**Medicaid Collaborative Care Program**

**Billing Guidance**

**Summary of Updates (Effective 9/1/25)**

**The following changes have been made to Medicaid Billing Guidance for the New York State Collaborative Care program.**

* **NYS Medicaid has adjusted the CoCM monthly base rate** (T2022, 99492, 99493) from $113.63 to $172.97.

* **NYS Medicaid has adopted the CoCM add-on code billing structure**. A second procedure code, 99494, may be submitted when there has been 30 additional minutes of time spent over the required 60 minutes or 70 minutes. Only one add-on code unit will be reimbursable per month. The add-on payment amount is $86.48.
* **Rate Code 5261 – Collaborative Care Case Payment Add-on.** To bill this rate code, the primary care provider and/or behavioral health care manager must have provided at least 90 minutes of CoCM services. When the requirements are met to bill this rate code, it must be submitted as a second, separate claim **with procedure code 99494.** Only one claim per month for one unit may be submitted with this rate code for reimbursement, regardless of if **monthly activities** exceed the required additional 30 minutes.
* **24 Month Limit.** Patients are eligible to receive Collaborative Care services for a maximum of 24 months, which are not required to be consecutive. After six months without a service, the 24-month service limit will reset. The Year 2 rate and approval procedure will be discontinued. CoCM is generally a short-term intervention, with most patients improving and being discharged in 9 months or less. The majority of patients will not require more than 12 months of care in a given episode.
* **Retainage Claims.** Retainage claims will be discontinued and there will no longer be different rate codes for Years 1 and 2. All submitted claims using rate code 5246 will be paid at the full rate starting from the first month. **Rate codes 5247, 5248 and 5249 will no longer be eligible for payment.**

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