



Verbal Patient Consent & Collaborative Care

Ensuring that a patient understands Collaborative Care (CoCM) before agreeing to participate in the program is a crucial task for primary care providers. This should happen before initiating behavioral health services. The behavioral health care manager (BHCM) will then echo and expound upon this information when they first meet with the patient.

Guidelines

Please note that the following is general guidance. Specific consent requirements may vary by state and patient insurance. In most cases, to bill using the Psychiatric Collaborative Care CoCM CPT codes (CPT and G codes), verbal consent must be obtained by the primary care provider as described below prior to initiating behavioral services.

1. Explain to the patient that their symptoms could be helped by including the Collaborative Care team in their treatment. Empower the patient!
2. Briefly introduce CoCM. This includes describing additional the roles of additional care team members (BHCM & psychiatric consultant) in the program. It can be helpful to have a brochure or handout with this information available to give to patients.
3. Inform the patient there may be associated cost, depending on their insurance, and suggest they contact their insurance carrier or the practice's billing department for more information.
4. Obtain verbal consent from the patient to participate in the CoCM program.
5. Document verbal consent in the patient's electronic health record.

Resources for Introducing CoCM

- [Introduction to CoCM Team Structure](#)
- [BHCM Role](#)
- [Psychiatric Consultant Role](#)
- [Principles of CoCM](#)
- [Introducing your Care Team \(Template\)](#)

Sample Script, Smartphrase and Checklist

The American Psychiatric Association's [Practice and Billing Toolkit](#) provides some guidance on introducing CoCM and documenting consent. It includes sample materials from practices that are currently billing for CoCM.