Amerigroup RealSolutions in healthcare

Provider update

FAQ for Behavioral Health/Physical Health Integration

Amerigroup Community Care reimburses providers for appropriate coordination of care between behavioral health (BH) providers and the member's primary care provider (PCP) or specialist providers.

BH providers may bill CPT® code G9001 for the coordination of care of all Georgia Families members, which includes Georgia Families 360°$_{SM}$ members. Each provider TIN can bill this code once a quarter per member for a $25 reimbursement.

Is the member's consent needed to coordinate care?
Yes, BH providers must receive written consent from the member, the member's parent or guardian to coordinate care. This process can be a part of the already established consent paperwork during intake to BH services.

What if the member does not give consent?
Share the importance of coordination of care. If a member chooses to refuse consent and the provider continues with treatment, the coordinated care code cannot be billed.

Is it a *HIPAA* violation to send this information to the PCP or specialist?
To ensure *HIPAA* compliance, BH providers must receive written consent from the member or the member's parent or guardian to coordinate care. This process can be a part of the already established consent paperwork during intake to BH services.

What if the member does not have a traditional PCP?
In the spirit of integrated care, if a member does not have a PCP, this is an opportunity for the BH provider to facilitate the member in identifying a PCP. Our case managers are available to assist with this process if necessary.

How does the provider show proof of coordinated care to bill G9001?
Providers are requested to use the *Coordinated Care Form* released with the *Behavioral Health and Physical Health Integration* provider update. This form is not mandatory if the same components are available in the provider's established process.

Who can fill out the *Coordinated Care Form*?
Any member of the BH agency can fill out the *Coordinated Care Form*. This person does not have to be clinical. As such, the G9001 code does not have a modifier when being billed.

How can the *Coordinated Care Form* be sent to the member's PCP or specialist?
Please fax or mail the *Coordinated Care Form* to the respective PCP or specialist. The medical chart needs to document the method used.

How should proof of care coordination be documented in the medical record?
Providers must document proof of coordination of care with the PCP regarding the behavioral health services provided to the member. This documentation should include a completed *Coordinated Care Form* or other documents that contain, at a minimum:

- Diagnoses or symptomology.
- Plan of treatment.
- Medications.
- Services rendered.

A copy of the document should be in the record along with an appropriate practitioner signature, date of transmittal and proof of transmission (i.e. fax coversheet).

How often can I bill G9001?
The code can be billed once a quarter for all Georgia Families members who receive the service. Billing is per provider TIN (e.g., if multiple therapists within the same group practice are seeing a member, the group practice can only bill once a quarter for coordinated care for that member).

Will this apply to both Georgia Families and Georgia Families 360°$_{SM}$ members?
Yes, integrated care is important and applies to all members.

What if I need assistance?
If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.