interChange Provider Important Message

Attention: Outpatient Hospitals, Physicians, Advanced Practice Registered Nurses, Certified Nurse Midwives, Physician Assistants, Medical Clinics, School Based Health Centers, and Federally Qualified Health Centers

RE: CoCM Frequently Asked Questions (FAQs)

Below are Frequently Asked Questions (FAQs) regarding the psychiatric collaborative care model (CoCM) under the Connecticut Medical Assistance Program (CMAP). Please carefully review the FAQ along with all provider bulletins and any other documents posted on the CMAP Web site, www.ctdssmap.com. Please check back periodically for updates, as additional guidance may be added as necessary.

1. **What are the roles of each care team member under CoCM?**

   Response: The Department of Social Services will mirror the roles of the care team members as included in MLN Matters 909432 – Behavioral Health Integration Services. Please refer to section titled "Relationships & Roles of Care Team Members" for the roles of each care team member.

2. **Can providers bill the general behavioral health integration (BHI) code (99484)?**

   Response: No, CMAP does not currently reimburse for procedure code 99484 - General BHI and provider must report CoCM services under the applicable CoCM procedure codes. Please refer to PB 2026-36 -*Behavioral Health Integration – Psychiatric Collaborative Care Model (CoCM)* and the CPT/HCPCS manual for full description and minimum required elements of each CoCM procedure code.

3. **For CoCM, must the psychiatric consultant and the treating/billing practitioner be in the same practice? What about the behavioral health care manager and the billing practitioner?**

   Response: The psychiatric consultant and behavioral health care manager may, but are not required to be, employees in the same practice as the treating/billing practitioner. The psychiatric consultant and the behavioral health care manager must either be employees or working

under contract with the treating/billing practitioner whom CMAP will reimburse for CoCM.

4. **Does the psychiatric consultant and behavioral health care manager need to be enrolled in HUSKY Health?**

   Response: Consistent with PB 26-36, the psychiatric consultant rendering CoCM services must at a minimum be enrolled in HUSKY Health as an Ordering, Prescribing, Referring (OPR) provider. The Behavioral Health Care Manager must be active and fully enrolled in HUSKY Health.

5. **What place of service (POS) should be reported on the claim?**

   Response: The treating/billing practitioner should report the POS for the location where he or she would ordinarily provide face-to-face care to the CMAP member.