

Optimizing the delivery of collaborative care (CoCM) services can be challenging, especially when a behavioral health care manager (BHCM) will manage a managing a caseload of 25-125 patients with differing treatment needs. Appropriately distributing time amongst the patients in the caseload will help the treatment team optimize BHCM time, keep a fluid caseload, and maximize revenue.

Preparing the Appropriate Materials

1. *Has all billable time been documented?*
 - a. Ensure the report includes the time for all services delivered.
 - b. Review the [Billable Activities Guide](#) for information on what services should be included.
2. *Generate a report outlining the documented billable time per patient per calendar month.*

Questions to Consider

1. *What proportion of patients have reached the minimum billing threshold? Is there a reason patient have received too little time?*
 - a. Is the caseload too large?
 - b. How are patients being engaged with the program? Can this be improved?
 - c. What is the BHCM's FTE? Do they need additional time for the CoCM program?
 - d. Should the patient be discharged or moved to stable-monitoring?
2. *What proportion of patients have exceeded the maximum billing threshold? Is there a reason patients have received too much time?*
 - a. Are these patients appropriate for the CoCM program? Should they be referred to a higher level of care?
 - b. How is the BHCM preparing the patient for each contact? Can other resources be used?

Program Interventions

Appropriately distributing time amongst patients is important for delivering an efficient program. If the CoCM team is spending too much time on some patients, they may not be maximizing revenue potential or other patients may not be receiving the care they need. Consider the following interventions:

Interventions to Consider

- Half-way through the month, review the billable minutes to determine which patients need additional time to reach the next billing threshold.
- Complete a high-level review of the caseload during a [caseload review meeting](#).
 - Assess opportunities to keep the caseload “fluid” by reviewing which patients would benefit from a different level of care or should be contacted at a different frequency
- Discuss if the program would benefit from increased/decreased BHCM FTE. Cap the caseload. Increase the FTE of the existing BHCM(s) or onboard a new BHCM.
- Create a documentation checklist for BHCMs to use when calculating patient time. Ensure all clinical time is being documented and counted.
- Create a smart phrase within the EHR to prompt BHCMs to document billable time.
- Add a EHR form to calculate billable time. Create a report to show billable time per patient per calendar month.

CPT and G Codes

CoCM services are billed on a per member per calendar month basis incident to the primary care provider. Activities may be delivered by any member of the CoCM treatment team, but are often only documented by the BHCM as to prevent the duplication of time when accounting for services delivered. Additional information on CoCM codes and other behavioral health integration (BHI) codes can be found on the [CMS website](#) and [MSA bulletin](#).

Medicare Patients

Provider Location	Codes	Timeframe	Time Requirements	
FQHC/RHC	G code	G0512	Initial Month	> 70 minutes
			Subsequent Months	> 60 minutes
		G0511	Initial/Subsequent Month (General Behavioral Health Integration)	> 20 minutes
	G2214	Any Month (recommended only for subsequent months)	≤30 minutes	
Non-FQHC/RHC	CPT Codes	99492	Initial Month	36 - 70 minutes
		99493	Subsequent Months	31 - 60 minutes
		99494	Add-on (initial or subsequent)	16 - 30 additional minutes
		99484	Initial/Subsequent Month (General Behavioral Health Integration)	11 - 20 minutes
		G2214	Any Month (recommended only for subsequent months)	≤30 minutes

Medicaid Patients

Provider Location	Codes	Timeframe	Time Requirements	
FQHC/RHC	G code	G0512	Initial Month	> 70 minutes
			Subsequent Months	> 60 minutes
		G2214*	Any Month (recommended only for subsequent months)	≤30 minutes
Non-FQHC/RHC	CPT Codes	99492	Initial Month	36 - 70 minutes
		99493	Subsequent Months	31 - 60 minutes
		99494	Add-on (initial or subsequent)	16 - 30 additional minutes
		99484	Initial/Subsequent Month (General Behavioral Health Integration)	11 - 20 minutes
		G2214*	Any Month (recommended only for subsequent months)	≤30 minutes

*MDHHS MSA has not released the revised fee schedule to include G2214, as of January 27, 2021.

Commercial Patients

Provider Location	Codes	Timeframe	Time Requirements
Any location	99492	Initial Month	36 - 70 minutes
	99493	Subsequent Months	31 - 60 minutes
	99494	Add-on (initial or subsequent)	16 - 30 additional minutes
	99484	Initial/Subsequent Month (General Behavioral Health Integration)	11 - 20 minutes
	G2214	Any Month (recommended only for subsequent months)	≤30 minutes

Billing per Time Threshold

Codes	Timeframe	Time Spent	Billing Codes
G codes	Initial Month	> 20 minutes	G0511
		> 70 minutes	G0512
	Subsequent Month	≤30 minutes	G2214
		31-60 minutes	G0511
CPT codes	Initial Month	> 60 minutes	G0512
		≤10 minutes	Not billable
		11-35 minutes	99484
		36-85 minutes	99492
		86-115 minutes	99492 + 99494
		116-130 minutes	99492 + 99494 + 99494
	Subsequent Month(s)	>130 minutes	99492 + 99494 + 99494
		≤30 minutes	G2214
		31-75 minutes	99493
		76-105 minutes	99493 + 99494
		105 – 120 minutes	99493 + 99494 + 99494
>120 minutes	99493 + 99494 + 99494		