



Welcome!

Please put your name, pronouns, practice name, and role in the chat.

You can ask questions via the chat we will monitor it as we go along. We will also pause for questions periodically.

These slides and the recording will be made available on the [Practice Innovation Program website](https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration/for-practices).

<https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration/for-practices>



THANK YOU!



Behavioral Health Integration Coding and Billing Part 2

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General BHI (CPT code 99484) Shares common required service elements with CoCM, but has fewer requirements



Objectives

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- HBAI /HABI Billing review
 - For Medicaid HABI codes must only be Coc reported exclusively on the same day as an E&M visit
Correction from HCPF 3/16 The intention is to use an E/M code and HBAI together as often as possible, however, it is not a requirement.
 - For commercial billing may not need the PCP on the claim
 - BHI code 99484
 - Compare BHI to CoCM
 - CoCM review if needed

BHI From MLN Medicare April 2025

You may also use CPT code 99484 to report models of care that don't involve a psychiatric consultant, or behavioral health care manager, although these personnel may deliver General BHI services. CMS expects to refine this code over time, as more information becomes available about other BHI care models in use.

General BHI Service Parts

Initial assessment, including administering applicable validated clinical rating scales

- Systematic assessment and monitoring, using applicable validated clinical rating scales General BHI Care Team Members
- Treating (Billing) Practitioner – A physician or non-physician practitioner, such as a PA, NP, CNS, or CNM, typically in primary care but may be in another specialty, like cardiology, oncology, or psychiatry.
- The primary care team's joint care planning with the patient, with care plan revision for patients whose condition isn't improving
- Facilitation and coordination of behavioral health treatment
- Continuous relationship with an appointed care team member • Patient – A member of the care team. • Potential Clinical Staff
- **The billing practitioner delivers the service in full or uses qualified clinical staff to deliver services using a team-based approach. Clinical staff includes contractors who meet the qualifications for the CoCM behavioral health care manager or psychiatric consultant.**

General BHI Code 99484

- **Current Procedural Terminology (CPT) code 99484:** care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month
- Patients who have not been seen within one year before the start of BHI services must have an initiating visit. An initiating visit can include the [annual wellness visit](#), Welcome to Medicare, transitional care management, or other qualifying evaluation and management service.
- BHI and CoCM cannot be billed in the same month for the same patient.
- BHI OR CoCM can be billed in the same month as [chronic care management](#) or [transitional care management](#) services. However, the time and activities used to meet the criteria for another service cannot be counted toward BHI or CoCM.
- Shares common required service elements with CoCM, but has fewer requirements:
- [https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/behavioral-health-integration-coding.html#:~:text=Behavioral%20health%20integration%20\(BHI\)%20services,across%20the%20health%20care%20system.](https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/behavioral-health-integration-coding.html#:~:text=Behavioral%20health%20integration%20(BHI)%20services,across%20the%20health%20care%20system.)

BHI Billing

Licensed behavioral health providers who are qualified to bill traditional psychiatric evaluation and therapy codes for Medicare recipients may bill for additional psychiatric services in the same month that patients receive BHI care management services. However, time reported for psychotherapy services may not be included in the time applied to COCM Codes billing BHI codes 99492, 99493, 99494, or BHI CODE 99484.

The rendering provider on the claim must be Medicaid-enrolled and oversee treatment. Post-masters level providers working towards clinical licensure may provide the BHI service, however, the rendering provider on the claim must be listed as the licensed clinician that is enrolled in Medicaid that is either providing or supervising the integrated care service.

BHI From Medicare 2025 Not part of Medicaid

New for CY 2025 To make behavioral health care more accessible, we added new codes in the CY 2025 Medicare Physician Fee Schedule (MPFS) Final Rule. These updates focus on helping patients at risk of suicide and improving follow-up care after a crisis.

Safety Planning & Crisis Care Updates We encourage providers to use safety planning for patients at risk of suicide. To support this effort, we introduced new billing codes:

- **G0560 – Safety planning interventions for patients with suicidal ideation or overdose risk**
 - Billed in 20-minute increments when the billing practitioner performs the service
 - Applies in various settings to ensure accessible crisis care
- **G0544 – Post-crisis follow-up care**
 - Requires specific protocols for telephonic follow-up after emergency department discharge
 - Covers up to 4 follow-up calls per month as part of bundled crisis care services

General Behavioral Health Integration Codes

Code	Service Description	Time	Provider Types
99484	<p>Care management services for behavioral health conditions involve at least 20 minutes of clinical staff time per calendar month under a physician or other qualified health care professional's direction. The services must include:</p> <ul style="list-style-type: none"> ● Initial assessment or follow-up monitoring, including using applicable validated rating scales. ● Behavioral health care planning about behavioral or psychiatric health problems, including revision for patients not progressing or whose status changes. ● Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling, or psychiatric consultation. ● Continuity of care with an appointed care team member. 	Min. 20 minutes per month	<p>Billing Providers: 05, 16, 25, 26, 32, 39, 45, 61</p> <p>Service Providers: Licensed behavioral health providers</p> <p>Common Notes: These visits will not require a diagnosis covered by the capitated behavioral health benefit. PCMPs should use the most appropriate diagnosis that supports medical</p>

Appropriate DX code that supports medical necessity

G0323	<p>Care management services for behavioral health conditions cover at least 20 minutes of clinical psychologist or clinical social worker time per calendar month, including:</p> <ul style="list-style-type: none"> • Initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning for behavioral or psychiatric health problems, with revision for patients who aren't progressing or whose status changes. • Facilitating and coordinating treatment, such as psychotherapy; coordination with and referral to physicians and practitioners who Medicare authorizes to prescribe medications and furnish Evaluation and Management (E/M) services; counseling or psychiatric consultation; and continuity of care with an appointed care team member. 	Min. 20 minutes per month	that supports medical necessity.
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For more information contact:

hcpf_integratedcare@state.co.us

Tip: Psychiatric diagnostic evaluation, CPT code 90791, serves as the initiating visit for G0323. From MLN April 2025

- G0323 is a specific billing code for clinical social workers and psychologists that was created to parallel the services covered under 99484.**

- HCPCS Code G0323 (General BHI Billing for Licensed Independent Social Workers & Clinical Psychologists) For Medicaid the claim STILL MUST have PCP on the claim**

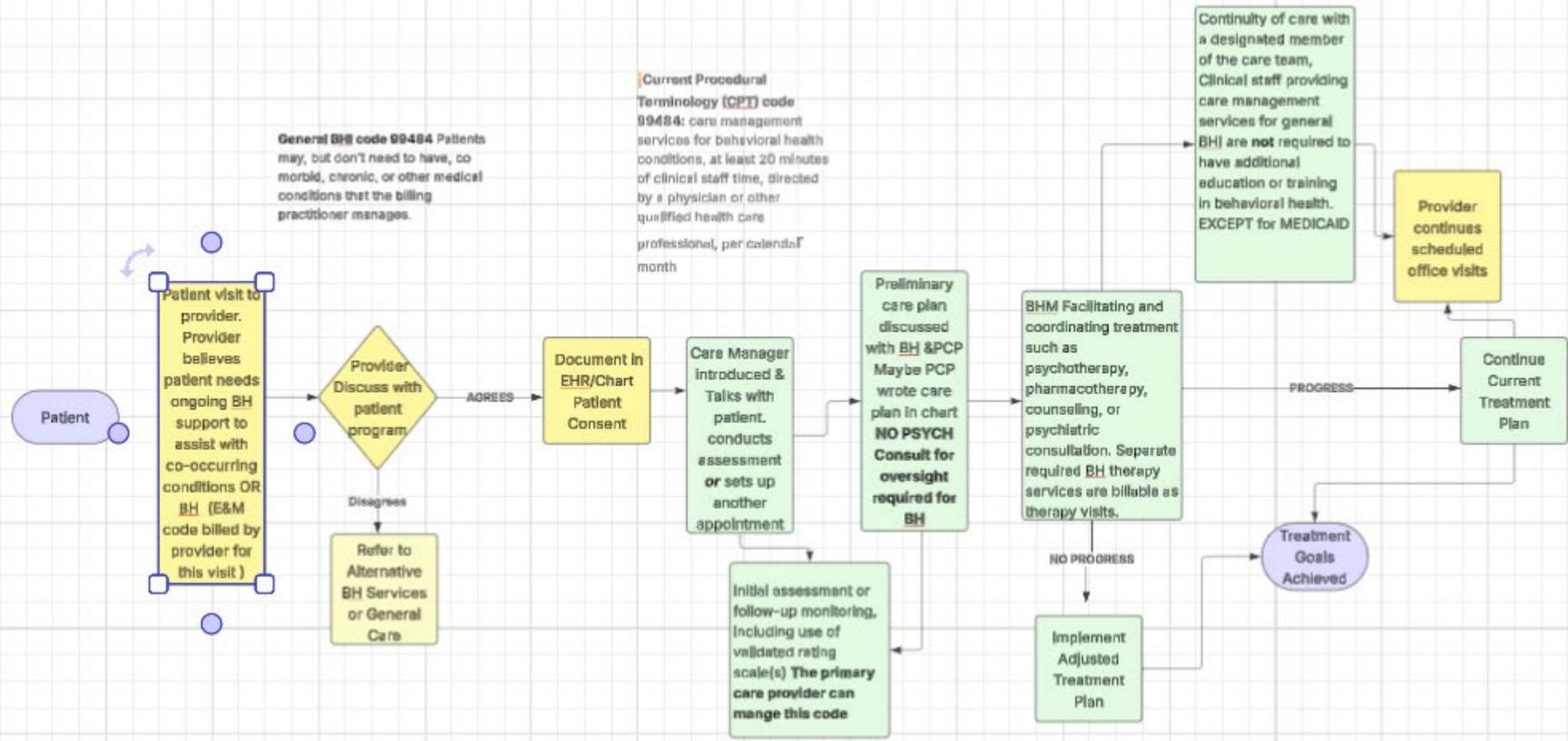
- Code G0323 was introduced in 2023 to expand the types of healthcare professionals who could administer reimbursable BHI care management services. This code has the same conditions as CPT code 99484, but the care can be supervised by clinical social workers and clinical psychologists in addition to licensed providers. The hope is that code G0323 encourages broader participation in and implementation of BHI programs.

- CMS emphasizes that an overseeing provider should be central to the BHI care plan's creation, monitoring, and periodic adjustments. However, other behavioral healthcare professionals can supervise or distribute monthly care to patients and bill their services under code G0323.

BHI Billing

- **Restrictions**

- A general BHI code and a Collaborative Care Management (CoCM) code cannot be billed together for the same member in the same month. A BHI code and a Health Behavior Assessment and Intervention (HBAI) code cannot be billed together for the same member in the same month.



**SIDE-BY-SIDE
COMPARISON OF
CODING
REQUIREMENTS
FOR COCM VS.
GENERAL BHI
SERVICES**

Collaborative Care Management (CPT codes 99492, 99493, 99494, HCPCS code G2214)

Requirements:

General BHI (CPT code 99484) Shares common required service elements with CoCM, but has fewer requirements:

Outreach to and engagement in treatment of a patient as directed by the treating physician or other qualified health care professional	Initial assessment or follow-up monitoring, including use of validated rating scale(s) The primary care provider can manage this code
Initial assessment by primary care team and administration of validated rating scale(s)	Behavioral health care planning, including revisions for patients not progressing or whose status changes
Joint care planning with the primary care team, with revisions for patients whose condition is not improving adequately	Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling, or psychiatric consultation

**SIDE-BY-SIDE
COMPARISON OF
CODING
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FOR COCM VS.
GENERAL BHI
SERVICES**

<p>Collaborative Care Management (CPT codes 99492, 99493, 99494, HCPCS code G2214) Requirements:</p>	<p>General BHI (CPT code 99484) Shares common required service elements with CoCM, but has fewer requirements</p>
<p>Review by the psychiatric consultant, with modifications to plan, if recommended</p>	<p>Continuity of care with a designated member of the care team, Clinical staff providing care management services for general BHI are not required to have additional education or training in behavioral health. EXCEPT for MEDICAID</p>
<p>Proactive, systematic follow-up by behavioral health care manager using validated rating scale(s) and a registry</p>	
<p>Regular (at least weekly) case load review with psychiatric consultant</p>	
<p>Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies</p>	
<p>Patient consent (verbal or written) documented in the medical record</p>	<p>Patient consent (verbal or written) documented in the medical record</p>



Collaborative Care Model CoCM

Fundamentals Codes 99492,99493,99494 G2214

Billed to HCPF, Insurance companies and Medicare

For Rocky PRIME members, CoCM codes ARE billed to Rocky. For all other Rocky RAE members, it is billed directly to HCPF

Collaborative Care Model – CoCM Facts

- Medicare Patients & Commercial insurance patients and NOW Medicaid participates in CoCM code set. **Note program is for PCP only for Colorado Medicaid.**
- Do NOT need a BH commercial contract, these codes are **billed incident to the primary provider the patient is seeing.** **NOTE: For Medicaid you do need to be enrolled in Medicaid credentialed with Medicaid and the RAE.**
- The BH worker Behavioral health RN, LCSW CSW, LMFT, LAC, Psychologist, MDs, LCPC LPC student does NOT need to be credentialed with the payer for Commercial or Medicare **NOTE: BH staff Must be credentialed with the RAE for Colorado Medicaid. HCPFs fully licensed, enrolled and credentialed rule for the BH Care Manager position? They have said that post masters' students under supervision of the licensed BH clinician can perform the CoCM role...**
- Practices billing these codes for Medicaid must meet the standards of the evidence-based Collaborative Care Model, which will be validated by the RAE through the HCPF Practice Assessment Tool a minimum of every three years.
- Advance Consent Before starting BHI services, the patient must give the billing practitioner permission to consult with relevant specialists, which includes talking with a psychiatric consultant. The billing practitioner must inform the patient that cost sharing applies for both face-to-face and non-face-to-face services even if supplemental insurers cover cost sharing. We don't require written consent. ● You may get verbal consent from the patient ● You must document it in the medical record

Collaborative Care Model Facts

- CoCM is delivered monthly, calendar month, for an episode of care that ends when targeted treatment goals are met or there is failure to meet targeted treatment goals culminating in referral for direct psychiatric care, or there is a break in episode (no CoCM for 6 consecutive months).
- CoCM can be billed in the same month as [chronic care management](#) or [transitional care management](#) services. However, the time and activities used to meet the criteria for another service cannot be counted toward CoCM.
- HABI codes can not be billed with CoCM in the same month.
- **For Rocky PRIME CoCM codes are billed to Rocky for all other Rocky RAE members it is billed to HCPF RAE**

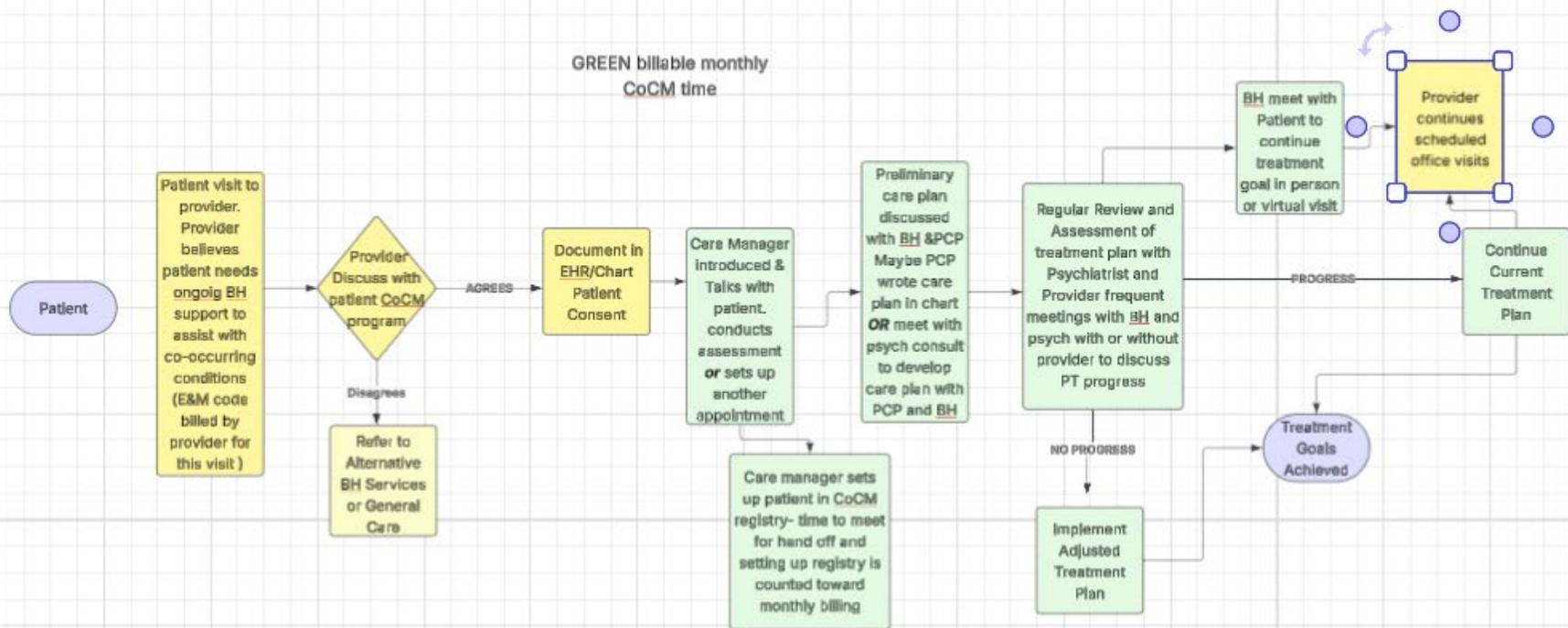
Collaborative Care team for CoCM

- Treating (Billing) Practitioner – A physician or non-physician practitioner (physician assistant or nurse practitioner); typically, primary care, but may be of another specialty (for example, cardiology, oncology/Gyn, Pediatrics) **NOTE: For Medicaid CO CoCM only for PCP including pediatrics**
- Behavioral Health Care Manager – A designated provider with formal education or specialized training in behavioral health (including social work, Psych nursing, or psychology), working under the oversight and direction of the billing practitioner
- Psychiatric Consultant – A medical provider trained in psychiatry and qualified to prescribe the full range of medications For COCM only used as reviewer not patient facing.
- Patient – The patient is a member of the care team

Collaborative Care Model –Services

- The primary care team performs the initial assessment and are responsible for the administering the validated rating scales.
- The primary care team's joint care planning with the patient, with care plan revision for patients whose condition isn't improving adequately. Treatment may include pharmacotherapy, psychotherapy, or other recommended treatments.
- Behavioral health care manager following up proactively and systematically using validated rating scales and a registry.
 - Assesses treatment adherence, tolerability, and clinical response using validated rating scales
 - Delivers brief, evidence-based psychosocial interventions such as behavioral activation or motivational interviewing

GREEN billable monthly
CoCM time



CODES FOR CoCM

A CoCM code and a Health Behavior Assessment and Intervention (HBAI) code cannot be billed together for the same member in the same calendar month. A CoCM code and a general Behavioral Integration (BHI) code cannot be billed together for the same member in the same month.

Collaborative Care Model (CoCM) Codes			
Code	Service & Description	Time	Provider Types
99492	<p>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 that the treating physician or other qualified health care professional directs, with the following required elements:</p> <ol style="list-style-type: none"> 1. Outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional 2. Initial assessment of the patient, including administering validated rating scales, with the development of an individualized treatment plan 	Min. 70 minutes per calendar month	<p>Billing Providers: 05, 16, 25, 26, 32, 39, 45, 61</p> <p>Service Providers: Psychiatric Consultant, Behavioral Health Care Manager, PCMP</p> <p>Common Notes:</p>

99492 Cont'd

	<ol style="list-style-type: none">3. Review by the psychiatric consultant with modifications of the plan, if recommended4. Entering patient in a registry and tracking patient follow-up and progress using the registry, with proper documentation, and participation in weekly caseload consultation with the psychiatric consultant5. Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies		<p>These visits will not require a diagnosis covered by the capitated behavioral health benefit. PCMPs should use the most appropriate diagnosis that supports medical necessity.</p>
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99493	<p>Follow up psychiatric collaborative care management, first 60 minutes in a following 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, with the following required elements:</p> <ol style="list-style-type: none"> 1. Tracking patient follow-up and progress using the registry, with proper documentation 2. Participation in weekly caseload consultation with the psychiatric consultant 3. Ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers 4. Other review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations supplied by the psychiatric consultant 5. Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies 6. Monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms, other treatment goals and prepare for discharge from active treatment 	Min. 60 minutes per calendar month		
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99494	<p>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 that the treating physician or other qualified health care professional directs (list separately from the code for the primary procedure).</p> <p>Notes: Must be used alongside 99492 or 99493 to bill for additional 30-minute increments of care management time.</p>	<p>Min. 16 minutes, max. 37 minutes; billed maximum of two times per calendar month</p>
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CoCM Cont'd HCPF

G2214	Initial or subsequent psychiatric collaborative care management, first 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:	Min. 30 minutes per calendar month
	<ol style="list-style-type: none">1. Tracking patient follow-up and progress using the registry, with proper documentation; participation in weekly caseload consultation with the psychiatric consultant2. Ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers3. Other review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations supplied by the psychiatric consultant Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies4. Monitoring of patient outcomes using validated rating scales5. Relapse prevention planning with patients as they achieve remission of symptoms, or other treatment goals and prepare for discharge from active treatment	

G2214 Part of the overall CoCM; billed to HCPF

- An initiating PCP visit is required before billing G2214
 - Member cost sharing is required for any of the codes (Medicare Commercial)
 - Represents 30 minutes of CoCM time when the required time for the other codes 99492, 99493 or 99494 are not met.
 - Used for either initial or subsequent month follow-up
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- An example of when to use this code is when you see a patient for services, then hospitalize them or refer them for specialized care, and you don't meet the number of minutes needed to bill using the current coding.



For all behavioral health billing and coding questions, please use the hcpf_bhcoding@state.co.us email address. For providers who are having challenges with claims, denials, conflicting guidance between MCEs, or other concerns, please submit your experience on this [Provider Escalation Request Form](#).

For more information contact:
hcpf_integratedcare@state.co.us

Thank you

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QUESTIONS



Resources

- Additional BHI Coding Resources
- [Bringing Behavioral Health Into Your Practice Through a Psychiatric Collaborative Care Program *FPM* Article Integrating Behavioral Health Into Primary Care |](#)
- [*FPM* Article Innovative Care Delivery: Behavioral Health Integration and Home-based Primary Care *FPM* Article Family Medicine Practice Hack: Behavioral Health Integration](#)[AAFP BHI Learning Forum](#)
- [Free CMEAMA BHI Compendium](#)[AIMS Center: Advancing Integrated Mental Health Solutions](#)[Substance Abuse and Mental Health Services Administration](#)
- [Medicare Learning Network Booklet: Behavioral Health Integration Services](#)



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