

BILLING REFERENCE

Collaborative Care billing codes, explained

An educational explainer of the psychiatric Collaborative Care Model (CoCM) billing codes. Codes are referenced by number; confirm descriptors, time thresholds, and payer policy with official CPT and current CMS guidance.

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What the model is

In the Collaborative Care Model, a primary care team treats behavioral health conditions with the support of a behavioral health care manager and a psychiatric consultant, tracked in a registry with measurement-based care. The IMPACT trial is the evidence base most often cited.

The CoCM codes, by number

- 99492: initial psychiatric collaborative care management, first calendar month
- 99493: subsequent psychiatric collaborative care management, later months
- 99494: add-on for additional time in a month, used with 99492 or 99493
- G2214: initial or subsequent CoCM for a shorter block of time in a month

General behavioral health integration

99484 covers general behavioral health integration care management that does not use the full collaborative care structure.

Who bills and what to confirm

- The treating primary care practice typically bills these codes; the psychiatric consultant is paid by the practice
- Time is tracked per calendar month
- Confirm the current time thresholds, consent rules, and payer coverage before billing

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