Behavioral Health Integration into Primary Care

Provider Implementation Guide

Quick Links:

1. What is behavioral health integration (BHI) into primary care?

- Behavioral health integration (BHI) is provided by a team of primary care and behavioral health clinicians working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. Integrated care may address mental health, substance use conditions, health behaviors (including their contribution to chronic medical illness), life stressors and crises and stress-related physical symptoms (Agency for Healthcare Research and Quality).
- Evidence increasingly shows that health outcomes are often improved when behavioral health professionals are part of the on-site primary care team (American Psychological Association, or APA).
- The two primary integrated health care models currently recognized by the Center for Medicare and Medicaid Services (CMS) are the Primary Care Behavioral Health (PCBH) model, offering broad behavioral health support, and the Collaborative Care Model (CoCM), which provides care management for patients with mental health conditions, often mild-to-moderate depression. These models serve different, yet complementary clinical needs (California Quality Collaborative).
- Behavioral health integration in primary care can range from minimal collaboration to full systemwide integration in a transformed practice. However, most of the evidence base

for integrated care is for fully integrated systems (specifically Levels 5 and above, as defined by the Substance Abuse and Mental Health Services Administration).

2. How does BHI enhance primary care?

Investing in behavioral health integration can support primary care with:

- **Improved Patient Outcomes and Quality Measures**:
  - **Better mental health:** Integrated behavioral health services have been shown to reduce depressive and anxiety symptoms, suicidal ideation, and improve overall mental health outcomes (APA).
  - **Improved physical health:** Addressing mental health conditions can also positively impact physical health, as mental health issues can exacerbate chronic condition management.
  - **Quality measure improvements:** Integration supports improved performance on key quality metrics, such as follow-up after mental health hospitalization, adherence to depression screening and follow-up plans, and reduction in emergency department utilization for behavioral health crises (CMS).
- **Convenient access:** Integrating behavioral health services into primary care simplifies access to treatment, as it can eliminate the need for patients to seek care from separate mental health care providers.
- **Improved coordination of care:** Integrated teams are better equipped to create comprehensive treatment plans that address both physical and mental health needs.
- **Increased efficiency**: Collaboration between medical and behavioral health professionals enhances the efficient use of resources and time, optimizing care delivery.
- **Reduced stigma:** By integrating mental health care upstream as a preventive service, integration can help reduce stigma surrounding mental illness and substance use.

3. Is BHI right for my practice?

- Behavioral health integration builds on the building blocks of high-performing primary care. If your organization already meets many of the foundational care delivery expectations and is organizationally and financially stable, BHI may make sense. This Building Blocks of Behavioral Health Integration Care Delivery Expectations Assessment can be used by primary care practices to document their readiness (University of Colorado). Financial modeling tools, such as a Pro Forma worksheet, are

also essential planning steps. Additional documents can be found in the Resources section.

4. What BHI services are reimbursed by [PLAN NAME]?

Collaborative Care Model (CoCM) Codes

- Typically billed by the primary care provider, covering services provided by all team members
- Billed under medical benefit (cost sharing)
- Typical episode of care 3-9 months
- Requires primary medical provider, behavioral health care manager and psychiatric consultant
- Time is tracked cumulatively over the calendar month and codes are utilized based on the calendar month
- Documentation required: [include requirements]

Code	Service	CMS Rates**
99492 FQ* – G0512	Initial psychiatric collaborative care management (70 min; range: 36–85 min) within the first calendar month	$145.24 - $158.67
99493 FQ – G0512	Subsequent psychiatric collaborative care management (60 min; range: 31–75 min) in any following calendar month	$133.59 - $145.95
99494	Add-on code for each additional 30 min of behavioral health care manager activities within a calendar month	$55.96 - $61.14
G2214	Initial or subsequent psychiatric collaborative care management, first 30 min in a calendar month of behavioral health care manager activities	$54.34 - $59.37

* This code applies specifically to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), with billing requirements that may vary based on regulatory guidelines and payer policies.

**Rates reflect CMS statewide locality fees for non-facility settings. CMS' rates were found utilizing CMS' Physician Fee Schedule tool. Please note that rates vary based on multiple factors, and the rate provided above represents a general estimate for non-facility settings across California, including clinics and primary care providers (PCPs).

Primary Care Behavioral Health (PCBH) Codes

- Typically billed under the patient's behavioral health benefit (cost sharing), with Plan name/MBHO name
- PCBH CPT codes will require Health and Behavior Diagnosis (ICD Code). The information about CPT and ICD-10 code pairings for the PCBH model is based on general billing practices and guidelines commonly used in health care. For more detailed and specific information, refer to resources like the CPT codebook (American Medical Association) and ICD-10-CM guidelines (CMS).

Code	Service	CMS Rates**
90791	Diagnostic Psychiatric Evaluation	$166.91 - $182.35
90832	Individual Psychotherapy (16-37 min)	$78.93 - $86.23
90834	Individual Psychotherapy (38-52 min)	$104.16 - $113.79
90837	Individual Psychotherapy (≥53 min)	$154.29 - $168.56
96156	Health & Behavior Assessment	$98.98 - $108.14
96158	Individual Intervention (16-37 min)	$67.93 - $74.21
96159	Individual Intervention (each additional 15 min w/ 96158)	$23.29 - $25.44

- [Include any other requirements, such as prior authorization]

5. Where can I go if I have questions for [PLAN NAME] around BHI?

- Add contact name & email, website

6. How can I get started to implement BHI?

- **Identify the internal decision-making team**: Include clinical, administrative, financial, operational and technical perspectives to agree on BHI implementation direction.
- **Decide which integration model serves patients best:** Consider patient need, staffing and operational changes required.
    - **See:** Selecting an Integration Model (California Quality Collaborative)

- **Calculate monthly costs and revenue:** Estimate the total expenses and revenue of running your BHI program, including salaries, ancillary personnel costs, and potential cost for additional space and resources.
- **Assess and identify staffing needs**: Evaluate your current team and identify gaps. Explore opportunities to "train up" existing team members to fill new roles.
- **Initiate the recruiting/onboarding process**: Begin recruiting a BH clinician/care manager, or provide training to existing staff member to fill BH care manager role.
- **Begin credentialing**: Launch the credentialing process for new or transitioning staff to ensure compliance and readiness for billing.
- **Educate billing staff:** Train your billing team on the appropriate codes to be used for integrated services.
- **Collaborate with plans:** Work closely with health plans and/or MBHO partners to ensure timely and accurate billing.
  Source: American Medical Association

7. BHI Primary Care Resources

- BHI Compendium (American Medical Association)
- Behavioral Health Integration Improvement Collaborative Curriculum (California Quality Collaborative)
- Building Blocks of Behavioral Health Integration (University of Colorado)
- Directory: Collaborative Care Service Organizations (Mental Health Treatment and Research Institute)

BHI Codes & Services

- Behavioral Health Integration Services (CMS, Medicare Learning Network Toolkit; August 2024)
- BHI Billing & Payment Codes (California Quality Collaborative)

Financial Modeling Tools

- Direct ROI Worksheet
- Cost Savings ROI Worksheet
- Pro Forma Template
- Pro Forma Worksheet
- Financial Modeling Workbook (AIMS Center), email required

8. Worksheet: BHI Revenue Modeling

Billable patients/services each day	
Estimate number of patients/services reimbursed (not all visits are reimbursed)	
Daily revenue (calculate below)	

** Suggested: include expected reimbursement rate by provider type (e.g. MD/DO, NP/PA. LCSW/LMFT, Psychologist, etc.*

Payer	**Service Codes**	**Revenue per code***	**# Patients/ Service code**	**Total**
Payer 1				
Payer 2				
Payer 3				
			Total:	$

Revised September 2025. Developed by the California Quality Collaborative

Monthly revenue	# Days per month provider works x Total daily revenue/gain = $
Annual revenue (calculate below)	Total monthly revenue x 12 = $
Estimate percent to be reimbursed	Annual revenue x percentage = $