

HCPCS codes allow for payment for coordinating behavioral health services

Summary: Amerigroup would like to remind Amerigroup Amerivantage (Medicare Advantage) providers of the collaborative care, case management and cognitive assessment HCPCS codes that became effective January 1, 2017. The CMS approved these codes for services provided under the Psychiatric Collaborative care model, which supports integration of behavioral health care into primary care treatment.

These codes allow payment for the efforts to coordinate and integrate behavioral health care services by primary care providers, including key services of care management for patients receiving behavioral health treatment and psychiatric consultation to primary care treatment teams. The collaborative care codes introduced in 2017 are:

G0502	<p>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 with the following required elements:</p> <ul style="list-style-type: none"> • Outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional • Initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan • Review by the psychiatric consultant with modifications of the plan if recommended • Entering patient in a registry and tracking patient follow-up and progress using the registry with appropriate documentation and participation in weekly caseload consultation with the psychiatric consultant • Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing and other focused treatment strategies.
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The information in this update may be an update or change to your provider manual. Find the most current manual at <https://providers.amerigroup.com>.

In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

Amerivantage is a D-SNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Amerivantage depends on contract renewal. In New Mexico: Amerigroup Community Care of New Mexico, Inc. is an HMO plan with a Medicare contract. Enrollment in Amerivantage Classic depends on contract renewal.

G0503	<p>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:</p> <ul style="list-style-type: none"> • Tracking patient follow-up and progress using the registry, with appropriate documentation • Participation in weekly caseload consultation with the psychiatric consultant • Ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers • Additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided 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 • Relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.
G0504	<p>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 (list separately in addition to code for primary procedure); use G0504 in conjunction with G0502, G0503</p>
G0507	<p>Care management services for behavioral health conditions at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional per calendar month with the following required elements:</p> <ul style="list-style-type: none"> • 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 • Continuity of care with a designated member of the care team
G0505	<p>Cognitive/functional assessment and care planning</p>

More information can be found at <https://www.cms.gov/newsroom/mediareleasedatabase/press-releases/2016-press-releases-items/2016-11-02.html>.