



AIMS CENTER
W UNIVERSITY *of* WASHINGTON
Psychiatry & Behavioral Sciences

Advancing Integrated Care for Over 20 Years

Financing a Collaborative Care Program

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Disclaimer

The University of Washington AIMS Center provides information about billing for integrated behavioral health based on our understanding of the rules and regulations from CMS and AMA CPT coding manuals. However, the AIMS Center does not employ Certified Professional Coders and we do not provide direct patient services. Final decisions about billing fall to the compliance department of each practice which bears full responsibility for use of the codes. The AIMS Center shall not be responsible or liable for any claim or damages arising from use of the information provided.



Learning Objectives

By the end of this session, participants should be able to:

- Review options for billing Collaborative Care (CoCM) Services
- Describe the differences between psychotherapy and bundled payments for BHI services
- Discuss billing workflows and considerations



Financing Costs of Behavioral Health Integration

Initial Costs of Practice Change

- Provider and administrator time to plan for change
- Care team training costs and time/workforce development
- Development of registry
- Workflow planning, billing optimization

Ongoing Care Delivery Costs

- Behavioral Health Care Manager (BHCM) time
- Psychiatric services time
- Administration time and overhead (including continuous quality improvement efforts)



Reimbursement Strategies for Integrated Behavioral Health

- “Traditional” CPT fee-for-service codes
 - Health and Behavior, psychotherapy, screening, SBIRT, etc.
 - Licensure and setting requirements often vary by payer
- Team-based or bundled psychiatric CoCM codes
 - Medicaid/Medicare/Commercial bundle payment for the CoCM team under billing by the treating medical provider
- Value-based payments
 - Payment for quality of services and better patient outcomes over volume of services



Screening Codes Billable by Primary Care Provider (PCP)

- G0444—Medicare Depression Screen
— 15 minutes
- 96127 (brief emotional/behavioral assessment) can be billed for a variety of screening tools, including the PHQ-9 for depression and others



Screening Codes Billable by Perinatal and Pediatric Care Providers

- 96110: Developmental screening
 - Ages and Stages Questionnaire, autism screen
- 96127: Adolescent BH screening
 - SMFQ, SCARED, PHQ-A
- 96160: Post-partum mother risk assessment
 - Edinburgh (EPDS), PHQ-9
- 96161: Caregiver health risk assessment
 - Edinburgh (EPDS), PHQ-9



Psychotherapy Codes for Licensed BHCM

Code	Description
90791	Psychiatric evaluation without medical services
90832	16–37 minutes of individual or family counseling
90834	38–52 minutes of individual or family counseling
90837	53+ minutes of individual counseling
90846/ 90847	50 minutes of family therapy without the patient/with the patient
90853	Group Therapy



Psychiatry Codes for Psychiatric Consultant

Code	Description
90792	Psychiatric evaluation with medical services
99202–99205	EM codes for initial visit with medicine components (in-person)
99212–99215	EM codes for follow up visits with medicine components (in-person)

EM codes can be combined with these counseling codes if applicable:

Code	Description
90833	16–37 minutes of individual or family counseling
90836	38–52 minutes of individual or family counseling
90838	53+ minutes of individual or family counseling
90785	Psychotherapy Complex Interactive (list separately in addition to code for primary procedure)



Health and Behavior Assessment Codes

- Behavioral services provided to a patient whose primary diagnosis is a medical condition
- Provided for the purpose of addressing the behavioral aspects of the medical condition
- Not applicable for treatment of mental health conditions



Health and Behavior Assessment CPT® Codes

- 96156: Assessment/Re-Assessment
- 96158: Individual Intervention
- 96164: Group Intervention
- 96167: Intervention with Family and Patient
- 96170: Intervention with Family w/o Patient



CMS Bundled Payments for Behavioral Health Integration Services

All the codes shown next are billed under the Billing Provider as “incident to.” These codes bundle payment for services provided during the month by team members.



Which Payers Recognize CoCM/BHI Codes?

- Medicare and Medicare Advantage
- Increasing number of private payers
- Increasing number of state Medicaid plans
— [SoonerHealth!](#)



Billing with CoCM Codes—Part 1

- Pays for services not billable under psychotherapy codes
 - Warm connection visits under 16 minutes
 - Phone calls with patient
 - Care coordination between team members or other behavioral health professionals
 - Systematic caseload review
 - Managing a registry
- Pays for any behavioral health diagnosis, including substance use



Billing with CoCM Codes—Part 2

- Codes are billed under the treating billing provider as “incident to” under “general supervision”
- Prior to service/treatment:
 - Medical visit for patients not seen in last 12 months
 - Patient consent for treatment charted in visit note and verbally given
 - Patient informed that Part B co-payments may apply



Billing with CoCM Codes—Part 3

- BHCM need not be licensed to bill independently
 - Must have specialized behavioral health training
 - May use nurse with specialized behavioral health training
 - May be billed in same month as traditional psychotherapy codes if no minutes are counted twice
- **Only the time of the BHCM counts towards the billing minutes**

2026 CPT Codes for BHI/CoCM—OK Medicaid

CPT Code	Description	Payment/Patient (Non-Facilities): Primary Care	Payment/Patient (Fac): Hospitals and Facilities
G2214	30 min/month for either initial or subsequent months CoCM services	\$47.78	\$33.73
99492	Initial psych care mgmt, 70 min/month – CoCM	\$127.06	\$81.73
99493	Subsequent psych care mgmt, 60 min/month – CoCM	\$117.86	\$88.99
99494	Initial/subsequent psych care mgmt, additional 30 min – CoCM	\$49.3	\$34.99
99484	Care mgmt services, min 20 min – General BHI Services	\$57.45	\$33.21

FQHCs and RHCs can now bill these codes under Medicare and Medicaid!



Required Activities for 99492–99494

- ✓ Engagement and Assessment using validated measures, resulting in a treatment plan
- ✓ Weekly Systematic Caseload Review with Psychiatric Consultant and treatment modifications as recommended
- ✓ Use of registry to track visits and outcomes
- ✓ Ongoing collaboration with PCP and other treating providers
- ✓ Provision of brief Evidence-Based Behavioral Interventions
- ✓ Outcome monitoring using validated scales
- ✓ Relapse prevention planning



Required Activities for 99484

- ✓ Initial assessment or follow-up monitoring, including use of applicable validated measures
- ✓ Behavioral health care planning for behavioral health concerns, including revision for patients who are not progressing or whose status changes
- ✓ Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation
- ✓ Continuity of care with a designated member of the care team



Billing Workflow Differences

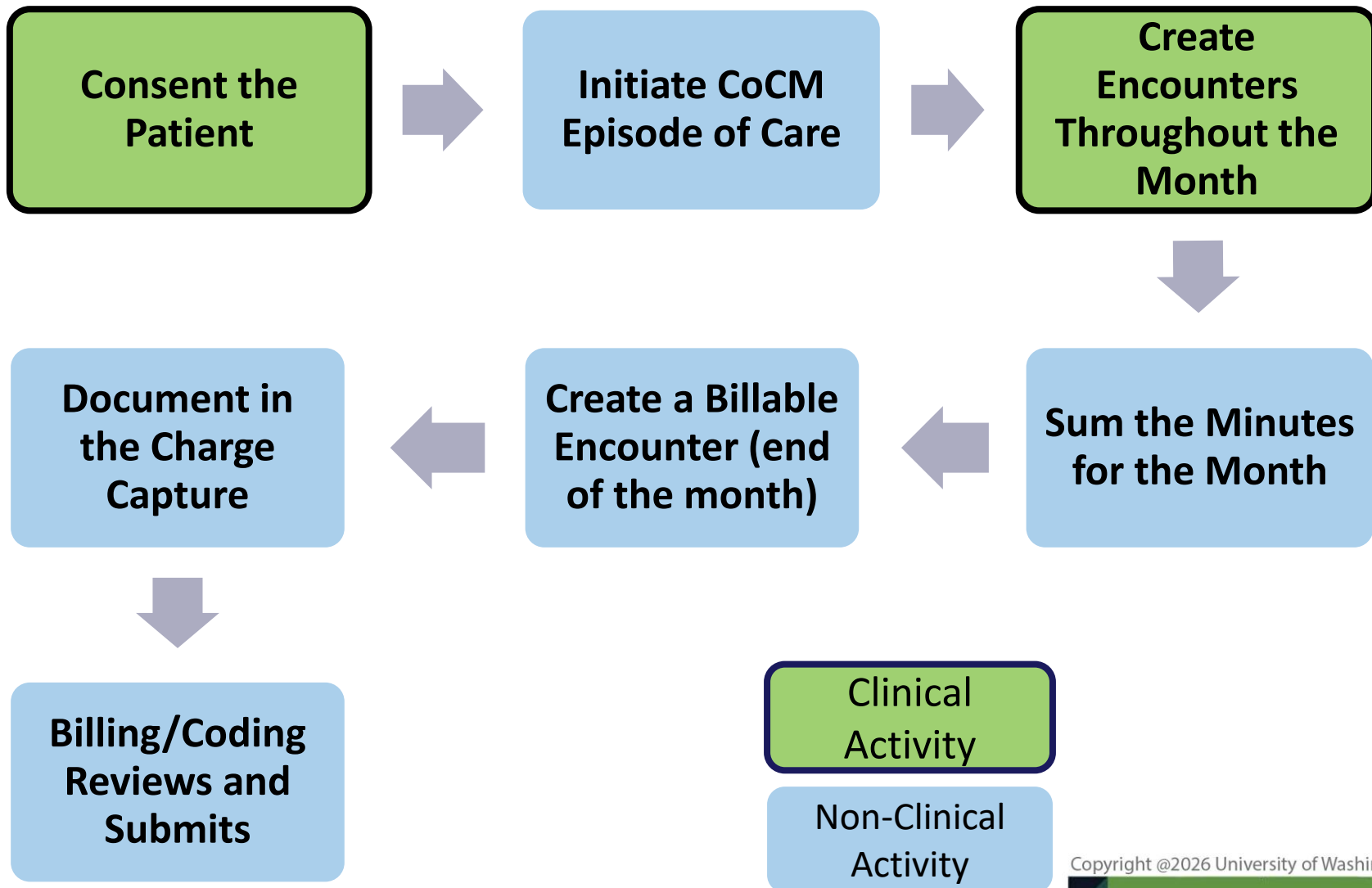
Psychotherapy Billing

- Billed at each visit
- Billed under BH provider
- Includes minutes spent and DSM-5 or ICD-10 code
- Connected to one chart note

BHI/CoCM Billing

- Billed at end of month
- Billed under PCP
- Includes minutes spent and DSM-5 or ICD-10 code
- Record of activities (visits, phone, telehealth, team consultation, etc.) over the month
- Registry helps with tracking

Collaborative Care Billing Workflow Example





Billing and Operations

- Get a team of clinical, operations, billing and IS people together to review billing requirements
- Research with payors, sometimes need to advocate around the codes!
- Determine workflows to capture minutes and bill encounters
- Training with all team members on roles in the process!
- Plan to review claims carefully as you start and follow-up with payors



Financial Sustainment

- Example Metrics:
 - % of patients on CoCM caseload billed this month
 - % of reimbursable claims that were reimbursed this month by payer
 - % denied claims by payer
- Continuously revisit as a team!



Resources

- [AIMS Center Billing Guides and Resources](#)
- [AIMS Center Financial Modeling Workbook](#)
- [CMS MLN on Behavioral Health Integration](#)
- [Oklahoma Medicaid Collaborative Care](#)

[Guidelines](#)



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Questions?

