Collaborative Care Model

Billing Basics

The Collaborative Care Model (CoCM) is the only integrated behavioral health model to have designated billing codes. CoCM billing codes are time-based and reported as the total amount of time the Behavioral Health Care Manager (BHCM), in collaboration with the Psychiatric Consultant (PC), working under the direction of the Primary Care Physician (PCP), spends engaging in clinical activities over the course of a calendar month.

Code	Description
99492	First 70 minutes of CoCM services rendered in the first calendar month (36–85 minutes).
99493	First 60 minutes of CoCM services rendered in any subsequent month (31-75 minutes).
99494	Each additional 30 minutes of CoCM services rendered in any calendar month (16–30 minutes), after the total time for the primary code has been met. *Typically no more than 2 units per month are paid.*
G2214	30 minutes of CoCM services rendered in any calendar month (16–30 minutes).
G0512	Minimum 70 minutes during initial month and minimum 60 minutes during subsequent months of CoCM services in FQHC/RHC settings.

CoCM services are reimbursed by Medicare, more than half state Medicaid agencies, and most private payers.

CoCM billing codes are paid under the medical benefits, not the behavioral health carve-out, despite using behavioral health diagnosis. Prior to CoCM services starting, the PCP must obtain consent and inform the patient that cost-sharing may apply. Most payers follow similar cost sharing to other non-preventive PCP services, and if a copay applies, only one monthly charge is due.

CoCM services are billed monthly once the time threshold has been met. CoCM billing codes are billed with the PCP (treating provider) as the billing provider. All services delivered by the BHCM working in collaboration with the PC are billed incident to. Other separate and distinct Evaluation and Management (E/M) and psychotherapy services may be billed in addition to CoCM.

Some common reasons why CoCM codes are not paid include codes are not included in the provider fee schedule, prior authorization requirement, or the claim was forwarded to the behavioral health carve-out in error.

Additionally, if CoCM criteria is not met, **99484** for 20 minutes of general Behavioral Health Integration (BHI) services may be billed.

Coding and billing stipulations and limitations vary by payer, state agency, and place of service, and may change over time. As such, this information is only meant to be used as a general guideline. For additional details, each practice should check with their internal billing and compliance department for specific guidelines on documentation, coding, and billing.

Resources: Medicare Learning Center (2022). Behavioral Health Integration Services. Retrieved from: https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf.

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