-105 minutes	99493 + 99494
	106-135 minutes	99493 + 99494, quantity 2 units

Evaluating Time Delivered: 99492 + 99494*

Patient	Mar-20	Apr-20	May-20	Jun-20	July-20	Aug-20
A	20	35	0	35	30	0
B	65	35	20	25	15	0
C	20	25	20	10	0	0
D	70	50	40	10	5	20
E	75	55	15	25	55	35
F	80	35	20	35	85	40
G		70	45	35	0	40
H		95*	45	80	105	65
I		70	20	30	0	35
J			60	60	30	30
K			145***	60	0	65

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	31-75 minutes	99493
	76-105 minutes	99493 + 99494
	106-135 minutes	99493 + 99494, quantity 2 units

Evaluating Time Delivered: 99493

Patient	Mar-20	Apr-20	May-20	Jun-20	July-20	Aug-20
A	20	35	0	35	30	0
B	65	35	20	25	15	0
C	20	25	20	10	0	0
D	70	50	40	10	5	20
E	75	55	15	25	55	35
F	80	35	20	35	85	40
G		70	45	35	0	40
H		95	45	80	110	65
I		70	20	30	0	35
J			60	60	30	30
K			145	60	0	65

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	106-135 minutes	99493 + 99494, quantity 2 units

Evaluating Time Delivered: 99493 + 99494*

Patient	Mar-20	Apr-20	May-20	Jun-20	July-20	Aug-20
A	20	35	0	35	30	0
B	65	35	20	25	15	0
C	20	25	20	10	0	0
D	70	50	40	10	5	20
E	75	55	15	25	55	35
F	80	35	20	35	85*	40
G		70	45	35	0	40
H		95	45	80*	110**	65
I		70	20	30	0	35
J			60	60	30	30
K			145	60	0	65

Month	Time Spent	CPT Codes
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Evaluating Time Delivered

Patient	Mar-20	Apr-20	May-20	Jun-20	July-20	Aug-20
A	20	35	0	35	30	0
B	65	35	20	25	15	0
C	20	25	20	10	0	0
D	70	50	40	10	5	20
E	75	55	15	25	55	35
F	80	35	20	35	85*	40
G		70	45	35	0	40
H		95*	45	80*	110**	65
I		70	20	30	0	35
J			60	60	30	30
K			145***	60	0	65

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	11-30	99484
	31-75 minutes	99493
	76-105 minutes	99493 + 99494
	106-135 minutes	99493 + 99494, quantity 2 units

Evaluating Time Delivered: Looking for Trends

Patient	Mar-20	Apr-20	May-20	Jun-20	July-20	Aug-20
A	20	35	0	35	30	0
B	65	35	20	25	15	0
C	20	25	20	10	0	0
D	70	50	40	10	5	20
E	75	55	15	25	55	35
F	80	35	20	35	85*	40
G		70	45	35	0	40
H		95*	45	80*	110**	65
I		70	20	30	0	35
J			60	60	30	30
K			145***	60	0	65

Month	Time Spent	CPT Codes
Initial Month	≤10 minutes	Not billable
	11-35	99484
	36-85 minutes	99492
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	116-130 minutes	99492 + 99494, quantity 2 units
Sub. Month(s)	≤10 minutes	Not billable
	11-30	99484
	31-75 minutes	99493
	76-105 minutes	99493 + 99494
	106-135 minutes	99493 + 99494, quantity 2 units

- *Most of BHCM time spent with a few patients*
- *50% of patients not contacted in July*

Evaluating Time Delivered: Looking for Trends

Patient	Mar-20	Apr-20	May-20	Jun-20	July-20	Aug-20
A	20	35	0	35	30	0
B	65	35	20	25	15	0
C	20	25	20	10	0	0
D	70	50	40	10	5	20
E	75	55	15	25	55	35
F	80	35	20	35	85*	40
G		70	45	35	0	40
H		95*	45	80*	110**	65
I		70	20	30	0	35
J			60	60	30	30
K			145***	60	0	65

Month	Time Spent	CPT Codes
Initial Month	≤10 minutes	Not billable
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	116-130 minutes	99492 + 99494, quantity 2 units
Sub. Month(s)	≤10 minutes	Not billable
	11-30	99484
	31-75 minutes	99493
	76-105 minutes	99493 + 99494
	106-135 minutes	99493 + 99494, quantity 2 units

- *Less time spent with patient in continuous months*
- *Are these patients in relapse prevention?*
- *Are these patients not engaging in services?*

Resources

- Medicare Learning Network CoCM Fact Sheet
- Medicare Learning Network FAQ
- MDHHS MSA Bulletin (Medicaid)

- Guide to Billable Activities
- Guide to Optimizing Billable Time

- https://www.bcbsm.com/content/dam/microsites/corpcomm/provider/VPU/2020/apr/0420b.html
- BCBSM billing guidance is posted on the PGIP collaboration site; more information will be posted in Fall 2020

VBR Reporting Requirements

	REVISED Criteria	Comments/Notes
VBR Round 1	Practices have gone through a readiness assessment and are implementing CoCM with fidelity to the model	
	Practices have gone through a readiness assessment and CoCM training	
VBR Round 2	**REVISED Criteria**	**Comments/Notes**
	For practices with 1 PCP, between 10/15/20 and 3/31/21: * Must bill 99492 for ≥ 4 unique patients and * ≥ 2 codes 99493 or G2214 for these patients	Includes Blue Cross Commercial PPO and MAPPO patients (except for FQHCs and RHCs, which will be evaluated on Commercial PPO patients only)
	For practices with 2 PCPs, between 10/15/20 and 3/31/21: * Must bill 99492 for ≥8 unique patients and * Must bill ≥1 codes 99493 or G2214 code for ≥4 of these patients	
	For practices with more than 3 PCPs, between 10/15/20 and 3/31/21: * Must bill 99492 code for ≥12 unique patients and * Must bill 99493 or G2214 code for ≥6 of these patients	

VBR Reporting Template

- Data must be submitted via EDDI to Value Partnerships
- The template below will be provided to POs for data submission
- The first data submission will be due July 1, 2021 for practices in CoCM at any time from December 1, 2020-May 31, 2021
- We will provide more information on the submission shortly

					Plan Type												Optional				
	First Name	Last Name	Birthdate	Gender	DUMMY IDENTIFIER	Comm PPO	MAPPO	BCN	BCNA	Other	NON-BCBS	Date of Referral to CoCM (DD/MM/YY)	Enrollment in CoCM (Y/N)**	If No, Reason (Refusal, No Response, Other)	Baseline PHQ9 Score (0-27)	Date of Baseline PHQ-9 Score (DD/MM/YY)	Most Recent PHQ 9 Score (0-27)	Date of Most Recent PHQ-9 Score (DD/MM/YY)	Baseline GAD-7 Score (0-21)	Date of Baseline GAD-7 Score (DD/MM/YY)	Most Recent GAD-7 Score (0-21)	Date of Most Recent GAD-7 Score (DD/MM/YY)
Blue Cross patients																					
Blue Cross patients																					
Blue Cross patients																					
Non-Blue Cross patients																					
Non-Blue Cross patients																					
Non-Blue Cross patients																					

** If response is no, please complete the reason column, but there is no need to fill out the PHQ-9/GAD-7 scores

Questions?

Stretch Break – 5 minutes