



## CENTER OF EXCELLENCE for Integrated Health Solutions

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# INTEGRATED CARE FINANCING SERIES

## **MODULE 3**



## **2025 BIDIRECTIONAL CARE COORDINATION AND INTEGRATION BILLING CODE OPTIONS**

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# SECTION 1: INTRODUCTION

Use this document as a “cheat sheet” for 2025 billing codes that can support bidirectional care coordination and integration. It includes:

- Billing codes that support **primary care and other medical office providers** (e.g., OB-GYNs) to better coordinate and integrate behavioral health services, including mental health and substance use treatment.
- Billing codes that support **mental health and substance use treatment providers** to better coordinate and integrate physical health care.

This document will support a wide range of audiences with financing and sustainability of bidirectional integrated care programs, including state agencies (e.g., Medicaid and behavioral health authorities), insurers (e.g., Medicaid managed care organizations), provider organizations, and academic or research institutions.

It may be particularly useful in supporting grantees under the federal Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) grant.<sup>1</sup> The PIPBHC grant is designed to: (1) promote full integration and collaboration in clinical practices between physical and behavioral health care, (2) support improvement of integrated care models for physical and behavioral health care to improve overall wellness and (3) promote implementation and improvement of bidirectional integrated care services.

**Section 2** provides general tips for building sustainable, location-agnostic integrated care programs (i.e., programs that apply to both primary care and behavioral health settings).

**Section 3 and Section 4** provide integrated care billing code recommendations tailored for physical health/primary care providers and behavioral health providers (i.e., mental health and substance use treatment providers), respectively. States, payers and their provider partners can use this information to ensure the billing landscape supports comprehensive integrated care. The billing codes in these sections are categorized based on the PIPBHC “Requirements for Integrated Care Program Domains.”<sup>2</sup>

## SECTION 2: TIPS FOR BUILDING SUSTAINABLE INTEGRATED CARE PROGRAMS

States, payers and providers should consider the following tips for building sustainable, location-agnostic integrated care programs:

- **Maximize new Medicare billing opportunities for integrated care.** Each year, the Centers for Medicare and Medicaid Services (CMS) publishes the Medicare Physician Fee Schedule final rule. It updates payment policies and payment rates for services provided by physicians and other qualified practitioners, including nonphysician practitioners (NPPs), under Medicare Part B. In recent years, CMS has expanded the types of providers that are eligible to bill for Medicare Part B services to include mental health counselors and marriage and family therapists, and has added new billing codes to support care navigation and integration (see Community Health Integration and Principal Illness Navigation billing codes in Sections 3 and 4). Other payers often adopt Medicare payment policies and services over time.
- **Leverage auxiliary staff.** Auxiliary staff work under the supervision of a physician or NPP to perform or assist in service delivery, but do not independently bill for services. The types of staff that can be

<sup>1</sup> Substance Abuse and Mental Health Services Administration. (2023). *FY 2025 promoting integration of primary and behavioral health care: States — Notice of funding opportunity*. <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-pipbhc-states-sm-24-003.pdf>

<sup>2</sup> Ibid., see Appendix A.

considered auxiliary vary by state and payer, but may include nurses, medical assistants, community health workers and certified peer specialists. In general, auxiliary staff may perform certain care management and care coordination services such as patient outreach, engagement and education; appointment scheduling and referrals; collection and documentation of patient reported information; and monitoring care plan adherence and care gaps. In contrast, activities that typically require a licensed provider include care plan development; clinical assessment, diagnosis, and medical decision-making; and prescribing or ordering diagnostic tests. Many of the care coordination and care management billing codes listed in Sections 3 and 4 work best and most efficiently when services are rendered by auxiliary staff.

- **Increase points of access to care.** States, payers and providers should ensure that care is as easy to provide and receive as possible, including by allowing payment for mobile clinics, telehealth and home-based services. New financing opportunities for integrated care also include billing codes for digital mental health treatment and remote patient monitoring. Payers can also ensure that they fully reimburse services provided using the street medicine place-of-service code (27) as appropriate.
- **Consider using relevant billing codes to support historically unbillable services.** Billing codes have expanded in recent years to cover a wider range of staff types and services — including activities that aren't conducted with the patient present, such as maintaining patient registries and coordinating care with other providers. It's worth considering how billing codes listed in Sections 3 and 4 can support evidence-based care delivery approaches. For example, states and providers can use screening codes to support measurement-based care<sup>3</sup> and support the use of billing codes for person-centered care delivery and robust care coordination in support of trauma-informed care.
- **Promote a comprehensive array of care coordination and care integration billing codes.** States and their provider partners can work with local payers to make a robust set of codes available to support care integration. Additionally, states and payers can routinely develop localized tip sheets with practical guidance on how to implement new billing codes.
- **Assess feasibility of implementation.** States should work with provider partners to cross-reference available provider staff and operational resources with available billing codes to assess the feasibility. This includes reviewing whether providers have sufficient care management staffing, the ability to document time-based services, and EHR systems capable of tracking required elements such as registries or clinical workflows. For example, interprofessional consultation and general behavioral health integration service codes may be a more feasible implementation option than the Collaborative Care Model (CoCM) if contracting with a psychiatric consultant or supporting registry-based care is not operationally feasible.
- **Assess progress using a standardized integration framework.** States and providers should aim to leverage standardized integration frameworks to monitor and track progress toward integrated care such as the Six Levels of Collaboration/Integration<sup>4</sup>, the Comprehensive Health Integration (CHI) Framework<sup>5</sup> or the PIPBHC integrated care program domains.<sup>6</sup> (Note: The PIPBHC integrated care program domains generally follow those outlined in the CHI Framework.) In practice, these frameworks can be used to support internal self-assessment, quality improvement activities, and structure reporting on integration maturity over time.

<sup>3</sup> See additional details on financing measurement-based care in community-based behavioral health settings at <https://library.samhsa.gov/sites/default/files/cfri-financing-measurement-based-care-pep24-01-007.pdf>

<sup>4</sup> Center for Integrated Health Solutions. (2020). *Six levels of collaboration/integration*. [https://www.thenationalcouncil.org/wp-content/uploads/2020/01/CIHS\\_Framework\\_Final\\_charts.pdf?dof=375ateTbd56](https://www.thenationalcouncil.org/wp-content/uploads/2020/01/CIHS_Framework_Final_charts.pdf?dof=375ateTbd56)

<sup>5</sup> National Council for Mental Wellbeing. (2025). *The comprehensive health integration framework*. <https://www.thenationalcouncil.org/resources/the-comprehensive-health-integration-framework/>

<sup>6</sup> Substance Abuse and Mental Health Services Administration. (2023). *Promoting the integration of primary and behavioral health care: States — Notice of funding opportunity (SM-24-003)*. <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-pipbhc-states-sm-24-003.pdf>

## IMPORTANT DETAILS REGARDING SECTIONS 3 AND 4

- Section 3 contains tables with billing codes that could be considered for physical health or primary care providers coordinating or integrating behavioral health care.
- Section 4 contains tables with billing codes that could be considered for behavioral health providers coordinating or integrating physical health care.
- Billing code availability may vary by payer. Billing codes newly introduced by Medicare are flagged as “primarily Medicare” billing codes.
- The tables in Sections 3 and 4 provide average Medicare 2025 payment rates in cases where rate information was available.<sup>7</sup>
- Medicare payment rates can provide a proxy for commercial rates (43% more than Medicare, on average) and Medicaid rates (see KFF Medicaid-to-Medicare Fee Index<sup>8</sup>).
- Eligible providers are categorized in four groups: (1) physicians, (2) NPPs<sup>9</sup>, (3) licensed mental health (MH) practitioners<sup>10</sup>, (4) auxiliary staff.<sup>11</sup>
- State rules and regulations can vary greatly. Confirm staffing requirements with state Medicaid agencies, managed care plans and/or Medicare contractors as needed.
- Time requirements are provided. A unit of time is typically rounded up when the midpoint is passed (e.g., an hour is attained when 31 minutes have elapsed).
- Add-on codes (i.e., services performed only in tandem with a primary procedure) are denoted by a “+” preceding the billing code (e.g., +99494).
- Billing codes that apply to both physical health and behavioral health settings (e.g., tobacco cessation) are listed in both Section 3 and Section 4.
- To keep the tables as short as possible, abbreviations are used in select cases (e.g., for frequently used screening tools). Section 5 contains the complete list of abbreviations, along with additional resources.

**Disclaimer:** Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association (AMA). CPT codes, descriptions and other data are copyright 2025. This document is not meant to be a comprehensive guide for implementing billing codes. It does not cover important details such as billing limitations, documentation requirements, modifier usage or specific availability across different states or regions. For more details on billing codes, refer to the appropriate CPT or Healthcare Common Procedure Coding System (HCPCS) manual and contact local payers. The National Council for Mental Wellbeing’s Decision Support Tool<sup>12</sup> also provides information about the billing codes listed in this document, including average Medicare, Medicaid and commercial payment rates for calendar year 2025 and revenue estimates for select integrated care models.

<sup>7</sup> The Medicare rates are derived from the National Council for Mental Wellbeing’s Decision Support Tool, available at <https://www.thenationalcouncil.org/resources/financing-the-future-of-integrated-care/>. These rates may vary slightly from other published Medicare rates.

<sup>8</sup> KFF. (n.d.). *Medicaid-to-Medicare fee index*. Retrieved September 17, 2025, from <https://www.kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>9</sup> NPPs include certain nonphysician practitioners who can diagnose and treat illnesses, prescribe medications, and manage patient care, such as nurse practitioners, physician assistants, certified nurse midwives and clinical nurse specialists.

<sup>10</sup> Licensed mental health practitioners include psychiatrists, clinical psychologists, clinical social workers, marriage and family therapists, and mental health counselors.

<sup>11</sup> Auxiliary staff, such as nurses, medical assistants and community health workers, work under the supervision of a physician or NPP to perform or assist in service delivery, but do not bill independently for services.

<sup>12</sup> National Council for Mental Wellbeing. (2025). *Financing the future of integrated care: Decision support tool*. <https://www.thenationalcouncil.org/resources/financing-the-future-of-integrated-care/>

# SECTION 3: FOR PHYSICAL HEALTH/PRIMARY CARE PROVIDERS COORDINATING AND INTEGRATING BEHAVIORAL HEALTH SERVICES

The billing codes in this section apply to various types of integrated care models within physical health settings. They include billing codes to screen for behavioral health conditions and social needs, conduct brief interventions and provide care management, and psychotherapy codes for co-located models (physical health providers that hire licensed mental health practitioners). Select codes listed in this section may enable or require a physical health provider to contract with an external specialist (e.g., a consulting psychiatrist for the CoCM) or organizations (e.g., a community-based organization for CHI), which may add complexity to implementation.

Copays and cost-sharing may apply, including for care management services that are conducted without the patient present. It is vital to document patient consent, partly to avoid surprise billing for such services. Additionally, providers collecting and sharing information related to substance use as part of interprofessional consultation services must follow all state and federal privacy laws regarding the exchange of patient information.

Effective in 2025, federally qualified health centers (FQHCs) and rural health clinics (RHCs) can bill many of the same CPT/HCPCS codes listed in Section 3, due to the unbundling of G0511 (comprehensive care management for FQHCs and RHCs). However, FQHCs and RHCs providing CoCM services can continue to bill G0512 (psychiatric CoCM) for calendar year 2025. Providers should collaborate with local payers to confirm billing guidance, including availability of billing codes and the types of auxiliary staff that can render services.

## Access, screening, referral to care and follow-up

### Screening

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
99202-99205	E/M services for new patients	Used to support integrated care by allowing clinicians to screen for behavioral health needs, initiate referrals, and coordinate follow-up as needed	Varies by CPT code; based on time or complexity	\$69.87-\$227.80	<b>Billing:</b> Physicians, NPPs. <b>Rendering:</b> N/A
99212-99215	E/M services for established patients	Used to support integrated care by allowing clinicians to screen for behavioral health needs, initiate referrals, and coordinate follow-up as needed	Varies by CPT code; based on time or complexity	\$54.99-\$187.03	<b>Billing:</b> Physicians, NPPs. <b>Rendering:</b> N/A

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
96127 <sup>13</sup>	Developmental/behavioral screening and testing	Screening for depression (PHQ-9, PHQ-2), anxiety (GAD-7), attention-deficit/hyperactivity disorder, with scoring and documentation	Not time-based; per instrument	\$4.95	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff
G0136 (primarily Medicare)	Administration of social risk assessment tool	Furnished in conjunction with an E/M visit, which can include hospital discharge or transitional care management services.	5-15 minutes once every six months	\$20.24	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff
96160	Health risk assessment instrument	Used to assess general health risks, including diet/activity and social needs (e.g., PRAPARE, AHC-HRSN)	N/A	\$3.32	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff
96161	Caregiver health risk assessment instrument	Used to assess parent/caregiver health risks for the benefit of patient care (e.g., ACES questionnaire, parent stress index, postnatal depression scale)	N/A	\$3.32	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff
99408 <sup>14</sup>	Alcohol and/or substance misuse assessment and intervention	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST) and brief intervention — 15 to 30 minutes (i.e., SBIRT)	15-30 minutes	\$35.26	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff

<sup>13</sup> Medicare uses G0444 for depression screening (“Annual Depression Screening, 15 minutes”).

<sup>14</sup> Medicare uses G0396 to cover this service; certain Medicaid programs may use H0049 and/or H0050.

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
99409 <sup>15</sup>	Alcohol and/or substance misuse assessment and intervention	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST) and brief intervention — 30 or more minutes (i.e., SBIRT)	30+ minutes	\$66.00	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff

### Care access, referrals and follow-up

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
G0560 (primarily Medicare)	Safety planning interventions	Comprehensive risk assessment and development of safety plan for individuals experiencing a mental health or substance use crisis	20-minute units	\$43.18	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff
G0544 (primarily Medicare)	Post-discharge telephonic follow-up	Follow-up phone calls made after discharge <sup>16</sup> from a crisis-related encounter for a mental health or substance use condition.	Monthly bundle — 4 calls, 10-20 minutes each	\$66.04	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff
G3002	Chronic pain management and treatment	Includes diagnosis, assessment, care planning, medication review and care coordination, including integrative providers (e.g., yoga, mindfulness)	Monthly bundle, first 30 minutes	\$84.17	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A

<sup>15</sup> Medicare uses G0397 to cover this service.

<sup>16</sup> Medicare and Medicaid Programs; CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program; and Medicare Overpayments, 89 F.R. 97710 (proposed 2024) (to be codified at 42 C.F.R. § 401, 405, 410, 411, 414, 423, 424, 425, 427, 428, and 491). <https://www.govinfo.gov/content/pkg/FR-2024-12-09/pdf/2024-25382.pdf> (see page 97,922)

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
<b>+G3003</b>	Chronic pain management services, each additional 15 minutes	Used when services exceed 30 minutes in a month; must be billed with G3002 and reflect full 15-minute increments of personally delivered care	Each additional 15 minutes	\$31.15	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A
<b>99495</b>	Transitional care management services, moderate medical decision making	Provide monthly management of patient care and follow-up during transition to home care or after discharge, moderate level of decision making	Within 14 days of discharge	\$175.82	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff
<b>99496</b>	Transitional care management services, high medical decision making	Provide monthly care management during transition requiring high level of medical decision making	Within 7 days of discharge	\$238.06	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff

## Evidence-supported prevention and intervention

### Prevention

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
<b>G0402</b>	Welcome to Medicare visit	Includes medical and social history, risk factor assessment, functional ability, depression screening, end-of-life planning (if agreed)	In first 12 months of Medicare Part B coverage	\$160.76	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Health Educators, Registered Dietitians

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
<b>G0438 (primarily Medicare)</b>	Initial annual wellness visit	Includes health risk assessment, review/update of medical and family history, medication list, screening schedule, cognitive assessment, referrals	N/A — may only be billed once per patient	\$171.38	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A
<b>G0439 (primarily Medicare)</b>	Subsequent annual wellness visit	Subsequent annual wellness visits (used every year after initial annual wellness visit is completed)	N/A — may only be billed once per year	\$135.42	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A
<b>99381-99397<sup>17</sup></b>	Preventive medicine	May include annual behavioral health wellness checks	N/A — CPT codes vary by age	N/A	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A

### Psychiatric CoCM<sup>18</sup> and general care management for behavioral health

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
<b>99492</b>	Initial psychiatric CoCM	Includes patient engagement, initial assessment, treatment plan, psychiatric consultant review, patient registry, monitoring and brief interventions	First 70 minutes	\$156.93	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff, Psychiatric Consultants

<sup>17</sup> Part B Medicare does not cover the preventive medicine CPT codes, and instead uses G0402, G0438, G0439. Select state Medicaid programs may use the preventive medicine CPT codes to cover annual behavioral health wellness checks.

<sup>18</sup> The psychiatric CoCM can generally be used to treat mild-to-moderate mental health or substance use disorders.

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
99493	Subsequent psychiatric CoCM	Includes caseload review, coordination with treating provider and psychiatric consultant, brief interventions, relapse prevention planning	First 60 minutes in a subsequent month	\$142.70	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff, Psychiatric Consultants
+99494	Subsequent psychiatric CoCM	Add-on code to 99492 and 99493	Additional 30 minutes each month	\$60.39	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff, Psychiatric Consultants
G2214	Initial or subsequent psychiatric CoCM	Allows billing when the full 70-minute threshold of CPT 99492 or 60-minute of 99493 is not met	First 30 minutes per month	\$58.70	<b>Billing:</b> Physicians, NPP <b>Rendering:</b> Auxiliary Staff, Psychiatric Consultant
G0512 <sup>19</sup>	Psychiatric CoCM	RHC/FQHC only	60 minutes or more per month	\$146.47	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff, Psychiatric Consultant
99484	General care management for behavioral health	Includes initial assessment, behavioral health care planning, brief interventions and coordinating with mental health and substance use care providers	20+ minutes per month	\$56.51	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff

<sup>19</sup> The Centers for Medicare and Medicaid Services is proposing to “unbundle” G0512 under the Medicare Physician Fee Schedule Proposed Rule for calendar year 2026. See <https://www.govinfo.gov/content/pkg/FR-2025-07-16/pdf/2025-13271.pdf>.

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
<b>G0323</b>	General care management for behavioral health, licensed social or psychologist	Includes initial assessment, behavioral health care planning, brief interventions and coordinating with mental health and substance use care providers	20+ minutes per month	\$57.47	<b>Billing:</b> Licensed Independent Social Workers; Clinical Psychologists

### Addressing substance use in primary care/physical health care settings

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
<b>G2086 (primarily Medicare)</b>	Office-based treatment for opioid use disorder bundle	Includes development of treatment plan, care coordination, individual therapy, group therapy and counseling. First calendar month of treatment.	70+ minutes (initial month)	\$479.48	<b>Billing:</b> Physicians, NPPs  <b>Rendering:</b> Licensed MH Practitioners
<b>G2087 (primarily Medicare)</b>	Office-based treatment for opioid use disorder bundle	Includes care coordination, individual therapy, group therapy and counseling. Subsequent calendar months.	60+ minutes (subsequent months)	\$431.68	<b>Billing:</b> Physicians, NPPs  <b>Rendering:</b> Licensed MH Practitioners
<b>+G2088 (primarily Medicare)</b>	Office-based treatment for opioid use disorder bundle	Includes care coordination, individual therapy, group therapy and counseling	Each additional 30 minutes	\$59.65	<b>Billing:</b> Physicians, NPPs  <b>Rendering:</b> Licensed MH Practitioners
<b>99406</b>	Tobacco cessation counseling; intermediate	Used when a provider spends three to 10 minutes counseling a patient on quitting tobacco, including discussing risks, triggers and cessation strategies	3-10 minutes	\$14.69	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners  <b>Rendering:</b> N/A

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
99407	Tobacco cessation counseling; intensive	Used when a provider spends 10 or more minutes counseling a patient on quitting tobacco, often including discussion of pharmacologic options	10+ minutes	\$27.83	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> N/A
80305	Drug tests, presumptive (e.g., urine drug screening)	Used to help monitor medication adherence for prescribed medications and use of illicit substances	N/A	\$12.60	CLIA waived provider

*Note: Primary care and physical health providers may also support substance use treatment through standard E/M codes (99213-99215), as well as the CoCM and general behavioral health integration codes listed in this table.*

### Health behavior assessment and intervention

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
96156	Health behavior assessment or reassessment	Used to assess how psychological or behavioral factors affect a medical condition via interview of psychological history, lifestyle and health behaviors	30-60 minutes	\$104.41	<b>Billing:</b> Licensed MH Practitioners <b>Rendering:</b> N/A
96158	Health behavior intervention, individual	Behavioral interventions to better manage patient's physical health conditions (e.g., diabetes, chronic pain, hypertension)	First 30 minutes	\$71.65	<b>Billing:</b> Licensed MH Practitioners <b>Rendering:</b> N/A
+96159	Health behavior intervention, individual	Behavioral interventions to better manage patient's physical health conditions (e.g., diabetes, chronic pain, hypertension)	Each additional 15 minutes	\$24.63	<b>Billing:</b> Licensed MH Practitioners <b>Rendering:</b> N/A

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
96164	Health behavior intervention, group	Group interventions targeting health-related behaviors, such as smoking cessation, stress management, obesity and weight management	Initial 30 minutes	\$10.87	<b>Billing:</b> Licensed MH Practitioners  <b>Rendering:</b> N/A

## Psychotherapy

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
90791	Psychiatric diagnostic evaluation (no medical services)	Initial diagnostic evaluation of a patient's mental health — includes history, mental status exam and treatment recommendations	16-90 minutes	\$176.20	<b>Billing:</b> Licensed MH Practitioners  <b>Rendering:</b> N/A
90792	Psychiatric diagnostic evaluation (with medical services)	Similar to 90791, but includes medical services such as ordering labs, prescription medications or adjusting prescriptions	Typically 60-120 minutes	\$197.90	<b>Billing:</b> Physicians, NPPs  <b>Rendering:</b> N/A
90832	Psychotherapy, individual, 30 minutes	Brief psychotherapy session (e.g., cognitive behavioral strategies for stress eating)	30 minutes	\$83.34	<b>Billing:</b> Licensed MH Practitioners  <b>Rendering:</b> N/A
90834	Psychotherapy, individual, 45 minutes	Standard psychotherapy session (e.g., relaxation techniques for generalized anxiety disorder)	45 minutes	\$110.06	<b>Billing:</b> Licensed MH Practitioners  <b>Rendering:</b> N/A
90837	Psychotherapy, individual, 60 minutes	Extended psychotherapy session (e.g., trauma-focused cognitive behavioral therapy for PTSD)	60 minutes	\$162.91	<b>Billing:</b> Licensed MH Practitioners  <b>Rendering:</b> N/A

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
90853	Psychotherapy, group (non-family)	Group psychotherapy focused on co-occurring primary care and behavioral health conditions (e.g., depression/anxiety with diabetes and hypertension)	Typically 45-60 minutes	\$29.63	<b>Billing:</b> Licensed MH Practitioners  <b>Rendering:</b> N/A

## Digital mental health

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
G0552	Supply DMHT device and initial education and onboarding, per course of treatment	Used when a provider supplies a DMHT device (e.g., apps for managing anxiety, depression or substance use) and educates the patient on its use as part of a behavioral therapy plan	Per course of treatment	Contractor priced	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners  <b>Rendering:</b> N/A
G0553	First 20 minutes of monthly treatment management services for DMHT device	Used for the first 20 minutes of monthly provider time reviewing patient data from the DMHT device, including at least one interactive communication	First 20 minutes per month	\$56.21	<b>Billing:</b> Physicians, NPPs  <b>Rendering:</b> N/A
G0554	Each additional 20 minutes of monthly treatment management services for DMHT device	Used for each additional 20 minutes of monthly provider time reviewing data from the DMHT device, with at least one interactive communication	Additional 20-minute increments	\$42.61	<b>Billing:</b> Physicians, NPPs  <b>Rendering:</b> N/A

## Multidisciplinary team

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
<b>99446-99449</b>	Interprofessional telephone, internet, EHR consult; includes verbal and written report	Used when a consulting provider (e.g., addiction specialist) spends at least five minutes discussing a patient's case with the treating provider (e.g., primary care provider)	5-31+ minutes (CPT code selection based on time)	\$17.82-\$72.37	<b>Billing:</b> Physicians, NPPs; Licensed MH Practitioners bill for G0546-G0549 <b>Rendering:</b> N/A
<b>99451</b>	Interprofessional consult with written report only (no verbal discussion)	Used when a consulting provider spends five or more minutes reviewing data and providing a written report to the treating provider	5+ minutes	\$34.58	<b>Billing:</b> Physicians, NPPs; Licensed MH Practitioners bill G0550 for Medicare <b>Rendering:</b> N/A
<b>99452</b>	Interprofessional referral service by the treating/ requesting provider	Used when treating provider (e.g., primary care provider) spends 30 minutes or less preparing for and participating in consultation with a specialist	16-30 minutes	\$35.32	<b>Billing:</b> Physicians, NPPs; Licensed MH Practitioners bill G0551 for Medicare <b>Rendering:</b> N/A
<b>99211</b>	Office visit for an established patient that may not require a physician (e.g., nurse visit)	Used for low-complexity services like vitals check, medication refill or patient education by a nurse or other qualified auxiliary staff	Typically 5-10 minutes; no strict time requirement	\$25.04	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff

*Note: Assess local coverage policies to determine whether other auxiliary staff, such as certified peer specialists, community health workers and doulas, may be billable in primary care or physical health settings.*

## Person-centered self-management support

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
99497	Advance care planning	Discuss patient's health care wishes, medical treatment preferences and establish an end-of-life plan; includes psychiatric advance directives	First 16-30 minutes	\$83.91	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A
+99498	Advance care planning, add-on code	Each additional 30 minutes of care planning, including psychiatric advance directives	Each additional 30 minutes	\$72.06	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A
G0023	PIN services	Patient navigation, care coordination, education and support for patients with serious or high-risk conditions; typically rendered by auxiliary staff	60 minutes per calendar month	\$84.47	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff <sup>20</sup>
+G0024	PIN services, each additional 30 minutes	Used to continue care coordination for patients with serious conditions (e.g., chronic pain, cancer, SUD); typically rendered by auxiliary staff	30 minutes (add-on to G0023)	\$52.27	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff <sup>21</sup>

<sup>20</sup> Peer specialists can also provide PIN services under G0140.

<sup>21</sup> Peer specialists can also provide additional PIN services under G0146.

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
<b>G0539 (primarily Medicare)</b>	Caregiver training in behavior management (initial 30 minutes, without patient present)	Teaching caregivers stress management, de-escalation, signs of worsening symptoms	Initial 30 minutes	\$55.62	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> N/A
<b>+G0540 (primarily Medicare)</b>	Caregiver training in behavior management, add-on code	Add-on to G0541 for extended caregiver instruction	Each additional 15 minutes	\$27.24	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> N/A
<b>G0543 (primarily Medicare)</b>	Group caregiver training (without patient present)	Group sessions for multiple caregivers on direct care techniques (e.g., wound care, meal preparation, medication administration)	Varies by session	Contractor priced	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> N/A
<b>+G2211</b>	Visit complexity for relationship development (E/M code add-on)	Designed to recognize complexity and resource costs of longitudinal, relationship-based care.	N/A	\$16.25	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A

## Linkages with community and social services

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
G0019	CHI, first 60 minutes	Addressing nonmedical factors that can impact health (e.g., housing, food insecurity) via auxiliary staff under supervision	60 minutes per month	\$84.47	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff
+G0022	CHI services, each additional 30 minutes	Add-on to G0019 for extended CHI services	30 minutes (add-on)	\$52.27	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff

## Ongoing care coordination and care management

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
G0556 (primarily Medicare)	APCM for patients with one chronic condition	Monthly care coordination for low-complexity patients, including care transitions, medication management, appointment scheduling and addressing social needs	Monthly (not time-based)	\$16.13	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff
G0557 (primarily Medicare)	APCM for patients with two or more chronic conditions	Monthly care coordination for moderate-complexity patients	Monthly (not time-based)	\$52.43	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
<b>G0558 (primarily Medicare)</b>	APCM for qualified Medicare beneficiaries with complex needs	Highest complexity level for APCM services	Monthly (not time-based)	\$114.29	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff
<b>99490</b>	CCM services by clinical staff under physician supervision	Non-face-to-face care coordination for patients with two or more chronic conditions expected to last 12 or more months or until death	At least 20 minutes per month	\$64.56	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff
<b>99491</b>	CCM personally performed by physician or NPP	For patients with two or more chronic conditions; provider delivers 30 or more minutes/month	First 30 minutes	\$86.86	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A
<b>99487</b>	Complex CCM by clinical staff under supervision	For patients with two or more chronic conditions and moderate/high complexity; first 60 minutes/month	First 60 minutes	\$141.66	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff
<b>99424</b>	PCM personally performed by physician or NPP	For patients with one serious chronic condition; first 30 minutes/month	First 30 minutes	\$85.11	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A
<b>99426</b>	PCM, clinical staff	For patients with one serious chronic condition; first 30 minutes/month, clinical staff	First 30 minutes	\$66.04	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff

*Note: CHI and PIN codes also provide coverage for care management and care coordination services. Add-on codes are available to support extended CCM, Complex CCM and PCM after the monthly allowable time is expended.*

# SECTION 4: FOR BEHAVIORAL HEALTH PROVIDERS COORDINATING AND INTEGRATING PRIMARY CARE AND PHYSICAL HEALTH SERVICES

The billing codes in Section 4 apply to integrated care models within behavioral health settings (i.e., mental health and/or substance use treatment providers). These include billing codes to screen for physical health or social needs, provide care management, deliver physical health interventions (e.g., wound care or laboratory tests for metabolic monitoring), and evaluation and management codes for co-located models (e.g., behavioral health providers that hire physicians or other qualified health providers to address physical health conditions). Any organization performing laboratory tests on human specimens for diagnosis, prevention or treatment needs a Clinical Laboratory Improvement Amendments (CLIA) certificate. In general, behavioral health providers, particularly those who specialize in substance use disorder treatment, may have more limited access to the care coordination and care management codes listed in Section 3. Payer negotiations may be necessary to add billing codes to provider contracts.

There is generally more variability in the specific billing codes used for behavioral health services across states than there is in the billing codes used for physical health services. This is largely because certain behavioral health benefits under Medicaid are often optional and administered through state-specific plans, waivers, and managed care arrangements, resulting in differences in covered services, provider types, and coding requirements.<sup>22</sup> However, behavioral health providers have historically had access to a broader set of billing codes that support wrap-around services, such as psychiatric rehabilitation, supported employment and supported housing. Comparable wrap-around billing mechanisms have been more limited in traditional physical health.<sup>23</sup> Additionally, there are fewer evidence-based models integrating physical health or primary care monitoring into behavioral health, and thus fewer available billing codes listed. For states operating Certified Community Behavioral Health Clinic (CCBHC) programs, providers may want to review the billing codes in this section and consider whether or how these codes are incorporated into the Prospective Payment System. Providers should collaborate with local payers to confirm billing guidance, including availability of billing codes and the types of auxiliary staff that can render services.

<sup>22</sup> Medicaid and CHIP Payment and Access Commission. (n.d.). *Behavioral health*. <https://www.macpac.gov/topic/behavioral-health/>

<sup>23</sup> Centers for Medicare & Medicaid Services. (2025, May). *Medicaid Section 1115 serious mental illness and serious emotional disturbance (SMI/SED) demonstrations: State actions to integrate supportive housing and supported employment services into treatment* (RTI International, contractor). <https://www.medicare.gov/medicaid/section-1115-demonstrations/downloads/smi-rcr-oy3-social-supports.pdf>

## Access, screening, referral to care, and follow-up

### Screening

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
96127 <sup>24</sup>	Developmental/behavioral screening and testing	Screening for depression (PHQ-9, PHQ-2), anxiety (GAD-7), attention-deficit/hyperactivity disorder, with scoring and documentation  <i>Note: 96127 may not be covered in behavioral health settings.</i>	Not time-based; per instrument	\$4.95	<b>Billing:</b> Physicians, NPPs  <b>Rendering:</b> Auxiliary Staff
G0136 (primarily Medicare)	Administration of social risk assessment tool	Furnished in conjunction with an E/M visit, which can include hospital discharge or transitional care management services	5-15 minutes once every 6 months	\$20.24	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners  <b>Rendering:</b> Auxiliary Staff
96160	Health risk assessment instrument	Used to assess general health risks, including diet/activity, fall risk and social needs (e.g., PRAPARE, AHC-HRSN)	N/A	\$3.32	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners  <b>Rendering:</b> Auxiliary Staff
96161	Caregiver health risk assessment instrument	Used to assess parent/caregiver health risks for the benefit of patient care (e.g., ACES questionnaire, parent stress index, postnatal depression scale)	N/A	\$3.32	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners  <b>Rendering:</b> Auxiliary Staff

<sup>24</sup> Medicare uses G0444 for depression screening (“Annual Depression Screening, 15 minutes”).

## Care access, referrals and follow-up

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
<b>G0560</b> (primarily Medicare)	Safety planning interventions	Comprehensive risk assessment and development of safety plan for individuals experiencing a mental health or substance use crisis	20-minute units	\$43.18	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff
<b>G0544</b> (primarily Medicare)	Post-discharge telephonic follow-up	Upon discharge <sup>25</sup> from a crisis encounter. Includes psychiatric inpatient and crisis stabilization.	Monthly bundle — 4 calls, 10-20 mins each	\$66.04	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff
<b>G3002</b>	Chronic pain management and treatment	Includes diagnosis, assessment, care planning, medication review, and care coordination, including integrative providers (e.g., yoga, mindfulness)	Monthly bundle, first 30 minutes	\$84.17	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A
<b>+G3003</b>	Chronic pain management services, each additional 15 minutes	Used when services exceed 30 minutes in a month; must be billed with G3002 and reflect full 15-minute increments of personally delivered care	Each additional 15 minutes	\$31.15	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A
<b>G0534</b>	Coordinated care for opioid treatment programs	Coordinated care and/or referral services to address unmet social needs and recovery support	Each 30 minutes	\$41.69	<b>Billing:</b> Medicare-enrolled opioid treatment programs

<sup>25</sup> Medicare and Medicaid Programs; CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program; and Medicare Overpayments, 89 F.R. 97710 (proposed December 9, 2024) (to be codified at 42 C.F.R. § 401, 405, 410, 411, 414, 423, 424, 425, 427, 428, and 491). <https://www.govinfo.gov/content/pkg/FR-2024-12-09/pdf/2024-25382.pdf> (see page 97, 922)

## Lab screenings (as indicated)

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
86689 <sup>26</sup>	HIV or HTLV confirmatory (Western blot)	Useful for providers treating patients with high-risk history (e.g., injection drug use)	N/A	\$19.35	May require moderate/high complexity CLIA certificate
86803	Hepatitis C antibody	Screening recommended for pregnant women and ongoing risk factors (e.g., injection drug use)	N/A	\$14.27	CLIA waiver required
86480	Tuberculosis	May consider for people who inject drugs and those with medical conditions that weaken immune systems	N/A	\$61.98	May require moderate/high complexity CLIA certificate
81025	Pregnancy	May consider screening all women of childbearing age before prescribing certain medications for behavioral health treatment	N/A	\$8.61	CLIA waiver required

*Note: This is a sample of billing codes that may be relevant for screening for physical health conditions in behavioral health settings.*

<sup>26</sup> Other billing options include 86803 or 87389 or 87390 for HIV Ag/Ab combo tests.

## Evidence-supported prevention and intervention

### Evaluation and management

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable) <sup>27</sup>	Average 2025 Medicare Rate	Eligible Providers
99202-99205	E/M services for new patients	Used to support integrated care by enabling comprehensive evaluation, screening and follow-up of primary care-related needs, such as metabolic monitoring, cardiovascular risk assessment, and medication management	Varies by CPT code; based on time or complexity	\$69.87-\$227.80	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A
99212-99215	E/M services for established patients	Used to support integrated care by enabling comprehensive evaluation, screening and follow-up of primary care-related needs, such as metabolic monitoring, cardiovascular risk assessment, and medication management	Varies by CPT code; based on time or complexity	\$54.99-\$187.03	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A

### Metabolic monitoring

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
83036	Hemoglobin; glycated (A1c)	May use fingerstick A1c testing as part of medication management, especially for patients on antipsychotics	N/A	\$9.71	CLIA-waived for point of care devices
82962	Chemistry procedure (e.g., blood glucose monitoring)	Perform metabolic baseline glucose testing, followed by ongoing annual testing for patients on antipsychotics	N/A	\$3.28	CLIA-waived for routine in office testing (e.g., fingerstick)

<sup>27</sup> E/M code selection can be based on time or medical decision-making, whichever is more appropriate. Consult CPT manual for details.

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
80061	Blood test, lipids	Perform baseline cholesterol and triglycerides testing and ongoing annual testing for patients on antipsychotics	N/A	\$13.39	May require moderate/high complexity CLIA certificate

*Note: This is a sample of laboratory billing codes that may be relevant for metabolic monitoring. Any organization performing laboratory tests on human specimens for diagnosis, prevention or treatment needs a CLIA certificate.*

### Physical health-related interventions

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
97597	Wound care, first 20 square centimeters	Debridement <sup>28</sup> of open wounds including topical application(s), wound assessment, ongoing care instructions; first 20 square centimeters or less	N/A	\$106.77	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff
97598	Wound care, each additional 20 square centimeters	Debridement of open wounds, each additional 20 square centimeters	N/A	\$46.79	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff
99406	Tobacco cessation counseling; intermediate	Used when a provider spends three to 10 minutes counseling a patient on quitting tobacco, including discussing risks, triggers and cessation strategies	3-10 minutes	\$14.69	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> N/A
99407	Tobacco cessation counseling; intensive	Used when a provider spends 10 or more minutes counseling a patient on quitting tobacco, often including discussion of pharmacologic options	10+ minutes	\$27.83	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> N/A

<sup>28</sup> Debridement of wounds refers to a medical procedure that involves removing dead, infected or damaged tissue from a wound. It includes use of high-pressure waterjet with or without suction and sharp selective debridement with scissors, scalpel or forceps.

## Remote patient monitoring

Billing Code	Brief Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
99453	Initial setup and patient education for RPM device	Physician or NPP educates patient on RPM (e.g., remote scale or blood pressure cuff) to monitor physical health data (e.g., for metabolic syndrome)	Only billable after 16 days of data collection	\$22.06	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A
99454	RPM device supply and data transmission	Provider sets up an RPM device (e.g., remote scale or blood pressure monitor) and collects data	16+ days in 30-day period	\$48.81	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff
99457	RPM treatment management services	Provider reviews remote data (e.g., weight, blood pressure) and discusses lifestyle changes	First 20 minutes	\$51.82	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff
+99458	RPM management services, add-on	Extended counseling and discussion as needed based on RPM data (e.g., high blood pressure)	Each additional 20 minutes	\$41.13	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff
99091	Collection and interpretation of physiological data	Physician or NPP collects and reviews physiological data (e.g., glucose monitor, blood pressure data)	30+ minutes per month	\$54.09	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A

## Multidisciplinary team

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
<b>99446-99449</b>	Interprofessional telephone, internet, EHR consult; verbal discussion and written report	Used when a consulting provider (e.g., addiction specialist) spends at least five minutes discussing a patient's case with the treating provider (e.g., primary care provider)	5-31+ minutes (CPT code selection based on time)	\$17.82-\$72.37	<b>Billing:</b> Physicians, NPPs; Licensed MH Practitioners bill G0546-G0549 for Medicare <b>Rendering:</b> N/A
<b>99451</b>	Interprofessional consult with written report only (no verbal discussion)	Used when a consulting provider spends ≥5 minutes reviewing data and providing a written report to the treating provider	5+ minutes	\$34.58	<b>Billing:</b> Physicians, NPPs; Licensed MH Practitioners bill G0550 for Medicare <b>Rendering:</b> N/A
<b>99452</b>	Interprofessional referral service by the treating/ requesting provider	Used when treating provider (e.g., primary care provider) spends ≤ 30 minutes preparing for and participating in a consultation with a specialist	16-30 minutes	\$35.32	<b>Billing:</b> Physicians, NPPs; Licensed MH Practitioners bill G0551 for Medicare <b>Rendering:</b> N/A
<b>99211</b>	Office visit for an established patient who may not require a physician (e.g., nurse visit)	Used for low-complexity services like vitals check, medication refill or patient education by a nurse or other qualified auxiliary staff	Typically 5-10 minutes; no strict time requirement	\$25.04	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> Auxiliary Staff

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
H0038 <sup>29</sup>	Certified peer specialist services	Provides coaching on medication management, diet and exercise plans as recommended by supervising provider; shares lived experience with skill-building	Typically 15-minute unit; varies by payer	N/A	Peer service typically billed under provider organization's National Provider Identifier (NPI)

*Note: Assess local coverage policies to determine whether other auxiliary staff types may be billable in behavioral health settings, such as community health workers.*

### Person-centered self-management support

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
99497	Advance care planning	Discuss patient's health care wishes, medical treatment preferences and establish an end-of-life plan; includes psychiatric advance directives	First 16-30 minutes	\$83.91	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A
+99498	Advance care planning, add-on code	Each additional 30 minutes of care planning, including psychiatric advance directives	Each additional 30 minutes	\$72.06	<b>Billing:</b> Physicians, NPPs <b>Rendering:</b> N/A
G0023	PIN services	Patient navigation, care coordination, education and support for patients with serious or high-risk conditions; typically rendered by auxiliary staff	60 minutes per calendar month	\$84.47	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff <sup>30</sup>

<sup>29</sup> Both billing code and time unit may vary by state. Medicare does not cover peer services as a standalone service, but peer specialists can bill G0140 and G0146 for PIN peer support.

<sup>30</sup> Peer specialists can also provide PIN services under G0140.

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
<b>+G0024</b>	PIN services, each additional 30 minutes	Used to continue care coordination for patients with serious conditions (e.g., chronic pain, cancer, substance use); typically rendered by auxiliary staff	30 minutes (add-on to G0023)	\$52.27	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> Auxiliary Staff <sup>31</sup>
<b>G0539 (primarily Medicare)</b>	Caregiver training in behavior management (initial 30 minutes, without patient present)	Teaching caregivers stress management, de-escalation, signs of worsening symptoms	Initial 30 minutes	\$55.62	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> N/A
<b>+G0540 (primarily Medicare)</b>	Caregiver training in behavior management, add-on code	Add-on to G0541 for extended caregiver instruction	Each additional 15 minutes	\$27.24	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> N/A
<b>G0543 (primarily Medicare)</b>	Group caregiver training (without patient present)	Group sessions for multiple caregivers on direct care techniques (e.g., wound care, meal preparation, medication administration)	Varies by session	Contractor priced	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners <b>Rendering:</b> N/A

*Note: Behavioral health providers may also have access to other billing codes that support person-centered self-management support, such as psychiatric rehabilitation (e.g., H2015-H2018). These billing codes, service definitions and payment rates vary widely by state.*

<sup>31</sup> Peer specialists can also provide additional PIN services under G0146.

## Linkages with community and social services

Billing Code	Description	Typical Use for Integrated Care	Time (if applicable)	Average 2025 Medicare Rate	Eligible Providers
<b>G0019</b>	CHI, first 60 minutes	Addressing barriers related to social needs (e.g., housing, food insecurity) via auxiliary staff under supervision	60 minutes per month	\$84.47	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners  <b>Rendering:</b> Auxiliary Staff
<b>+G0022</b>	CHI services, each additional 30 minutes	Add-on to G0019 for extended CHI services	30 minutes (add-on)	\$52.27	<b>Billing:</b> Physicians, NPPs, Licensed MH Practitioners  <b>Rendering:</b> Auxiliary Staff

## Ongoing care coordination and care management

Behavioral health providers do not typically bill the ongoing care coordination and care management codes listed in Section 3.<sup>32</sup> However, they often have other billing codes available that can support ongoing care coordination and care management, such as Assertive Community Treatment (e.g., H0039) and Targeted Case Management (e.g., T1017). These billing codes, service definitions and payment rates vary widely by state. If CHI, PIN and/or PIN-PS services are covered, these provide another avenue to support ongoing care coordination and care management.

<sup>32</sup> Psychiatrists and psychiatric nurse practitioners or physician assistants may be eligible to bill these codes as part of managing related chronic conditions.

# SECTION 5: ABBREVIATIONS AND RESOURCES

## List of abbreviations

- **ACES: Adverse Childhood Experiences Survey.** Screens for exposure to childhood trauma (e.g., abuse, neglect, household dysfunction) to help assess risk for later physical/behavioral health concerns.
- **AHC-HRSN: Accountable Health Communities Health-Related Social Needs Screening Tool.** CMS-developed tool to screen for social and environmental factors that affect health, including housing instability, food insecurity, transportation and interpersonal safety.
- **APCM:** Advanced primary care management
- **AUDIT: Alcohol Use Disorders Identification Test.** The World Health Organization developed this 10-item screening tool for identifying risky or harmful alcohol use and potential alcohol use disorder.
- **BH:** Behavioral health
- **CCM:** Chronic care management
- **CHI:** Community health integration
- **CoCM:** Collaborative Care Model
- **CPT:** Current procedural terminology
- **CLIA:** Clinical Laboratory Improvement Amendments
- **DAST: Drug Abuse Screening Test.** Brief questionnaire to identify possible problematic drug use (excluding alcohol and tobacco). Versions range from DAST-10 to DAST-20.
- **DMHT:** Digital mental health treatment
- **EHR:** Electronic health record
- **E/M:** Evaluation and management
- **FQHC:** Federally qualified health center
- **GAD-7: Generalized Anxiety Disorder — 7 items.** Standardized screening tool to assess severity of generalized anxiety disorder symptoms over the past two weeks.
- **MH:** Mental health
- **NPP:** Nonphysician practitioner
- **PCM:** Principal care management
- **PHQ-2: Patient Health Questionnaire — 2 items.** Very brief depression screen that asks about frequency of depressed mood and anhedonia over the past two weeks; often used as a first step before PHQ-9.
- **PHQ-9: Patient Health Questionnaire — 9 items.** Widely used depression screening and monitoring tool that also assesses severity and impact on functioning.
- **PIN:** Principal illness navigation
- **PRAPARE: Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences.** Standardized tool for assessing social and environmental factors that affect health (housing, food, utilities, safety, stress, etc.).
- **RHC:** Rural health clinic
- **RPM:** Remove patient monitoring

- **SBIRT: Screening, Brief Intervention and Referral to Treatment.** Approach for screening and early intervention for risky alcohol or drug use, often paired with AUDIT or DAST.
- **SUD:** Substance use disorder

## General resources

- Centers for Medicare and Medicaid Services. (2024, November 25). *Medicare physician fee schedule final rule summary: CY 2025*. <https://www.cms.gov/files/document/mm13887-medicare-physician-fee-schedule-final-rule-summary-cy-2025.pdf>
- Centers for Medicare and Medicaid Services. (2025, April). *Behavioral health integration services*. <https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf>
- Medicare and Medicaid programs; CY 2026 Payment Policies under the Physician Fee Schedule and other changes to Part B payment and coverage policies; Medicare Shared Savings Program requirements; and Medicare prescription drug inflation rebate program, 90 F.R. 32352 (proposed July 16, 2025) (to be codified at 42 C.F.R. § 405, 410, 414, 424, 425, 427, 428, 495, and 512). <https://www.govinfo.gov/content/pkg/FR-2025-07-16/pdf/2025-13271.pdf>
- National Council for Mental Wellbeing. Center of Excellence for Integrated Health Solutions. Accessed March 24, 2026. <https://www.thenationalcouncil.org/program/center-of-excellence/>
- Substance Abuse and Mental Health Services Administration. (2023). *FY 2025 promoting integration of primary and behavioral health care: States — Notice of funding opportunity*. <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-pipbhc-states-sm-24-003.pdf>

## Resources related to CoCM billing

- Meadows Mental Health Policy Institute. (2024). *Collaborative care model billing basics*. [https://mmhpi.org/wp-content/uploads/2025/05/CoCM\\_Billing\\_Basics-v2.pdf](https://mmhpi.org/wp-content/uploads/2025/05/CoCM_Billing_Basics-v2.pdf)
- Meadows Mental Health Policy Institute. (2025, May). *State Medicaid coverage for Collaborative Care Management codes*. <https://mmhpi.org/wp-content/uploads/2025/05/State-Wide-Project-2025.pdf>
- National Council for Mental Wellbeing. *Financing the future of integrated care: Decision Support Tool*. Accessed March 24, 2026. <https://www.thenationalcouncil.org/resources/financing-the-future-of-integrated-care/>
- University of Washington AIMS Center. (n.d.). *Office hours*. Accessed September 17, 2025. <https://aims.uw.edu/office-hours/>
- American Psychiatric Association. (n.d.). *Getting paid in the Collaborative Care Model*. Accessed March 25, 2026. <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-paid>