



Connecticut Medical Assistance Program
Policy Transmittal 2026-25

Provider Bulletin 2026-36
July 2026

Andrea Barton Reeves, J.D., Commissioner

Effective Date: July 1, 2026
Contact: See Below

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

RE: Behavioral Health Integration - Psychiatric Collaborative Care Model (CoCM)

Effective for dates of service July 1, 2026, and forward, the Connecticut Medical Assistance Program (CMAP) will cover and reimburse for the psychiatric Collaborative Care Model (CoCM) for HUSKY Health A, B, C, and D members. In addition to this provider bulletin (PB), providers must also refer to the CoCM Frequently Asked Questions (FAQs) available on the www.ctdssmap.com Web site for additional guidance.

CoCM MODEL REQUIREMENTS

CoCM is a patient-centered, team-based approach to treating and managing behavioral health conditions in medical settings. CoCM requires the following:

- Services rendered on a monthly basis
- Use of an integrated patient registry
- Ongoing assessments using validated clinical tools
- Care management and patient engagement
- Patient-centered treatment goals
- Tracking of individual progress and clinical outcomes

All elements of CoCM are required and must be met in order for the CoCM service to be eligible for reimbursement under CMAP.

Procedure Codes:

All procedure code requirements, including time thresholds and service elements, must be met as described in the Current Procedural Terminology (CPT)/Healthcare Common

Procedural Coding System (HCPCS) manuals.

- 99492 – Psychiatric CoCM, initial, 70 minutes (per calendar month)
- 99493 – Psychiatric CoCM, subsequent, 60 minutes (per calendar month)
- 99494 – Psychiatric CoCM, additional 30 add-on code (initial or subsequent, per calendar month)
- G2214 - (Initial or subsequent) psychiatric collaborative care management, first 30 minutes in a month

CoCM Care Team Roles:

CoCM requires a care team in which each member has clearly defined and documented roles and responsibilities. Please refer to the CoCM FAQs for further information on care team member roles. All care team roles must be fulfilled for CoCM services to be eligible for reimbursement.

Provider Qualifications:

The following providers are eligible to be part of the CoCM care team:

1. Treating (Billing) Practitioner:

The treating/billing practitioner is typically primary care but may be of another specialty other than psychiatry, including the following:

- Physician (MD/DO)
- Physician Assistant (PA)
- Advanced Practice Registered Nurse (APRNs)
- Certified Nurse Midwives (CNMs).

Please Note: Treating/billing practitioners must be active and fully enrolled in HUSKY Health.

2. Psychiatric Consultant:

The psychiatric consultant must have the authority/licensure to prescribe the full range of medications under their scope of practice.

- Psychiatrist
- Psychiatric APRNs
- PAs (with training/credentials in psychiatry)

Please Note: Psychiatric Consultants rendering CoCM services must at a minimum be enrolled in HUSKY Health as an Ordering, Prescribing, Referring (OPR) provider.

3. Behavioral Health Care Manager:

Licensed Clinicians:

- Licensed psychologist
- Advanced Practice Registered Nurses*
- Registered Nurses*
- Licensed Practical Nurses*
- Licensed Professional Counselor
- Licensed Alcohol and Drug Counselor
- Licensed Clinical Social Worker
- Licensed Marital and Family Therapist

*Clinicians must have training and/or credentials in behavioral health.

Associate Licensed Clinicians:

- Marital and Family Therapy Associate
- Master Social Worker
- Professional Counselor Associate

Please Note: Behavioral Health Care Managers rendering CoCM services must be active and fully enrolled in HUSKY Health.

Separate and Distinct Services:

Behavioral health care managers and psychiatric consultants who are independently licensed, active and fully enrolled in HUSKY Health and operating within their scope of practice may bill traditional psychiatric evaluations or psychotherapy services if medically necessary. The treating/billing practitioner may be eligible to also bill separately for medically necessary separate and distinct services provided in addition to CoCM. Any time spent on separate and distinct services may **not** be applied to the time threshold reported for CoCM services.

The provider rendering the separate and distinct service is responsible for ensuring services are documented in the member's medical record. Documentation must support the services that are separate and distinct from CoCM. Providers must meet all other applicable policies, documentation and audit requirements stated in applicable state and/or federal regulations.

INITIATING VISIT and CONSENT TO CoCM SERVICES

A face-to-face visit with the treating/billing practitioner is required for new patients or patients that have not been seen by the treating/billing practitioner within the prior 12 months. The initiating visit must occur during

an Evaluation & Management (E/M) visit or preventive physical exam.

Only the treating/billing practitioner may:

- Furnish the initiating visit
- Determine medical necessity for CoCM; and
- Refer to the BH Care Manager for CoCM treatment

The treating/billing practitioner must document their evaluation of the HUSKY Health member and if a behavioral health condition is identified by the treating/billing practitioner, including substance use disorder, that would warrant a referral to the behavioral health care manager for CoCM treatment. If CoCM is not discussed and documented during an E/M visit, then the visit does not qualify as an initiating visit for CoCM services.

Consent Requirements:

If it is determined the HUSKY Health member will be referred for CoCM services, the treating/billing practitioner must obtain and document the HUSKY Health member's consent (written or electronic), including permission to consult with specialists, including a psychiatric consultant. A new consent is required if there is a break in care of 6 consecutive months without CoCM services.

BILLING GUIDELINES AND REQUIREMENTS

CoCM services are billed based on the total monthly time spent by the behavioral health care manager on direct HUSKY Health member clinical work; and time spent on collaboration with designated care team members. Although services are billed based off the time spent by the Behavioral Health Care Manager, only the enrolled

treating/billing practitioner may bill for CoCM services.

Time Requirements:

The behavioral health care manager must meet the minimum time thresholds stated in the CPT/HCPCS procedure code description. Administrative and/or clerical time spent by the behavioral health care manager **does not** count towards the time threshold to bill CoCM services. Services are required to be furnished within the calendar month, **not** a rolling 30-day period.

Termination of CoCM Services:

CoCM services end when:

- targeted treatment goals are met,
- there is failure to attain targeted treatment goals and referral to specialty psychiatric care occurs, or
- there is a break in care for 6 consecutive months.

DOCUMENTATION REQUIREMENTS:

The treating/billing practitioner is responsible for ensuring all CoCM services are documented in the member's medical record. Documentation may be completed by other members of the care team such as the behavioral health care manager and psychiatric consultant; however, the treating/billing practitioner remains responsible for oversight that all CoCM services are completed and documented in the medical record.

All CoCM services rendered to a HUSKY Health member must be clearly documented and signed and at a minimum the following criteria shall apply: The treating/billing practitioner enrolled with CMAP/HUSKY Health shall maintain a specific record for all services provided to each member including, but not limited to:

- Name, address, birth date, Medicaid identification number, pertinent diagnostic information,

- Documentation of all CoCM services provided by the behavioral health care manager including but not limited to:
 - the dates the services provided
 - time spent on each service,
 - mode of delivery (telehealth or in-person) for each CoCM service when rendered specifically to the HUSKY Health member
- Documentation of the treating/billing practitioner referral for CoCM services
- Documentation of clinical oversight and management as evidenced by the treating/billing practitioner's co-signature in the medical record during the calendar month that CoCM services are billed

Providers must also meet all other applicable documentation and audit requirements stated in applicable state and/or federal regulations.

TELEHEALTH SERVICES

CoCM procedure codes are not listed as eligible on the CMAP Telehealth Table, behavioral health care manager duties may be rendered remotely via synchronized telemedicine (audio and visual) or audio-only when medically necessary and clinically appropriate. The behavioral health care manager must be available to provide in-person services as requested by the HUSKY Health member or when clinically appropriate.

Information and data related to telehealth services are protected health information (PHI) to the same extent as in-person services and to the full extent applicable, fall under the scope of the federal Health Insurance Portability and Accountability Act (HIPAA) and all other applicable federal and state health information privacy and security requirements. Providers must ensure they comply with all applicable requirements, including, but not limited to, using telehealth software, protocols, and procedures that fully

comply with HIPAA and all other applicable requirements. Popular social media and telecommunications applications with video capabilities may not comply with HIPAA requirements and in those instances should not be used.

Providers must ensure that they fully comply with such requirements, including researching applicable federal HIPAA requirements and, as appropriate, using only HIPAA compliant software to provide audio-visual or audio-only telephone telehealth services. Providers should check with their telehealth vendor to determine if the software is HIPAA compliant. Providers must develop and implement procedures to verify provider and HUSKY Health member's identity prior to provision of a telehealth service. Additionally, providers must ensure that an appropriate, secure, and private location is available for all HUSKY Health members participating in telehealth services.

Federally Qualified Health Centers (FQHC):

CoCM does not meet the requirements of an encounter, therefore CoCM will be reimbursed separate from the established FQHC medical encounter rate. Reimbursement for CoCM will be a set rate on the FQHC fee schedule and the rates will be reimbursed to all FQHCs.

CoCM services may be submitted on a claim alone or on the same claim that also includes a qualifying medical encounter visit when such visit occurs on the same date of service as the FQHC billing for monthly CoCM services for the same member. Procedure code T1015 should only be listed on the claim when a separately payable and distinct medical encounter visit was furnished on the same date of service.

Outpatient Hospitals:

CoCM services are professional services and are not payable to outpatient hospitals. Hospitals must continue to follow CMAP Addendum B for coverage and reimbursement of all outpatient hospital services.

Outpatient Hospitals: Colleen Johnson, Medical Policy Consultant at colleen.johnson@ct.gov.

Federally Qualified Health Centers-Medical Services and Physician Services: Dana Robinson-Rush, Medical Policy Consultant at dana.robinson-rush@ct.gov.

Medical Clinics: Catherine Holt, Medical Policy Consultant at catherine.holt@ct.gov.

Federally Qualified Health Centers-Behavioral Health Services and Behavioral Health Services: Integrated Care Unit at hector.massari@ct.gov

FREQUENTLY ASKED QUESTIONS

Please refer to the Frequently Asked Questions (FAQs) located on the www.ctdssmap.com Web site under “Important Messages” for further guidance including care team member roles and other important information regarding CoCM services.

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Accessing the Fee Schedule

The updated fee schedule can be accessed and downloaded by going to the CMAP Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, then to the click applicable fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

Accessing CMAP Addendum B

CMAP’s Addendum B can be accessed via the www.ctdssmap.com Web site by selecting the CMAP’s Addendum B (Excel) under “Important Messages – Connecticut Hospital Modernization” Web page.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of CMAP by Gainwell Technologies.

Responsible Unit:

DSS, Division of Health Services