Abstract
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Variation in Psychiatric Collaborative Care Management Codes by Populations: Understanding Extent of Use and for Whom

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Background

Psychiatric Collaborative Care Management (CoCM) is a model of integrated behavioral health with a strong evidence base and specified reimbursement codes for implementation. CoCM CPT codes became available in 2018, yet uptake of CoCM billing has been minimal. This study examined the frequency and trends of CoCM delivery among commercially insured individuals.

Methods

Data were drawn from MarketScan®, a large commercial claims database. The sample included individuals who received at least one CoCM claim between 2018 and 2022. Descriptive summary and bivariate statistics were calculated followed by multivariate logistic regression analyses to identify factors related to length of a CoCM episode of care (EOC) including provider specialty, diagnosis, rurality, sex, and age.

Findings

Between 2018 to 2022, there were 16,537 individuals who received at least one CoCM visit; of these EOCs, 41% lasted ≥3 months and 15% were >6 months. Family Medicine (40%) and Internal Medicine (29%) were the providers who billed CoCM most frequently. The most common CoCM diagnosis categories were anxiety (62%), depression (45%), trauma-related disorders (14%), and SUD diagnoses (4%).

Conclusions and Policy Implications

Relatively few individuals in the sample received CoCM and the EOCs were brief. Further, few individual differences were significantly associated with having 3 or 6 months of CoCM care. Training and education are needed to expand the familiarity of CoCM codes, ease billing complexities to help reduce barriers to using these codes, and ensure the workforce and health system have the necessary support to implement the model with fidelity and engage patients in continued care.

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