



NC Medicaid Bulletin September 2018

Attention: All Providers

Coverage for Psychiatric Collaborative Care Management

In response to provider requests and to allow reimbursement for behavioral health integration in primary care settings, North Carolina Medicaid is adding coverage for the following evaluation and management codes effective October 1, 2018:

- **99492** – Initial psychiatric collaborative care management, first 70 minutes in the first calendar month
- **99493** – Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities

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- **99494** – Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month

Psychiatric collaborative care management services must be rendered under the direction of a treating physician or non-physician practitioner (NPP), typically in a primary care setting. These services are rendered when a beneficiary has a diagnosed psychiatric disorder and requires assessment, care planning, and provision of brief interventions. These beneficiaries may require assistance engaging in treatment or further assessment prior to being referred to a psychiatric care setting.

Definitions

The American Medical Association (AMA) has defined the following services and providers of psychiatric collaborative care management, summarized below:

Episode of Care: An episode of care begins with the referral from the treating physician or NPP to the behavioral health care manager in their practice and ends with the attainment of treatment goals, failure to attain treatment goals culminating in a referral to a psychiatric care provider, or a lack of continued engagement with no psychiatric collaborative care management services provided over six consecutive months. A new episode may begin after a break in episode of six or more consecutive months.

Health Care Professional: Refers to the treating physician or NPP who manages the beneficiary's care and directs the behavioral health care manager.

Behavioral Health Care Manager: Masters or doctoral-level prepared clinical staff member who provides care management services and assessment of beneficiary needs.

The Behavioral Health Care Manager consults with the psychiatric consultant and administers validated rating scales, develops care plans, provides brief interventions, collaborates with other members of the treatment team, and maintains a beneficiary registry. Services are provided face-to-face and non-face-to-face and psychiatric consultation is provided minimally on a weekly basis.

Psychiatric Consultant: Refers to a medical professional who is trained in psychiatry or behavioral health with full prescribing authority. The consultant advises and makes recommendations and referrals as needed for psychiatric and medical care. These recommendations and referrals are communicated to the treating provider through the behavioral health care manager. The psychiatric consultant typically does not see the beneficiary or prescribe medications but must be enrolled in NC Medicaid in order to write prescriptions for Medicaid beneficiaries.

Required Elements for Billing Psychiatric Collaborative Care Management

Psychiatric collaborative care management is billed once monthly and includes the services of the treating physician or NPP, behavioral health care manager, and the psychiatric consultant.

Initial psychiatric collaborative care management (**99492**): 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 NPP, must contain the following elements:

- Outreach to, and engagement in treatment of a beneficiary directed by a treating physician or NPP;
- Initial assessment of the beneficiary, 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 beneficiary in a registry and tracking beneficiary follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and
- Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

Subsequent psychiatric collaborative care management (**99493**): 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 NPP, must contain the following elements:

- Tracking beneficiary 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 beneficiary's mental health care with the treating physician or NPP and any other 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 beneficiary outcomes using validated rating scales; **and**
- Relapse prevention planning with beneficiaries as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment

Initial or subsequent psychiatric collaborative care management (**99494**): May be billed for 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 NPP. 99494 must be billed with 99492 or 99493.

Additional Billing Guidelines

- Evaluation and management (E/M) and other services may be reported separately by the same physician or NPP during the same calendar month.
- If the treating physician or NPP personally performs behavioral health care manager activities and those activities are not used to meet criteria for a separately reported service, his or her time may be counted toward the required behavioral health care manager time to meet the elements of 99492, 99493, or 99494.
- The behavioral health care manager may report separate services such as therapy, psychiatric evaluation, tobacco cessation, or substance use services during the same calendar month. Activities for separately reported services are not included in the time applied to psychiatric collaborative care management.
- Behavioral health care manager time spent coordinating care with the emergency department may be reported using 99492, 99493, or 99494, but time while the beneficiary is inpatient or admitted to observation status may not be reported using psychiatric collaborative care management codes.
- The psychiatric consultant may provide services such as E/M services and psychiatric evaluations and these services may be separately reported. Activities for services separately reported are not included in the reporting of psychiatric collaborative care management.
- Behavioral health care managers and psychiatric consultants who prescribe medication or make direct referrals for Medicaid beneficiaries must be actively enrolled in NC Medicaid. If they bill for separately reimbursable services, they must be enrolled with a behavioral health Local Management Entity /Managed Care Organization for billing.

Refer to the 2018 Current Procedural Terminology (CPT) manual, published by The American Medical Association (AMA) for more information regarding psychiatric collaborative care management codes and requirements.

GDIT Call Center, 1-800-688-6696