Welcome RAE Practice Facilitators

Please put your name and the RAE you represent 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 will be made available on the Practice Innovation Program website:

https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/train-the-trainer/for-practice-facilitators

AGENDA 10/16/2025

- Overview of Upcoming Events
- Supporting practices in implementing and billing for the Collaborative Care Model – PF best practices and challenges

Upcoming Learning Community Calls

PCMP Learning Community Meetings

Second Thurs. of every month
12:00-1:00

Click Here to Register for the PCMP Learning Call

NEXT meeting: 11/13/2025, 12:00-1:00

Topic: BHI Sustainability: Health Behavior and Intervention (HBAI) Codes

RAE PF Learning Community Meetings

Third Thurs. of every month
11:00-12:00

Click Here to Register for the RAE PF Learning Call

NEXT meeting: 11/20/2025, 11:00-12:00

Topic: Practice Facilitation to Support Practices in using HBAI Codes

Next PF Office Hours: 10/23/2025, 9:00-10:00

https://ucdenver.zoom.us/j/91949072474

Opportunities for Individualized Support for PF, RAE teams, or PCMPs

Value Based Payment (VBP) Mentors

Mentors will work directly with practice to explore VBP topics, providing support in practice discussions and attending practice meetings as needed.

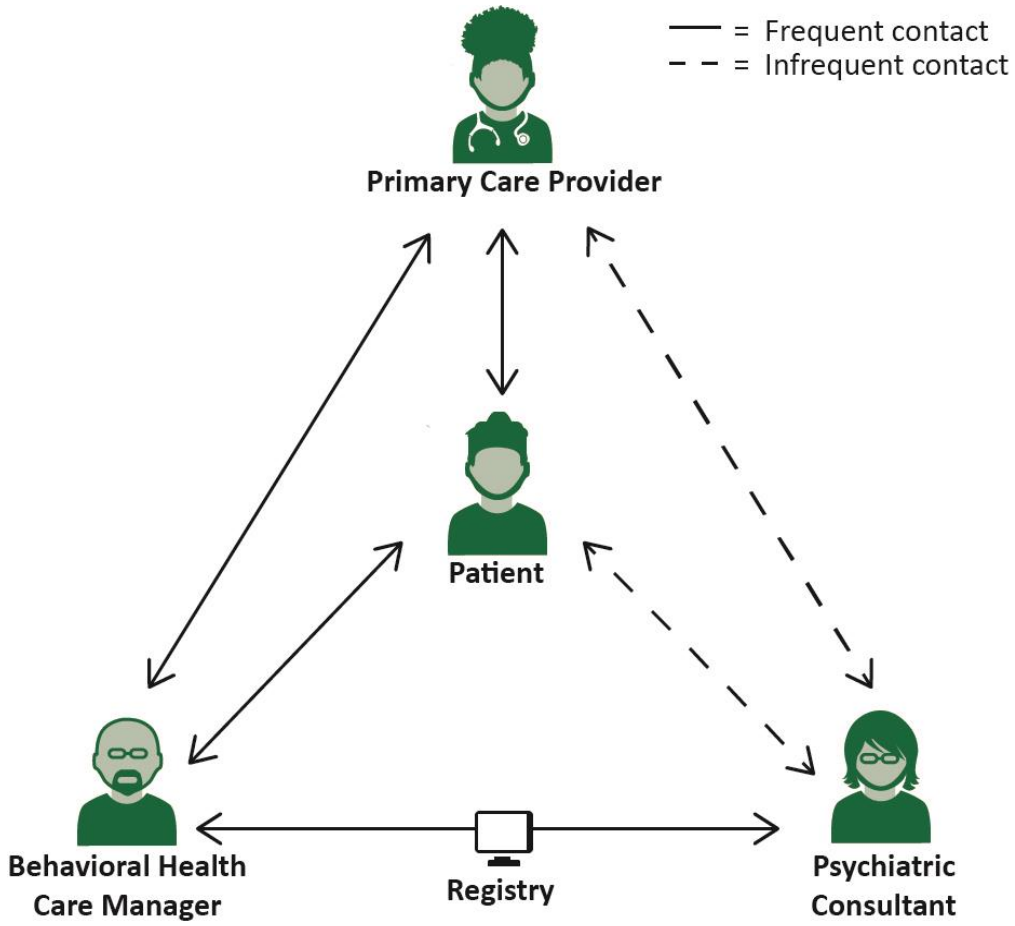
Subject Matter Experts

Consultation for clinical operations, billing, coding – Pam Ballou-Nelson

Pediatric specific coaching for Family Medicine and Pediatrics – Mindy Craig

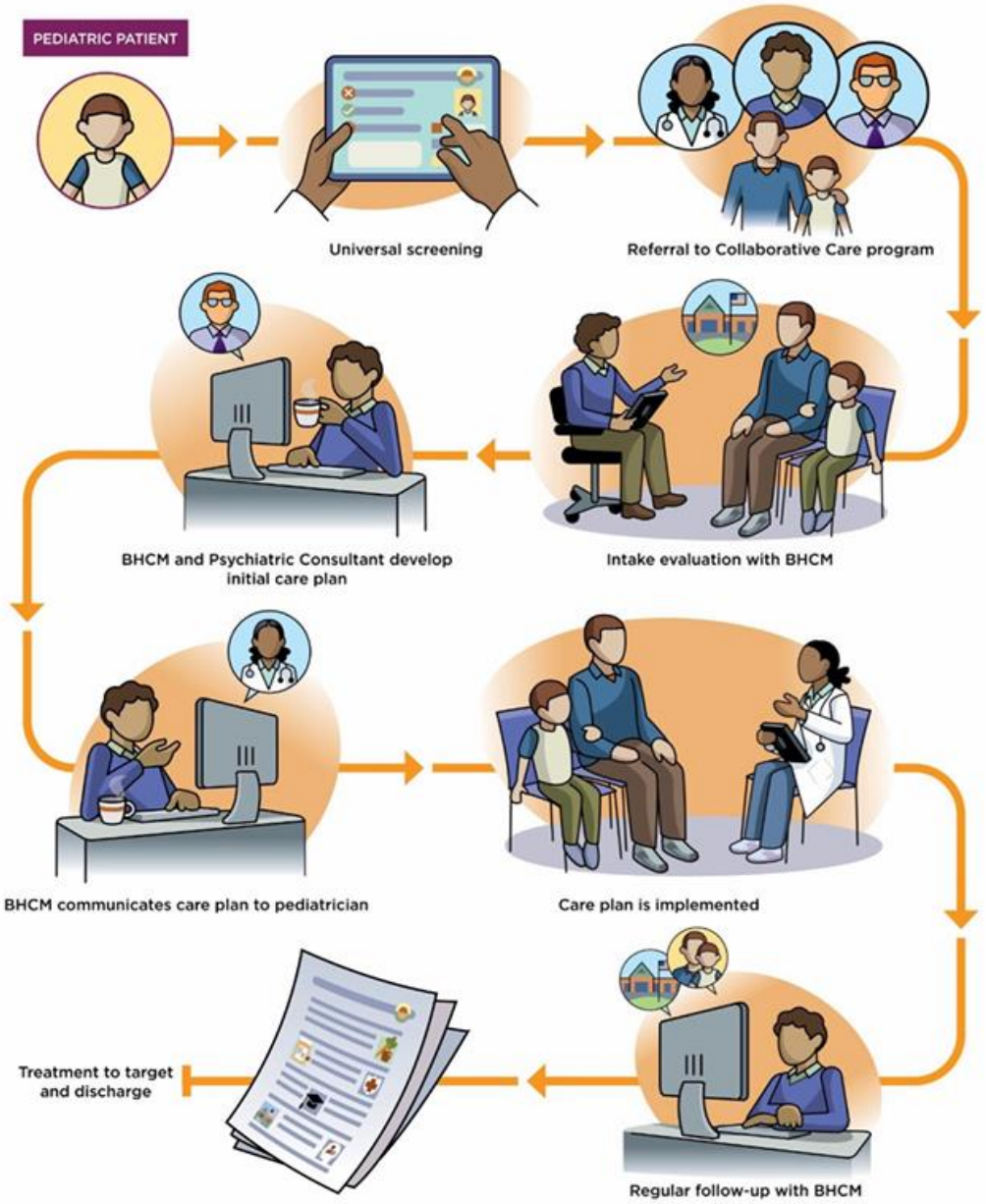
Tactics to address ACC 3.0 Opportunities – HealthTeamWorks

What is the Collaborative Care Model (CoCM)



CoCM requires a team of providers. Trained **Primary Care Providers (PCP)** work with embedded **Behavioral Health Care Managers (BHCM)** to provide evidence-based medication or psychosocial treatments. The PCP and BHCM are supported by a **Psychiatric Consultant** who meets regularly with the BHCM for Systematic Caseload Review (SCR), where they consult on patients and adjust treatment for those who are not improving as expected.

Collaborative Care Workflow



PF Discussion – supporting practices using the Collaborative Care Model (CoCM)

- Steps in getting started
  - Staffing in primary care – Behavioral Health Care Manager
  - Identifying Psychiatrists to participate
  - Registry development
  - Shared Care Plans
- Workflow
- Coding and Billing
- What concerns do your practices have?

Resources:

AIMS Center, University of Washington – leaders in training and supporting practices on implementing the Collaborative Care Model, About Collaborative Care - AIMS Center

Meadows Mental Health Policy Institute – Tools and resources to support implementation of the Collaborative Care Model, Collaborative Care Model Technical Assistance Tools - MMHPI - Meadows Mental Health Policy Institute

Scan to complete evaluation

https://practiceinnovationco.co1.qualtrics.com/jfe/form/SV_1FjolUm5P7y5SGG

PIP Contacts

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Lauren Quintana, MS - Project Manager
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THANK YOU!

For reference: slides from 10/9/2025

Department of Family Medicine

Integrating Collaborative Care (CoCM): Strategies for Implementation in Clinical Practice

October 9th , 2025,

Pamela Ballou-Nelson, RN, MSPH, FMC, CMPE, PhD
Pam@healthcareconsultinginc.com

Session Objectives

- Define the fundamentals of Collaborative Care (CoCM) and its relevance in contemporary clinical settings
- Identify patient populations who benefit most from CoCM
- Outline key steps for establishing CoCM workflows within a practice
- Discuss best practices for documentation and billing under the CoCM model

From AMA Integrating PC /BH : How to assemble the best team to integrate mental health care | American Medical Association (ama-assn.org)

"The underlying principle of behavioral health integration is that physical, behavioral, and social health are ***inextricably intertwined***.

If the practice is going to be successful with integrated BH then they must *at some point* embed the services and understand the connection".

Advantages for Patients

Comprehensive, Whole-Patient Care. …

Time can span over 3-6 or months of care

Reduces Stigma + Negative Attitudes. …

Identifies + Treats Adverse Mental Health Conditions Before They Become Severe. …

Reduces Cost for Patients. …

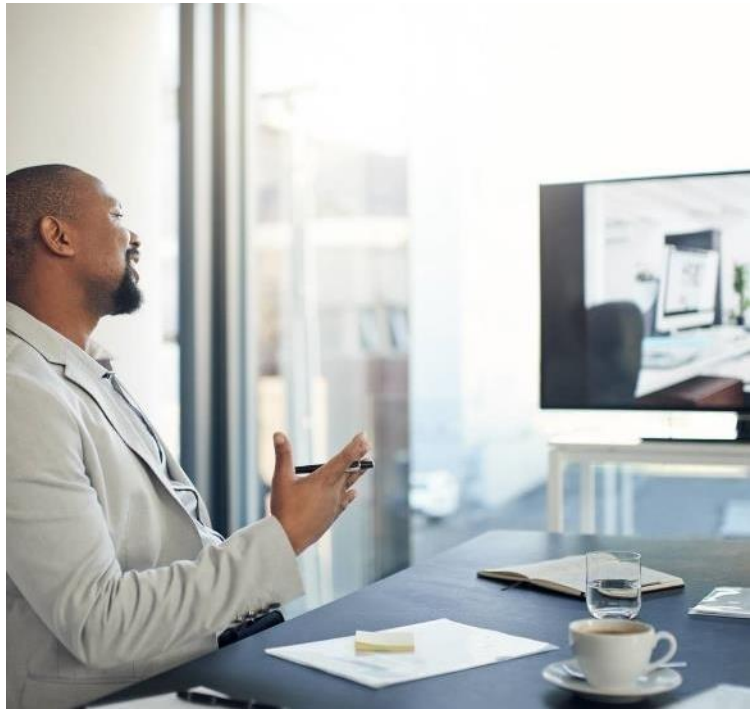
Increases Patient Satisfaction.

Population based program- VB metrics- shared savings

Daniel's story

https://www.youtube.com/watch?v=_J-MFMnTrA4

- CoCM was associated with:
  - Higher rates of treatment initiation (99.4% vs 54.2%; P < .001)
  - Higher rates of treatment completion (76.6% vs 11.6%, P < .001)
  - Higher rates of improvement in behavior problems, hyperactivity, and internalizing problems (P < .05 to .01)
  - Higher rates of improvement in parental stress (P < .05–.001)
  - Higher rates of remission in behavior and internalizing problems (P < .01, .05)
  - Higher rates of goal improvement (P < .05 to .001)
  - Higher rates of treatment response (P < .05)
  - Higher rates of consumer satisfaction (P < .05).
- CoCM pediatricians reported greater perceived practice change, efficacy, and skill use to treat ADHD (P < .05 to .01).



Collaborative Care Model CoCM
Fundamentals Codes 99492,99493,99494 G2214
Billed to HCPF, Insurance companies and Medicare

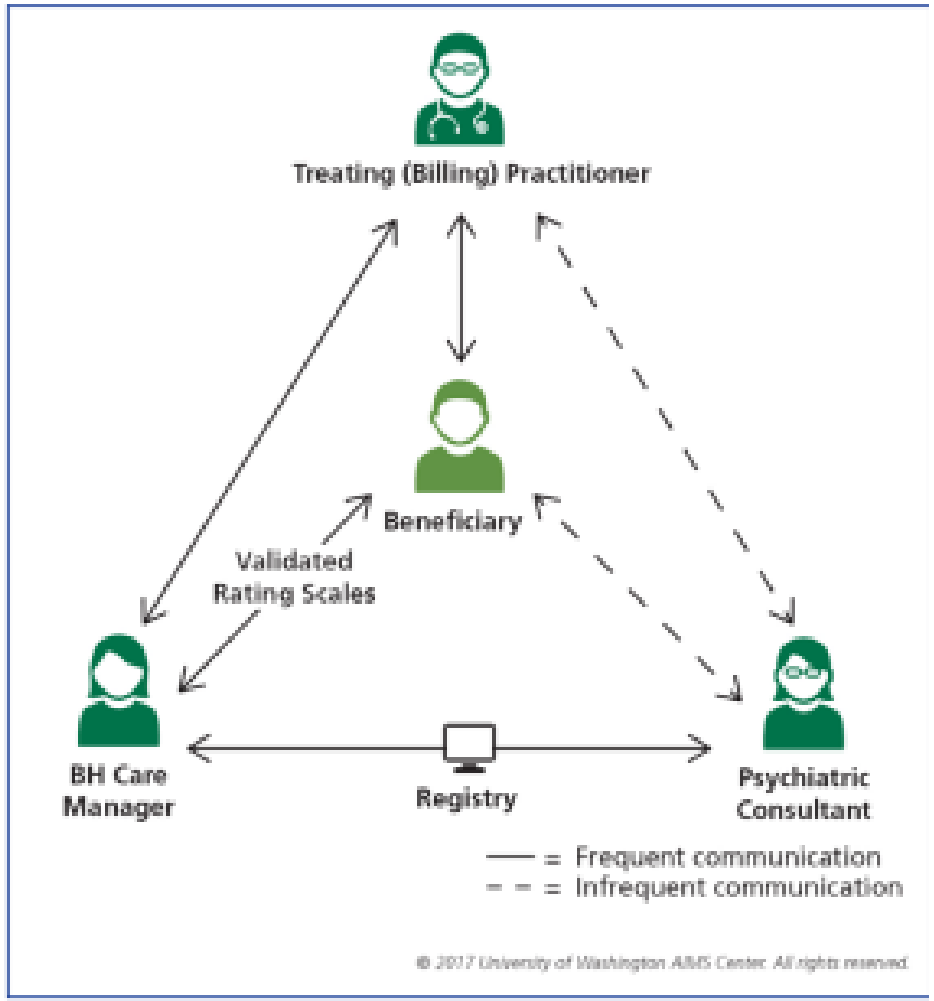


Figure 1: Illustration of a CoCM mode

Collaborative Care Model -CoCM

What is CoCM? Enhances usual primary care by adding 2 key services to the primary care team, particularly patients whose medical conditions aren't improving because of BH issues:

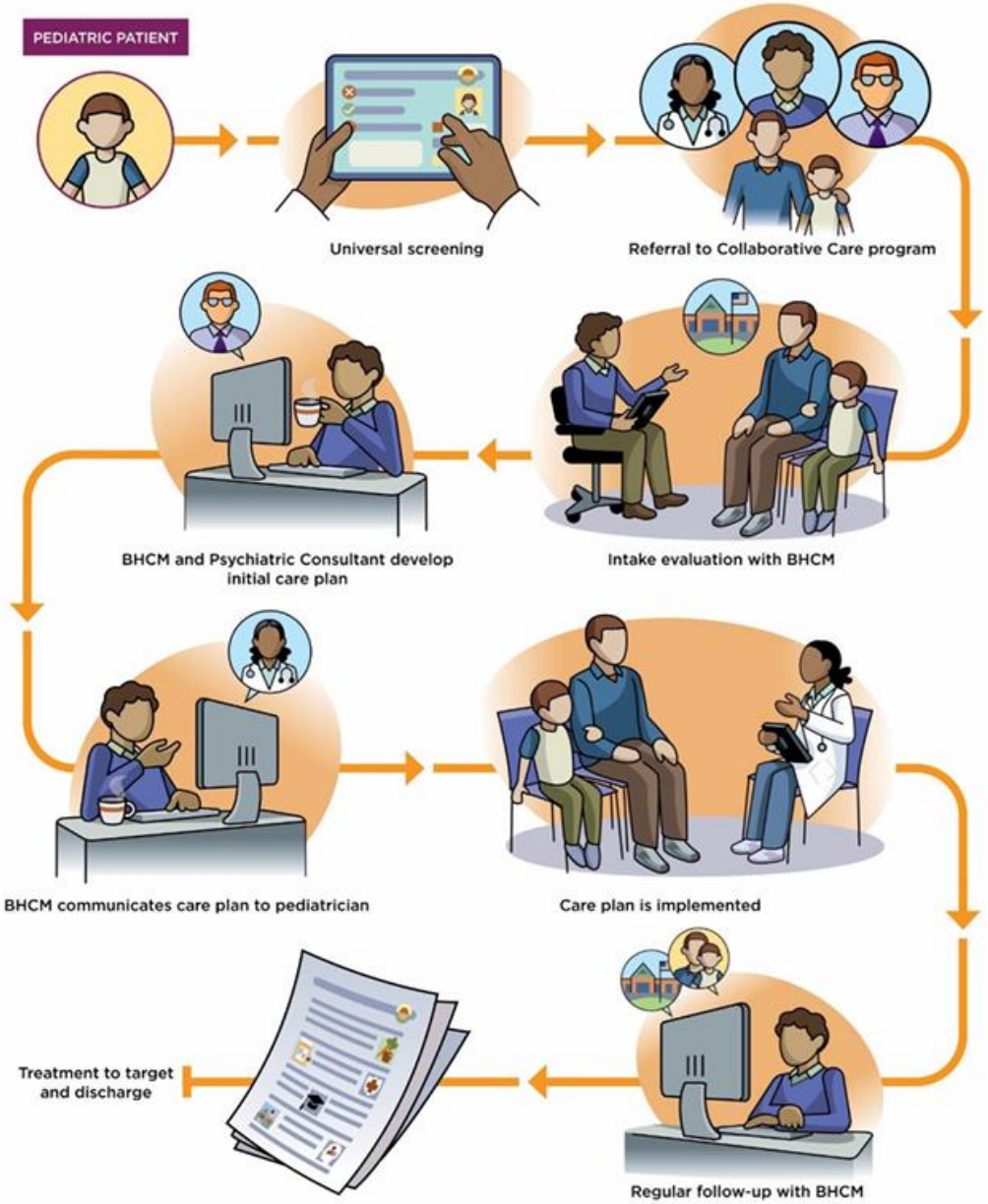
- Behavioral Health Care Manager Rendering provider credentialed with RAE Medicaid enrolled and attributed to the practice. Can work with the patient outside of regular clinic hours as necessary to perform the behavioral health care manager's duties

- Psychiatric Consultant – can be virtual not face to face with patient

- Treating (Billing) Practitioner Medicaid & RAE credentialed.

Collaborative Care Workflow

Daniels story
https://www.youtube.com/watch?v=_J-MFMnTrA4



CoCM Facts

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 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

Collaborative Care Model –Services

• 70 minutes of behavioral health care manager time the first month • 60 minutes following months • Add-on code for 30 more minutes any month

● Regular case load review by the behavioral health care manager and the psychiatric consultant:

• The behavioral health care manager and the psychiatric consultant review weekly or every other week the patient's treatment plan and status, and if the patient is not improving, discuss the patient's treatment plan for potential revision with the psychiatric consultant

• The primary care team continues or adjusts treatment, including referral to behavioral health specialty care, as needed

CODES FOR CoCM

99492 Initial psychiatric collaborative care management, C0CM Billed to HCPF

PCMPs should use the most appropriate diagnosis that supports medical necessity.

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:

1.Outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional this includes follow-up interventions referrals for SDOH

2.Initial assessment of the patient, including administering validated rating scales, with the development of an individualized treatment plan

3. Review by the psychiatric consultant with modifications of the plan, if recommended

4. 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 consultant

5. Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies

Min. 70 minutes per calendar month

Code 99493 Follow up psychiatric collaborative care management, first 60 minutes in a following calendar month Billed to HCPF

Behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional,

Min. 60 minutes per calendar month

With the following required elements:

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

99494 Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month; Billed to HCPF

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).

Notes: Must be used alongside 99492 or 99493 to bill for additional 30-minute increments of care management time.

Min. 16 minutes, max. 37 minutes; billed maximum of two times per calendar month

G2214 Part of the overall CoCM; billed to HCPF

An initiating 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

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.

Example

September 5th

A 53-year-old man, Mr. A, presents to his PCP with a chief complaint of “not sleeping enough, having headaches, and feeling run down.” For the last 4 months, he has been waking up too early in the morning and cannot get back to sleep. During the day he is exhausted and is having trouble focusing when he’s at work. His chronic back pain has increased, so he has been staying at home and has stopped exercising. He has tried everything he can think of to “break out of this rut,” but feels like it is pointless and is ready to give up. The PCP administers a PHQ-9 (Mr. A scored 18) and then asks Mr. A about suicidality. After discussing the symptoms on the PHQ-9, Mr. A says that he never thought of himself as depressed before. The primary care provider expresses confidence to Mr. A that he will be able to improve and introduced Mr. A to the behavioral health care manager (BHCM) for further evaluation and treatment and consents him to engage in the clinic CoCM program

Date	Case Details	Minutes and Other Relevant Billing Codes	Billable BHCM Provider - Psychotherapy and/or CoCM CPT codes	NO Billable BHCM Provider - CoCM CPT codes ONLY
Sept 5	Initial presenting visit with PCP	Always bill E&M code as appropriate for PCP visits	Not Billable	Not Billable
Sept 5	15-minute visit 5 minutes registry	The BHCM records 20 minutes towards CoCM	The BHCM records 20 minutes towards CoCM	The BHCM records 20 minutes towards CoCM

Example

The BH clinical provider sees Mr.

A for a warm handoff visit to engage Mr. A and schedule time for a full intake in the future. Enters patient into the registry (done at the end of each encounter between the patient and BHCM) keeping track of your hours spent.

September 8th Patient returns to see BH provider

The BH conducts a comprehensive assessment of Mr. A and learns that he has been more irritable at home with his wife and children for the past six months. He has also stopped going out with friends. In the last two weeks he has been late to work four times because he can't get himself to get started in the morning. As part of the initial comprehensive assessment, the BHCM administers screening instruments for PTSD (PCL-C), and bipolar disorder (CIDI-3), both of which were negative. The BHCM screens for alcohol use disorder with the AUDIT-C and other substance use disorders with appropriate questionnaires. All are negative, but Mr. A report that he has started smoking cigarettes again. The BHCM and Mr. A discuss the provisional diagnosis of major depression and its treatment, as well as the connections between depression and chronic pain

Billing Example

Date	**Case details**	**Minutes AND Other Relevant billing codes**	**Billable BHCM provider Psychotherapy or CoCM**	**Non billable BHCM provider CoCM code only Note must be credentialed for Medicaid**
September 8th	Initial assessment with BH Care Manager	45-minute visit 5 minutes document on registry	The BHCM records 50miutes toward CoCM **or assessment code and 5 minutes** CoCM	CoCM only 50 minutes

Example Pysch Consult

SEPT 9:

The next day the BH and Psychiatric Consultant (PC) discuss Mr. A's presentation during weekly case review. The PCP had asked whether fluoxetine could be appropriate for Mr. A. The PC suggests considering bupropion as an initial antidepressant given its efficacy for both treating depression and in supporting smoking cessation. A titration schedule is provided to escalate the dose to the therapeutic range and monitor response with a PHQ-9 over four to six weeks. The PC completes the recommendation in the EMR and alerts the PCP to it via electronic messaging. No PC time is counted towards CoCM since this is not the work of the BHCM. SEPT 16: The BHCM meets Mr. A for another session and Problem Solving Treatment (PST) is started. This is to target Mr. A's goal of re-engaging in work and social activities. After the session, which was productive, Mr. A agreed to meet via phone in two weeks

Example

Date	Case Details	Minutes and Other Relevant Billing Codes	Billable BHCM Provider - Psychotherapy and/or CoCM CPT codes	NO Billable BHCM Provider - CoCM CPT codes ONLY
Sept 9	The next day the BHCM and Psychiatric Consultant (PC) discuss Mr. A's presentation during weekly case review. ***No PC time is counted towards CoCM since this is not the work of the BHCM.***	5 minutes BHCM prep time 10-minute consult 5 minutes registry	Not billable with psychotherapy codes **OR** The BHCM records 20 minutes towards CoCM	The BHCM records 20 minutes towards CoCM
Sept 16	The BHCM meets Mr. A for another session and Problem Solving Treatment (PST) is started.	30-minute visit 5 minutes registry	The BHCM bills for a 30 minute psychotherapy session with code 90832 + 5min CoCM **OR** The BHCM records 35 minutes towards CoCM	The BHCM records 35 minutes towards CoCM

FOCUS ON LAST COLUMN

Example

SEPT 17:

The BH organizes a discussion with the PCP to review the PC's recommendations for antidepressant medication and to discuss the recent initiation of PST. Additionally, the BHCM asks the PCP to follow-up with Mr. A on PST (problem solving Therapy) progress at their visit the following week.

SEPT 25:

The PCP sees Mr. A for a follow up visit and prescribes bupropion SR 150mg daily. The PCP reinforced the role of the BHCM in coordinating care and the value of PST for depression.

SEPT 27: The BHCM calls for a scheduled phone visit. The BHCM administers the PHQ-9 over the phone and records the score as 16. The BHCM checks in with Mr. A both about starting medications and reinforcing PST skills.

Example Billing

FOCUS ON LAST COLUMN

Sept 17	The BHCM organizes a discussion with the PCP to review recommendations. Asks the PCP to follow-up with Mr. A the following week.	5 minutes Care coordination 5 minutes registry	Not billable with psychotherapy codes OR The BHCM records 10 minutes towards CoCM	The BHCM records 10 minutes towards CoCM
Sept 25	The PCP sees Mr. A for a follow up visit and prescribes bupropion SR 150mg daily and reinforced the role of the BHCM.	Always bill E&M code as appropriate for a face-to-face visit with the PCP	Not billable	Not billable
Sept 27	The BHCM calls for a scheduled phone visit.	10-minute phone call 5 minutes registry	Not billable with psychotherapy codes OR The BHCM records 15 minutes towards CoCM	The BHCM records 15 minutes towards CoCM

SUMMARY OF MONTH 1 OF TREATMENT

AMERICAN PSYCHIATRIC ASSOCIATION

Date	Case Details	Minutes and Other Relevant Billing Codes	Billable BHCM Provider - Psychotherapy and/or CoCM CPT codes	NO Billable BHCM Provider - CoCM CPT codes ONLY
Summary of Month 1 of Treatment	Mr. A has been engaged in care, diagnosis has been established and treatment has been started. On the last day of the month the BHCM totals the time spent of the care of Mr. A.	2 E&M visits 45 minute visit 30 minute visit 75 minutes BHCM activities	2 PCP visits with E&M codes Bill 90791 x 1 (50 minutes) and 90832 x 1 (30 minutes). ~~AND~~ CoCM code 99492 (70 minutes) for first month of CoCM treatment **OR** 90791 and 99492 + 99494 x 1 **OR** 90832 and 99492+ 99494 x 2	2 PCP visits with E&M codes CoCM Code 99492 for first month (70 minutes) AND 99494 x 2 (2 x 30 minutes) 20 min unbillable

FOCUS ON LAST COLUMN

Registry Documentation

Reflect treatment progress, track treatment to target

Reflect time spent each month coordination with PCP and other clinical needs.

Reflect integration time with psych consult

Consent must be acquired by PCP document this and inform patient of possible copay. Use a script to consent the Patient

Separate billing codes can be used for psychotherapy services, but you can not count them as CoCM

Buy in for CoCM

Look at population needs

Look at payer mix

Select appropriate BH care manager role

Shared savings metrics

Value based contracts

Care management payments

ROI work sheets

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.

QUESTIONS

Office Hours

Friday october10th 1PM

Monday October 13th 2PM

Wednesday October 15th 10AM & 11AM

pam@healthCareconsultinginc.com

Resources

Additional BHI Coding Resources

Bringing Behavioral Health Into Your Practice Through a Psychiatric Collaborative Care Program *FPM* ArticleIntegrating Behavioral Health Into Primary Care |

FPM ArticleInnovative Care Delivery: Behavioral Health Integration and Home-based Primary Care *FPM* ArticleFamily Medicine Practice Hack: Behavioral Health IntegrationAAFP BHI Learning Forum

Free CMEAMA BHI CompendiumAIMS Center: Advancing Integrated Mental Health SolutionsSubstance Abuse and Mental Health Services Administration

Medicare Learning Network Booklet: Behavioral Health Integration Services

CoCM Billing Codes

Code	Description	Minimum Time Threshold *
99492	First **70 minutes** of CoCM services rendered in the **first** calendar month	36 Mins
99493	First **60 minutes** of CoCM services rendered in any **subsequent** month	31 Mins
99494	Each **additional 30 minutes** of CoCM services rendered in **any** calendar month after the total time for the primary code has been met As of 7/1/24, Medicare reimburses up to **4 units** per month	16 Mins
G2214	**30 minutes** of CoCM services rendered in **any** calendar month	16 Mins
G0512	**minimum 70 minutes** during initial month and **minimum 60 minutes** during subsequent months of CoCM services in **FQHC/RHC**	N/A

** APPLIES IF PAYER FOLLOWS CPT "TIME RULE"*