

## ***FAQ for Behavioral Health/Physical Health Integration***

### **What is the change?**

Amerigroup Community Care will now reimburse providers for appropriate coordination of care between behavioral health (BH) providers and the member's PCP and/or specialist providers.

### **Is this service reimbursable?**

Yes, effective July 1, 2017, BH providers may bill CPT code G9001 for the coordination of care of all Georgia Families members, which includes the GF 360° membership. Each provider TIN can bill this code once a quarter per member for a \$25 reimbursement.

### **Is consent needed to coordinate care?**

Yes, BH providers must receive written consent from the member or the member's parent/guardian to coordinate care. This process can be a part of the already established consent paperwork during intake to BH services.

### **What if the member does not give consent?**

It is important to share the importance of coordination of care, but if a member chooses to refuse consent and the provider continues with treatment and without coordination of care taking place, the coordinated care code cannot be billed.

### **Is it a HIPAA violation to send this information to the PCP/specialist?**

To ensure HIPAA compliance, BH providers must receive written consent from the member or the member's parent/guardian to coordinate care. This process can be a part of the already established consent paperwork during intake to BH services.

### **What if the member does not have a traditional PCP?**

In the spirit of integrated care if a member does not have a PCP, this is an opportunity for BH provider to facilitate the member in identifying a PCP. Our case managers are available to assist with this process if necessary.

### **How does the provider show proof of coordinated care to bill G9001?**

Providers are requested to use the *Coordinated Care Form* that was released with the *Behavioral Health and Physical Health Integration* blast. This form is not mandatory, so if the same components are available in the providers' already established process, this need is met.

### **Who can fill out the coordinated care form?**

Any member of the BH agency can fill out the *Coordinated Care Form*. This person does not have to be clinical. As such, the G9001 code does not have a modifier when being billed.

### **How can the *Care Coordination Form* be sent to the member's PCP/specialist?**

The form can be faxed and/or mailed to the respective PCP and/or specialist. The medical chart needs to document whatever method is used.

### **How often can I bill G9001?**

The code can be billed once a quarter for all Georgia Families members per quarter, per provider TIN (e.g., if multiple therapists within the same group practice are seeing a member, the group practice can only bill once a quarter for coordinated care for that member.).

### **Will this affect both Georgia Families and Georgia Families 360°<sub>SM</sub> members?**

Yes, integrated care affects all members.