



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Collaborative Care Transmittal No. 3
Managed Care Organization Transmittal No. 211
FQHC No. 26
Rural Health Clinics No. 2
Behavioral Health Administrative Services Organization No. 24
Physicians No. 166
Physician Assistants No. 15
Nurse Practitioners No. 36
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TO: Managed Care Organizations (MCOs)
Federally Qualified Health Centers (FQHCs)
Rural Health Clinics (RHCs)
Behavioral Health Administrative Services Organization (BHASO)
Physicians
Physicians Assistants
Nurse Practitioners
Licensed Clinical Professional Counselor
Licensed Clinical Marriage and Family Therapist
Licensed Clinical Alcohol and Drug Counselor
Licensed Social Worker

A handwritten signature in blue ink that reads "Tricia Roddy".

FROM: Tricia Roddy
Deputy Medicaid Director

SUBJECT: Superseding Guidance - Medicaid Coverage of Collaborative Care Model Services: HealthChoice and Fee-for-Service

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

This transmittal supersedes previous guidance in transmittal PT 47-24, PT 35-24, and PT 26-24 to update and clarify guidance for reimbursement, provider participation, and coordination with the behavioral health administrative services organization.

Effective October 1, 2023, Maryland Medicaid expanded coverage for Collaborative Care Model (CoCM) services to all Medicaid participants. CoCM is an established evidence-based,

patient-centered care model used to treat behavioral health in primary care settings. CoCM uses a team-based approach to integrate and increase the effectiveness of mental health and substance use disorder (SUD) treatment while reducing stigma around these conditions. Primary care provider (PCP)-led teams of qualified professionals are eligible to receive reimbursement for CoCM services. Core CoCM services include:

- Care coordination and management;
- Regular, systematic monitoring and treatment using a validated clinical rating scale; and
- Regular, systematic psychiatric and/or SUD caseload reviews and consultation for patients who do not show clinical improvement.

CoCM care teams include a PCP, a behavioral health care manager, and a psychiatric consultant. Reimbursement for CoCM services will be billed under the PCP's name and provider number.

Enrollee Eligibility Criteria

To be eligible to receive CoCM services, Medicaid participants must receive benefits through a HealthChoice managed care organization (MCO) or be enrolled in Fee-For-Service (FFS) Medicaid with full benefits. Eligibility for CoCM services is limited to participants whose behavioral health diagnoses are:

- 1) Clinically appropriate for the primary care setting; and
- 2) There is a validated tool to monitor symptoms and quantify outcomes.

This includes, but is not limited to, depression, anxiety, and SUD. For example, providers billing for CoCM services may utilize diagnosis codes such as, but not limited to: F32.1 (Major Depressive Disorder, Single Episode, Moderate), F33.0 (Major depressive disorder, recurrent, mild), F41.0 (Generalized Anxiety Disorder), and Z73.3 (Stress, not elsewhere classified).

Prior Authorization

Prior authorization is not required for CoCM services. This applies to both HealthChoice and FFS programs.

HealthChoice and FFS Reimbursement Methodology for In-Person and Telehealth CoCM

Qualifying CoCM visits will be reimbursed per the FFS rates indicated in Table 1. MCOs must reimburse for CoCM services at a rate no lower than the FFS rate.

Only CoCM PCPs may bill for CoCM services. The behavioral healthcare manager or the psychiatric consultant may not bill for services directly. PCPs billing for CoCM services must use the appropriate CPT code when submitting claims for reimbursement. PCPs may bill either one 60- or 70-minute code per month, and up to two additional 30-minute codes per month, as specified in Table 1 below. This is contingent upon the needs of the patient and the evidence-

based model requirements. Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) CoCM providers may bill G0512 once per month, consistent with federal guidance.

Table 1. Medicaid CoCM Service Reimbursement Methodology for Minimum Payment for Visits Rendered In-person or via Telehealth

CPT Code	Payment (per unit rate)	Description	Modifiers
99492	\$161.28	Initial psychiatric collaborative care management, 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	CoCM providers may use the “-GT” modifier to indicate whether the service was provided via telehealth .
99493	\$128.88	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	To bill for audio-only telephonic services, providers must bill for the appropriate service code and use the “-UB” modifier to identify the claim as a telephonically delivered service.
99494	\$66.60	Initial or subsequent psychiatric collaborative care management, 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 other qualified health care professional (99494 may only be used in conjunction with 99492/99493 in the same month).	
G0512	\$145.08	Rural health clinic (RHCs) or federally qualified health center (FQHC) only, psychiatric collaborative care model, 60 minutes or more of clinical staff time for psychiatric services directed by an FQHC practitioner and including services rendered by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month	

Limits: Providers may bill either CPT 99492 or 99493 once per month and CPT 99494 up to twice per month. These limits may be exceeded based on medical necessity. FQHC and RHC CoCM providers may bill G0512 once per month, consistent with federal guidance.

Guidance for All Providers

All of the CoCM codes (99492, 99493, 99494, G0512) should be billed based on the **cumulative** time spent by the behavioral health care manager on clinical activities for an individual patient over the course of a month. All of the monthly minutes for a patient receiving CoCM services should be spread over the course of the month, and not all rendered within a single episode of care.

Guidance for Federally Qualified Health Centers and Rural Health Clinics

To better align with guidance from the Centers for Medicare and Medicaid Services on reimbursement for behavioral health integration in primary care settings, Maryland Medicaid is aligning its billing code structure for FQHCs and RHCs with Medicare. Specifically, FQHC and RHC CoCM providers must bill for services using CPT code G0512. FQHCs and RHCs may only bill G0512 once per month, in alignment with Medicare policy. The 60 minutes (or 70 minutes for a new patient) may be distributed across multiple episodes of care within the month and must be documented in the medical record.

If less than 60 minutes of care is provided to an individual by an FQHC or RHC in one month, then the FQHC or RHC may not bill this code in that month. FQHCs and RHCs may not bill 99492, 99493 or 99494.

FQHCs that render CoCM services should bill with the rendering PCP's name and provider number. These services are reimbursed at the FFS and are not included in the all-inclusive cost base rate. FQHCs/RHCs can be reimbursed for a routine medical care visit in addition to the CoCM services when rendered on the same day.

Coordination with the Behavioral Health Administrative Services Organization and Health Homes

Prior to engaging a Medicaid participant in CoCM services, providers must contact the behavioral health administrative services organization (ASO) to determine if the participant is receiving specialty behavioral health services that are reimbursed by the ASO. The ASO can be reached at 1-800-888-1965.

There may be instances in which it is appropriate for Medicaid participants to receive both CoCM services and specialty behavioral health services. Such exceptions may include specialty services for a condition that is not being treated under CoCM. For example, a patient may be enrolled in CoCM for a mental health condition, such as depression, but also receiving SUD treatment services through the ASO.

PCPs should utilize a Release of Information (ROI) that meets the requirements of 42 CFR Part 2 to receive consent from participants to coordinate care with the ASO. This can be found on the [Maryland Medicaid Provider Program Resources and Fee Schedules](#) webpage. Participants may be referred to an ASO case manager if the participant is not accessing the CoCM services. The ROI may then be referenced by the ASO to authenticate callers.

If the ASO has an open authorization for the participant, the ASO may provide ONLY this information, even if the participant has signed a ROI. The ASO may only confirm this information when approached by the participant's PCP.

Provider Enrollment and Conditions of Participation

PCPs must be enrolled as an eligible primary care provider type (see COMAR 10.67.05.05) with Maryland Medicaid to become eligible for Medicaid CoCM reimbursement. Interested providers not yet enrolled with Medicaid will need to complete a new application via [ePREP](#). The behavioral health care manager and psychiatric consultant of the CoCM team may be employees or contractors of the PCP.

By billing for CoCM services, providers are attesting that they have reviewed standard CoCM guidelines, have implemented CoCM consistent with those guidelines, and are providing services in accordance with those guidelines.

Below is further clarification and definition for what types of health providers may participate in the CoCM care team:

- A “*primary care provider*” means a physician, advance practice nurse, physician assistant, pediatrician, or a practitioner who delivers obstetric or gynecological services who is the primary coordinator of care for the enrollee, and whose responsibility is to provide accessible, continuous, comprehensive, and coordinated health services covering the full range of benefits required by Maryland Medical Assistance Program.
 - The PCP, see COMAR 10.67.05.05 for permitted provided types, provides primary care services, coordinates care, and helps the patient access a range of health care services.
 - The PCP is the only provider who would seek Medicaid reimbursement under this model.
- A “*behavioral health care manager*” means a nurse, licensed social worker, psychologist, or any other licensed professional with formal education or specialized training to provide coordination and intervention in behavioral health, working under the general supervision of the primary care provider.
 - The behavioral health care manager supports and implements treatment initiated by the PCP, such as medication monitoring.
 - The presence of the treating primary care provider who bills for CoCM services is not required to be on site for the behavioral health care manager to deliver services.
- A “*psychiatric consultant*” is typically either a licensed psychiatrist, psychiatric nurse practitioner, an addiction medicine specialist, or any other behavioral health medicine specialist as allowed under federal regulations.
 - The psychiatric consultant is not expected to have direct contact with the patient, prescribe medications or deliver other treatment directly to the patient. Therefore, they are not required to be an enrolled Medicaid provider.

The CoCM care team determines the course of treatment and sets measurable benchmarks that they expect the patient to reach in the next six (6) months.

Resources

For more information about CoCM, please see the following national resources.

- [Center for Medicare and Medicaid Services Behavioral Health Integration Services Booklet](#)
- [University of Washington AIMS Center](#)

General information about CoCM provider participation is available here:
<https://health.maryland.gov/mmcp/Pages/Collaborative-Care-Providers.aspx>.

General information about ePREP and provider enrollment is available here:
<https://health.maryland.gov/mmcp/provider/Pages/eepresources.aspx>.

For questions related to this transmittal, please contact
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