

BCA's Behavioral Health Integration Services Coding Tool

Psychiatric Collaborative Care Management (99492 - 99494)

Psychiatric Collaborative Care Model (CoCM) G2214

FQHC Psychiatric Visit Codes

CPT Code 99492: Initial Psychiatric CoCM 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 directed by the treating physician or other qualified health care professional (QHP), with the following required elements:

- Outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional
- Initial assessment of the patient, including administering validated rating scales, with the development of an individualized treatment plan
- Review by the psychiatric consultant with modifications of the plan, if recommended
- 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
- Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies

CPT Code 99493: Follow Up Psychiatric CoCM Follow up psychiatric collaborative care management, first 60 minutes in a following 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:

- Tracking patient follow-up and progress using the registry, with proper documentation
- Participation in weekly caseload consultation with the psychiatric consultant
- 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
- 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 strategies
- 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

CPT Code +99494: Initial & Subsequent Psychiatric CoCM 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) **Documented 30 minutes or more additional PCCM service time, in any month, beyond 99492 or 99493.**

- Report 99494 with codes 99492 or 99493 above for each additional 30 minutes per month of PCCM tasks.

HCPCS Code G2214: Initial & Subsequent Psychiatric CoCM Initial or subsequent psychiatric collaborative care management, first 30 minutes in a 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:

- Tracking patient follow-up and progress using the registry, with proper documentation; participation in weekly caseload consultation with the psychiatric consultant
- 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
- 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 strategies
- Monitoring of patient outcomes using validated rating scales
- Relapse prevention planning with patients as they achieve remission of symptoms, or other treatment goals and prepare for discharge from active treatment

FQHC/RHC: G0512 Psychiatric CoCM is a specific model of care provided by a primary care team consisting of a primary care provider and a health care manager who work in collaboration with a psychiatric consultant to integrate primary health care services with care management support for patients receiving behavioral health treatment. It includes regular psychiatric inter-specialty consultation with the primary care team, particularly regarding patients whose conditions are not improving. Patients with mental health, behavioral health, or psychiatric conditions, including substance use disorders, who are being treated by an RHC or FQHC practitioner may be eligible for Psychiatric CoCM services, as determined by the RHC or FQHC primary care practitioner. CPT codes 99492 and 99493 are paid at the average of the national non-facility PFS payment rate when billed with HCPCS code G0512 in the FQHC/RHC. Code descriptors must be fully satisfied in order to support payable service. *CMS MBPM, Chp 13, 230.3*

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Care Management Services for Behavioral Health Conditions 99484 & G0323

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 time, per calendar month, with the following required elements:

- 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 member of the care team

Coding Tip: Do not report 99484 in the same month as 99492 or 99493 (CoCM)

HCPCS Code G0323: Care Management Services for Behavioral Health Conditions , at least 20 minutes of clinical psychologist or clinical social worker time, per calendar month:

- 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 member of the care team

Coding Tip: 90791 serves as an eligible initiating visit.

FQHC/RHC: G0511 General BHI services. CPT codes 99490, 99487, 99484, and 99491 are paid at the average of the national non-facility PFS payment rate when billed with HCPCS code G0511 on the FQHC/RHC claim. Code descriptors must be fully satisfied in order to support payable service. CMS MBPM, Chp 13, 230.2.5

Most Reliable Medicare Resources:

[Frequently Asked Questions about Billing Medicare for Behavioral Health Integration \(BHI\) Services \(cms.gov\)](#)

[MLN909432 - Behavioral Health Integration Services \(cms.gov\)](#)

[Federally Qualified Health Centers \(FQHC\) Center | CMS](#)

[Medicare Benefit Policy Manual \(cms.gov\)](#)

[Care Management | CMS](#)

Also see page 58 of CPT for full details