

Collaborative Care Billing Case Study

December 2020

Disclaimer: *The University of Washington AIMS Center provides information about billing for integrated behavioral health based on our understanding of the rules and regulations from CMS and AMA CPT coding manuals. However, the AIMS Center does not employ Certified Professional Coders and we do not provide direct patient services. Final decisions about billing fall to the compliance department of each practice which bears full responsibility for use of the codes. The AIMS Center shall not be responsible or liable for any claim or damages arising from use of the information provided.*

The case study on the following pages describes how various combinations of billing codes could be employed for a patient being treated for depression in the Collaborative Care model. It highlights key differences related to organizational characteristics (FQHC/RHC vs. non-FQHC/RHC) and behavioral health care manager (BHCM) licensure (presence vs. absence of independent billing capabilities). It is noteworthy that this case study is not representative of all possible clinical and billing scenarios. Organizations should consult with their leadership, billing office and/or compliance officer to determine relevant local policies and procedures.

Date	Case Details	Minutes and Other Relevant Billing Codes	Billable BHCM Provider - Psychotherapy and/or CoCM CPT codes	NO Billable BHCM Provider - CoCM CPT codes ONLY	FQHC/RHC Billable BHCM Provider - Psychotherapy and/or CoCM CPT codes	FQHC/RHC NO Billable BHCM Provider - CoCM CPT codes ONLY
Sept 5	A 53-year-old man, Mr. A, presents to his PCP with a chief complaint of “not sleeping enough, having headaches, and feeling run down.” For the last 4 months, he has been waking up too early in the morning and cannot get back to sleep. During the day he is exhausted and is having trouble focusing when he’s at work. His chronic back pain has increased, so he has been staying at home and has stopped exercising. He has tried everything he can think of to “break out of this rut,” but feels like it is pointless and is ready to give up. The PCP administers a PHQ-9 (Mr. A scored 18) and then asks Mr. A about suicidality. After discussing the symptoms on the PHQ-9, Mr. A says that he never thought of himself as depressed before. The primary care provider expresses confidence to Mr. A that he will be able to improve and introduced Mr. A to the behavioral health care manager (BHCM) for further evaluation and treatment and consents him to engage in the clinic COCM program.	Always bill E&M code as appropriate for PCP visits	Not Billable	Not Billable	Not Billable	Not Billable
Sept 5	The BHCM sees Mr. A for a warm handoff visit to engage Mr. A and schedule time for a full intake in the future. Enters patient into the registry (done at the end of each encounter between the patient and BHCM).	15-min visit 5 min registry	The BHCM records 20 min for CoCM	The BHCM records 20 min for CoCM	The BHCM records 20 min for CoCM	The BHCM records 20 min for CoCM

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Sept 8	The BHCM conducts a comprehensive assessment of Mr. A and learns that he has been more irritable at home with his wife and children for the past six months. He has also stopped going out with friends. In the last two weeks he has been late to work four times because he can't get himself to get started in the morning. As part of the initial comprehensive assessment, the BHCM administers screening instruments for PTSD (PCL-C), and bipolar disorder (CIDI-3), both of which were negative. The BHCM screens for alcohol use disorder with the AUDIT-C and other substance use disorders with appropriate questionnaires. All are negative, but Mr. A reports that he has started smoking cigarettes again. The BHCM and Mr. A discuss the provisional diagnosis of major depression and its treatment, as well as the connections between depression and chronic pain.	45-min visit 5 min registry	The BHCM bills 90791 OR The BHCM records 50 min for CoCM OR The BHCM bills 90791 AND records 5 min for CoCM	The BHCM records 50 min for CoCM	The BHCM bills 90791 OR The BHCM records 50 min for CoCM OR The BHCM bills 90791 AND records 5 min for CoCM	The BHCM records 50 min for CoCM
Sept 9	The next day the BHCM and Psychiatric Consultant (PC) discuss Mr. A's presentation during weekly case review. The PCP had asked whether fluoxetine could be appropriate for Mr. A. The PC suggests considering bupropion as an initial antidepressant given its efficacy for both treating depression and in supporting smoking cessation. A titration schedule is provided to escalate the dose to the therapeutic range and monitor response with a PHQ-9 over four to six weeks. The PC completes the recommendation in the EMR and alerts the PCP to it via electronic messaging. No PC time is counted for CoCM .	5 min BHCM prep time 10-min consult 5 min registry	Not billable with psychotherapy codes OR The BHCM records 20 min for CoCM	The BHCM records 20 min for CoCM	Not billable with psychotherapy codes OR BHCM records 20 min for CoCM	BHCM records 20 min for CoCM

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Sept 16	The BHCM meets Mr. A for another session and Problem Solving Treatment (PST) is started. This is to target Mr. A's goal of re-engaging in work and social activities. After the session, which was productive, Mr. A agreed to meet via phone in two weeks.	30-min visit 5 min registry	The BHCM bills 90832 OR The BHCM records 35 min for CoCM OR The BHCM bills 90832 AND records 5 min for CoCM	The BHCM records 35 min for CoCM	The BHCM bills 90832 OR The BHCM records 35 min for CoCM	The BHCM records 35 min for CoCM
Sept 17	The BHCM organizes a discussion with the PCP to review the PC's recommendations for antidepressant medication and to discuss the recent initiation of PST. Additionally, the BHCM asks the PCP to follow-up with Mr. A on PST progress at their visit the following week.	5 min Care coordination 5 min registry	Not billable with psychotherapy codes OR The BHCM records 10 min for CoCM	The BHCM records 10 min for CoCM	Not billable with psychotherapy codes OR The BHCM records 10 min for CoCM	The BHCM records 10 min for CoCM
Sept 25	The PCP sees Mr. A for a follow up visit and prescribes bupropion SR 150mg daily. The PCP reinforced the role of the BHCM in coordinating care and the value of PST for depression.	Always bill E&M code as appropriate for a face-to-face visit with the PCP	Not billable	Not billable	Not billable	Not billable
Sept 27	The BHCM calls for a scheduled phone visit. The BHCM administers the PHQ-9 over the phone and records the score as 16. The BHCM checks in with Mr. A both about starting medications and to reinforce PST skills.	10-min phone call 5 min registry	Not billable with psychotherapy codes OR The BHCM records 15 min for CoCM	The BHCM records 15 min for CoCM	Not billable with psychotherapy codes OR The BHCM records 15 min for CoCM	The BHCM records 15 min for CoCM

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SUMMARY MONTH 1	Mr. A has been engaged in care, diagnosis has been established and treatment has been started.	2 E&M visits 15 min visit + 45 min visit + 15 min psych consult + 30 min visit + 10 min PCP consult + 10 phone + 25 min registry 150 min total BHCM activities	2 PCP visits with E&M codes Bill 90791 x 1 and 90832 x 1 AND 99492 OR 90791 and 99492 + 99494 x 1 OR 90832 and 99492+ 99494 x 2	2 PCP visits with E&M codes Bill 99492 AND 99494 x 2 20 min unbillable due to MUE limit	2 PCP visits with E&M codes Bill 90791 x 1 and 90832 x 1 AND G0512 for first month of CoCM treatment	2 PCP visits with E&M codes Bill G0512 for first month of CoCM treatment
October 10	Mr. A presents for an in-person visit. After several weeks in treatment, Mr. A's sleep is improving, and his energy improves, but his PHQ-9 score remains elevated at 14. The BHCM reminds the PCP of the PC's most recent note recommending an increase in the Bupropion SR dose to 150mg twice daily (morning and afternoon). Additionally, the BHCM discusses PST goals and progress with the PCP. This discussion lasts 5 min. Patient offered stepped care in-person visit with psychiatrist and agrees to schedule for the following week. Minimal qualifying psychotherapy delivered.	5-min BHCM-PCP discussion 15-min visit 5 min registry	Not billable with psychotherapy codes OR The BHCM records 25 min for CoCM	The BHCM records 25 min for CoCM	Not billable with psychotherapy codes OR The BHCM records 25 min for CoCM	The BHCM records 25 min for CoCM

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October 17	Patient sees psychiatrist for an in-person visit the following week. The psychiatrist does a full evaluation, including a mental health history, for diagnostic clarification and treatment planning. Findings are consistent with a diagnosis of Major Depressive Disorder (MDD), which provides further corroboration for the original diagnosis. The treatment plan is maintained and Mr. A agrees to continue following up in the CoCM program.	1 E&M visit by Psychiatrist	Psychiatrist bills 90792 x 1	Psychiatrist bills 90792 x 1	Psychiatrist bills 90792 x 1	Psychiatrist bills 90792 x 1
October 26	The BHCM completes a scheduled phone session. Mr. A has tolerated the increase in bupropion and reports a positive encounter with the psychiatrist the week prior. A PHQ-9 administered over the phone is 12. The rest of the session is spent on intensifying PST treatment.	15-min telephone encounter 5 min registry	Not billable with psychotherapy codes OR The BHCM records 20 min for CoCM	The BHCM records 20 min for CoCM	Not billable with psychotherapy codes OR The BHCM records 20 min for CoCM	The BHCM records 20 min for CoCM
SUMMARY MONTH 2	Mr. A continues to regularly fill out PHQ-9 scales which allows for measurement-based treatment to target and helps the team know when to intensify treatment.	1 E&M 90792 visit 5 min BHCM/PCP consult +15 min visit +15 min phone encounter <u>+10 min registry</u> 45 min total BHCM activities	Bill 90792 Bill 99493 x 1	Bill 90792 Bill 99493 x 1	Bill 90792 G0512 cannot be billed because the threshold of 60 min of care was not reached.	Bill 90792 G0512 cannot be billed because the threshold of 60 min of care was not reached.

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November 8	Mr. A returns to the clinic for an in-person session. He fills out a PHQ-9 and his score is now an 8. Mr. A reports more engagement in social activities and has reduced his smoking. The BHCM spends the majority of this session on PST delivery.	20-min visit 5 min registry	BHCM bills 90832 OR BHCM records 25 min for CoCM OR BHCM bills 90832 and records 5 min for CoCM	BHCM records 25 min for CoCM	BHCM bills 90832 OR BHCM records 25 min for CoCM OR BHCM bills 90832 and records 5 min for CoCM	BHCM records 25 min for CoCM
November 15	The BHCM and psychiatric consultant discuss Mr. A and make the determination that Mr. A is having a good response to treatment and the current plan should be continued with continued work on the PST to accomplish Mr. A's goals.	10-min BHCM-PC discussion 5 min registry	Not billable with psychotherapy codes OR BHCM records 15 min for CoCM	BHCM records 15 min for CoCM	Not billable with psychotherapy codes OR BHCM records 15 min for CoCM	BHCM records 15 min for CoCM
November 23	The BHCM and Mr. A connect by phone after he misses a scheduled appointment. Mr. A reports his concentration is improving at work and his back pain had improved, and his PHQ-9 score was down to 4. Mr. A continues on bupropion 150mg twice daily and ongoing follow-up with the BHCM for PST.	20-min telephone discussion 5 min registry	Not billable with psychotherapy codes OR BHCM records 25 min for CoCM	BHCM records 25 min for CoCM	Not billable with psychotherapy codes OR BHCM records 25 min for CoCM	BHCM records 25 min for CoCM

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SUMMARY MONTH 3	After, three months of treatment, Mr. A's PHQ-9 dropped to a 4 and he reported that his pain was more manageable. Mr. A indicated that he had added to his walking routine with his dog and began attending a twice-weekly aerobics class at his local community center. He reported feeling better connected socially even though he occasionally had bad pain days. Mr. A also reported a decrease in irritability, which resulted in better relationships with his family. Finally, Mr. A planned a quit date for smoking cigarettes.	20 min visit +10 min psych consult +20 min phone call <u>+15 min registry</u> 65 min total BHCM activities	Bill 90832 x 1 AND CoCM code 99493 x 1 OR Bill CoCM code 99493 x 1 with 5 min unbillable	Bill CoCM code 99493 x 1 with 5 min unbillable	Bill 90832 x 1 with 45 min unbillable OR Bill CoCM code G0512 x 1 with 5 min unbillable	Bill CoCM code G0512 x 1 with 5 min unbillable
December 1	Mr. A comes in for a follow-up in-person visit. His PHQ-9 score dropped to a 1 and he reports continued success in social engagement, even when his back bothers him. Mr. A and BHCM begin to discuss relapse prevention plans. They finish PST treatment. They discuss his warning signs and what has been most helpful in his recovery. They plan for one more in-person session.	25-min visit 5 min registry	BHCM bills 90832 OR BHCM records 30 min for CoCM	BHCM records 30 min for CoCM	BHCM bills 90832 OR BHCM records 30 min for CoCM	BHCM records 30 min for CoCM
December 3	During the weekly psychiatric case review session, the BHCM discusses Mr. A's course of treatment and relapse prevention plan. They discuss that ideally Mr. A could remain on his antidepressant medication for a minimum of six months even though he is feeling better.	5-min consult 5 min registry	Not billable with psychotherapy codes OR BHCM records 10 min for CoCM	BHCM records 10 min for CoCM	Not billable with psychotherapy codes OR BHCM records 10 min for CoCM	BHCM records 10 min for CoCM

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December 14	During the next in-person session, the BHCM and Mr. A complete a detailed relapse prevention plan that includes continuation of his medication for at least 6 months, and a plan to continue his pleasant activities (walking, swimming, socializing with family and friends, volunteering at the local church on Sundays). The plan also included Mr. A continuing to track his symptoms on his own as well as a plan to monitor his "hot" symptoms, depression symptoms he felt are an indication he may need to check in with his doctor. The plan specified that if his PHQ-9 was above 5 for two weeks, experienced unremitting pain for one week, or began to drop his activities, he could contact his PCP for follow-up. They decide to check in by phone the following month.	20-min visit 5 min registry	BHCM bills 90832 OR BHCM records 25 min for CoCM	BHCM records 25 min for CoCM	BHCM bills 90832 OR BHCM records 25 min for CoCM	BHCM records 25 min for CoCM
SUMMARY MONTH 4	Mr. A has now achieved remission of depression symptoms and his team has worked with him to develop a relapse prevention plan.	25 min visit +5 min PC consult +20 min visit <u>+15 min registry</u> 65 min total BHCM activities	Bill 90832 x 2 with 20 min unbillable OR Bill 99493 x 1 with 5 min unbillable OR Bill 90832 and 99493 x1	Bill 99493 x 1 with 5 min unbillable	Bill 90832 x 2 with 20 min unbillable OR Bill G0512 x 1 with 5 min unbillable	Bill G0512 x 1 with 5 min unbillable
January 15	The BHCM reaches out by phone to check on Mr. A and how the implementation of the relapse prevention plan is going. Mr. A reports symptoms continue to be in control. He completed a PHQ-9 and it was a 2.	20-min telephone discussion 5 min registry	Not billable with psychotherapy codes OR BHCM records 25 min for CoCM	Not billable	Not billable with psychotherapy codes OR BHCM records 25 min for CoCM	Not billable

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<p>SUMMARY MONTH 5</p>	<p>Mr. A is now doing well on a relapse prevention plan and will plan to follow up with primary care provider in two months for a medication check visit. Mr. A feels confident in being able to follow through on the relapse prevention plan to reach out to the clinic if symptoms were to return</p>	<p>20min phone encounter <u>+5 min registry</u> 25 min total BHCM activities</p>	<p>No face-to-face encounters to bill psychotherapy codes NEW in 2021! Billable via G2214 for 16-30 minutes of CoCM services</p>	<p>NEW in 2021! Billable via G2214 for 16-30 minutes of CoCM services</p>	<p>No face-to-face encounters to bill psychotherapy code Not billable - must have at least 60 min of BHCM activities to bill G0512</p>	<p>Not billable - must have at least 60 min of BHCM activities to bill G0512</p>