

The Collaborative Care Model's Impact on

Follow Up After Hospitalization for Mental Illness



We are committed to the care and well-being of our members. We are also committed to working with you as a partner to develop the best possible treatment plans and most effective health outcomes for patients. Through partnership we can work together to bridge the gap between mental health and medical care.

Why is Collaborative Care Important?

Collaborative Care, a type of integrated care, has emerged as the strongest evidence-based approach. In 2022, the National Committee for Quality Assurance (NCQA) added psychiatric collaborative case management service codes 99492, 99493, 99494, and G0512 to help close the gap for the following behavioral health HEDIS measure:

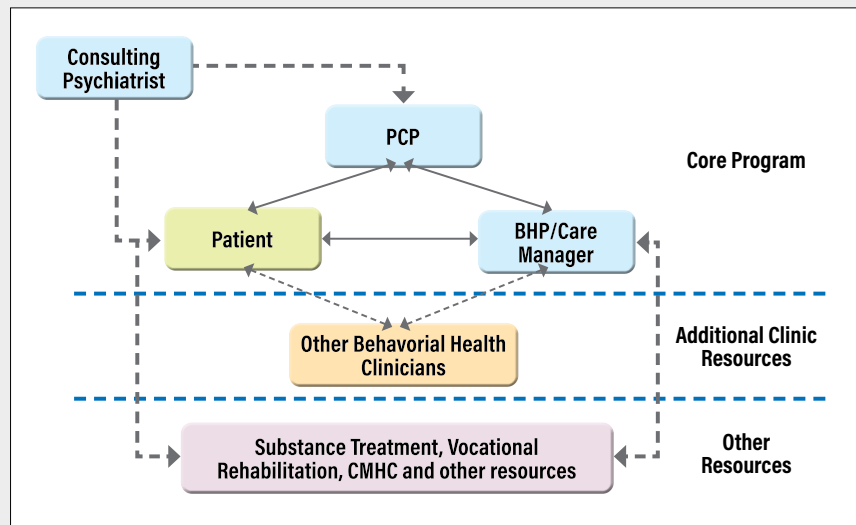
Follow-Up After Hospitalization for Mental Illness (FUH)

A follow-up visit with a mental health provider within 7 days after discharge helps prevent readmission and other important health factors. The integration of behavioral health (BH) and general medical services improves patient outcomes, saves money, and reduces stigma related to mental health. The Collaborative Care Model (CoCM) is a proven effective and efficient way to deliver integrated care.

What is CoCM?

The Collaborative Care Model (CoCM) is an evidence-based model of integrated mental health in primary care settings that shows clear and significant effectiveness for the treatment of common mental health conditions (depression, anxiety, and PTSD). Psychiatric services are provided under the direction of a treating primary care provider (PCP) for work performed by a BH care manager in consultation with a psychiatric consultant with prescribing authority.

The treating PCP submits the claims for these services. The consulting psychiatrist and the care manager are then paid by the PCP through a contract, employment, or other arrangement.



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Core Principles of CoCM:

- **Patient-Centered Care:** Primary and behavioral health providers collaborate effectively using shared care plans.
- **Population-Based Care:** Patient care and progress is tracked in a registry to help identify needed psychiatric case reviews so no one “falls through the cracks”.
- **Treatment to Target:** Progress is tracked with a measurement-based tool (i.e., Patient Health Questionnaire (PHQ-9) to assess and actively change treatments until clinical goals are achieved.
- **Evidence-Based Care:** Providers use evidence-based treatment modalities and tools for proven effective care.
- **Accountable Care:** Providers are accountable and reimbursed for quality of care and clinical outcomes, not just volume of care provided.

Additional Support:

- American Medical Association (AMA)
 - [Compendium of behavioral health integration resources for physician practices](#)
 - [Experts on practical billing strategies for the collaborative care model](#)
- American Psychiatric Association (APA)
 - www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care
 - [Collaborative Care Model](#)
- National Committee for Quality Assurance (NCQA)
 - www.ncqa.org/hedis/

Please view the [Provider section of our website](#) for additional tools and local resources or contact a Provider Relations or Quality Improvement Specialist for assistance.

Service Codes

**CPT & HCPCS Coding for CoCM	
99492 - first 70 mins in the first initial month	*Some service codes may not be included as a covered benefit for certain lines of business or products. Leverage provider resources and pre-auth checker tool on the health plan website to help determine covered benefits.
99493 - first 60 mins in any subsequent months	
99494 - each additional 30 mins in any month	
G0512 - FQHC or RHC locations	

References:

AMA: <https://www.ama-assn.org/>

APA: <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn>

NCQA: <https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment>

This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS® measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

*2022 ICD-10 Diagnosis Codes

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