

Collaborative Care Model

Billing Basics

The Collaborative Care Model (CoCM) is the only integrated behavioral health model to have designated billing codes. CoCM billing codes are time-based and reported as the total amount of time the behavioral health care manager (BHCM), in collaboration with the psychiatric consultant (PC), working under the direction of the primary care or specialty care provider (PCP), spends engaging in clinical activities over the course of a calendar month.

| Code | Description | |
|-------|---|--|
| 99492 | First 70 minutes of services rendered in the initial calendar month (36–85 minutes) | CoCM services are reimbursed by Medicare, more than half state Medicaid agencies, and most private payers. |
| 99493 | First 60 minutes of services rendered in any subsequent month (31-75 minutes) | |
| 99494 | Each additional 30 minutes of services rendered in any calendar month after the total time for the primary code has been met (16–30 minutes) <i>Maximum units per month vary by payer; Medicare reimburses up to 4 units per month</i> | CoCM billing codes are paid under the medical benefits, not the behavioral health carve-out, despite using behavioral health diagnoses. Prior to CoCM services starting, the PCP must obtain consent and inform the patient that cost-sharing may apply. Coverage for CoCM varies by payer with some covering it as a preventative PCP service, while others apply standard cost-sharing. |
| G0512 | Minimum 60 minutes , per month, during initial and subsequent months of CoCM services in FQHC/RHC settings <i>Retired by Medicare effective 1/1/2026; Still used by some state Medicaid programs</i> | |
| G0568 | Add-on service to APCM based on CoCM initial calendar month CPT code 99492 (not time-based) | |
| G0569 | Add-on service to APCM based on CoCM subsequent calendar month CPT code 99493 (not time-based) | For time-based CoCM codes, services are billed monthly once the time threshold has been met. For add-on codes to Advanced Primary Care Management (APCM) services, the time thresholds do not apply as the codes are service-based. CoCM billing codes are billed with the PCP (treating provider) as the billing provider. All services delivered by the BHCM working in collaboration with the PC are billed incident to. Other separate and distinct services may be billed in addition to CoCM in the same calendar month. |
| G2214 | 30 minutes of CoCM services rendered in any calendar month (16–30 minutes) | |

Additionally, if CoCM requirements are not met, **99484** for 20 minutes of general Behavioral Health Integration (BHI) services, or **G0570** as an add-on to APCM may be billed.

Coding and billing stipulations and limitations vary by payer, state agency, and place of service, and may change over time. As such, this information is only meant to be used as a general guideline. For additional details, each practice should check with their internal billing and compliance department for specific guidelines on documentation, coding, and billing.

Resources:

1. Medicare Learning Center (2025). Behavioral Health Integration Services. Retrieved from: <https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf>

2. Medicare and Medicaid Programs (2026). CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies. Retrieved from: <https://www.federalregister.gov/documents/2025/11/05/2025-19787/medicare-and-medicare-programs-cy-2026-payment-policies-under-the-physician-fee-schedule-and-other>