HCPF Codes
CoCM- BHI -HBAI
For FQHC & RHC

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Presenters:

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CoCM 99492,99493,99494 G2214

HABI or HBAI 96156, 96158,96159,96164,96165,96167,96168,96170,96171

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

Agenda

Collaborative Care Model –Services CoCM

- 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 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. : **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…**
- 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

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:
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- 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 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
- 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.

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 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. Don’t require written consent. You may get verbal consent from the patient. You must document it in the medical record

RHC FQHC Comments CoCM

RHC - Gabe

CoCM requires maintaining a registry and coordinating with a Psychiatric consultant.

- During the 1302 grant, RHC's requested clarification on the registry. Below is an explanation from a PIP instruction on registry with a resource link.
    - A patient registry is a list of patients with a given diagnosis used to manage, follow up, and track outcomes over time for a pre-defined patient population. In the Collaborative Care Model, a registry of patients tracks patients' treatment progress across a care team that includes psychiatrists. Fields in the registry that the team tracks on may be screening results, medications, treatment plans, appt. dates/recommended follow up. It is an essential component of formal implementation of the Collaborative Care Model that assists the team in care coordination. Patients with behavioral health diagnoses that primary care clinicians are consulting on treatment with a psychiatrist on would be tracked in a shared patient registry.
    - Resource: The following link can provide more details about registry functions and design, CoCM-Registry-Design-Considerations.pdf
- RHC's experience high rates of staff turnover and challenges with identifying qualified/credentialed providers that are available and/or willing to relocate to rural communities.
- Are there third-party vendors that offer this oversight virtually or in another capacity so more clinics can offer CoCM services?
- **Are there RHC's on this call who are able/would like to share more about their experience with CoCM? Wins, challenges/barriers? Was not having a psychiatrist available hindering their ability to use and bill for CoCM?**

FQHC CoCM Special Considerations- Mike

If your implementation of HBAI/CoCM constitutes a change in the BH services you offer, this could qualify your health center for a “change in scope of services” rate adjustment to your PPS rate. This adjustment could justify the time and effort put forward to launch these codes.

If implementing these codes adds a new BH service to your health center, discuss this with your CFO/cost reporter as it may also impact your APM rate. Even though most CHCs elect their APM rate, it is important to update PPS when a CHC has a qualifying event.

A word about H Codes

The ability for an FQHC to bill H codes for short integrated care touches is a RAE-level decision, including which H codes are billable

Participant Questions about CoCM For FQHC RHC

BHI FACTS
CPT code 99484

BHI Facts 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.

Tip: We allow psychiatric consultants and other care team members to offer certain services remotely under BHI codes

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.

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 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.

General Behavioral Health Integration Codes

Code	Service Description	Time	Provider Types
99484	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: • 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	**Billing Providers:** 05, 16, 25, 26, 32, 39, 45, 61 **Service Providers:** Licensed behavioral health providers **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

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Appropriate DX code that supports medical necessity

			that supports medical necessity.
G0323	Care management services for behavioral health conditions cover at least 20 minutes of clinical psychologist or clinical social worker time per calendar month, including: • 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	

For more information contact:

hcpf_integratedcare@state.co.us

BHI codes on For FQHC RHC

Participant Questions about BHI For FQHC RHC

HBAI CODES

Also referred to as HABI

96156,
96158,96159,96164,
96165,96167,96168,
96170,96171

NOTE: You need a physical diagnosis code to Bill HABI/HBAI

Health Behavior Assessment and Intervention Codes (HABI Codes) also referred to as HBAI

- A component of the Integrated Care Sustainability Policy includes allowance of Primary Care Medical Providers (PCMPs) to bill Health Behavior Assessment and Intervention (HBAI) codes and be reimbursed Fee-For-Service (FFS) or through a Managed Care Organization
- HBAI codes focus on assessment and interventions to address behavioral health issues in a medical setting. **HBAI services can be used to help assess and intervene in the psychological and behavioral factors affecting a member's** functioning Health. Source HCPF *July 1, 2025*

Health Behavior Assessment and Intervention Codes

Code	Service Description	Time	Provider Types
96156	Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making).	N/A MUE: 1 unit	**Billing Providers:** 05, 16, 25, 26, 32, 41, 45, 51 **Service Providers:** Licensed behavioral health providers **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 necessity.
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes.	16 minutes - 37 minutes MUE: 1 unit	
96159	ADD ON to 96158 Health behavior intervention, individual, face-to-face; Each additional 15 minutes (List separately in addition to code for primary procedure).	8 minutes - 22 minutes MUE: 4 units	
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes.	16 minutes - 37 minutes MUE: 1 unit	
96165	ADD ON to 96164 Health behavior intervention, group (2 or more patients), face-to-face; Each additional 15 minutes (List separately in addition to code for primary procedure).	8 minutes - 22 minutes MUE: 6 units	

96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes.	16 minutes - 37 minutes MUE: 1 unit	
96168	ADD ON to 96167 Health behavior intervention, family (with the patient present), face-to-face; Each additional 15 minutes (List separately in addition to code for primary procedure).	8 minutes - 22 minutes MUE: 6 units	
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes.	16 minutes - 37 minutes MUE: 1 unit	
96171	ADD ON to 96170 Health behavior intervention, family (without the patient present), face-to-face; Each additional 15 minutes (List separately in addition to code for primary procedure).	8 minutes - 22 minutes MUE: 2 units	

HABI Billing rules

Restrictions

- A HBAI code and a Collaborative Care Management (CoCM) code cannot be billed together for the same member in the same month.
- HBAI code and a psychotherapy code cannot be billed together on the same date of service.

Billing

- Practices must be contracted with a Regional Accountable Entity (RAE) or MCO as a PCMP to bill HBAI codes.
- PCMPs should use the most appropriate diagnosis when billing HBAI codes, however, a behavioral health diagnosis is not required.

Source HCPF *July 1, 2025*

HABI Billing rules

Reimbursement
HBAI services are provided by a licensed behavioral health provider in collaboration with a medical provider.
Services may be provided in person and/or through telehealth.
Practices may submit claims for reimbursement of HBAI codes for FFS reimbursement if they are contracted with a RAE or MCO as a PCMP.

The billing provider on the claim must be the PCMP billing as one of the following primary care provider types:
05 - Physician
16 - Clinic (primary care)
25 - Non-physician practitioner group
26 - Osteopath
32 - Federally Qualified Health Center (FQHC)
41 - Family/Pediatric Nurse Practitioner
45 - Rural Health Clinic (RHC)
51 - School Health Services

HCPF publication July 1 2025

HABI Billing rules

- The rendering provider on the claim must be Medicaid-enrolled and oversee treatment. The rendering provider must be enrolled as one of the following types:
- 37 - Licensed Psychologist (PhD, PsyD, EdD)
- 38 - Licensed Behavioral Health Clinician

- Post-masters level providers working towards clinical licensure may provide the HBAI service, however, the rendering provider on the claim must be listed as the licensed

Documentation

- Documenting "HABI" (Health and Behavior) codes typically involves detailing the assessment and intervention, including the **specific standardized instrument used**, the **reason for administration**, the **raw score or results**, and clinical notes summarizing the patient's **diagnosis, symptoms, functional status, and treatment plan**. Documentation should also include the **time spent** on the service and the **method of treatment**.

- The codes capture services related to physical health, such as patient adherence to medical treatment; symptom management; health-promoting behaviors; health-related risky behaviors; and adjustment to physical illness. https://www.apaservices.org/practice/reimbursement/health-codes/health-behavior
- Common questions about the Health Behavior Assessment and Intervention (HBAI) code changes, which became effective January 1, 2020, the billing requirement for a primary physical diagnosis (not a mental health diagnosis), and restrictions on billing other codes on the same day., all the core principles of the 2020 change remain.
- https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52434

HBAI codes FQHC RHC

FQHC Health Behavior Assessment and Intervention (HBAI) and Collaborative Care Management (CoCM) Codes

HBAI

- 96156
- 96158
- 96159
- 96167
- 96168
- 96170
- 96171

CoCM

- 99484
- 99492
- 99493
- 99494
- G0323
- G2214

FQHCs bill revenue code 900 for HBAI/CoCM codes

These sessions will not require a covered behavioral health diagnosis

FQHCs are not able to bill for Group Visit codes, so 96164 and 96165 have been removed from the HBAI code list

HBAI & CoCM Codes Continued

- A visit that includes a HBAI/CoCM integrated care services should include all behavioral health services in the visit on the claim billed to Health First Colorado

- When documenting HBAI/CoCM codes, the medical visit and the BH intervention can be billed as two separate encounters when they happen on the same day. Any billable or rendering providers who are also BH clinicians must be licensed as well as credentialed

- A HBAI code and a CoCM code cannot be billed together for the same patient in the same calendar month

- A HBAI code and a Psychotherapy code cannot be billed together on the same date of service

HBAI RHC – Gabe

- HABI Codes-RHC's attested to a smooth transition with the RAE's and utilizing the HABI codes in July 2025. The billing process was streamlined, most, if not all, practices that I worked with were in touch with their new RAE contact and were prepared to code and bill accordingly.
- Are there RHC's on this call who would like to share more about their experience with HABI codes? Wins, challenges/barriers?
- How has your experience been with reimbursement since utilizing the HBAI codes?

Participant Questions about HABI For FQHC RHC

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

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 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