CoCM Training

Arkansas
Behavioral Health
Integration Network

Objectives

- Understanding FQHC CoCM Billing
- Understanding the CoCM team roles
  - Psych Consultant
  - Primary Care Provider
  - BHCM
- Identify patients for CoCM
- Review the referral process for CoCM
- Review key BHCM Interventions

CoCM Billing

Billing “Incident to”

- BHI services that are not provided personally by the billing practitioner are provided by the other members of the care team (other than the beneficiary), under the direction of the billing practitioner on an “incident to” basis (as an integral part of services provided by the billing practitioner)
    - May be furnished under the general supervision of a physician or NPP when these services are provided by auxiliary personnel

CoCM Billing Codes

Service	Code	Month	Time Threshold (minutes)
CCM/ General BHI (non-FQHC/RHC)	99484	Any month	11-20
CoCM (non-FQHC/RHC)	99492	Initial month	36-70
	99493	Subsequent months	31-60
	99494	Add-on	16-30 (avg. max is 2)
CCM/ General BHI (FQHC/RHC)	G0511	Any month	20
CoCM (FQHC/RHC)	G0512	Initial month	70
		Subsequent month	60

Take a Closer Look

99492 - Initial

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 directed by the treating physician
- Initial assessment of the patient, including:
  - Administration of validated rating scales
  - Development of an individualized treatment plan
- Review by the psychiatric consultant
- Entering patient in a registry and tracking patient follow-up
- Provision of brief interventions using evidence-based techniques
  - Such as behavioral activation, motivational interviewing, and other focused treatment strategies

99493 – Subsequent

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
- Weekly caseload consultation with the psychiatric consultant
- Ongoing collaboration with and coordination of the patient's mental health care with the treating physician
- Additional review of progress and recommendations 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

Take a Closer Look

99494 – Add on code

- Each additional 30 minutes in a calendar month of BHCM activities
  - In consultation with psychiatric consultant
  - Directed by treating physician
- List separately in addition to code (99492, 99493)
  - Average max is 2 add-ons

99484 – General BHI/ Care Management Services

Care management services for behavioral health conditions, 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

Take a Closer Look – FQHCs/RHCs

G0512

Minimum of 70 minutes in the first calendar month and at least 60 minutes in subsequent calendar months, with the following required elements:

- Outreach to and engagement directed by the treating physician
- Initial assessment of the patient, including:
  - Administration of validated rating scales
  - Development of an individualized treatment plan
- Review by the psychiatric consultant
- Entering patient in a registry and tracking patient follow-up
- Provision of brief interventions using evidence-based techniques
  - Such as behavioral activation, motivational interviewing, and other focused treatment strategies

G0511

General Behavioral Health Integration code for Federally Qualified Health Centers when treating other-than-commercial patients, **can't be used same month as a CoCM code**

- 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

---

FQHCs and **RHCs** do *not recognize the CPT time rule nor the add-on code for additional time.*

- You must provide the full 70 (initial) or 60 (subsequent) minutes before billing for the service and sites are not paid for any additional time.

What Counts under CoCM?

- Providing assessment and care management services
  - Any form of patient contact
  - Structured behavioral health assessment
  - Self-management planning; relapse prevention planning
- Administering validated outcome measures (e.g., PHQ-9, GAD-7)
- Using brief therapeutic interventions (e.g., Motivational Interviewing, behavioral activation, problem solving therapy)

What Counts under CoCM?

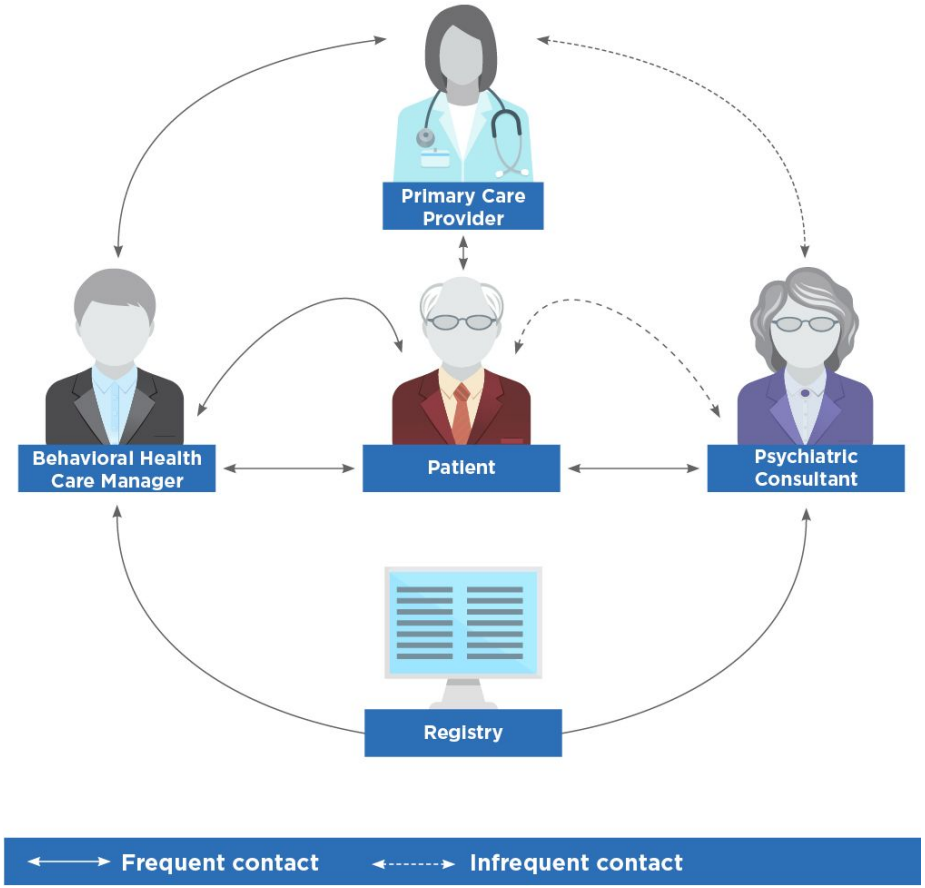
- Conducting systematic case review with the psychiatric consultant
- Maintaining systematic case review tool, disease registry, and/or EHR for patient tracking and follow-up
  - Does not include strictly administrative or clerical duties
- Collaboration and coordination with PCP or other qualified health care professionals
- “Running” the caseload with the psychiatric consultant (i.e., conducting a systematic review of caseload without specifically discussing the patient)
  - Document: “the patient has been included in the caseload review activities and consulted on as needed”

Basics of CoCM

What is CoCM?

- Collaborative care is the future of healthcare.
- CoCM is the integration of a behavioral health team in the Primary Care setting.
- By bringing together different types of providers to develop a personalized care plan that considers all aspects of a patient's health and well-being, we can improve patient outcomes and enhance communication and coordination.

The BHCM is the **GLUE** that keeps the **TEAM** together



*CHCF.org

*psychiatry.org

Target Population

- Referrals from PCP, (warm hand-offs are ideal when available)
- Use of the disease registry

Defining the target population:

- PHQ-9 and/or GAD-7 of 10 or more
- Diagnosis of depression and/or anxiety
- Just started on a new antidepressant, regimen was changed

Can you think of anyone else that could benefit from CoCM?

Using Data in CoCM

Data is a critical component of CoCM, allowing the care team to identify patients, track treatment, and impact of CoCM services.

Three ways data is used:

1. Disease Registry
2. Systematic Case Review Tool (registry)
3. Systematic Case Review (psychiatric consultations)

Disease Registry

- List of patients with a diagnosis of depression, anxiety, or other behavioral health condition
- Could be incorporated with existing chronic disease registry
- Used to identify patients who are eligible for the CoCM services

Systematic Case Review Tool - aka Registry

- Summary of key treatment information (e.g., outcome measure scores, dates of contacts) for each patient
- Used by behavioral health care manager (BHCM) and psychiatric consultant to regularly review the CoCM caseload

Systematic Case Review Tool - aka Registry

Active Patients

Report for : Rachael Thomas
Report Created on : Tuesday, August 21, 2018, 11:44 AM

Flags	Patient ID	MRN	Name	Status	PHQ-9		GAD-7		Contacts						
					First	Last	First	Last	I/A	F/U	P/C	R/P	# Sess	Wks since I/A	Minutes This Month
	00000066	99780	Test, George	E									0	0	0
	00000067	0000123	Richards, Emily	T	18	6*	4	4*	1/6/17	5/5/18	1/10/17		2	84	0
	00000070	79885	Demo, Henry	T	12	18*	11	4*	4/12/18	6/15/18			4	18	0
	00000071	46554	Test, Antonio	RPP	14	2*	12	2*	5/13/18	6/1/18	6/5/18	6/20/18	3	14	0
	00000072	46522	Test, Dorian	T	14	6	11	3	7/17/18	8/5/18			2	5	50
	00000073	13556	Test, Marion	T	10	10	7	7	8/1/18				1	2	30
	00000074	13226	Test, Gino	RPP	20	0	10	1	6/30/18	7/30/18	7/10/18	8/1/18	5	7	40
	00000075	33345	Test, Martha	T	24	21	14	7	7/11/18	8/8/18	7/18/18		3	5	50
	00000076	46889	Test, Ella	T	19	8	7	5	8/6/18	8/12/18	8/16/18		2	2	70
	00000077	67858	Name, Fake	T	18	5	14	3	7/23/18	8/9/18			2	4	45

1 - 10 of 10

Per page: 30

Systematic Case Review - Psychiatric Consultation

- Weekly meeting between the psychiatric consultant and BHCM to review the caseload and provide expert treatment recommendations
- Fundamental & required component of CoCM

Systematic Case Review – Meeting with Psych Consultant (PC)

1. BHCM presents case uninterrupted

2. PC asks clarifying questions

3. PC discusses treatment recommendations, explaining rationale and BHCM role in implementation

4. BHCM asks clarifying questions

5. Documentation according to your practice protocol

Systematic Case Review - Preparation

1. BRIEF ID—name, age, sex/gender
2. REFERRED BY
3. CHIEF COMPLAINT—reason for referral, patient's main concern
4. SYMPTOMS OF CONCERN—diagnostic criteria: mood, affect, sleep, energy, memory, etc.
5. OUTCOME MEASURE SCORES—do individual items match up with symptoms of concern?
6. SI/HI—positive Q9? Elaborate on nature of SI, along with safety planning and history
7. BEHAVIORAL HEALTH HISTORY AND TREATMENT—previous episodes, therapy, hospitalizations, effectiveness
8. CURRENT PSYCHOTROPIC MEDICATIONS—length, dose, efficacy, side effects, compliance
9. PREVIOUS PSYCHOTROPIC MEDICATIONS—length, dose, efficacy, side effects, compliance
10. SUBSTANCE USE—current, past
11. MEDICAL CONDITIONS
12. ALLERGIES
13. PSYCHOSOCIAL CONCERNS
14. INITIAL TREATMENT PLAN
15. OTHER IMPORTANT DETAILS

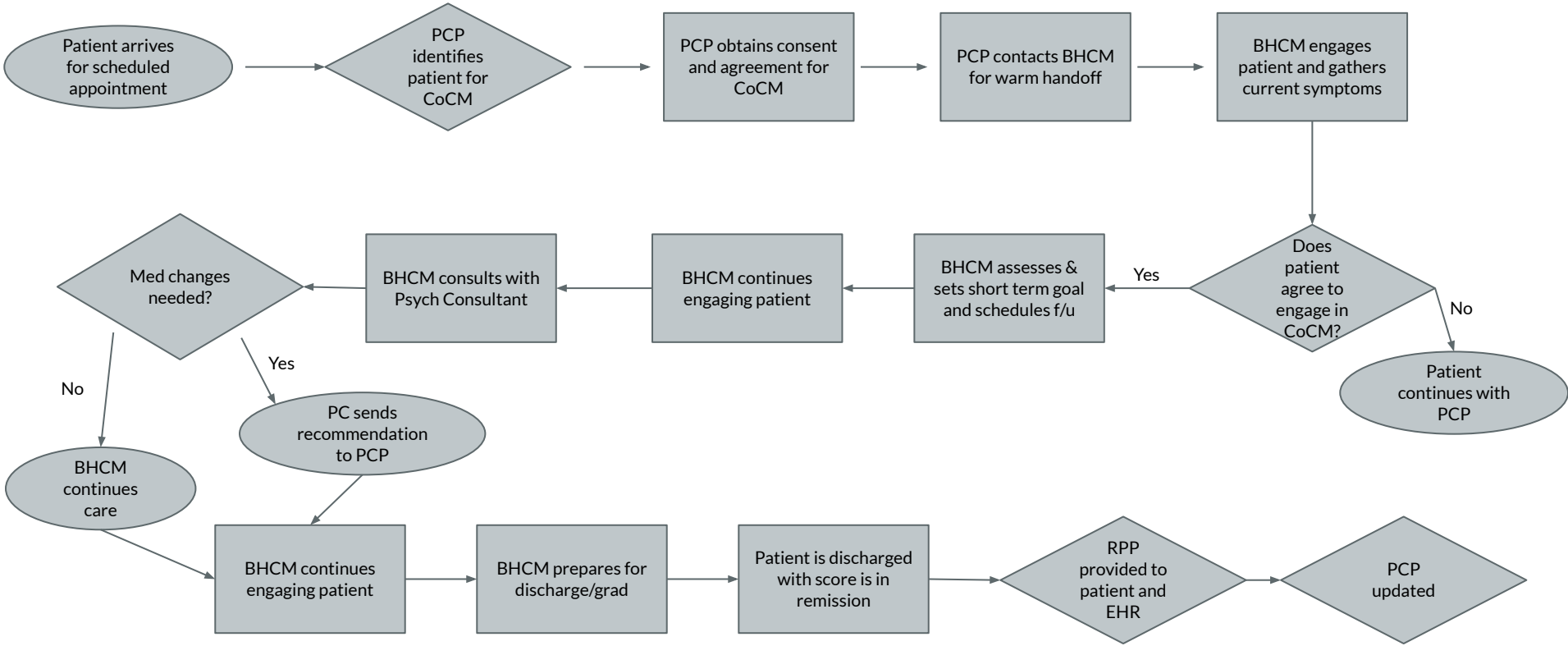
Engaging in CoCM
Let’s Walk through the Workflow

The Patient Journey

- Patient Identification: Screening, Registries, Active & Passive outreach
- Assessment: Engagement and Care Planning
- Follow and Monitoring: Systematic Case Review with the Psychiatrist
  Treat-to-target/treatment escalation
- Case Closure: Returning to care as usual/community, managing referrals

PCP = Primary Care Provider
PC = Psychiatric Consultant
BHCM = Behavioral Health Care Manager

The Patient Journey - Sample workflow



Engaging the Patient - Creating an Introduction

Patient Introduction to CoCM Scripting:

- Warmly greeting and obtaining permission to continue
- Review patient understanding of the referral to CoCM
- Share the value of CoCM to the patient and their role in CoCM
- What to expect in frequency, timelines, communication

As a group, let's put CoCM in our own words.

****Think of how you would describe CoCM to friends/family at the dinner table.***

Draft your Elevator Pitch

What would you include in your own Elevator Pitch?

Screening and Assessment: Why?

- Screen using evidence-based valid outcomes measures such as PHQ, GAD, etc.
- Provide comprehensive behavioral health assessment
  - Substance abuse and mental health history included; both over the phone and in-person
    - *This happens over time*
- Have knowledge of behavioral health resources internal and external, along with eligibility and access criteria
- Conduct risk assessments and safety planning, as indicated
  - *This is always a priority*

Considering Higher Level of Care

Patients presenting with:

- Severe substance use disorders
- Active psychosis
- Severe developmental disabilities
- Personality disorders requiring long-term specialty care
- Bipolar is challenging and requires consideration

Too Much Care?

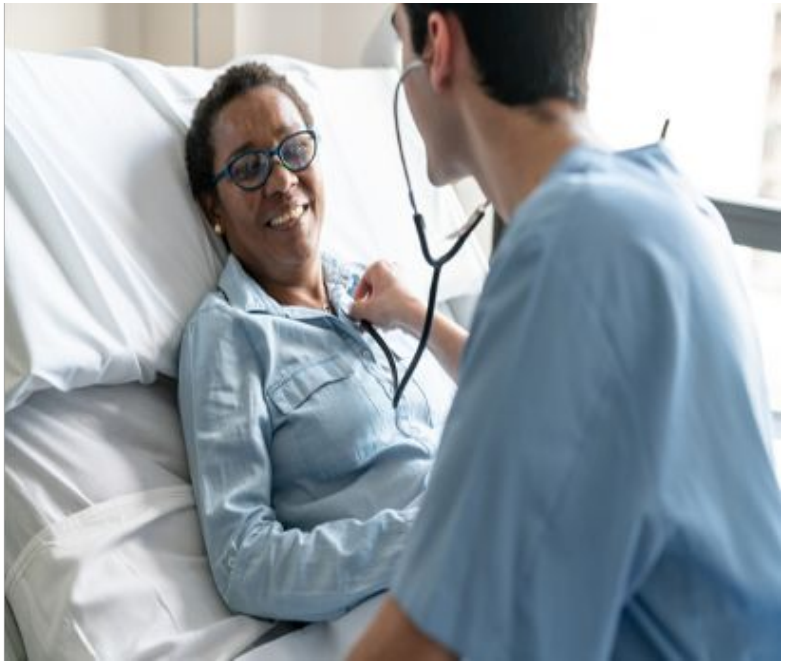
Patient Agreement to Services

Verbal or written (depending on payer requirements)

- Documented in EHR before services begin
- If billing CMS (Medicare and Medicaid), key items:
  - Permission to consult with psychiatric consultant and relevant specialists
  - Billing information (cost sharing), if applicable
  - Disenrollment can occur at any time (effective at end of month, if billing)
- There may other requirements by state/payer

Cultural Shift

Family Doctor vs Cardiologist



Traditional Clinician Professional Identity

- Core Values
- Code of Ethics
- Expectations as a Professional who works to improve the mental well being of individuals
- The “right” thing to do
- Ingrained in all the years of education

Shifting the BHCM Professional Identity

- Identity shift from an independent practitioner to that of a “Primary Care Team Member”
- CoCM is not a shorter version of psychotherapy / specialty mental health care

Thank You

Email Daniela at dvhernandez@cfha.net