

## **Chapter 177 of the Acts of 2022 Information Session #3 on Friday, October 21 at 1PM – Psychiatric Collaborative Care Model**

According to the provisions of M.G.L. 175, section 47QQ; M.G.L. c. 176A, section 8R; M.G.L. c. 176B, section 4RR; M.G.L. c. 176G, section 4JJ.

- (a) For the purposes of this section, “psychiatric collaborative care model” shall mean the evidence-based, integrated behavioral health service delivery method in which a primary care team consisting of a primary care provider and a care manager provides structured care management to a patient, and that works in collaboration with a psychiatric consultant that provides regular consultations to the primary care team to review the clinical status and care of patients and to make recommendations.
- (b) A contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within or without the commonwealth shall provide coverage for mental health or substance use disorder services that are delivered through the psychiatric collaborative care model.

According to the provisions of Section 84 of Chapter 177, the following is noted:

For the purposes of section 22A of chapter 32A of the General Laws, section 10P of chapter 118E of the General Laws, section 47MM of chapter 175 of the General Laws, section 80O of chapter 176A of the General Laws, section 40O of chapter 176B of the General Laws and section 4GG of chapter 176G of the General Laws, reimbursement for the psychiatric collaborative care model shall include, but not be limited to, the following current procedural terminology billing codes established by the American Medical Association: (i) 99492; (ii) 99493; and (iii) 99494.

- 1) Is the definition of “psychiatric collaborative care model” understood or does it require additional clarification?
  - a) Is it clear what should be considered to be an “evidence-based, integrated behavioral health service delivery method”?
    - a. Are there known standards for what is to be considered an evidence-based, integrated behavioral health services delivery method?
    - b. Is this method to be recognized because it has been recognized as having met certain standards by another agency or other body?
  - b) Is it clear what should be considered to be a “structured care management”?
    - a. Are there known standards for what is to be considered to be “structured care management”?
    - b. Is structured care management to be recognized because it has been recognized as having met certain standards by another agency or other body?
- 2) According to the statute, the “psychiatric collaborative care model” is to work “in collaboration with a psychiatric consultant that provides regular consultations to the primary care team to review the clinical status and care of patients and to make recommendations.” Are there any expectations about who would be the “psychiatric consultants” that would work with the “psychiatric collaborative care model” primary care and care manager? Should the psychiatric consultant meet any licensing or training requirements.?
- 3) Are health plans and providers to enter into new contracts to reflect the expectations of the “psychiatric collaborative care model”? Are there specific services expected to be provided by providers operating within the “psychiatric collaborative care model”?

- 4) It is noted in section 84 of Chapter 177 that “reimbursement for the psychiatric collaborative care model shall include, but not be limited to, the following current procedural terminology billing codes established by the American Medical Association: (i) 99492; (ii) 99493; and (iii) 99494.” Are these codes clearly understood by carriers and providers? Since the law indicates that reimbursement “shall include, but not be limited to” these codes, are there other codes that should be considered to reimburse for service?
- 5) For plans providing benefits through a network of providers, are all primary care and care manager providers of the “psychiatric collaborative care model,” as well as the psychiatric consultants to be contracted as in-network providers for the “psychiatric collaborative care model” to be available as in-network providers under an insured’s health plan?
- 6) The law applies as policies are issued or renewed within or without the commonwealth. Is this clear or would it be helpful to do a Q&A with examples of what this means? The law also applies to insured health plans. Would it be helpful to do a Q&A with examples of what this means? How will covered persons and providers know whether or not the law applies to them?
- 7) The law does not include any provisions related to cost sharing. Would it be helpful to include information within a Q&A to explain that plan deductibles, coinsurance or copayments may apply to such services?
- 8) Does there need to be clarity about utilization review for care provided through the “psychiatric collaborative care model” of care? Does there need to be clarity about how to bill carriers for any care provided through the “psychiatric collaborative care model” of care?
- 9) What types of provider and member education may be helpful to educate providers and members about the availability of these services?
- 10) Are there any barriers or privacy concerns that should be considered?