

Compliance Today – July 2023



Rachael T. Price (rprice@strategicm.com, [linkedin.com/in/rachael-torgeson-price-55725630/](https://www.linkedin.com/in/rachael-torgeson-price-55725630/)) is Nurse Auditor at Strategic Management Services, Alexandria, VA.

Psychiatric Collaborative Care Management billing: Coding and documentation requirements essentials

by Rachael T. Price

Psychiatric Collaborative Care Management (CoCM) is an integrated model using a team-based approach to provide mental health services. CoCM is a model of behavioral health integration allowing the primary care provider (PCP) to be involved in the behavioral healthcare treatment of patients and is a subset of the behavioral health integration care services. The PCP collaborates with a behavioral health manager (BHM) and a psychiatric consultant to manage and treat an individual diagnosed with a mental health disorder such as anxiety and/or depression.

“CoCM enhances ‘usual’ primary care by adding two key services: care management support for patients receiving behavioral health treatment, and regular psychiatric interspecialty consultation for the primary care team, particularly regarding patients whose conditions are not improving.”^[1]

The Centers for Medicare & Medicaid Services (CMS) started reimbursing these services in January 2017 using the Healthcare Common Procedure Coding System (HCPCS) code G0502 for the initial CoCM encounter and HCPCS code G0503 for subsequent CoCM services. In 2018, these codes were replaced by the Current Procedural Terminology (CPT) code 99492 for the initial encounter and CPT code 99493 for subsequent encounters.

This article focuses on possible compliance issues to be aware of with respect to billing and coding for CoCM services to avoid denials.

Understanding the role of each team member is vital to proper billing of CoCM services

CoCM is provided by a primary care team that includes a primary care physician, BHM, and psychiatric consultant. The care manager—typically a social worker or licensed therapist—is responsible for working with the psychiatric consultant. The psychiatric consultant can be a psychiatrist or a nurse practitioner with a psychiatric specialty.

Team members’ roles and responsibilities:

- **The PCP or another medical provider (billing provider)** – “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 provider trained in psychiatry and qualified to prescribe the full range of medications”^[2]

The PCP is responsible for screening and initiating CoCM services for patients who could benefit from these behavioral health services. Additionally, the PCP is responsible for engaging/contracting with a BHM and psychiatric consultant to bill for CoCM services. Lastly, as the billing provider, the medical physician must have the documentation from all team members and make sure all documentation is complete prior to billing for CoCM services.

The role of the BHM is to assess the patient, create a treatment plan, and set measurable goals. During sessions with the patient, the BHM supports the patient in meeting the goals set in the treatment plan. The BHM also educates and helps coordinate community resources to ensure ongoing success for the patient. The BHM is responsible for meeting with the psychiatric consultant and PCP to ensure that progress is made and goals are met. Additionally, the BHM maintains the “registry” (a tool to manage the patient caseload to track patient treatment activities and progress).

The psychiatric consultant is responsible for regularly reviewing the clinical status of the practice’s patients receiving CoCM services. Psychiatric consultants are responsible for advising the PCP and BHM concerning the patient’s psychiatric diagnoses and resolving any issues that may arise related to adherence or tolerance to the treatment plan. They are not expected to meet directly with patients receiving CoCM but serve as a resource to the PCP and the BHM. Finally, they can give referrals for direct higher-level care facilities when clinically indicated.

To bill for CoCM services, each team member must fulfill their role to adhere to CoCM guidelines. The key distinction of the psychiatric CoCM is the team approach; therefore, all three individuals of the clinical team must be involved in the patient’s care.

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