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The Psychiatric Collaborative Care Model in Primary Care

Catherine S. Hwang, MD, MSPH, Joshua M. Liao, MD, MSc, Ashok Reddy, MD, MSc, Andrew D. Carlo, MD, Leah M. Marcotte, MD

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Common mental health conditions, such as anxiety and depression, affect millions individuals[1] and are responsible for one-quarter of all health-related disability worldwide.[2] A growing proportion of these patients are managed in primary care settings.[3-7] Mental health conditions frequently co-occur in individuals with other chronic diseases, and these patients often demonstrate worse clinical outcomes compared to those without co-morbid mental health disorders.[8,9]

Recognizing the importance of broadening access to mental health services in primary care and making these services financially sustainable,[10] the Centers for Medicare and Medicaid Services (CMS) implemented novel fee-for-service *Psychiatric Collaborative Care Model* (CoCM) billing codes in 2017 to reimburse health care organizations for delivering services supporting behavioral health integration, especially in primary care settings.[11]

What is the Psychiatric Collaborative Care Model?

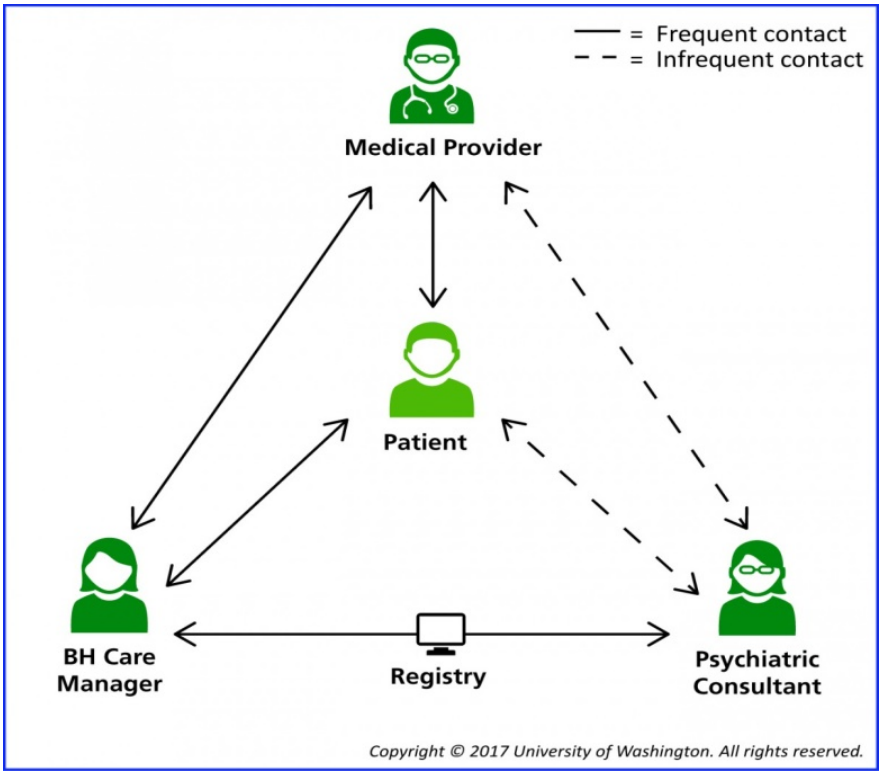
CoCM is a specific care model within the broader umbrella of CMS's Behavioral Health Integration reimbursement initiative. Other treatment models are also eligible for reimbursement using General Behavioral Health Integration billing codes. As a care model, CoCM can be used to treat patients with any behavioral health condition, although the majority of evidence supports its use for the treatment of depression.[12] CoCM is frequently employed in primary care settings, although it can also be applied to other fields, such as oncology,[13] cardiology,[14] and obstetrics (perinatal health care).[15]

CoCM Team Members[12]

CoCM encompasses a structured approach to mental health care delivery that promotes systematic communication among team members during and outside of face-to-face patient encounters. Team members consist of the patient, treating provider (most commonly the primary care provider), psychiatric consultant, and behavioral health

care manager. The psychiatric consultant must be trained in psychiatry and qualified to prescribe medications. The behavioral health care manager must have formal training in behavioral health. CMS does not specify a minimum education or licensing requirement, and formal training includes a range of disciplines, such as social work, nursing, and/or psychology. Patients who participate in CoCM are entered into a registry and participate in periodic validated mental health assessments. Behavioral health care managers meet weekly with the psychiatric consultant to evaluate patient progress, formulate treatment plans, and provide evidence-based brief interventions.

CoCM Team Structure[12]



CoCM Service Eligibility and Reimbursement[16-18]

In order to be reimbursed for CoCM services using Medicare fee-for-service billing codes, patients must provide verbal consent for the treating provider (most commonly the primary care provider) to consult with specialists and agree to assume responsibility for applicable cost-sharing during their initial visit. The consent must be documented in the medical record and must be obtained prior to the first visit with the care manager. CoCM billing codes are furnished by the treating provider – usually a primary care physician, physician assistant, or nurse practitioner – and are based on the amount of time a patient's behavioral health care manager spends managing the patient's care over the course of each calendar month.

CPT	Behavioral Health Care Manager Time*	Presumed Treating Provider Time*	Reimbursement for Physician Work RVUs**	Details
99492	≥ 70 minutes	30 minutes	$162.18	Initial CoCM consultation. Reportable once per Medicare beneficiary.
99493	≥ 60 minutes	26 minutes	$ 129.38	Subsequent CoCM consultation. Reportable once per calendar month after initiating CoCM.
99494	Each additional ≥ 30 minutes	13 minutes	$67.03	Can be added on to 99492 and 99493. Reportable a maximum of two times per calendar month.
Notes: *Per calendar month; **Approximate values per calendar month in CY 2019, reimbursements vary by geographic region				

Closing Thoughts

Evidence shows that collaborative care is a strategy that can significantly improve mental health[19-21] while resulting in cost-savings.[22] More work is needed to understand barriers to CoCM implementation, encourage buy-in from organizational leadership, and develop strategies for financial sustainability.

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