



# COMMONWEALTH of VIRGINIA

## *Department of Medical Assistance Services*

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December 1, 2025

### MEMORANDUM

**TO:** The Honorable L. Louise Lucas  
Chair, Senate Finance Committee

The Honorable Luke E. Torian  
Chair, House Appropriations Committee

The Honorable Rodney T. Willett  
Chair, Joint Commission on Health Care

**FROM:** Cheryl Roberts  
Director, Virginia Department of Medical Assistance Services

**SUBJECT:** Guidelines for Collaborative Care Model Annual Report

This report is submitted in compliance with Item 288.AAAAA. of the 2025 Appropriations Act which states:

*The Department of Medical Assistance Services shall develop guidelines for a statewide Collaborative Care Model program. The department shall submit a report on progress developing and implementing the guidelines annually by October 1 to the Joint Commission on Health Care and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees.*

Should you have any questions or need additional information, please feel free to contact me at 804-664-2660.

CR/wf  
Enclosure

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

# Collaborative Care Model Report

December 2025

## Report Mandate:

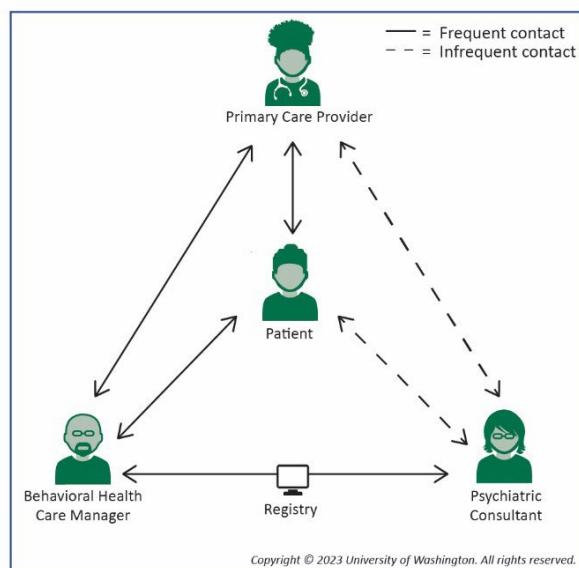
Item 288.AAAAA of the 2025 Appropriation Act states: The Department of Medical Assistance Services shall develop guidelines for a statewide Collaborative Care Model program. The department shall submit a report on progress developing and implementing the guidelines annually by October 1 to the Joint Commission on Health Care and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees.

## Collaborative Care Management

Collaborative Care Management (CoCM) is an evidence-based model of integrated care designed to treat common behavioral health conditions such as depression, anxiety, post- traumatic stress disorder (PTSD) and alcohol or substance use disorders in medical settings. In this model, psychiatric collaborative care services are provided under the direction of an individual's treating physician (includes nurse practitioners and physician assistants). The treating physician can be the individual's adult or pediatric primary care provider or a specialty provider such as a nephrologist, OB/GYN, cardiologist or oncologist. The model was developed at the Advancing Integrated Mental Health

Solutions (AIMS) Center at the University of Washington. Detailed information on the provision of CoCM including training and support is available on the AIMS Center website: <https://aims.uw.edu/principles-of-collaborative-care/>. CoCM includes a behavioral health care assessment, establishing and implementing a care plan and the provision of brief interventions. A team of three professionals provide CoCM: the treating physician, a psychiatric consultant and a behavioral health care manager.

CoCM is billed monthly by the primary treating physician. The Current Procedural Terminology (CPT) manual provides a description of Psychiatric CoCM and the full code descriptions for each of the covered CPT codes.



<sup>1</sup> <https://aims.uw.edu/collaborative-care/>

## Implementation of CoCM in Virginia Medicaid

In accordance with Item 304.AAAAA of the 2023 Appropriation Act, DMAS began covering CoCM services effective January 1, 2024, through the following CPT codes: 99492, 99493 and 99494. DMAS performed research prior to the implementation and discovered that all Medicaid Managed Care Organizations (MCOs) were already covering these codes for Medicaid members in managed care. The January 1, 2024, implementation of these codes expanded CoCM to the Medicaid fee-for-service (FFS) population, established a rate for these codes and ensured that the Medicaid MCOs would continue coverage of these codes for the managed care population.

The implementation authorized the use of the CoCM CPT codes for all Medicaid enrolled physicians and nurse practitioners. The model requires a psychiatric consultant and a behavioral health care manager but neither of these professionals need to be enrolled with Medicaid.

### The Behavioral Health Care Manager

The majority of care in the CoCM model is provided by the behavioral health care manager under the direction of the treating physician. The behavioral health care manager provides care management, assesses needs by administering validated rating scales, develops the care plan, provides brief interventions and participates in ongoing collaboration with the treating physician and psychiatric consultant.

The CPT Manual describes the behavioral health care manager as clinical staff with a masters/doctoral level education or specialized training in behavioral health. DMAS Behavioral Health Division staff along with staff from the DMAS Office of the Chief Medical Officer (OCMO) met with staff from the Department of Health Professions to discuss professionals who could act as the behavioral health care manager within the scope of their DHP license, certification or registration. It was determined that the following professionals could provide the full range of behavioral health care manager services under the direction of the treating physician:

- Licensed Mental Health Professional (LMHP)
- LMHP residents/supervisees
- Registered Nurses (RNs)

There are other professionals such as occupational therapists with specialized training in behavioral health who could provide these services within their scope of practice under physician direction. As CoCM is provided under physician direction, DMAS decided not to limit the list of allowed behavioral health care managers so as to not conflict with Board of Medicine allowances for services provided under physician direction.

## Requirements for Billing

DMAS refers providers to the CPT Manual for requirements when billing CPT codes. Codes covered include:

Code	Short Description
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
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
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

## Next Steps for CoCM in Virginia Medicaid

There are no future program guidelines being developed or restrictions planned for implementation of CoCM in Virginia Medicaid. The CPT Manual gives providers sufficient guidance on requirements for the provision of CoCM and billing CoCM CPT codes.

Resources such as links to training and other resources as well as a Frequently Asked Questions (FAQ) resource is also under development for the DMAS website.

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## About DMAS and Medicaid

The mission of the Virginia Medicaid agency is to improve the health and well-being of Virginians through access to high-quality health care coverage. The Department of Medical Assistance Services (DMAS) administers Virginia's Medicaid and CHIP programs for over 2 million Virginians. Members have access to primary and specialty health services, inpatient care, dental, behavioral health as well as addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to more than 600,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives an approximate dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90% for newly eligible adults, generating cost savings that benefit the overall state budget.