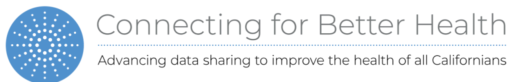
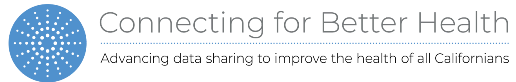


Behavioral Health Integration Systems Improvement Blueprint



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Introduction

How to Use This Document

- The systems improvement blueprint is a detailed user journey produced under the Behavioral Health Integration Community Design Studio by Connecting for Better Health and in partnership with the California Quality Collaborative. This guide details an individual's behavioral health journey through use cases that could represent a real patient's journey through the health and social care system. The guide is intended to serve as a best practice of data exchange practices that include current and enhanced system workflows.
- The document begins with an overview of the design studio and its use cases, then dives deep into each use case journey and its associated system improvement diagrams. Each use case scene (e.g. Scene 1.1) will have a corresponding use case diagram that outlines the interactions between the personas and the technology systems.

Problem Statement

- As health care shifts to more whole-person care and becomes more integrated, the Collaborative Care Model (CoCM) is a specific type of integrated care model used to treat common mild to moderate behavioral health needs in primary care. Based on principles of effective chronic illness care, CoCM treats patients through a team-based, patient-centered approach that uses measurement-based, evidence-based care and systematic follow-up to improve outcomes over time.
- With CoCM, there are nuances to how the services are provisioned and billed to a health plan. Historically, some of the challenges with CoCM have been higher claim denials rates, high administrative costs, and complex clinical workflows. Frequent denials and/or delays occur due to inconsistent payer rules, misaligned billing models, and limited data integration, causing difficulties delivering this model within primary care.
- To encourage greater adoption of CoCM, our focus group designed a high priority use case that walks users through a typical CoCM journey and demonstrates best practices to yield CoCM claim acceptance, decreased provider and administrative burden, and better patient outcomes.
- Grounding "How Might We" Statement: How might we improve billing and reimbursement for CoCM services so that more practices will embrace and be able to sustain the model, helping make integrated behavioral health the default in primary care rather than the exception?

Overview of Use Cases

- **Use Case #1:** Ariana Davis begins CoCM by working with a behavioral health care manager (BHCM) to assess her depression, set treatment goals, and create a care plan, with ongoing support and coordination with a consulting psychiatrist and her primary care provider. Over the first month, her BHCM communicates about her care plan, initiates a medication prescription, and submits a monthly claim to the health plan for reimbursement.
    - This use case highlights the core systems that support CoCM including: the electronic health record (EHR) for documentation, care coordination, and episode tracking, and the revenue cycle management (RCM) system and health plan claims infrastructure used for billing and reimbursement.
- **Use Case #2:** In the second month of CoCM, Ariana's care team monitors her ongoing symptoms and adjusts her medication dosage. Her care team continues to document care progress, assigning CoCM billing codes in accordance with guidelines, to bill CoCM on a monthly basis with additional time and documentation requirements leading to a claim denial that is resolved through follow-up and resubmission.
    - This use case uses the same systems to those in Use Case #1.

User Story

About Ariana Davis

- Ariana Davis is a 26-year-old that lives in rural Northern California and struggles with mild depression and anxiety. She also has been diagnosed with type 2 diabetes.
- Ariana has a commercial health plan.
- Ariana lives with her extended family, but feels emotionally disconnected with them as she has grown into adulthood. Her family struggles with substance abuse issues which makes it difficult to sometimes be around them.
- Ariana works in a local boutique and it has very inconsistent hours which makes it difficult to maintain a routine and attend therapy appointments.

Ariana's Challenges and Goals

- Ariana struggles with going to doctors' appointments due to her busy work schedule and often needs to reschedule doctor's visits.
- Ariana wants access to culturally responsive care that understands her background and community.
- Ariana wants integrated care where her mental health and diabetes are managed together.

- Ariana expects clear communications about her benefits, services, and care coordination and would benefit from user-friendly digital tools to help manage her medication schedule and appointments.
- Ariana goes to weekly therapy but she has felt a lack of motivation to go every week. In addition, she visits her primary care provider (PCP) inconsistently since she gets anxious before going to the doctor or sometimes a last-minute work event comes up.

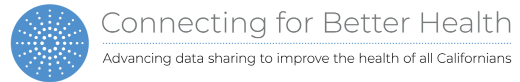
About the Practice

(Please note that this is a fictitious practice)

- Ariana goes to clinics within the **Pacific Health Network** that is based in Northern California***.***
- Pacific Health Network is a large health system with 30 clinics; 10 of them offer Collaborative Care.
- The Network's staffing model includes 100 PCPs, 0.1 psychiatric consultant, and 1.5 Behavioral Health Specialists to support the 10 clinics that offer CoCM. They have a dedicated CoCM team that supports the CoCM clinics and provides administrative and operational support including checking insurance eligibility, managing claims, and denial resolution.
- The network and clinics use an enterprise EHR that has population patient registries.
- The network uses a Revenue Cycle Management (RCM) system that connects to the EHR and manages various aspects of the revenue cycle, including eligibility checking, claims submission, denials, and remittance.

Use Case Assumptions

- Based on Ariana's score on the PHQ-9 and verbal consent from Ariana during the visit, the PCP makes a referral for Ariana to the CoCM program.
    - Based on the referral from the PCP, the Behavioral Health Care Manager (BHCM) calls Ariana to discuss the details of the CoCM program, answer her questions and go over what she will pay based on the commercial coverage she has (she will pay a $5 copay for each session).
    - The BHCM enters Ariana into the Registry and schedules an appointment for the full intake.
- Ariana's CoCM episode of care will span 6 months (typical episode is 3-9 months)
    - During her initial month in CoCM, the BHCM contacts Ariana regularly to see how she is doing, repeats the PHQ-9 screening, and checks in with her about her medication.



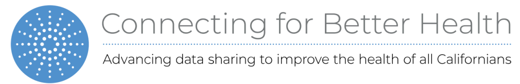
  - The BHCM will continue to review progress with the psychiatric consultant on a regular basis and escalate recommendations to the PCP if Ariana is not improving.
  - Ariana’s care ends when she meets her goals and her ratings on the PHQ-9 are negative.
  - Ariana is enrolled in a commercial health plan.
- About the CoCM program:
  - Billing must be submitted under the primary care treating provider under the medical benefit.
  - CoCM includes a behavioral health care manager, psychiatric consultant, and primary care provider.

Legend for System Interaction Diagrams:

- All actors are identified in square boxes at the top of the diagram.
- The sequence of interactions is from top to bottom and indicated by step number.
- Directionality of arrows indicates which actor is interacting with whom and what the specific interaction is.

Manual	- - - - - - - - →
Automatic	———————→
Repeated Interaction	- - - - - - - - → - - - - - - - - →

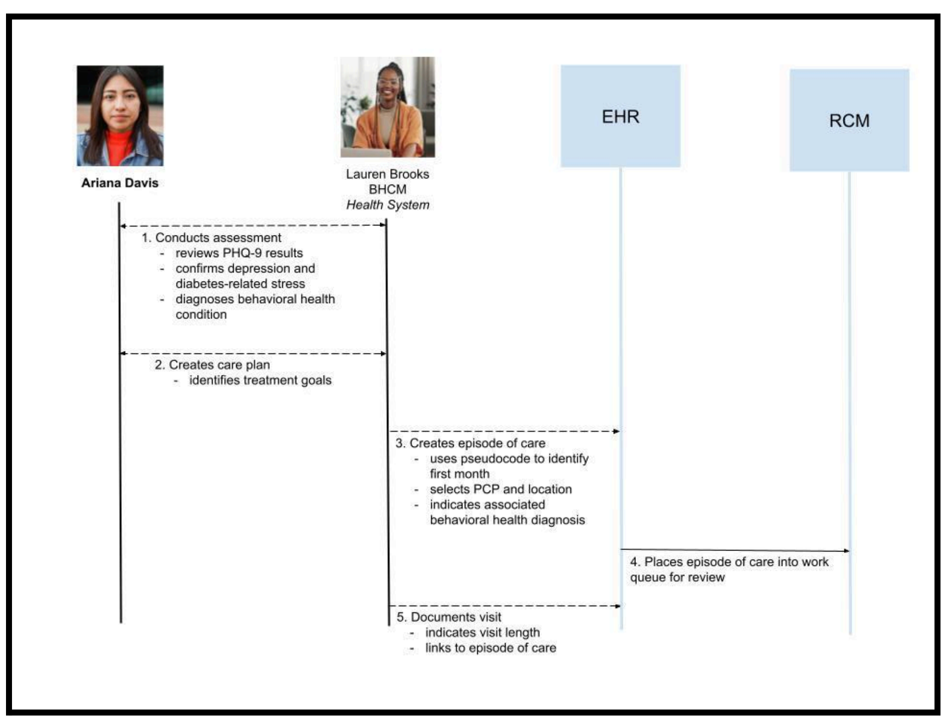
-



Use Case 1: Ariana's First Month of CoCM

Scene 1.1: Ariana has intake with Behavioral Health Care Manager (BHCM)

1. **Lauren Brooks**, the Behavioral Health Care Manager (BHCM) assigned to **Ariana Davis'** case, meets with Ariana for a 60 minute intake where she does an assessment and creates a care plan with Ariana's input.
    a. She goes through the PHQ-9 that Ariana completed during her PCP visit.
    b. She confirms depression symptoms and diabetes-related stress.
    c. She asks Ariana what her goals are for treatment.
    d. She enters progress notes about Ariana's behavioral health-related diagnosis consistent with requirements of CoCM.
2. After the session, Lauren documents the following in her practice's EHR:
    a. She creates an Episode of Care for Ariana in the chart and enters the following in the Episode of Care documentation encounter:
        i. PseudoCode "99492FirstMonth" to indicate that this is the first month that Ariana is in the program.
            - *A **PseudoCode** is a best practice used to indicate the type of code that should be used at the end of the month where a billing team is submitting the whole episode of care.*
        ii. Location of service that matches the location of the PCP.
        iii. Diagnosis is Ariana's behavioral health diagnosis (e.g. depression), not her diabetes diagnosis.
    b. EHR routes the episode of care in a work queue in the practice's revenue cycle management (RCM) system for review at month's end.
    c. She documents a visit note in the chart for the 60 minute session and links it to the Episode of Care.
        i. She puts the words "60 minutes" at the top of the visit note in red so it will be visible to the revenue cycle team when they do the billing at the end of the month.
        ii. She enters a non-billable CPT since this visit will be billed under the monthly CoCM encounter.
        iii. She enters the PCP's location as the place of service.
    d. She links the visit note to the Episode of Care.

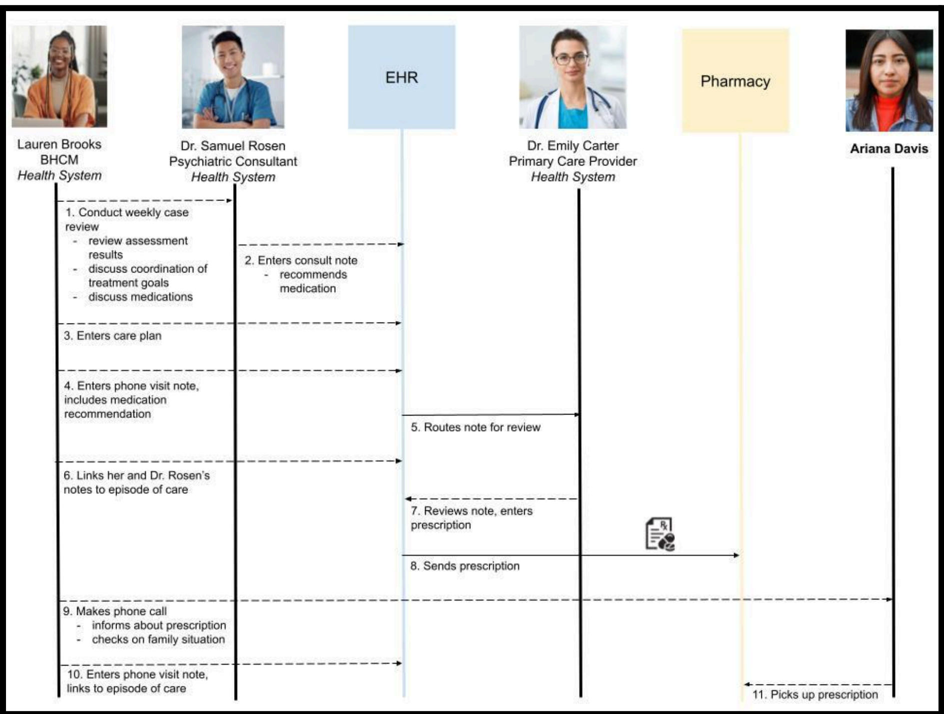


Use Case Scene 1.1: Ariana has intake with Behavioral Health Care Manager (BHCM)

Scene 1.2: Ariana receives medication for her depression and anxiety

1. During their weekly phone call to review cases, Lauren talks with **Dr. Samuel Rosen**, the consulting psychiatrist, about Ariana's case.
2. They spend 15 minutes discussing Ariana's case. They discuss:
    a. Results of Ariana's assessment and her treatment goals.
    b. How Ariana's diabetes and depression treatment should be coordinated.
    c. That based on the intake with Ariana, she said she is open to trying medication for her depression and anxiety.
3. At the conclusion of their case review, they each chart in the practice's EHR as follows:
    a. Dr. Rosen enters a consultation note with his recommendation that **Ariana** be prescribed 10 mg of Lexapro daily to treat her depression and anxiety.
    b. Lauren enters the care plan that she and Dr. Rosen finalized.
    c. Lauren enters a phone visit note for 15 minutes and copies Dr. Rosen's medication recommendation, from his consult note, into her note so **Dr. Emily Carter**, Ariana's PCP, will see it.
    d. Once the visit note is saved, Lauren links it and Dr. Rosen's consult note to Ariana's monthly Episode of Care.

4. Lauren enters her note into the EHR, copies and pastes Dr. Rosen's recommendation into her note and adds a message to Dr. Carter saying she will reach out to Ariana unless Dr. Carter wants to. This note is automatically routed to Dr. Carter for review.
5. The next day, Dr. Carter sees the note, reviews Dr. Rosen's consult note and then enters an order for antidepressant medication per Dr. Rosen's recommendation.
6. During her review of Ariana's chart, Lauren sees that Dr. Carter has prescribed the medication so she calls Ariana to let her know she can pick up her prescription at the pharmacy. She also checks with Ariana about her family situation and provides support.
7. After the phone call:
    a. Ariana picks up her medication at the pharmacy
    b. Lauren enters a telephone visit note for 15 minutes
    c. Lauren links the telephone visit note to the Episode of Care

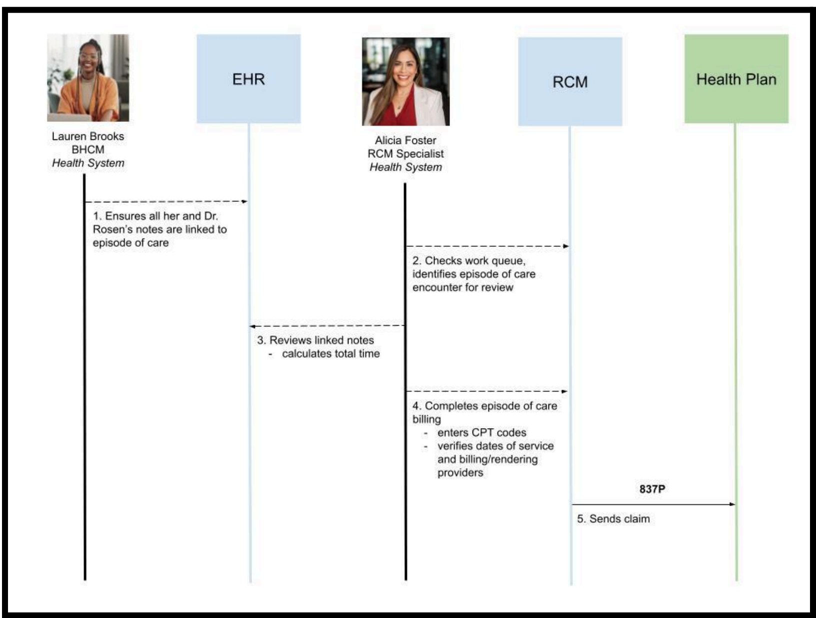


Use Case Scene 1.2: Ariana receives medication for her depression and anxiety

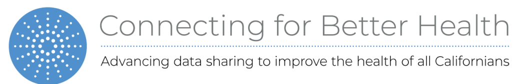
Scene 1.3: First month billing for Ariana

1. On the last day of the month, Lauren makes sure that all visit notes for both she and Dr. Rosen are linked to Ariana's episode of care.
2. Because the Episode of Care documentation encounter was coded with the pseudocode "99492FirstMonth", it was automatically routed to the RCM team's work queue within the RCM system.
3. **Alicia Foster**, a member of the RCM team, begins working on Ariana's Episode of Care.

   a. Since the PseudoCode is "99492FirstMonth" she knows she will need to use 99492 and that the total minutes that can be billed is 70 and anything over that will need to be billed to 99494.
   b. She adds up all of the times in the visit notes linked to the Episode of Care and calculates a total of 90 minutes.
   c. She enters the following two billing codes in the Episode of Care documentation encounter:
      - 99492 for the first 70 minutes for the first month billing cycle
         - *99492 is the code practices use exclusively for the first month that have a maximum limit of 70 minutes.*
      - 99494 for the additional 20 minutes after the initial 70 minutes
         - *99494 is the code practices use for extra time once the maximum threshold is reached.*
   d. Since this is "Incident To" billing she makes sure the billing provider for the documentation encounter is Dr. Emily Carter, Ariana's PCP.
   e. She makes sure that the rendering provider is Lauren Brooks, Ariana's BHCM.
   f. She makes sure the dates of service are from the first day of the month to the last day of the month even though Ariana was enrolled in the middle of the month.
   g. She verifies that the location matches Dr. Emily Carter's location.
4. Alicia submits the claim for this health plan.



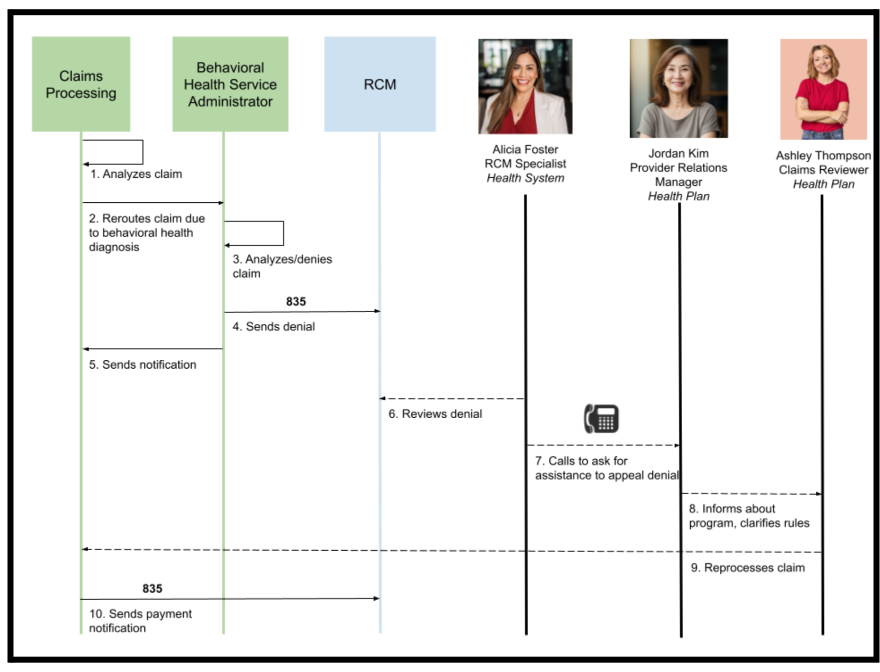
Use Case Scene 1.3: First month billing for Ariana



Scene 1.4: Claims Processing

1. Because the claim contains a behavioral health diagnosis, the health plan claims processing system (incorrectly) routes the claim to its Behavioral Health Service Administrator* assuming that they are financially responsible for paying the claim. *Note: it may be the case that the Behavioral Health Service Administrator has been delegated to pay these codes under their Division of Financial Responsibility (DOFR) contracts because of this assumption, but this should not be the case. Plans need to check their Behavioral Health Service Administrator DOFRs to ensure these codes are not included as Behavioral Health Service Administrator risk, as they will always be denied because the medical provider is not a BH provider and therefore out-of-network.*
    a. Primary Dx: **F33.1** – Major depressive disorder, recurrent, moderate
    b. Secondary Dx: **F41.1** – Generalized anxiety disorder
2. The Behavioral Health Service Administrator denies the claim because Dr. Carter is not one of their contracted providers and sends a denial notification to the health system's RCM system and also to the health plan that initially received the claim.
3. Alicia Foster reviews the denial and calls **Jordan Kim**, Provider Relationship Manager for the Health Plan, to ask her to follow up internally to have the denial reversed.
    a. Jordan talks with **Ashley Thompson**, Claims Intake Reviewer, and asks her to re-process the claim saying it was incorrectly routed to and then denied by the Behavioral Health Service Administrator.
    b. Ashley reviews the initial claim and then re-processes it, which results in a claim approval notification being sent to the health system.
    c. Alicia receives the notification that the claim was approved and will be paid.

* NOTE: This could be an external organization such as a Managed Behavioral Health Organization (MBHO) (i.e. Magellan, Optum, etc.) or a health plan behavioral health internal department team.



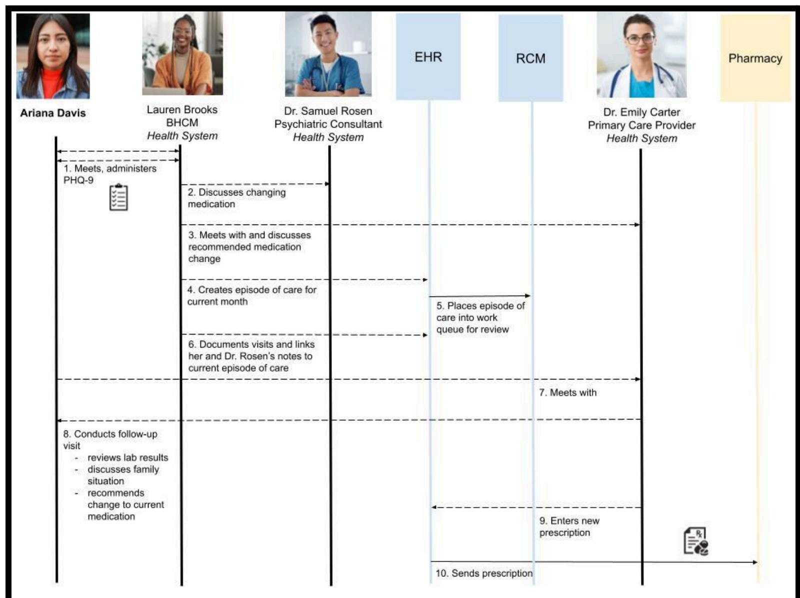
Use Case Scene 1.4: Claims Processing

Use Case 2: Ariana's Next Month of CoCM Services

Scene 2.1: PCP follow-up

1. Over the past five weeks, Ariana has met with Lauren several times, each time completing another PHQ-9. Her depressive symptoms have remained the same.
    a. Ariana's latest PHQ-9 score, ongoing depression symptoms, and side effects from Lexapro including headaches leads Lauren to asking Dr. Rosen if he thinks an alternative medication is warranted. Dr. Rosen agrees and suggests that Ariana begins to take 20mg of Prozac.
    b. Lauren meets with Dr. Carter to explain their rationale and Dr. Carter agrees to talk with Ariana about this at her next appointment.
    c. Lauren enters visit notes for both of these interactions and links them to the current month's Episode of Care.
2. Five weeks since last being seen by Dr. Carter, Ariana has a follow up appointment.
3. During the visit:
    a. Dr. Carter checks Ariana's A1C values, which have improved, and talks with her about how she's getting on with her family.
    b. Based on the input from the Psychiatric consultant, she recommends that Ariana changes her medication to 20mg of Prozac.

c. Ariana agrees and Dr. Carter sends a prescription to Ariana's preferred pharmacy so she can pick it up on the way home.

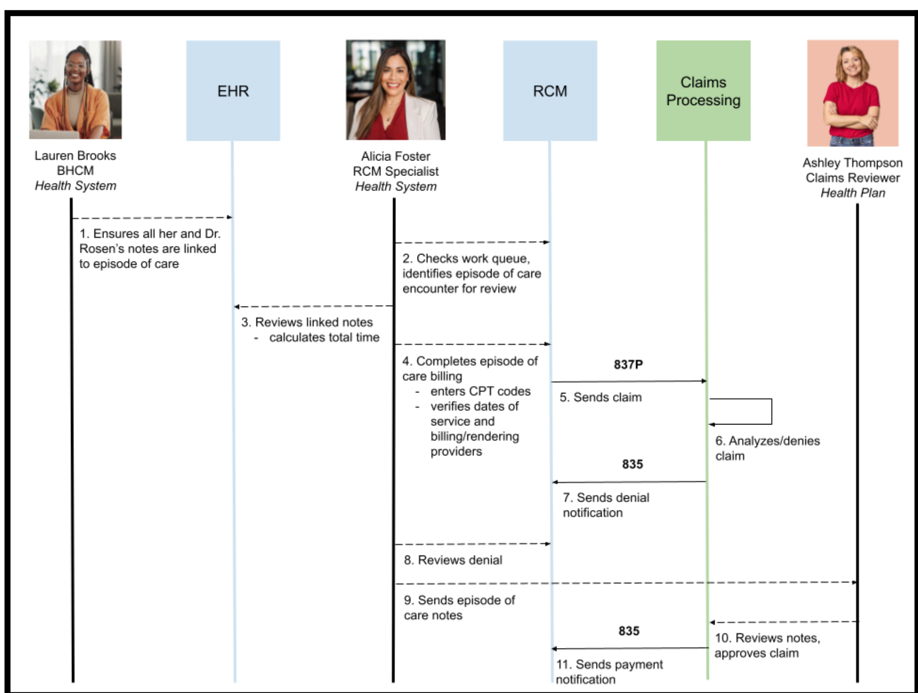


Use Case Scene 2.1: PCP follow-up

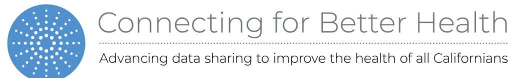
Scene 2.2: Subsequent month billing for Ariana & claims processing

1. On the last day of each month, Lauren makes sure that all visit notes for both her and Dr. Rosen are linked to Ariana's episode of care.
2. Each month when she opens the new Episode of Care, Lauren also creates a documentation encounter for the Episode of Care and enters the following:
    a. PseudoCode "994923SubMonth" to indicate that this is Ariana's subsequent month in the program.
    b. Location of service that matches the location of the PCP.
    c. Diagnosis is Ariana's behavioral health diagnosis, not her diabetes diagnosis.
3. Alicia Foster begins working on Ariana's Episode of Care.
    a. Since the PseudoCode is "99493SubMonth" she knows she will need to use 99493 and that the total minutes that can be billed is 60 and anything over that will need to be billed to 99494.
    b. She adds up all of the times from the visit notes linked to the Episode of Care and, this month, calculates a total of 110 minutes.
    c. She enters the following billing codes in the Episode of Care documentation encounter:
        - 99493 for the first 60 minutes for the second month billing cycle
        - 99494 for the next 30 minutes
        - 99494 for the remaining 20 minutes

   d. Since this is "Incident To" billing she makes sure the billing provider for the encounter is Dr. Emily Carter, Ariana's PCP, and the rendering provider is Lauren Brooks, the Behavioral Health Care Manager.
   e. She makes sure the dates of service are from the first day of the month to the last day of the month.
   f. She verifies that the location matches Dr. Emily Carter's location.
4. She submits the claim for this health plan.
5. The health plan claims processing system reviews and denies Ariana's CoCM claim because additional documentation is required and sends a denial notification back to the practice's RCM system.
6. Alicia Foster reviews the denial and pulls all of the notes linked to the Episode of Care in question. She sends this multi-page document to the health plan claims department.
7. Ashley Thompson, Claims Intake Reviewer for the health plan, reviews the documentation and approves the claim for payment.



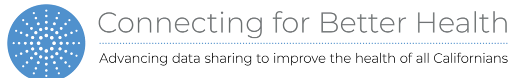
Use Case Scene 2.2: Subsequent month billing for Ariana & claims processing



Personas referenced in this document:

Name	Photo	Human Actor	Business Actor	System Actor	ID
Ariana Davis		Patient	N/A	N/A	
Pacific Health Network		Practice	Health System	EHR	TIN: 1932840347 Practice Address: 3719 NW 17th St. South Lake Tahoe, CA 96157
Dr. Emily Carter		Primary Care Provider	Health System	EHR	NPI: 1235181497
Dr. Samuel Rosen		Psychiatric Consultant (0.1 FTE per care manager)	Health System	EHR	
Lauren Brooks, LCSW		Behavioral Health Care Manager (BHCM)	Health System	EHR	NPI: 1811519753
Alicia Foster		Revenue Cycle Management (RCM) Specialist	Health System	EHR's Billing System	

Name	Photo	Human Actor	Business Actor	System Actor	ID
Jordan Kim		Provider Relationship Manager	Health Plan	Claims Processing System	
Ashley Thompson		Claims Intake Reviewer	Health Plan	Claims Processing System	



Appendix A: Sample Claims

Month 1 Sample CoCM Claim for Ariana Davis

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA | PICA | CARRIER

1. MEDICARE (Medicare#) | MEDICAID (Medicaid#) | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) [X] | FECA BLK LUNG (ID#) | OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 91234567A

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): DAVIS, ARIANA

3. PATIENT'S BIRTH DATE (MM DD YY): 04 12 00 — SEX: M [ ] F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): DAVIS, ARIANA

5. PATIENT'S ADDRESS (No., Street): 1437 LAKE DRIVE

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street): 1437 LAKE DRIVE

CITY: TRUCKEE — STATE: CA

8. RESERVED FOR NUCC USE

CITY: TRUCKEE — STATE: CA

ZIP CODE: 96160 — TELEPHONE (Include Area Code): (530) 5827893

ZIP CODE: 96160 — TELEPHONE (Include Area Code): (530) 5827893

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER: A13975

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]

a. INSURED'S DATE OF BIRTH (MM DD YY): 04 12 00 — SEX: M [ ] F [X]

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES [ ] NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME: COMMUNITY CARE HMO

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [X] *If yes, complete items 9, 9a, and 9d.*

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED: ARIANA DAVIS — DATE: 03/31/2026

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) (MM DD YY): 02 15 2026 QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE — 17a. — 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES [ ] NO [ ] — $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY — ICD Ind.

A. F33.1 — B. F41.1 — C. — D. — E. — F. — G. — H. — I. — J. — K. — L.

Note: Diagnosis codes are for behavioral health-related conditions - F33.1 (Major depressive disorder, recurrent, moderate) and F41.1 (Generalized anxiety disorder).

22. RESUBMISSION CODE — ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1: 03	01	26	03	31	26	11		99492		A,B	141 26	1		NPI	1811519753
2: 03	01	26	03	31	26	11		99494		A,B	57 88	1		NPI	1811519753
3														NPI	
4														NPI	
5														NPI	
6														NPI	

Note: 99492 used to bill for CoCM services in first calendar month.

Note: Dates of service are for start/end of month even though enrollment in CoCM began mid-month.

Note: NPI of rendering provider is for Lauren Brooks, Behavioral Health Care Manager.

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER: 51-2144346 — SSN [ ] EIN [X]

26. PATIENT'S ACCOUNT NO.: PH37241908

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [ ] NO [ ]

28. TOTAL CHARGE: $ 199 14

29. AMOUNT PAID: $ 0 00

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

EMILY CARTER

SIGNED — DATE: 03/31/2026

32. SERVICE FACILITY LOCATION INFORMATION

PACIFIC HEALTH NETWORK
3719 NW 17TH ST.
SOUTH LAKE TAHOE, CA 96157

a. 1932840347 — b.

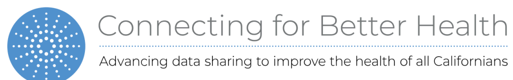
33. BILLING PROVIDER INFO & PH #: (530) 542-4637

EMILY CARTER, MD
400 BALLPARK DR.
WEST SACRAMENTO, CA 95691

a. 1235181497 — b.

Note: Billing provider is Ariana's PCP, Emily Carter.

NUCC Instruction Manual available at: www.nucc.org — *PLEASE PRINT OR TYPE* — APPROVED OMB-0938-1197 FORM 1500 (02-12)



Month 2 Sample CoCM Claim for Ariana Davis

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) ☐ MEDICAID (Medicaid#) ☐ TRICARE (ID#/DoD#) ☐ CHAMPVA (Member ID#) ☐ GROUP HEALTH PLAN (ID#) ☒ FECA BLK LUNG (ID#) ☐ OTHER (ID#) ☐

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 91234567A

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): DAVIS, ARIANA

3. PATIENT'S BIRTH DATE MM DD YY: 04 12 00 — SEX: M ☐ F ☒

4. INSURED'S NAME (Last Name, First Name, Middle Initial): DAVIS, ARIANA

5. PATIENT'S ADDRESS (No., Street): 1437 LAKE DRIVE — CITY: TRUCKEE — STATE: CA — ZIP CODE: 96160 — TELEPHONE (Include Area Code): (530) 5827893

6. PATIENT RELATIONSHIP TO INSURED: Self ☒ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street): 1437 LAKE DRIVE — CITY: TRUCKEE — STATE: CA — ZIP CODE: 96160 — TELEPHONE (Include Area Code): (530) 5827893

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

a. OTHER INSURED'S POLICY OR GROUP NUMBER

b. RESERVED FOR NUCC USE

c. RESERVED FOR NUCC USE

d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous) YES ☐ NO ☒
b. AUTO ACCIDENT? PLACE (State) YES ☐ NO ☒
c. OTHER ACCIDENT? YES ☐ NO ☒

10d. CLAIM CODES (Designated by NUCC)

11. INSURED'S POLICY GROUP OR FECA NUMBER: A13975
a. INSURED'S DATE OF BIRTH MM DD YY: 04 12 00 — SEX: M ☐ F ☒
b. OTHER CLAIM ID (Designated by NUCC)
c. INSURANCE PLAN NAME OR PROGRAM NAME: COMMUNITY CARE HMO
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ☐ NO ☒ *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED ARIANA DAVIS DATE 04/30/2026

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY: 02 15 2026 QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES ☐ NO ☐ $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. F33.1 B. F41.1 C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE — ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	04	01	26	04	30	26	11		99493		A,B	112 14	1		NPI	1811519753
2	04	01	26	04	30	26	11		99494		A,B	57 88	2		NPI	1811519753
3															NPI	
4															NPI	
5															NPI	
6															NPI	

Note: 99493 used to bill for CoCM services in subsequent calendar month.

25. FEDERAL TAX I.D. NUMBER: 51-2144346 — SSN ☐ EIN ☒

26. PATIENT'S ACCOUNT NO.: PH37241908

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES ☐ NO ☐

28. TOTAL CHARGE: $ 227 90

29. AMOUNT PAID: $ 0 00

30. Rsvd for NUCC Use

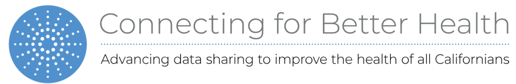
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
EMILY CARTER
SIGNED DATE 04/30/2026

32. SERVICE FACILITY LOCATION INFORMATION
PACIFIC HEALTH NETWORK
3719 NW 17TH ST.
SOUTH LAKE TAHOE, CA 96157
a. 1932840347 b.

33. BILLING PROVIDER INFO & PH # (530) 542-4637
EMILY CARTER, MD
400 BALLPARK DR.
WEST SACRAMENTO, CA 95691
a. 1235181497 b.

NUCC Instruction Manual available at: www.nucc.org — PLEASE PRINT OR TYPE — APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER — PATIENT AND INSURED INFORMATION — PHYSICIAN OR SUPPLIER INFORMATION



Appendix B: CQC Resources

For providers looking to implement BHI:

- 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)
- Collaborative Care Model Guidance for Commercial Health Plans

CQC's BHI Payer Workgroup documents are available for other plans and partners to adapt and adopt, including:

- BHI Health Plan Policy & FAQ – provides health plans, and their managed behavioral health organization partners or internal behavioral health departments, with operational responsibilities to facilitate behavioral health integration in primary care, covering credentialing, billing and claims, medical/behavioral health collaboration, data analytics, enterprise strategy.
- Behavioral Health Integration into Primary Care: Provider Implementation Guide – a resource plans can share with providers to support implementation of BHI (either Collaborative Care or Primary Care Behavioral Health)
- BHI Data Request – template to analyze claims data to understand Collaborative Care codes in network