Coding Path Forward Recommendation
Illinois Chamber of Commerce

Outline of the Challenge

It has become increasingly clear that finding one code or codes that work for each carrier for the three treatment models for Coordinated Specialty Care for First Episode Psychosis, ACT and CST is going to be a very difficult task. Carriers without Medicaid business may have operational issues if the solution isn't an AMA/CPT code set. Additionally, some carriers can't use modifiers to differentiate billing (the code is the code – a modifier can't signify different billing amounts). Finally, many carriers currently use several of the suggested codes, which precludes their use for new purposes (the system can't have two different services with the same code).

Recommendation

As a result, we are recommending the utilization of a menu of several different options that could be used by carriers and providers, with a backstop that a carrier may recommend an alternative code(s) that may be necessary due to the contracting process. It is our hope that most carriers will be able to use some variation of the below.

While we are suggesting a code or codes under each service, there may be interchangeability between each service.

CSC for First Episode Psychosis

T1024 with (or without) an HK modifier
99492-99494 (see below for an option to use these three codes for all three services)

ACT

H0039 and H0040

CST

H0036 and H0037 or H2016

AMA Code Option for all Three Services

Use codes 99492-99494, along with HCPCS modifier X2, HE, and HK to identify the difference between the Coordinated Specialty Care (CSC) Community Support Team Treatment (CST) and Assertive Community Treatment (ACT) programs (see code descriptors below).

These codes would allow for a team collaboration of services to be submitted with one code (two if additional time is needed). This also allows for appropriate billing of subsequent services after the initial visit. The expectation is that the psychiatrist leading the team would be listed on the claim as the performing provider for this code set.

This code set became effective 1/1/2018. Please note – some carriers may already use these codes for other purposes

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Code Descriptions:
Modifiers

Modifier	Description	Usage
X2	Continuous/focused services: for reporting services by clinicians whose expertise is needed for the ongoing management of a chronic disease or a condition that needs to be managed and followed with no planned endpoint to the relationship; reporting clinician service examples include, but are not limited to, a rheumatologist taking care of the patient's rheumatoid arthritis longitudinally but not providing general primary care services.	ACT
HE	Mental health program	CSC
HK	Specialized mental health programs for high-risk populations	CST

AMA CPT Codes

Code	Description	Usage
99492	**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: 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; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies	ACT, CSC, and CST
99493	**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: 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	ACT, CSC, and CST

	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; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	
99494	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	ACT, CSC, and CST

Lay Description:
Psychiatric collaborative care management services describe care reported by a qualified clinician overseeing a behavioral health care manager and psychiatric consultant who provide a behavioral health assessment, including establishing, starting, revising, or monitoring a plan of care as well as providing brief interventions to a patient diagnosed with a mental health disorder. The psychiatric consultant contracts directly with the qualified clinician to render the consultation portion of the service. Patients are generally referred to a behavioral health care manager for assistance in receiving treatment for newly diagnosed conditions that have been unresponsive to traditional or standard care provided in a nonpsychiatric environment or who need additional examination and evaluation before a referral to a psychiatric care setting. In 99492, the required elements include outreach and engagement; initial patient assessment that involves the administration of a validated rating scale; development of an individual patient care plan; psychiatric consultant review and modifications, as needed; input of patient data into a registry and tracking of patient progress and followup; and provision of brief interventions using evidence-based techniques. In 99493, the required elements include tracking patient followup and progress via registry; weekly caseload participation with a psychiatric consultant; working together and coordinating with the qualified clinician on a regular basis; additional ongoing review of the patient's progress and recommendations for treatment changes, including medications with the psychiatric consultant; provision of brief interventions with the use of evidence-based techniques; monitoring patient outcomes using validated rating scales; and relapse prevention planning. Episodes of care begin when the patient is first directed to the behavioral health care manager and ends when the treatment goals have been reached, the goals were not reached and the patient was referred to another provider for ongoing treatment, or no psychiatric collaborative care management was provided for a period of

six consecutive months. These codes do not differentiate between new or established patient status. Report 99492 for 70 minutes of initial psychiatric collaborative care management in the first month; 99493 for 60 minutes of care in a subsequent month; and 99494 for each additional 30 minutes of initial or subsequent care in a calendar month.