



Behavioral Health Integration Services



What's Changed?

We made significant updates to explain recent policy changes.

- Added new HCPCS codes for safety planning and crisis care (page 3)
- Clarified new HCPCS codes and billing requirements for digital mental health treatment (page 11)
- Expanded consultation services for mental health providers (pages 12-13)

Substantive content changes are in dark red.

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The medical community now widely considers integrating behavioral health care with primary care, known as behavioral health integration or BHI, an effective strategy for improving outcomes for millions of Americans with mental or behavioral health conditions.

Tip: We make separate payment to physicians and non-physician practitioners for BHI services they supply over a calendar month service period.

What is BHI?

BHI is a type of care management service. In recent years, we expanded care management codes to describe services that involve:

- Direct patient contact, in-person or face-to-face services, or services without direct patient contact
- A single encounter, a monthly service, or both
- Timed services
- Specific conditions
- The work of the billing practitioner, auxiliary personnel, specifically clinical staff, or both

New for CY 2025

To make behavioral health care more accessible, we added new codes in the [CY 2025 Medicare Physician Fee Schedule \(MPFS\) Final Rule](#). These updates focus on helping patients at risk of suicide and improving follow-up care after a crisis.

Safety Planning & Crisis Care Updates

We encourage providers to use safety planning for patients at risk of suicide. To support this effort, we introduced new billing codes:

- G0560 – Safety planning interventions for patients with suicidal ideation or overdose risk
 - Billed in 20-minute increments when the billing practitioner performs the service
 - Applies in various settings to ensure accessible crisis care
- G0544 – Post-crisis follow-up care
 - Requires specific protocols for telephonic follow-up after emergency department discharge
 - Covers up to 4 follow-up calls per month as part of bundled crisis care services

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BHI Services Using the Psychiatric Collaborative Care Model

Since 2017, we've made separate payments to physicians and non-physician practitioners supplying BHI services using the Psychiatric Collaborative Care Model (CoCM) approach to patients during a calendar month. In 2018, we established payment for general BHI services using models other than CoCM and began making payment for these services using CPT codes:

- 99492
- 99493
- 99494

Tip: CPT time rules apply to general BHI and CoCM services. See the [BHI Coding Summary Table](#) for more information.

HCPSC Code G2214: Refining Coding for CoCM Services

We added the BHI service in the [CY 2021 MPFS Final Rule \(CMS-1734-F\)](#) and began payment on January 1, 2021, for:

- Initial or subsequent psychiatric collaborative care management
- First 30 minutes of behavioral health care manager activities in a month
- Services in consultation with a psychiatric consultant and directed by the treating physician or other qualified health care professional

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.

HCPSC Code G0323: Care Management Services for Behavioral Health Conditions

- Introduced in CY 2023 to describe general BHI that a clinical psychologist (CP) or clinical social worker (CSW) performs
- Accounts for monthly care integration, with the CP or CSW serving as the focal point for mental health services
- Requires at least 20 minutes of CP or CSW time per calendar month

Tip: Psychiatric diagnostic evaluation, CPT code 90791, serves as the initiating visit for G0323.

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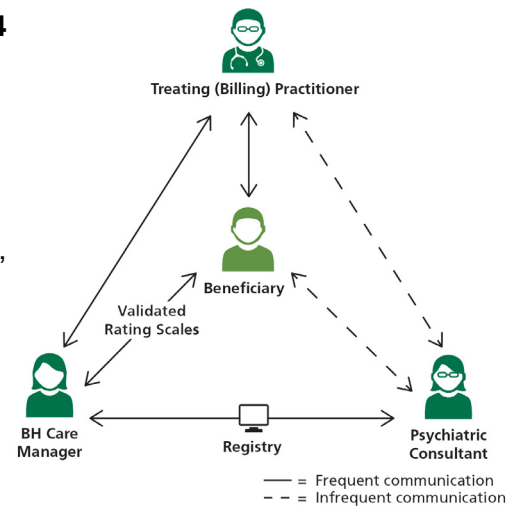
Psychiatric CoCM

Use CPT codes 99492, 99493, and 99494, and HCPCS code G2214 to bill for monthly CoCM services. Studies show this BHI approach improves outcomes.

What is CoCM?

This figure is a model of behavioral health integration that enhances usual primary care by adding 2 key services to the primary care team, particularly for patients whose conditions aren't improving:

- Care management support for patients receiving behavioral health treatment
- Regular psychiatric inter-specialty consultation
- A team of 3 delivers CoCM:
 - Behavioral Health Care Manager
 - Psychiatric Consultant
 - Treating (Billing) Practitioner



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Figure 1: Illustration of a CoCM model

CoCM Care Team Members



- **Behavioral Health Care Manager** – A designated provider with formal education or specialized training in behavioral health, including social work, nursing, or psychology, working under the oversight and direction of the billing practitioner
- **Patient** – An active member of the care team
- **Psychiatric Consultant** – A medical provider trained in psychiatry and qualified to prescribe the full range of medications
- **Treating (Billing) Practitioner** – A physician or non-physician practitioner (physician assistant or nurse practitioner) who typically works in primary care but may specialize in other fields such as cardiology or oncology

CoCM Service Components

- **Initial assessment:** The primary care team assesses patients and administers validated rating scales.
- **Joint care planning:** The primary care team works with the patient to revise the care plan if the condition isn't improving adequately. Treatment may include pharmacotherapy, psychotherapy, or other recommended treatments.
- **Ongoing follow-up:** The behavioral health care manager follows 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
- Provides 70 minutes of behavioral health care manager time in the first month, 60 minutes in following months, and an add-on code adds 30 more minutes in any month
- **Systematic case review:** The behavioral health care manager and psychiatric consultant conduct regular caseload reviews:
 - The behavioral health care manager and psychiatric consultant review the patient's treatment plan and status weekly, and if the patient isn't improving, discuss potential revisions
 - The primary care team continues or adjusts treatment, including referral to behavioral health specialty care, as needed

General BHI

Practitioners use **CPT code 99484** to bill for monthly services using BHI care models other than CoCM that:

- Systematically assess and monitor patients
- Adjust care plans for patients not improving adequately
- Provide a continuous relationship with an appointed care team member

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. We expect 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
- 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

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.
- **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.

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Eligible Conditions

We classify eligible conditions as any mental, behavioral health, or psychiatric condition, including substance use disorders, that the billing practitioner treats and determines require BHI services. These conditions may be pre-existing or the billing practitioner may diagnose and refine them over time.

Tip: Patients may, but don't need to have, comorbid, chronic, or other medical conditions that the billing practitioner manages.

Relationships & Roles of Care Team Members

Practitioners use BHI codes to bill and get paid for services using models of care with well-defined roles and relationships among care team members. The following roles and relationships describe all BHI services unless noted:

Incident To

We consider BHI services delivered by other members of the care team, under the direction of the billing practitioner, incident to the billing practitioner's services. These services are subject to the state law, licensure, and scope of practice that applies to their practice specialty. The billing practitioner either employs or contracts with the other care team members. Medicare pays the billing practitioner directly.

Initiating Visit

We require an initiating visit for new patients or patients not seen within 1 year before the start of BHI services. This visit establishes the patient's relationship with the billing practitioner and makes sure the billing practitioner assesses the patient before starting BHI services.

Treating (Billing) Practitioner



- Directs the behavioral health care manager or clinical staff
- Oversees the patient's care, including prescribing medications, providing treatments for medical conditions, and making referrals to specialty care when needed
- Stays involved through ongoing oversight, management, collaboration, and reassessment
- May deliver the General BHI service in its entirety

Behavioral Health Care Manager (Needed for CoCM; Optional for General BHI)



- Gives assessment and care management services, including:
 - Administering validated rating scales
 - Developing and updating behavioral health care plans for behavioral or psychiatric health problems
 - Revising care plans for patients not progressing or whose status changes
 - Delivering brief psychosocial interventions

- Collaborating continuously with the billing practitioner
- Maintaining the patient registry
- Consulting with the psychiatric consultant
- Has a continuous relationship with the patient and:
 - Is available to deliver services face-to-face with the patient
 - Has collaborative, integrated relationship with the rest of the care team
- Can work with the patient outside of regular clinic hours as necessary to perform the behavioral health care manager's duties
- May or may not be a practitioner who meets all the requirements to independently deliver and report services to Medicare
- Doesn't include administrative or clerical staff; you don't count time spent solely on administrative or clerical duties toward the time threshold to bill the BHI codes

Psychiatric Consultant (Needed for CoCM; Optional for General BHI)



- Takes part in regular review of clinical status of patients getting BHI services
- Tells the billing practitioner and behavioral health care manager about diagnosis
- Recommends ways for resolving issues with patient adherence and tolerance of behavioral health treatment
- Adjusts behavioral health treatment for patients who aren't progressing
- Manages any negative interactions between patients' behavioral health and medical treatments
- Can (and typically will) be remotely located
- Is generally not expected to have direct patient contact, prescribe medications or deliver other treatment directly to the patient
- Can and should offer a referral for direct provision of psychiatric care when clinically indicated

Clinical Staff (May Provide General BHI)



- Maintains continuous relationship with the patient and a collaborative, integrated relationship with the rest of the care team
- May or may not be a provider who meets all the requirements to independently deliver and report services to Medicare
- Doesn't include administrative or clerical staff time
- May (but isn't required to) include a behavioral health care manager or psychiatric consultant

Supervision

We assign BHI services that the billing practitioner doesn't personally perform as general supervision under the Medicare Physician Fee Schedule (MPFS). General supervision alone doesn't create a qualifying relationship between the billing practitioner and other care team members. We define general supervision as the service delivered under the overall direction and control of the billing practitioner, and that doesn't require their physical presence during provision of services.

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

Tip: MPFS payment is available whether the patient spends part or all of the month in a facility stay or institutional setting. Report the place of service (POS) where the billing practitioner would normally deliver face-to-face care to the patient. Medicare can make separate Part B payment to hospitals, including critical access hospitals, when the billing practitioner reports a hospital outpatient POS.

Table 1: BHI Coding Summary

BHI Codes	Behavioral Health Care Manager or Clinical Staff Threshold Time	Assumed Billing Practitioner Time
BHI Initiating Visit (AWV, IPPE, TCM or other qualifying E/M) †	N/A	Usual work for the visit code
Care management services for behavioral health conditions (HCPCS code G0323)	At least 20 minutes of clinical psychologist or clinical social worker time per calendar month	15 minutes
CoCM First Month (CPT code 99492)	70 minutes per calendar month	30 minutes
CoCM Subsequent Months** (CPT code 99493)	60 minutes per calendar month	26 minutes
Add-On CoCM (Any month) (CPT code 99494)	Each additional 30 minutes per calendar month	13 minutes
General BHI (CPT code 99484)	At least 20 minutes per calendar month	15 minutes
Initial or subsequent psychiatric collaborative care management (HCPCS code G2214)	30 minutes of behavioral health care manager time per calendar month	Usual work for the visit code

**CoCM is delivered monthly for an episode of care. The episode ends when the patient meets targeted treatment goals, doesn't meet them and is referred for direct psychiatric care, or has a break in care with no CoCM for 6 consecutive months.

†Annual Wellness Visit (AWV), Initial Preventive Physical Examination (IPPE), Transitional Care Management services (TCM).

Full Code Descriptors

CPT Code 99484: Care Management Services for Behavioral Health Conditions

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

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New Digital Mental Health Treatment Codes

Along with traditional care, digital mental health treatments are now being used to help manage behavioral health conditions. Starting January 1, 2025, we established 3 new HCPCS codes for Digital Mental Health Treatment (DMHT):

- G0552 – Supply of a DMHT device, initial education, and onboarding per treatment course that supports a behavioral therapy plan
- G0553 – First 20 minutes per month of treatment management, including:
 - Physician or qualified professional review of patient data from the device
 - Patient or caregiver communication at least once per month
- G0554 – Each additional 20 minutes per month of DMHT device-related management, billed separately from G0553

Key Reporting Requirements

- The DMHT device must be FDA-approved to bill G0552
- The billing practitioner must cover the cost of getting and supplying the device
- Supplying the device must be part of the billing practitioner's services under an ongoing treatment plan
- We allow G0553 and G0554 to be billed only if the patient is actively using the DMHT device
- We'll monitor the use of digital mental health treatment devices to assess their impact on behavioral health care

CPT Code 99492: Initial Psychiatric CoCM

Initial psychiatric collaborative care management includes the 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. Required elements include:

- Outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional
- Initial patient assessment, 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 like behavioral activation, motivational interviewing, and other focused treatment strategies

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CPT Code 99493: Follow Up Psychiatric CoCM

Follow up psychiatric collaborative care management includes the 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. Required elements include:

- Tracking patient follow-up and progress using the registry, with proper documentation
- Participating in weekly caseload consultation with the psychiatric consultant
- Coordinating mental health care with the treating physician or other qualified health care professional and any other treating mental health providers
- Reviewing 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 like behavioral activation, motivational interviewing, and other focused treatment strategies
- Monitoring patient outcomes using validated rating scales and planning for relapse prevention as patients achieve remission of symptoms, reach other treatment goals, and prepare for discharge from active treatment

CPT Code 99494: Add-On for 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)

HCPCS Code G0323: Care Management Services for Behavioral Health Conditions

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

Expanded Interprofessional Consultation Services

We added 6 new G-codes, G0546 through G0551, for interprofessional consultation services. These codes allow billing by specialists who diagnose and treat mental illness, including:

- Clinical Psychologists
- Clinical Social Workers
- Marriage and Family Therapists
- Mental Health Counselors

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These codes mirror existing CPT interprofessional consultation codes used by providers eligible for E/M visits. The codes are:

- G0546 – 5 to 10 minute assessment
- G0547 – 11 to 20 minute assessment
- G0548 – 21 to 30 minute assessment
- G0549 – 31 or more minute assessment
- G0550 – Assessment with written report for 5 or more minutes
- G0551 – Referral service for 30 minutes

HCPCS Code G2214: Initial & Subsequent Psychiatric CoCM

Initial or subsequent psychiatric collaborative care management covers the 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
- Coordinating mental health care with the treating physician or other qualified health care professional and any other treating mental health providers
- Reviewing 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 like behavioral activation, motivational interviewing, and other focused treatment strategies
- Monitoring patient outcomes using validated rating scales
- Planning for relapse prevention with patients as they achieve remission of symptoms, or other treatment goals and prepare for discharge from active treatment

Need More Information?

Find your [MAC's website](#) for details.

Resources

- [Agency for Healthcare Research and Quality-Develop a Shared Care Plan](#)
- [BHI FAQs](#)
- [CoCM Implementation Resources](#)
- [CY 2025 Medicare Physician Fee Schedule \(MPFS\) Final Rule](#)

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