



Quick Guide on Behavioral Health Integration Services

Updated: January 2026

Medicare pays for care management services provided to patients being served in medical settings for any behavioral health condition being addressed by the treating medical provider, including substance use disorders. Additional information from the Centers for Medicare & Medicaid Services is available in the [Behavioral Health Integration Services Booklet](#). Additionally, [Federally Qualified Health Centers](#) and [Rural Health Clinics](#) should review their booklets for additional guidance and requirements.

Payment for Psychiatric Collaborative Care Model (CoCM)

The codes for CoCM are billed under the treating medical provider. Minutes counted towards the time threshold are those of the Behavioral Health Care Manager (BHCM) only. Valuation of the codes includes the time of the Psychiatric Consultant and treating medical provider who bills traditional codes for any Evaluation and Management (E/M) or evaluation services.

BHCM activities that count towards billing CoCM codes below include:

- Outreach and engagement of patients
- Initial assessment, including administration of validated scales and resulting in a treatment plan
- Entering patients into a registry and tracking patient follow-up and progress
- Participation in weekly systematic caseload review with the Psychiatric Consultant
- Provision of brief interventions using evidence-based treatments such as Behavioral Activation, Problem Solving Treatment, and other focused treatment activities
- Monitoring patient outcomes using validated rating scales
- Ongoing review by the Psychiatric Consultant and treatment modifications based on recommendations
- Relapse prevention planning and preparation for discharge from active treatment

99492:

First 70 minutes in the first calendar month for BHCM activities.

99493:

First 60 minutes in a subsequent month for BHCM activities.

99494:

Each additional 30 minutes in a calendar month of BHCM activities.

- Listed separately and used in conjunction with 99492 and 99493.
- MUE limit of 4 add-ons each month.

G2214:

First 30 minutes in any month for BHCM activities.

- May not apply to other payers.

NOTE: An increasing number of private payers and state Medicaid programs are recognizing and reimbursing for these codes. Check with your local payers to determine if reimbursement is offered.



Behavioral Health Care Manager Qualifications—CoCM Only

The BHCM must have formal education or specialized training in behavioral health, which could include a range of disciplines including social work, nursing, and psychology, but need not be licensed to bill traditional psychotherapy codes. These qualifications may vary by payer.

Payment for General Behavioral Health Integration Services

Center for Medicare & Medicaid Services (CMS) provides a separate payment for general behavioral health integration services that are also billed under the treating medical provider. CMS rules allow “clinical staff” to provide these services, so the additional team members, BHCM, or Psychiatric Consultant are not required.

99484:

Care management services for behavioral health conditions—At least 20 minutes of clinical staff time per calendar month. Must include:

- Initial assessment or follow-up monitoring, including use of applicable validated rating scales
- Behavioral health care planning in relation to behavioral/psychiatric health problems, 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

Advanced Primary Care Management: Behavioral Health Integration Add-On Codes

For health systems providing [advanced primary care management services](#) in the same month as Collaborative Care and/or general behavioral health integration services, CMS has developed optional add-on codes, G0568, G0569, and G0570, that are not time based.

Initiating Visit, Consent, and Co-Payments—CoCM and BHI

An initiating visit is required prior to billing for the G2214, 99492, 99493, 99494, 99484, G0568, G0569, and G0570 codes. This visit is required for new patients and for those who have not been seen within the year prior to commencement of integrated behavioral health services. This visit will include the treating provider establishing a relationship with the patient, assessing the patient prior to referral, and obtaining broad beneficiary consent to consult with specialists that can be verbally obtained but must be documented in the medical record. In FQHCs/RHCs, auxiliary personnel under general supervision of the treating provider can get patient consent. Medicare beneficiaries are responsible for any applicable Part B co-insurance for these billing codes.

Provision of Psychotherapy and Psychiatric Services In Addition to CoCM or BHI

Licensed behavioral health providers who are qualified to bill traditional psychiatric evaluation and therapy codes for Medicare recipients may bill for additional psychiatric services in the same month that patients



receive BHI care management services. However, time reported for psychotherapy services may not be included in the time applied to billing BHI codes 99492, 99493, 99494, G2214, or 99484.

Medicare CPT Payment Summary 2026*

CPT	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)	\$60.79	\$33.73
99492	Initial psych care management, 70 min/month (CoCM)	\$160.32	\$82.17
99493	Subsequent psych care management, 60 min/month (CoCM)	\$144.96	\$89.51
99494	Initial/subsequent psych care management, additional 30 min (CoCM)	\$61.46	\$36.07
99484	Care management services, minimum 20 min (general BHI services)	\$57.45	\$38.75
G0568	Initial CoCM Month	\$161.66	\$81.83
G0569	Subsequent CoCM Month	\$145.96	\$89.85
G0570	General BHI Month	\$57.78	\$38.75

*Please note that actual payment rates may vary geographically. Check with your billing/finance team.

