Delaware Medicaid: Billing Guide for Providers Treating Pregnant and Parenting People with Substance Use Disorders

Care Management Services

Care management services play a vital role in supporting pregnant and parenting people with substance use disorders (SUD), whose needs are often complex and deeply interconnected. These individuals frequently navigate a web of challenges that span physical and mental health, addiction recovery, and social supports. While pregnant and parenting people with SUD may engage with multiple systems of care—for themselves and their children—the landscape of services is often fragmented, making coordination and continuity of care difficult. Effective care management helps bridge these gaps, ensuring that services are integrated, person-centered, and responsive. Collaborative care and care management have been shown to improve maternal and infant outcomes for people with SUD,[i] and SUD in this population is a critical area of concern in Delaware. In 2019, more than 20% of pregnant and postpartum women enrolled in Delaware Medicaid (1,902 women) had a SUD diagnosis.[ii]

Delaware's Medicaid managed care organizations (MCOs) cover care management services as part of the general Medicaid benefit for a wide range of provider types. This document is a guide to Medicaid managed care billing options to support care management for pregnant and parenting people with SUD**. This document does not constitute a guarantee of MCO coverage and should not be taken as full billing guidance**. Please refer to standard billing criteria for detailed definitions and coding requirements.

Care Management Services Billing Overview

Current Procedural Terminology (CPT®) billing codes can be used to support care management in women's health outpatient settings for a range of patient needs. Care management services are management and support services provided by clinical staff, under the direction of a physician or other qualified health care professional.

This guide is focused on four specific care management modalities:

- **Principal care management services** for a single, high-risk condition requiring a disease-specific care plan - 99424, 99425, 99426, 99427
- **Chronic care management** is for two or more chronic conditions requiring ongoing care coordination - 99490, 99439, 99491
- **Complex care management** is for two or more chronic conditions requiring moderate/high complexity decision-making - 99487, 99489
- **General Behavioral Health Integration Care Management**, which integrates mental health into physical health settings for patients requiring low complexity medical decision-making - 99484

Care management services include establishing, implementing, revising, or monitoring a patient's care plan, coordinating the care of other professionals and agencies, and educating the patient or caregiver about the patient's condition, care plan, and prognosis.

Many modern Electronic Health Records include built-in tools that support time tracking, care plan management and billing code optimization for care management services.

This guide also includes high-level information on the Psychiatric Collaborative Care Model, a more sophisticated and complex integrated care team model that includes a behavioral health care manager working in tandem with a psychiatric consultant and a billing practitioner – 99492, 99493, 99494.

Principal Care Management

Principal Care management services are supported by CPT codes 99424, 99425, 99426, and 99427 and are used to address a single serious chronic condition. Principal care management can be billed to support continuity of care during a high-risk pregnancy, reduce relapse risk for individuals with SUD, and improve maternal-fetal outcomes.

- **CPT codes 99424 and 99425** are for principal care management services provided personally by a physician or other qualified health care professional[1].
    - **CPT code 99424** is for the first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.
    - **CPT code 99425** is for each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
- **CPT codes 99426 and 99427** are for principal care management services provided clinical staff under the direction of a physician or other qualified health care professional.
    - **CPT code 99426** is for the first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.
    - **CPT code 99427** is for each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure).

Example: OB-GYN Principal Care Management

Dr. Kathryn Martin, an OB-GYN, is caring for a patient who is 28 weeks pregnant and has a history of opioid use disorder (OUD). The patient is currently prescribed buprenorphine-naloxone by an external MOUD prescriber, but recently missed an appointment and expressed concerns about relapse, anxiety, and her ability to care for her baby postpartum. Dr. Martin determines that the patient's OUD is destabilized, posing a significant risk of maternal/fetal complications and potential hospitalization. Although she is not the MOUD prescriber, Dr. Martin assumes principal responsibility for managing the patient's OUD during pregnancy, including coordinating behavioral health and addiction care, monitoring adherence, and integrating OUD management into the perinatal care plan.

- Dr. Martin spends 32 minutes personally reviewing the patient's chart, consulting with the external MOUD prescriber, and calling the patient to discuss strategies for relapse prevention, Naloxone use, and postpartum behavioral health planning. Later in the month, Dr. Martin spends an additional 35 minutes following up with the pediatric care team on a newborn observation protocol, reviewing behavioral health records, and updating the patient's integrated care plan.
- A nurse care manager spends 26 minutes calling the patient to confirm appointments, reviewing medication adherence, updating the treatment plan in the EHR, and coordinating transportation to the MOUD provider.
- A few days later, the nurse spends an additional 25 minutes providing education on neonatal withdrawal risk after delivery and confirming a postpartum behavioral health referral for the patient.

How is this reported?

Physician (Qualified Health Professional) Time – Total 67 minutes

- 99424 – PCM services personally by physician, first 30 minutes
- 99425 – Each additional 30 minutes personally by physician

Clinical Staff Time – Total 51 minutes

- 99426 – PCM services by clinical staff, first 30 minutes directed by a physician or other qualified health professional
- 99427 – Each additional 30 minutes by clinical staff directed by a physician or other qualified health professional

[1] Additional information about qualified providers is included at page 10 of this resource.

Principal Care Management Documentation

99424, 99425, 99426, and 99427

- **One complex chronic condition** - Note that the patient has a chronic condition expected to last at least 3 months, and describe how it places the patient at significant risk of hospitalization, acute exacerbation, functional decline, or death.
- **Disease-specific care plan** - Include the date the care plan was developed or updated, and describe the goals, interventions, and monitoring strategies specific to the chronic condition.
- **Complexity of medication or condition management** - Describe any recent or ongoing adjustments to the medication regimen, and explain why management is unusually complex (e.g., due to comorbidities, polypharmacy, adherence issues).
- **Care coordination activities** - Record communication with other practitioners involved in the patient's care, including dates, names, and topics discussed (e.g., treatment updates, referrals, shared goals).
- **Patient consent for primary care management services** - Indicate that verbal or written consent was obtained on [date] for PCM services, including a brief summary of what was explained to the patient.
- **Patient consent for SUD information sharing** (if applicable) - If the patient has a substance use disorder, document that specific consent was obtained to share SUD-related information with other providers, in compliance with 42 CFR Part 2.
- **Do not report 99424, 99425, 99426, or 99427 in the same calendar month with**: 90951-90970, 99374, 99375, 99377, 99378, 99379, 99380, 99437, 99439, 99473, 99474, 99487, 99489, 99490, 99491.
- **Do not report 99424, 99425 in the same calendar month with 99426 or 99427.**
- **Do not report 99424, 99425, 99426, or 99427 for service time reported with**: 93792, 93793, 98012, 98013, 98014, 98015, 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99605, 99606, 99607.

Chronic Care Management

Chronic Care Management Services are supported by CPT codes 99490, 99439, 99491 and 99437 and are used to address the needs of individuals with two or more chronic continuous or episodic health conditions up to a maximum of 60 minutes total time per month[2]. They can be billed to support pregnant and parenting people with two or more chronic conditions, such as SUD, anxiety, depression, or hypertension, and are provided when medical and/or psychosocial needs of the patient require establishing, implementing, revising, or monitoring the care plan.

- **CPT code 99490** is for the first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.
- **CPT code 99439** is for each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
- **CPT code 99491** is for is for first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.
- **CPT code 99437** is for is for each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure).

[2] Chronic care management services of 60 minutes or more and requiring moderate or high complexity medical decision making may be reported using 99487, 99489

Example: OB-GYN Chronic Care Management

Dr. Amina Shah, an OB-GYN, is caring for a 32-year-old patient who is 30 weeks pregnant and receiving MOUD with extended-release injectable buprenorphine. The patient also has a long-standing diagnosis of generalized anxiety disorder (GAD), which has worsened during pregnancy due to housing instability and fear of child welfare involvement. Both conditions—OUD and GAD—are being actively managed by Dr. Shah's integrated care team.

The patient has missed multiple prenatal visits and recently disclosed intermittent use of non-prescribed benzodiazepines to manage panic attacks. Dr. Shah determines that the patient qualifies for Chronic Care Management because she has two chronic conditions expected to last at least 12 months, both requiring ongoing, coordinated care and posing significant risk for maternal and neonatal complications.

- A nurse care manager spends 28 minutes updating the care plan in the EHR, reviewing adherence to MOUD and psychiatric medications, and coordinating with the behavioral health provider and housing navigator.
- A few days later, the nurse spends 24 minutes conducting a telephonic check-in to confirm prenatal appointments, provide psychoeducation on neonatal abstinence syndrome (NAS), and arrange transportation to a trauma-informed prenatal group.
- Dr. Shah spends 35 minutes reviewing recent behavioral health notes, updating the treatment plan to include a postpartum psychiatric consult, and calling the patient to discuss risks of benzodiazepine use and strategies for anxiety management.
- Later in the month, Dr. Shah spends 33 minutes collaborating with the maternal-fetal medicine specialist and documenting a revised delivery plan that includes NAS monitoring and postpartum MOUD continuity.

How is this reported?

Clinical Staff Time – Total 52 minutes

- 99490 – Chronic care management services by clinical staff, first 20 minutes
- 99439 – Each additional 20 minutes of clinical staff time

Physician Time – Total 68 minutes

- 99491 – Chronic care management personally by physician, first 30 minutes
- 99437 – Each additional 30 minutes personally by physician

Chronic Care Management Documentation

9490, 99439, 99491 and 99437

- **Two or more chronic conditions** - Indicate that the patient has at least two chronic conditions expected to last 12 months or until death. List each condition and its expected duration.
- **Risk associated with the conditions** - Describe how the chronic conditions place the patient at significant risk of death, acute exacerbation, decompensation, or functional decline.
- **Comprehensive care plan** - Note the date the comprehensive care plan was established, implemented, revised, or monitored. Include goals, interventions, responsible team members, and follow-up schedule.
- **Patient consent for Chronic Care Management services** - Record that verbal or written consent was obtained on [date] for chronic care management services, including an explanation of what the services entail.
- **Consent for SUD information sharing** (if applicable) **-** If the patient has a substance use disorder, document that specific consent was obtained to share SUD-related information, in compliance with 42 CFR Part 2.

9490, 99439, 99491 and 99437 continued

- **Add-on codes**
  - When billing 99490, document additional time using 99439 (up to twice per month). When billing 99491, document additional time using 99437.
  - Do not report chronic care management services under 99439 or 99437 if total time is under 20 minutes
  - Do not report 99439 more than twice per calendar month
- **Do not report 99439, 99490, 99437, or 99491 in the same calendar month with:** 90951-90970, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99426, 99427, 99487, 99489, 99605, 99606, 99607)
- **Do not report 99439, 99490 in the same calendar month with 99437 or 99491**
- Do not report 99439, 99490, 99437 or 99491 for service time reported with: 93792, 93793, 98012, 98013, 98014, 98015, 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99605, 99606, 99607
- **Do not report 99437, 99491 for service time reported with 99495 and 99496.**

Complex Chronic Care Management

Complex Chronic Care Management Services are supported by CPT codes 99487 and 99489 and are used to support the delivery of coordinated and patient-centered care, particularly for patients with complex medical or behavioral health needs for 60 minutes or more in a month. They can be billed to support pregnant and parenting people with two or more chronic conditions, such as SUD, anxiety, depression, or hypertension, and are provided when medical and/or psychosocial needs of the patient require establishing, implementing, revising, or monitoring the care plan. CPT codes 99487 and 99489 support complex chronic care management for moderate to high complexity medical decision-making.

- **CPT code 99487** is for first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.
- **CPT code 99489** is for each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure).

Who should receive complex chronic care management?

Patients may be identified by practice-specific or other published algorithms that recognize multiple illnesses, multiple medication use, inability to perform activities of daily living, requirement for a caregiver, and/or repeat admissions or emergency department visits.

Typical recipients are treated with three or more prescription medications and may be receiving other types of therapeutic interventions. All patients have two or more chronic continuous or episodic health conditions that are expected to last at least 12 months, or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. Typical patients have complex diseases and morbidities and, as a result, demonstrate one or more of the following:

- Need for the coordination of a number of specialties and services;
- Inability to perform activities of daily living and/or cognitive impairment resulting in poor adherence to the treatment plan without substantial assistance from a caregiver;
- Psychiatric and other medical comorbidities (e.g., substance abuse and diabetes) that complicate their care; and/or
- Social support requirements or difficulty with access to care.

Example: OB-GYN Complex Chronic Care Management

Dr. Brendan King, an OB-GYN, is caring for a 31-year-old patient who is 30 weeks pregnant and receiving medication for alcohol use disorder (AUD) with oral naltrexone. The patient also has post-traumatic stress disorder (PTSD) with current symptoms of anxiety and sleep disruption. She is unhoused and has missed multiple appointments due to transportation instability. Both her AUD and PTSD are expected to last 12 months or more and pose a significant risk of: maternal alcohol relapse, fetal alcohol spectrum disorders (FASD), postpartum decompensation, and functional decline due to unmanaged mental health symptoms.

Because this patient has two or more serious chronic conditions requiring extensive care coordination and medication management—and her situation involves moderate-to-high complexity decision-making—Dr. King determines that she qualifies for Complex Chronic Care Management (CCCM).

- A nurse care manager spends 37 minutes conducting a detailed care plan revision in the EHR, tracking medications (including naltrexone and hydroxyzine), and contacting behavioral health and addiction treatment providers.
- Later in the month, the nurse spends 39 more minutes coordinating housing and transportation referrals with a social worker, calling the patient to reschedule missed therapy sessions, and arranging postpartum behavioral health continuity planning.

Complexity Justification:

- Extensive medication management for both AUD and PTSD
- Ongoing involvement of multiple providers (behavioral health, social services, addiction medicine)
- Social determinants of health (housing instability) complicate compliance and engagement
- Moderate-to-high complexity decision-making around care planning and risk mitigation

How is this reported?

Clinical Staff Time – Total 76 minutes

- 99487 – Complex chronic care management by clinical staff, first 60 minutes
- 99489 – Each additional 30 minutes of complex chronic care management time beyond the initial 60 minutes

Note: Complex chronic care management differs from standard chronic care management in that it requires:

- Moderate or high complexity medical decision-making
- A comprehensive care plan for ≥2 chronic conditions
- Structured communication and coordination across multiple providers

Complex Chronic Care Management Documentation

99487 and 99489

- **Two or more chronic conditions** - Indicate that the patient has at least two chronic conditions expected to last 12 months or until death. List each condition and its expected duration.
- **Risk associated with the conditions** - Describe how the chronic conditions place the patient at significant risk of death, acute exacerbation, decompensation, or functional decline. Include clinical rationale or recent events that support this risk.

99487 and 99489 continued

- **Comprehensive care plan** - Note the date the care plan was established, implemented, revised, or monitored. Include individualized goals, interventions, responsible team members, and follow-up schedule.
- **Moderate or high complexity medical decision making -** Describe the clinical decision-making involved, including data review, medication adjustments, coordination of multiple providers, or management of comorbidities. Use language that reflects moderate or high complexity (e.g., multiple treatment options, uncertainty, risk mitigation).
- **Physician/qualified health professional time -** If the physician or other qualified health professional personally performs the clinical staff activities, his or her time may be counted toward the required clinical staff time to meet the elements of the code.
- **Patient consent for complex care management services** - Record that verbal or written consent was obtained on [date] for complex care management services. Include a brief summary of what was explained to the patient.
- **Consent for SUD information sharing** (if applicable) - If the patient has a substance use disorder, document that specific consent was obtained to share SUD-related information with other providers, in compliance with 42 CFR Part 2.
- **Do not report 99487, 99489 during the same calendar month with:** 90951-90970, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99426, 99427, 99437, 99439, 99490, 99491
- **Do not report 99487, 99489 for service time reported with**: 93792, 93793, 98012, 98013, 98014, 98015, 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99605, 99606, 99607

Summary Care Management Billing Specifications Table

Care Management Services – Summary Table				
Service	**Code**	**Staff Type**	**Unit Duration (Time Span)**	**Monthly Unit Max**
Principal care management	99424	Physician or other qualified health care professional	30 minutes (30-59 minutes)	1
	+99425	Physician or other qualified health care professional	30 minutes (60 minutes or more)	No limit
	99426	Clinical staff	30 minutes (30-59 minutes)	1
	+99427	Clinical staff	30 minutes (60 minutes or more)	2
Chronic care management	99490	Clinical staff	20 minutes (20-39 minutes)	1
	+99439	Clinical staff	40-59 minutes X 1 60 or more minutes X 2)	2
	99491	Physician or other qualified health care professional	30 minutes (30-59 minutes)	1
	+99437	Physician or other qualified health care professional	30 minutes (60 minutes or more)	No limit
Complex chronic care management	99487	Clinical staff	60 minutes (60-89 minutes)	1
	+99489	Clinical staff	30 minutes (≥90 minutes X 1) (≥120 minutes X 2, etc)	No limit

General Behavioral Health Integration Care Management

General behavioral health integration (BHI) care management is supported by CPT code 99484 and is used to support general behavioral health integration care models for patients requiring low complexity medical decision-making. It includes systematic assessment and monitoring, care plan adjustments for patients not improving adequately and provides a continuous relationship with an appointed care team member.

- **CPT code 99484** is for general behavioral health integration care management, 20 minutes of clinical staff time directed by a physician or other qualified healthcare professional.

Treating (billing) practitioner	Clinical Staff
•A physician or non-physician practitioner, such as a physician assistant, nurse practitioner, clinical nurse specialist or certified nurse midwife, typically in primary care, but may be in another specialty. •They may choose to deliver the service in full, or use a team based approach utilizating qualified clinical staff.	•Qualified clinical staff include licensed clinical social workers, licensed marraige and family therapists, or registered nurses. •Clinical staff are directed by the treating practitioner

BHI Documentation

99484

- **Initial assessment or follow-up monitoring** - Record the date and content of the behavioral health assessment or follow-up monitoring. Include any validated rating scales used (e.g., PHQ-9, GAD-7, AUDIT-C) and summarize findings.
- **Behavioral health care plan** - Note the development or revision of the care plan related to the patient's behavioral or psychiatric condition. Include treatment goals, interventions, and any updates made due to lack of progress or change in status.
- **Coordination of treatment services** - Describe efforts to facilitate or coordinate treatment such as psychotherapy, pharmacotherapy, counseling, or psychiatric consultation. Include dates, provider names, and nature of coordination.
- **Continuity of care** - Identify the designated member of the care team responsible for ongoing behavioral health management. Note any communication or follow-up activities that support continuity of care.
- **Patient consent for behavioral health care management -** Indicate that verbal or written consent was obtained on [date] for behavioral health care management services. Include a brief summary of what was explained to the patient.
- **Consent for SUD information sharing** (if applicable) - If the patient has a substance use disorder, document that specific consent was obtained to share SUD-related information with other providers, in compliance with 42 CFR Part 2.
- **Duplicate billing -** Verify that CPT 99484 is not being billed in the same calendar month by the same practitioner as psychiatric collaborative care codes 99492, 99493, or 99494.

Psychiatric Collaborative Care Model

The Psychiatric Collaborative Care Model (CoCM) is an evidence-based model for integrating behavioral health services into physical health settings. This approach involves a team-based framework, where a treating physician or other qualified healthcare professional works with a psychiatric consultant (i.e. a medical professional, who is trained in psychiatry or behavioral health, and qualified to prescribe the full range of medications) and a behavioral

health care manager[3] to address the behavioral health needs of patients.

CoCM has been shown to improve maternal and infant outcomes for people with SUD.[iii] CoCM requires use of a patient registry, detailed time tracking and documentation, specialized training for all team members and redesign of clinical workflows to include weekly case reviews along with monthly assessments.

Psychiatric collaborative care CPT codes (99492, 99493, 99494) cover services related to managing and coordinating care for patients with behavioral health conditions. In this model, *the psychiatric consultant is paid via a contract with the treating physician/organization*. The consultant does not use the collaborative care CPT codes nor submit claims to the patient's insurance for payment.

- **CPT code 99492** is for initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities.
- **CPT code 99493** is for subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month.
- **CPT code 99494** is for an additional 30 minutes in a month for psychiatric collaborative care management. (List separately in addition to code for primary procedure)

CoCM is a clinically and operationally sophisticated model. Providers seeking to implement this approach are advised to consult additional implementation resources included at the end of this billing guide.

Qualified Providers

Delaware Medicaid allows physicians and other qualified healthcare professionals (e.g., nurse practitioners, physician assistants) acting within their scope of practice and licensure to provide care management services in accordance with CPT coding descriptions and specifications (for example, CPT codes 99424 and 99425 provided personally by a physician or other qualified health care professional and CPT codes 99426 and 99427 provided by clinical staff under the direction of a physician or other qualified health care professional). Allowable clinical staff types vary by managed care organization and may include social workers, registered nurses, licensed practical nurses and/or medical assistants. Additional practitioner billing and documentation requirements for Delaware Medicaid providers can be found in DMMA's "Practitioner Provider Specific Policy Manual." Delaware's Medicaid MCOs may have additional conditions for MCO network participation.

Co-Pays

Pregnant and postpartum women are exempt from Delaware Medicaid copayment requirements and are not responsible to pay for medically necessary, covered services provided by Delaware Medicaid providers. No co-payments are required for care management services.

Medicaid Coverage of Related CPT Codes

To request coverage of related billing codes through Delaware's Medicaid managed care program, providers may contact their Provider Network Specialist or outreach to provider relations via the email addresses listed below.

- **AmeriHealth Caritas Delaware**: delawareprovidernetwork@amerihealthcaritas.com
- **Centene Delaware First Health**: DE_ProviderEngagement@delawarefirsthealth.com
- **Highmark Blue Cross Blue Shield Delaware**: HHOProviderRelations@highmark.com

If you have questions about this guidance, please contact Dr. Sherry Nykiel, Behavioral Health Medical Director, at Sherry.Nykiel@delaware.gov.

[3] Qualified behavioral health care managers for CoCM are the same as for qualified clinical staff under BHI – 99484.

Resources

- **Care management:**
  - Principal Care Management – https://www.ama-assn.org/practice-management/cpt/get-paid-care-management-your-physician-practice-delivers
  - Chronic care management & Complex Chronic Care Management - Chronic Care Management Frequently Asked Questions (cms.gov)
  - All Care Management - https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/chroniccaremanagement.pdf
- **Behavioral Health integration Care Management and Psychiatric Collaborative Care:**
  - CMS MLN Booklet: https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf
  - CMS FAQ: Frequently Asked Questions about Billing Medicare for Behavioral Health Integration (BHI) Services (cms.gov)
  - https://aims.uw.edu/wordpress/wp-content/uploads/2023/11/CMS_FinalRule_BHI_CheatSheet.pdf
  - Meadows Mental Health Policy Institute Implementation Checklist: https://mmhpi.org/wp-content/uploads/2025/02/CoCM_Collaborative-Care_Implementation_Checklist.pdf
  - AIMS Center Collaborative Care Implementation Guide: https://aims.uw.edu/wordpress/wp-content/uploads/2023/12/Implementation-Guide.pdf
  - APA & AIMS – Practice and Billing Toolkit: https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/implement
- **CPT Coding:**
  - American Medical Association. (2024). *CPT® 2025: Current Procedural Terminology (Professional ed.).* American Medical Association.

Resource Alert: Maintaining Confidentiality[4]

Providers who treat patients with addiction must know substance use-related disclosure rules and confidentiality requirements. The Substance Abuse and Mental Health Services Administration (SAMHSA) lists frequently asked questions on substance use confidentiality and summarizes federal regulations about disclosure and patient records that federal programs maintain on addiction treatment (https://www.samhsa.gov/about/faqs/confidentiality-regulations). Key points include:

- Confidentiality regulations prohibit specialty SUD treatment programs from sharing information with healthcare professionals about patients' SUD treatment without specific consent from patients.
- Referrals to other behavioral health services require consent for sharing information on treatment progress.
- Healthcare professionals should discuss confidentiality and consent with patients during the referral process.
- Substance use disorder (SUD) medication prescribers may consider requiring patient consent for communicating with treatment programs as a condition of receiving SUD treatment.

[4] https://store.samhsa.gov/sites/default/files/pep21-02-01-002.pdf

In February 2024, the U.S. Department of Health & Human Services modified select provisions of 42 CFR Part 2, which is the federal statute that protects SUD patient records. A summary of major changes can be found at: https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule/index.html.

[i] Missouri Department of Health and Senior Services. (2017). *Missouri Pregnancy-Associated Mortality Review: 2017 Annual Report*. https://health.mo.gov/data/pamr/pdf/2017-pamr-annual-report.pdf
Centers for Disease Control and Prevention. (2025, January 7). *MAT-LINK: MATernaL and Infant clinical NetworK*. https://www.cdc.gov/mat-link/about/index.html[2](https://www.cdc.gov/mat-link/about/index.html)

[ii] Gifford, K., McDuffie, M. J., Turkel, E., & Lynch, E. (2022, February 2). *Substance Use Disorder Among Delaware Medicaid Clients: Annual Prevalence Report 2014–2019*. University of Delaware Center for Community Research & Service. Delaware Department of Health and Social Services. https://dhss.delaware.gov/wp-content/uploads/sites/9/dmma/pdf/sud_prevalence_study_final_report_20220208.pdf

[iii] American Psychiatric Association & Academy of Psychosomatic Medicine. (2016). *Dissemination of integrated care within adult primary care settings: The Collaborative Care Model*. https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Professional-Topics/Integrated-Care/APA-APM-Dissemination-Integrated-Care-Report.pdf