




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

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**Collaborative Care Transmittal No. 1**  
**Managed Care Organization Transmittal No. 185**  
**September 27, 2023**

**TO:** Managed Care Organizations

**FROM:** Tricia Roddy   
Deputy Medicaid Director

**SUBJECT:** Coverage of Collaborative Care Model Statewide for HealthChoice and Medicaid Fee-For Service Enrollees, Effective October 1, 2023

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

Effective October 1, 2023, Maryland Medicaid is expanding coverage for evidence-based collaborative care model (CoCM) services to all Medicaid beneficiaries. Primary care provider (PCP)-led teams of qualified professionals shall be eligible to receive reimbursement for CoCM services. These teams will include a PCP, a behavioral health care manager, and a psychiatric consultant. The CoCM is a patient-centered, evidence based approach for integrating physical and behavioral health services in primary care settings that includes:

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

Reimbursement for CoCM services will be billed under the lead provider's name and provider number. See CoCM Provider Enrollment and Conditions of Participation, below, for provider types who are eligible to bill for CoCM services.

**Enrollee Eligibility Criteria**

To be eligible to receive CoCM, Medicaid participants must receive full benefits through a HealthChoice Managed Care Organization (MCO) or be enrolled in Fee-For-Service (FFS) Medicaid. Eligibility is limited to those with a diagnosis of mild to moderate anxiety, depression, or substance use disorder.

**Prior Authorization**

Prior authorization is not required for CoCM through an MCO’s provider network.

**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. Providers should coordinate care to ensure CoCM services are not duplicative of ASO services the patient is already receiving. The ASO can be reached at 1-800-888-1965.

Broadly, Medicaid participants who receive CoCM services should not also be in receipt of specialty behavioral health services, as the intent of CoCM is to manage behavioral health issues in a primary care setting, as appropriate.

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 services for a condition that is not being treated under CoCM. For example, a patient is enrolled in CoCM for depression but is also receiving SUD treatment services through the ASO.

**HealthChoice and Fee-For-Service Reimbursement Methodology for In-Person and Telehealth CoCM**

Qualifying CoCM visits will be reimbursed as indicated in Table 1.

MCOs must reimburse contracted CoCM providers at a rate no lower than the FFS rate for services.

Participating CoCM primary care providers must use the appropriate CPT code when submitting claims for reimbursement. CoCM primary care providers 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 themselves. Only CoCM primary care providers may bill for services.

Table 1. *Medicaid Collaborative Care Model Service Reimbursement Methodology for Minimum Payment for Visits Rendered In-person or Via Telehealth*

<b>CPT Code and Description</b>	<b>Payment (per unit rate)</b>	<b>Description</b>
99492	\$161.28	First 70 minutes in the first calendar month or behavioral health care manager activities

99493	\$128.88	First 60 minutes in a subsequent month for behavioral health care manager activities
99494	\$66.60	Each additional 30 minutes in a calendar month of behavioral health care manager activities

Limitations: CoCM providers may bill either CPT 99492 or 99493 per month and two additional CPT 99494 per month. These limits may be exceeded based on medical necessity.

### **CoCM Provider Enrollment and Conditions of Participation**

Primary care providers must be enrolled with Maryland Medicaid to become eligible for Medicaid reimbursement. Interested providers not yet enrolled with Medicaid will need to complete a new application via ePREP.

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.

The Program covers the following medically necessary services rendered to recipients under the Collaborative Care Model:

1. The primary care provider, as defined in the proposed COMAR 10.09.64.01, provides primary care services, coordinates care, and helps the patient access a range of health care services.
2. The behavioral health care manager supports and implements treatment initiated by the PCP, such as medication monitoring.
3. The primary care team, in consultation with the psychiatric consultant, determines the course of treatment and sets measurable benchmarks that they expect the patient to reach in the next six (6) months.

General information about ePREP and provider enrollment is available here:

<https://health.maryland.gov/mmcp/provider/Pages/epreresources.aspx>