The Workgroup recognizes that there are no existing AMA CPT codes that are a perfect match to enable billing for each of the three bundled treatment models (Coordinated Specialty Care (CSC) for a first episode of psychosis, Assertive Community Treatment (ACT) and Community Support Team (CST) treatment). Until new CPT codes are established by the AMA, the Workgroup agreed to identify existing codes that are the closest fit under the circumstances, with the understanding that this will require the carriers and providers to allow for some flexibility for use of the recommended codes to ensure that, in practice, they enable a bundled payment for the full treatment model covered, and that the services provided through these three treatment models will not match up to the official descriptions in the CPT guide.

With this in mind, below are our recommendations for coding for the models:

Primary Coding Recommendation

If the insurance carrier has Medicaid business in Illinois, uses the recommended modifiers to differentiate billing when a modifier is necessary in the carrier's business practice, and does not currently use the recommended codes in such a way that would preclude their use for the referenced treatment models:

- ✓ CSC: T1024 with or without an HK modifier
- ✓ ACT: H0039 and H0040
- ✓ CST: H0036, H0037 or H2016

Secondary Coding Recommendation

If the codes above do not work for a carrier in practice for one of the reasons stated above, the Workgroup recommends use of the Collaborative Care CPT Codes 99492-99494. To distinguish between the three treatment models, we recommend the use of the following modifiers:

- ✓ CSC: HE modifier
- ✓ ACT: X2 modifier
- ✓ CST: HK modifier

It is important to underscore that the Collaborative Care CPT codes were originally drafted to help primary care physicians bill for coordinating with behavioral health care providers for behavioral health care management. The existing descriptions for these codes also limit such services to once a month (with the option of an additional 30 minutes in the second and succeeding months for certain services).

It is the intent of the Workgroup, that insurance carriers will allow community mental health providers to provide and bill for CSC, ACT and CST as bundled services (and payment) using the Collaborative Care codes. In addition, it is the expectation that the carriers will work with providers to ensure that the provider can deliver care consistent

with the treatment models with the frequency within a month, and for the duration of time that the medical necessity criteria are met, that is clinically appropriate for the patient/client, which may include visits/encounters more often than monthly (*e.g.*, weekly), and that the carrier's internal systems will recognize these codes submitted by community mental health providers for such services.