



CENTER OF EXCELLENCE for Integrated Health Solutions

*Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing*

CoE-IHS Webinar: Billing for Bi-Directional Integrated Care Models

Monday, September 29, 2025

12:30-2 pm ET

Disclaimer

This session was made possible by Grant Number 1H79SM090141-01 from the U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions, or policies of HHS.

www.hhs.gov

The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions

*Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing*

Polls



1) Which best describes your agency/organization?

- ❖ Mental health provider organization
- ❖ Substance use provider organization
- ❖ Primary care provider organization
- ❖ Government (federal, state, island area, local)
- ❖ Education or research institute
- ❖ Association, coalition, or network-for-advocacy, professionals, or individuals
- ❖ Business (health management, insurer, or other industry)
- ❖ Other

2) Are you a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) recipient or provider organization?

- ❖ Yes, I am a current PIPBHC: Collaborative Care Model (CoCM) recipient
- ❖ Yes, I am a current PIPBHC: Collaborative Care Model (CoCM) provider organization
- ❖ Yes, I am a current PIPBHC: States recipient
- ❖ Yes, I am a current PIPBHC: States provider organization
- ❖ Yes, I am a former PIPBHC recipient or provider organization
- ❖ No
- ❖ I don't know



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Speaker Introduction



Rachael Matulis, MPH
*Principal, Bowling
Business Strategies*



Selina Hickman
*Principal, Bowling
Business Strategies*



Dr. Neal Bowen, PhD
*Founder and Principal,
Alba Consulting*



Dr. Virna Little,
PsyD, LCSW-R, SAP, CCM
*Co-Founder, Concert
Health and Zero Overdose*



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Learning Objectives

- **Understand** new billing codes applicable to integrated care services available under the 2025 Medicare Physician Fee Schedule
- **Describe** billing codes and related strategies to support bi-directional integrated care
- **Estimate** potential billable revenue using the updated Decision Support Tool

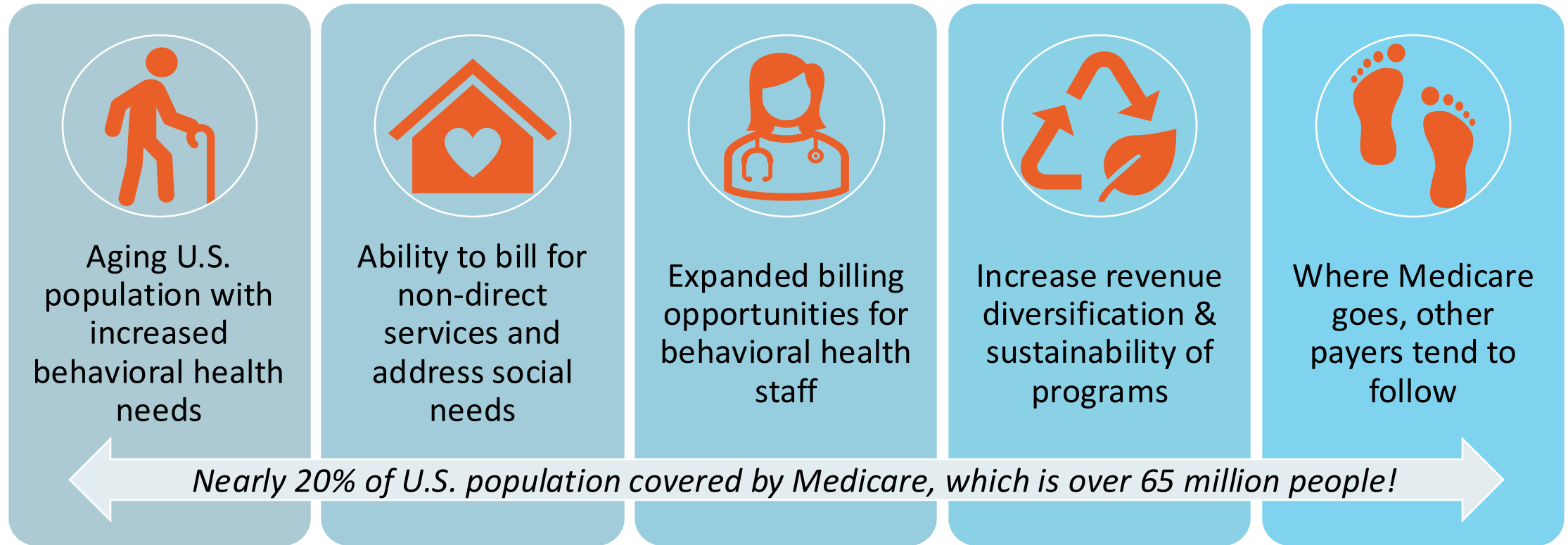
Let's talk about Medicare!



**CENTER OF EXCELLENCE
for Integrated Health Solutions**

*Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing*

Why focus on Medicare financing as a part of your sustainable integrated care strategy?



Understanding & leveraging **Medicare billing opportunities** helps ensure that evidence-based integrated care approaches are sustainable and accessible to consumers across the lifespan.

Integrated Care: Medicare Coverage Timeline

2013-2019: Laying the Groundwork

2013: **Transitional Care Management (TCM)** codes introduced

2014: **Chronic Care Management (CCM)** codes proposed

2015: **Chronic Care Management (CCM)** billing begins

2016-2017: **Expansion to Behavioral Health Integration (BHI)** through new billing codes for the **Collaborative Care Model (CoCM)** and BHI

2018-2019: **Expansion of CCM and Virtual Care** through remote patient monitoring codes and additional CCM codes

2020-2021: Telehealth and Care Coordination Growth

2020: **Telehealth and care coordination coverage expansion**, supporting virtual integration of behavioral health and primary care

2021: Centers for Medicare & Medicaid Services permanently allowed **CoCM and BHI services to be billed via telehealth**, making integrated behavioral health more accessible

2022-2023: Focus on Social and Environmental Factors that Affect Health and Community Support

2022: New codes for **Principal Care Management (PCM)** introduced

2023: Payment expanded for **community health integration**, recognizing social and environmental factors that affect health in care management

2024: Continued Integration of Behavioral Health

New **General BHI** codes

New **Community Health Integration** service to address unmet health-related social needs

New **Principal Illness Navigation (PIN)** and **PIN – Peer Support** to navigate clinical and support resources

New **risk assessment** codes for social and environmental factors that affect health

New recognized providers, **Marriage and Family Therapists and Mental Health Counselors**

2025: Additions for Safety Planning and Caregiver Support

New **Safety Planning Interventions (SPI)** for crisis management

New Medicare payment for **caregiver training** services

New **interprofessional consultation** codes

New **Digital Mental Health** treatment codes

Expanded support for **opioid treatment programs (OTPs)** to include care coordination and peer support

Who can bill Medicare?

Behavioral Health Billing Practitioners

New as of January 2024

Physicians

Includes psychiatrists and other medical doctors providing behavioral health services.

Clinical Psychologists

Licensed psychologists who provide psychotherapy and other mental health services.

Clinical Social Workers

Licensed social workers specializing in behavioral health care.

Marriage and Family Therapists

Licensed therapists specializing in family and relationship counseling.

Mental Health Counselors

Licensed counselors focusing on individual and group therapy.

**Includes addiction counselors.*

Nurse Practitioners

Advanced practice registered nurses with training in behavioral health.

Clinical Nurse Specialists

Registered nurses with advanced expertise in mental health.

Physician Assistants

Certified professionals who provide behavioral health services under physician supervision.

Certified Nurse-Midwives

In some cases, midwives provide behavioral health services related to maternal mental health.

Certified Registered Nurse Anesthetists

In specific contexts may provide behavioral health-related care.

Sources: Centers for Medicare & Medicaid Services. (2023, November 16). *Medicare and Medicaid programs; CY 2024 payment policies under the physician fee schedule* (88 FR 78818). *Federal Register*.

Centers for Medicare & Medicaid Services. (2023, December 21). *Medicare General Information, Eligibility, and Entitlement: Chapter 5 — Definitions* (Transmittal 12425). Baltimore, MD: Centers for Medicare & Medicaid Services. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ge101c05.pdf>

Who can provide Medicare billable services under the supervision of a billing practitioner?

Auxiliary Staff Examples (not exhaustive)

Community Health Worker

A frontline health worker who often lives in or comes from the communities they serve.

Certified Peer

An individual with lived experience who is trained and certified to provide support to individuals and their families receiving behavioral health supports and services.

Social Worker

An unlicensed social worker may participate in support sessions, client assessments and helping people obtain necessary services.

Mental Health Navigator

Assists patients and families to find appropriate mental health caregivers, facilities and services.

Registered Nurse

Licensed professional that can provide a wide range of patient care services.

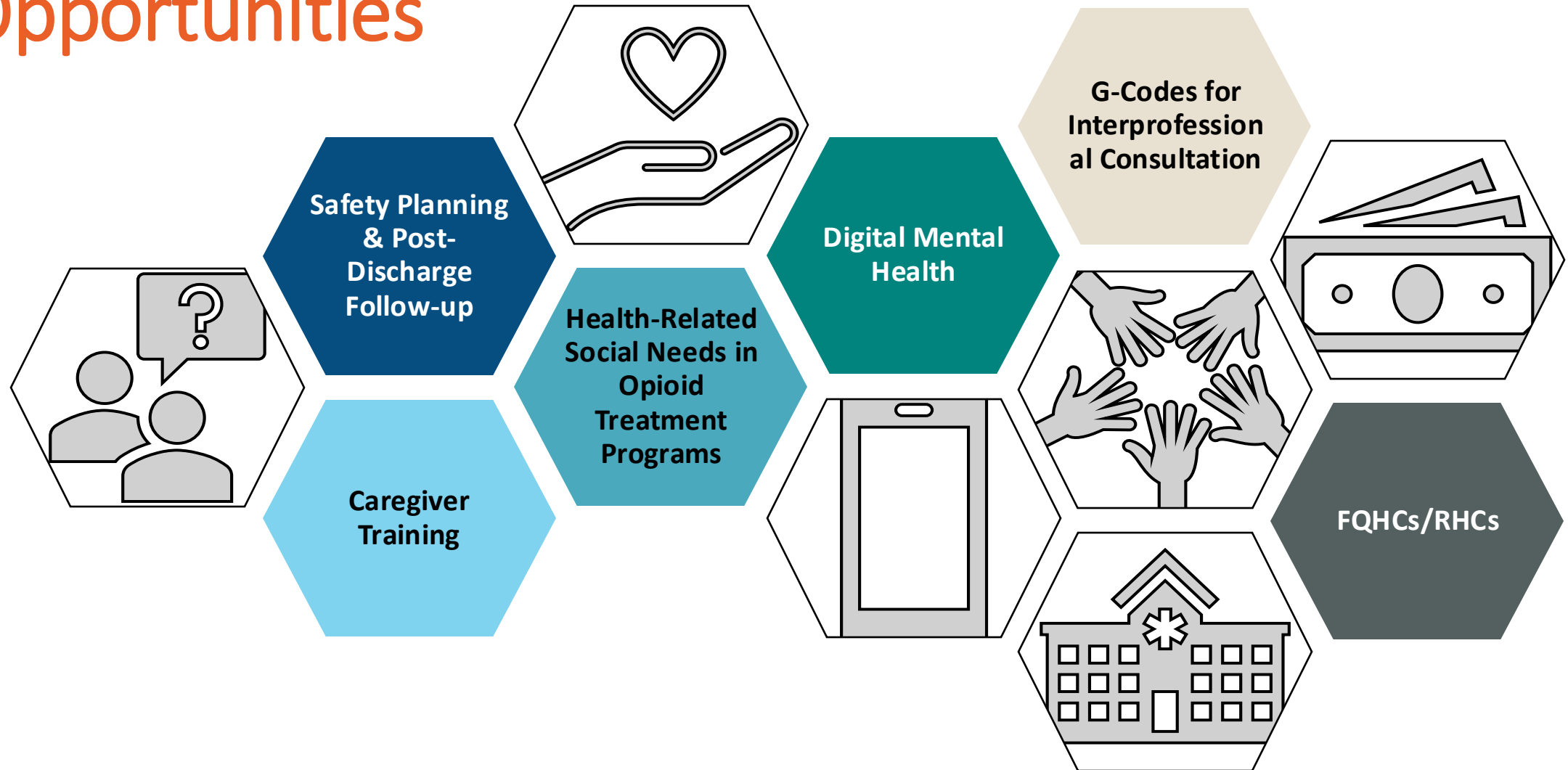
Unlicensed Behavioral Health Tech

Assists with providing direct patient care in support of a care team.

Sources: Centers for Medicare & Medicaid Services. (2023, November 16). *Medicare and Medicaid programs; CY 2024 payment policies under the physician fee schedule* (88 FR 78818). *Federal Register*.

Centers for Medicare & Medicaid Services. (2023, December 21). *Medicare General Information, Eligibility, and Entitlement: Chapter 5 — Definitions* (Transmittal 12425). Baltimore, MD: Centers for Medicare & Medicaid Services. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ge101c05.pdf>

CY:2025 New Integrated Care Billing Opportunities



Summary of 2025 Medicare Billing Codes Related to Integrated Care

Service	Brief Description	Medicare Billing Codes
Caregiver training	Caregiver training in behavior management/modification for caregivers of patients with a mental or physical health diagnosis	G0539, G0540
Safety planning	Safety planning interventions for patients in crisis, such as those at risk for suicide or overdose	G0560
Post-discharge follow-up	Follow-up after a crisis encounter (bundled service including four phone calls in a month)	G0544
Interprofessional consultation, G-codes	Enable mental health practitioners to give or seek another provider's expert advice about a patient's care	G0546-G0549, G0550, G0551
Digital mental health	Provide digital mental health treatment device, education, and ongoing monthly treatment	G0552, G0553, G0554

Source: Centers for Medicare & Medicaid Services. (2024, December 9). *Medicare and Medicaid programs; CY 2025 payment policies under the physician fee schedule* (89 FR 97710). *Federal Register*.



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

FQHC Unbundling of G0511 in CY2025

Collection of
physiologic data
(99091, 99474)

Principal care
management
services (99424-
99427)

Chronic care
management
(99437, 99439)

Remote monitoring
(99453, 99454,
99457, 99458)

Care management
for behavioral
health (99484,
G0323)

Complex care
management
(99487-99491)

Remote therapeutic
monitoring (98975-
98977, 98980,
98981)

Principal illness
navigation (G0140,
G0146, G0023,
G0024)

Chronic pain
management
(G3002, G3003)

Community health
integration (G0019,
G0022)

For CY2026: Possible FQHC unbundling of G0512 to bill for individual Current Procedural Terminology (CPT) codes such as 99492, 99493, and 99484.

Source: Centers for Medicare & Medicaid Services. (2024, December 9). *Medicare and Medicaid programs; CY 2025 payment policies under the physician fee schedule* (89 FR 97710). *Federal Register*.

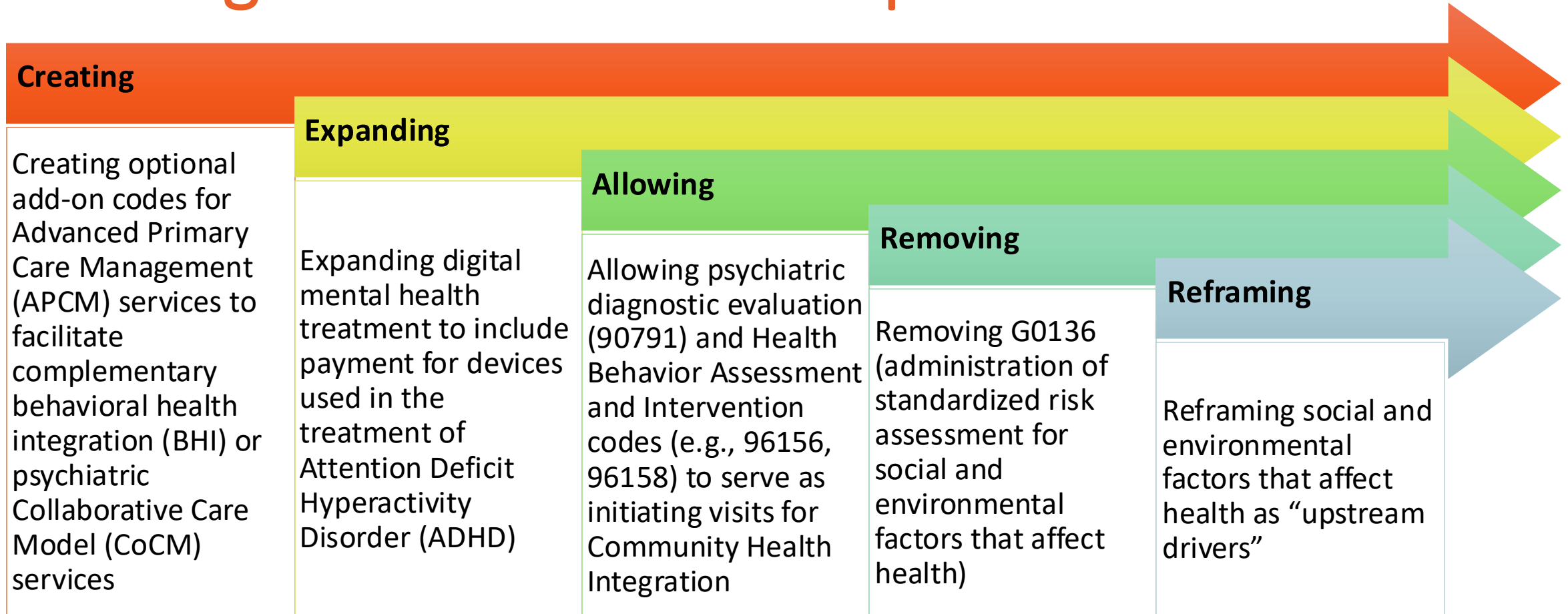


The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Looking Ahead: CY 2026 Proposed Rule



Source: Centers for Medicare & Medicaid Services. (2025, July 16). *Medicare and Medicaid programs; CY 2026 payment policies under the physician fee schedule* (90 FR 32352). *Federal Register*.



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

On-the-ground perspectives on integrated care billing: Dr. Virna Little



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



**CENTER OF EXCELLENCE
for Integrated Health Solutions**

Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Bi-directional Care Coordination & Integration Module



**CENTER OF EXCELLENCE
for Integrated Health Solutions**

*Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing*

New Billing Resource

Coming soon at:
<https://www.thenationalcouncil.org/resources/financing-the-future-of-integrated-care/>

2025 Bi-Directional Care Coordination & Integration Billing Code Options

Contents

Section 1: Introduction	2
Section 2: General tips for building sustainable integrated care programs	4
Section 3: For physical health/primary care providers coordinating and integrating behavioral health services	6
Access, screening, referral to care, and follow-up	6
Evidence-supported prevention and intervention	8
Multidisciplinary team	11
Person-centered self-management support	11
Linkages with community and social services	12
Ongoing care coordination & care management	13
Section 4: For behavioral health providers coordinating and integrating primary care and physical health services	13
Access, screening, referral to care, and follow-up	14
Evidence-supported prevention and intervention	15
Multidisciplinary team	17
Person-centered self-management support	18
Linkages with community and social services	19
Ongoing care coordination & care management	19
Section 5: Acronyms and Resources	20



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

What is meant by bi-directional care integration?

1

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 services.

2

Billing codes that support **mental health and substance use treatment providers** to better coordinate and integrate physical health care.

Source: Substance Abuse and Mental Health Services Administration. (2023). *Promoting integration of primary and behavioral health care (PIPBHC) – FY 2024 notice of funding opportunity (SM-24-003)*. SAMHSA.
<https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-pipbhc-states-sm-24-003.pdf>



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



**CENTER OF EXCELLENCE
for Integrated Health Solutions**
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

PIPBHC Requirements for Integrated Care Domains

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

Evidence-supported prevention and intervention

Multidisciplinary team

Person-centered self-management support

Linkages with community and social services

Ongoing care coordination and care management

Source: Substance Abuse and Mental Health Services Administration. (2023). *Promoting integration of primary and behavioral health care (PIPBHC) – FY 2024 notice of funding opportunity (SM-24-003)*. SAMHSA.
<https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-pipbhc-states-sm-24-003.pdf>



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Evidence-Supported Intervention: Physical Health Settings

Psychiatric
collaborative care
model (99492-99494,
G2214, G0512)

General behavioral
health care
management (99484,
G0323)

Office-based opioid
treatment bundle
(G2086-G0288)

Urine drug testing
(80305)

Tobacco cessation
counseling (99406,
99407)

Health behavior &
intervention (96156,
96158, 96159, 96164)

Psychotherapy
(90791, 90792,
90832, 90834, 9037)

Digital mental health
(G0552-G0554)

Sources: American Medical Association. (2024). *CPT® 2025: Current Procedural Terminology (Professional ed.)*. American Medical Association.
Centers for Medicare & Medicaid Services. (2024, December 9). *Medicare and Medicaid programs; CY 2025 payment policies under the physician fee schedule* (89 FR 97710). *Federal Register*.



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



**CENTER OF EXCELLENCE
for Integrated Health Solutions**
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Evidence-Supported Intervention: Behavioral Health Settings

Evaluation &
Management (e.g.,
99202-99205, 99212-
99215)

Metabolic Monitoring
(e.g., 83036, 82962,
80061)


Wound care (97597,
97598)

Tobacco cessation
counseling (99406,
99407)

Remote patient
monitoring (99453-
99458)

Review and collection
of physiological data
(99091)








Sources: American Medical Association. (2024). *CPT® 2025: Current Procedural Terminology (Professional ed.)*. American Medical Association.
Centers for Medicare & Medicaid Services. (2024, December 9). *Medicare and Medicaid programs; CY 2025 payment policies under the physician fee schedule* (89 FR 97710). *Federal Register*.

 The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

General Billing Strategies Associated with Implementing Integrated Care Models

-  **Ensure** maximization of “new” Medicare billing opportunities for integrated care
-  **Leverage** auxiliary staff
-  **Increase** points of access to care
-  **Consider** use of relevant billing codes to support historically “unbillable” services
-  **Advocate** for availability of a comprehensive array of care coordination and care integration billing codes
-  **Assess** feasibility of implementation
-  **Monitor** progress using a standardized integration framework



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Increase points of access to care - *Example*

Allow	Allow payments for mobile clinics, telehealth, e-visits, and home-based services
Support	Support reimbursement for digital mental health treatment and remote patient monitoring
Promote	Promote use of the “street medicine” place of service code (27)



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Assess feasibility of implementation - *Example*

Billing Code Group	Staff Required	Target Population	Patient Complexity	Implementation Burden	Documentation Burden	Reimbursement Potential ¹
Principal Care Management (99424–99427)	Clinical staff + physician oversight	Clients with one serious chronic condition	Moderate to high	♦ Moderate: Requires monthly tracking and care plan updates	♦ Moderate: Requires time logs, care plan, and patient consent	💰 Moderate: ~\$60–\$90/month depending on time and complexity
Chronic Care Management (99490, 99439, 99491)	Clinical staff or physician	Clients with ≥2 chronic conditions	Moderate	● Low: Widely adopted; fits into existing workflows	♦ Moderate: Requires structured care plan and time documentation	💰 Moderate: ~\$62–\$95/month depending on time
Complex Chronic Care Management (99487, 99489)	Clinical staff + physician	Clients with multiple conditions needing complex coordination	High	♦ Moderate: Requires higher-level coordination and planning	● High: Requires detailed care plan, moderate/high complexity, and time tracking	💰 High: ~\$93–\$140/month depending on time
Interprofessional Consultation (99446–99452)	Consulting + treating providers	Clients needing specialist input	Varies	● Low: Can be done asynchronously; no direct patient contact	♦ Moderate: Requires documentation of consult, time, and outcome	💰 Low: ~\$18–\$40 per consult depending on time
Collaborative Care Model (CoCM: 99492–99494)	Physician, BH care manager, psychiatric consultant	Clients with behavioral health needs managed via team-based care	Mild to moderate	● High: Requires registry, team coordination, and reporting	● High: Requires registry tracking, structured reporting, and team documentation	💰 High: ~\$145–\$250/month depending on intensity
Behavioral Health Integration (99484)	Physician + BH support	Clients with mild to moderate behavioral health needs	Mild to moderate	● Low: Easier to implement than CoCM; single provider model	● Low to Moderate: Requires care plan and tracking, but less intensive than CoCM	💰 Moderate: ~\$53/month

¹ Approximate per person, per month, based on the 2025 Medicare Physician Fee Schedule.



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Perspectives from a former PIPBHC grantee: Dr. Neal Bowen



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



**CENTER OF EXCELLENCE
for Integrated Health Solutions**

Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Challenges to Sustainability & Fidelity

Sustainability

- Difficulty identifying payment for integrated care
- Billing staff not specifically trained in the model
- Limitations by payment sources
- Reliance on grants
- Administrators unsure of feasibility of continuing in absence of grant

Fidelity

- Clinical staff – both PC and BH – not trained in the model
- Not billing for services that are eligible
 - Billing guidelines murky
 - Policy murky
 - Single model payable
- Care coordinators not valued
 - Or not stepping into their role with practitioners
- Model not presented to patients in clear manner

Source: Content based on the professional experience and insight of Dr. Bowen.

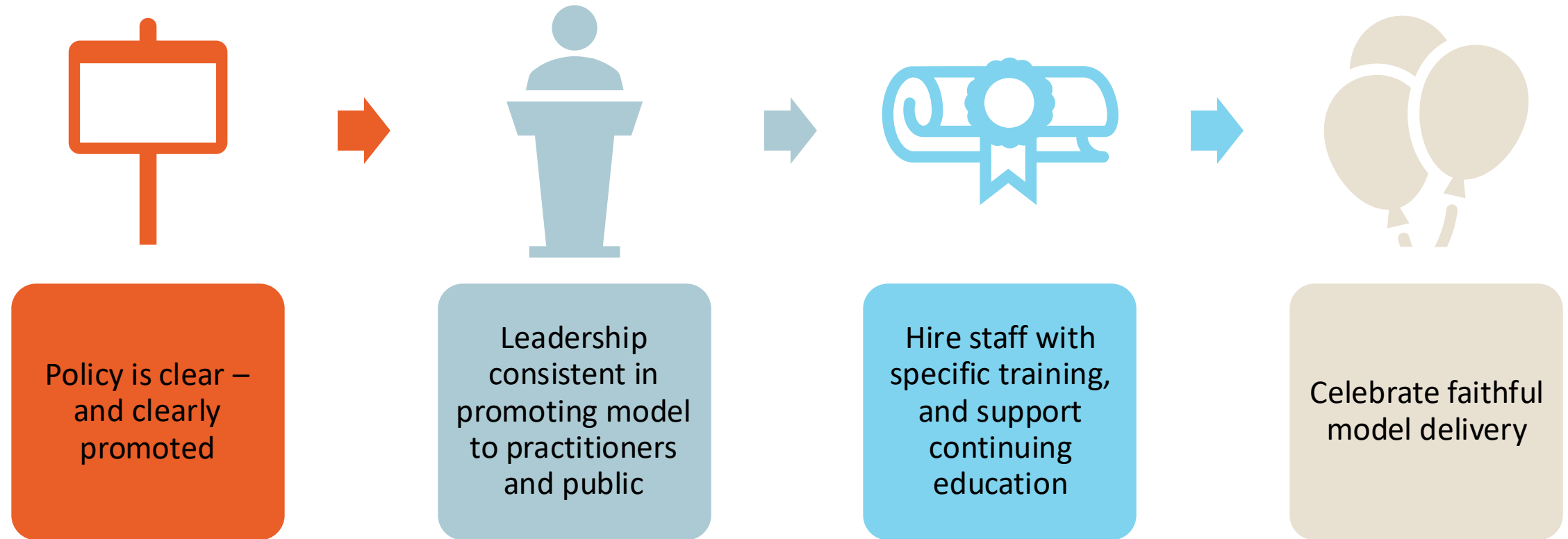


The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Pathways to Fidelity



Source: Content based on the professional experience and insight of Dr. Bowen.



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



**CENTER OF EXCELLENCE
for Integrated Health Solutions**
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Pathways to Sustainability



Develop policy to reimburse PIPBHC models that are both internal to a single organization, and those based on collaboration



Use Value Based Payment structure to reward fidelity over approximation

Source: Content based on the professional experience and insight of Dr. Bowen.



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing



Decision Support Tool (DST)

Learn to calculate potential revenue, and more...

What's new in the DST for 2025?

Updated services and rates for 2025



Code year of implementation

Telehealth flag (provisional vs. permanent)

Physician work relative value units (wRVUs)

Revenue model for primary care in BH settings

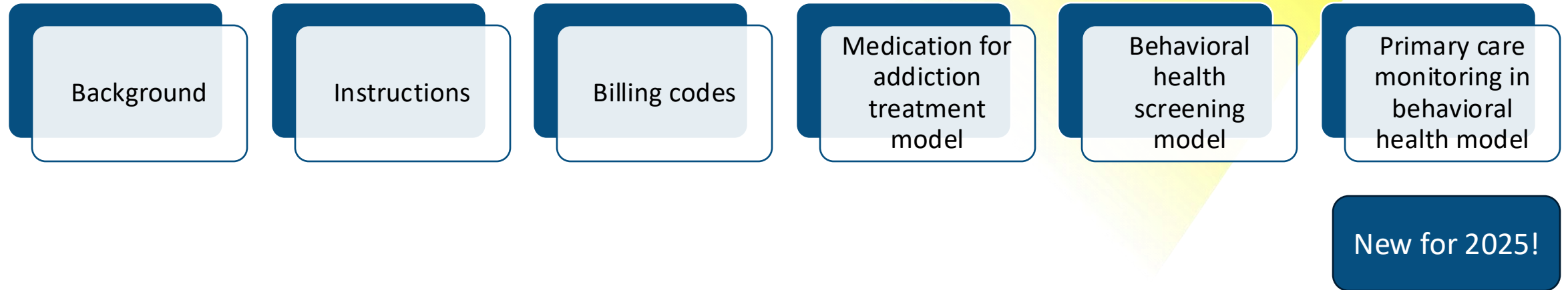


The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Spotlight on DST Worksheets



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.

[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)



CENTER OF EXCELLENCE
for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Select state here									
<div> <div>NATIONAL COUNCIL for Mental Wellbeing</div> <div>Select State</div> <div>District of Columbia</div> </div>									
Filter by general category or integration setting here									
General Category	Integration Setting	Brief Description	Billing Code	Implementation Year	Telehealth List	Work RVUs	Average Medicare 2025 Rate	Estimated Medicaid Rate (if Billable)	
Advance Care Planning	Outpatient Physical Health and/or Behavioral Health	Meeting to discuss patient's health care wishes, medical treatment preferences and establish an end-of-life plan, including psychiatric advance directives (first 30 minutes).	99497	2016	permanent	1.5	\$83.91	\$67.97	
Advance Care Planning	Outpatient Physical Health and/or Behavioral Health	Meeting to discuss patient's health care wishes, medical treatment preferences and establish an end-of-life plan, including psychiatric advance directives (each additional 30 minutes).	99498	2016	permanent				
Assessment for Alcohol and/or Substance Use	Outpatient Physical Health	Alcohol and/or substance (other than tobacco) misuse structured AUDIT, DAST) and brief intervention 15 to 30 minutes (i.e., SBIRT).			permanent	0.65	\$35.26	\$28.56	
Assessment for Alcohol and/or Substance Use	Outpatient Physical Health	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST) and intervention, greater than 30 minutes (i.e., SBIRT).	G0397	2008	permanent				
Assessment for Alcohol and/or Substance Use	Outpatient Physical Health	Annual alcohol misuse screening, 5 to 15 minutes.	G0442	2011	permanent				
Assessment for Alcohol and/or Substance Use	Outpatient Physical Health	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST) and brief intervention 5-14 minutes.	G2011	2019	n/a	0.33	\$16.77	\$13.58	
Behavior Change Intervention	Outpatient Physical Health and/or Behavioral Health	Smoking and tobacco use cessation, intermediate counseling cessation treatment.	99406	2010	permanent	0.24	\$14.69	\$11.89	
Behavior Change Intervention	Outpatient Physical Health and/or Behavioral Health	Smoking and tobacco use cessation, intensive counseling.	99407	2010	permanent	0.5	\$27.83	\$22.54	

Filter by general category or integration setting here

Select state here

as shown in Column P. It does not indicate whether specific

Sort by implementation year

Assess payment rates & work RVUs

Filter by codes on CMS telehealth list

140+ billing codes



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Filter by staff type here

	A	C	R	S	T	U	V	W	Filter by staff type here					AC	AD	AE
1	NATIONAL COUNCIL for Mental Wellbeing															
2																
3																
4	HEALTHY MINDS • STRONG COMMUNITIES		Eligible Providers. Click on the cell to reveal the full staff title. Names/titles vary by state. The asterisks (*) indicates that a listed provider may be able to provide services under incident-to provisions. See additional staffing notes at bottom of this worksheet.													
			CLIA Certificate of Waiver	APRN	CNM/CNS	MHC	LCSW	LMFT	MA	MD/DO	NP	Peer	PhD/PsyD	PA	RN	
5	General Category	Eligible Provider														
136	Telephone Assessment & Management Services	Qualified non-physician practitioner		Y	Y	Y	Y	Y			Y		Y	Y		
137	Telephone Assessment & Management Services	Qualified non-physician practitioner		Y	Y	Y	Y	Y			Y		Y	Y		
138	Telephone Assessment & Management Services	Qualified non-physician practitioner		Y	Y	Y	Y	Y			Y		Y	Y		
139	Transitional Care Management	Prescriber or E/M Eligible Provider		Y	Y					Y	Y			Y		
140	Transitional Care Management	Prescriber or E/M Eligible Provider		Y	Y					Y	Y			Y		
141	Virtual Check In	Qualified non-physician practitioner		Y	Y	Y	Y	Y			Y		Y	Y		
142	Wound Care Management	Prescriber or E/M Eligible Provider, clinical staff		Y	Y				*	Y	Y			Y	*	
143	Wound Care Management	Prescriber or E/M Eligible Provider, clinical staff		Y	Y				*	Y	Y			Y	*	
144	Health Behavior Assessment & Intervention	Prescriber or E/M Eligible Provider, Mental Health Practitioner; Auxiliary Staff under Billing Provider		Y	Y	Y	Y	Y	*	Y	Y		Y	Y	*	
145	Health Behavior Assessment & Intervention	Prescriber or E/M Eligible Provider, Mental Health Practitioner; Auxiliary Staff under Billing Provider		Y	Y	Y	Y	Y	*	Y	Y		Y	Y	*	
146																
147	Notes:															
148	Unless otherwise indicated, the service codes and payment rates apply to outpatient health care settings, including primary care, mental health and/or substance use treatment settings.															
		1. Background	2. Instructions	3. Billing Codes 2025	4. MAT Model	5. BH Screening Model	6. PH Integration Model	+	:							
Ready		Accessibility: Investigate														
		Display Settings														



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
32															
33															
34															
35															
36															
37															
38															
39															
40															
41															
42															
43															
44															

Insert anticipated clients and no-show rate here

Review revenue estimates

Key service types listed here

Note: This accounts for annual retention rate in cell C15.



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Handouts

New Code Action Plan

CENTER OF EXCELLENCE for Integrated Health Solutions
Partnership between the National Council for Mental Wellbeing and the National Center for Integrated Health Solutions

Implementation Questions & Steps for New Medicare Integrated Care Billing Codes

This guide is intended to be used by provider in tandem with the [Decision Support Tool \(DST\)](#). The DST tool is a downloadable Excel workbook that includes information to help provider organizations assess specific billing, staffing and service opportunities to enhance delivery of integrated health care services and is updated each year to include up-to-date opportunities and changes.

- Code Review & Clinical Relevance**
 - What new Medicare codes will we implement?
 - Refer to the [DST worksheet](#) "2. Billing Codes", for coding details. Consider answers to the questions below to help prioritize potentially appropriate services.
 - Which provider types in our organization can bill these codes?
 - What diagnoses and settings are required for code use?
 - How many current clients are potentially eligible for these services?
 - How do these services fit into our existing clinical workflows?
- Reimbursement & Compliance Research**
 - What are the Medicare reimbursement rates in our state/region?
 - Use this [Center for Medicare & Medicaid Services \(CMS\)](#) tool to look up your local Medicare rates for each code: https://www.cms.gov/medicare/physician_fee_schedule_search
 - What are the billing restrictions for these codes?
 - What documentation is required to support reimbursement?
 - What are the audit risks and how can we mitigate them?
- Stakeholder Roles & Training**
 - Who will lead the implementation (clinical, billing, compliance)?
 - How will we train clinicians and billing staff on new code use?
 - Have all staff been educated on unit/time requirements and workflows?
- Workflow Integration**
 - What forms, templates, or visit types need updating?

Interprofessional Consultation Reference Sheet

CENTER OF EXCELLENCE for Integrated Health Solutions
Partnership between the National Council for Mental Wellbeing and the National Center for Integrated Health Solutions

Interprofessional Consultation¹ Billing Reference Sheet

99446 - 99449 (G0456, G0457, G0458, G0459): Interprofessional consultation services provided by consulting provider, 5 - 31 minutes ²	Check
Minimum time of service spent as defined by codes below:	
• 99446 (G0456 for mental health practitioners): 5-10 minutes	
• 99447 (G0457 for mental health practitioners): 11-20 minutes	
• 99448 (G0458 for mental health practitioners): 21-30 minutes	
• 99449 (G0459 for mental health practitioners): 31+ minutes	
Request/reason documented	
No face-to-face encounter with consultant in past 14 days	
No face-to-face follow-up (e.g., surgery, hospital visit, office visit) within the next 14 days	
Code not reported more than once in a 7-day period	
Greater than 50% spent in verbal or internet discussion, not data review and/or analysis. Do not report these codes if greater than 50% of consultant time is spent in data analysis	
Verbal & written report required	
Patient consent documented	

99451, G0559 (for mental health practitioners): Interprofessional consultation services provided by consulting provider, at least 5 minutes	Check
At least 5 minutes of service or more	
Request/reason documented	
No face-to-face encounter with consultant in past 14 days	
No face-to-face follow-up (e.g., surgery, hospital visit, office visit) within the next 14 days	
Code not reported more than once in a 7-day period	
Time based on total review and interprofessional communication time	
Written report required	
Patient consent documented	

99452, G0551 (for mental health practitioners): Interprofessional consultation services provided by consulting provider, 16- 30 minutes	Check
At least 16-30 minutes of service	
Request/reason documented	
No face-to-face encounter with consultant in past 14 days	
No face-to-face follow-up (e.g., surgery, hospital visit, office visit) within the next 14 days	
Code not reported more than once in a 14-day period	
Time based on total review and interprofessional communication time	
Patient consent documented	

Adapted from [www.Cadmusintl.com](#) © 2012 Betty Nicole



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Putting it all together

Medicare is enrolling more behavioral health provider types

Medicare is paying for additional types of integrated care services



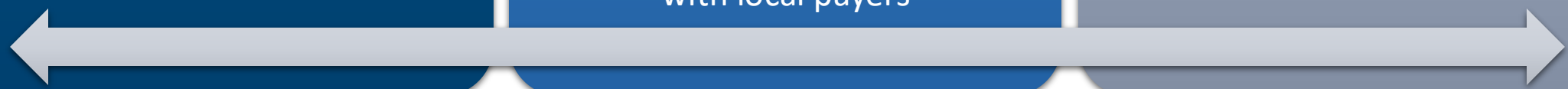
Use the *new* bi-directional care billing code module to identify potentially billable services at your organization



Use the updated Decision Support Tool to quickly identify potential Medicare payment rates and potential Medicaid coverage in your state. Confirm actual rates with local payers



Follow the Implementation Questions and Steps Hand-out to work through additional implementation tasks and considerations



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

References

- American Medical Association. (2024). *CPT® 2025: Current Procedural Terminology (Professional ed.)*. American Medical Association.
- Centers for Medicare & Medicaid Services. (2025, July 16). *Medicare and Medicaid programs: Calendar year 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 FR 32352). *Federal Register*. Retrieved August 27, 2025, from <https://www.govinfo.gov/content/pkg/FR-2025-07-16/pdf/2025-13271.pdf>
- Centers for Medicare & Medicaid Services. (2024, December 9). *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; and Medicare prescription drug inflation rebate program* (89 FR 97710). *Federal Register*. Retrieved August 27, 2025, from <https://www.govinfo.gov/content/pkg/FR-2024-12-09/pdf/2024-25382.pdf>
- Centers for Medicare & Medicaid Services. (n.d.). *Medicare monthly enrollment*. In *Summary statistics on beneficiary enrollment: Medicare and Medicaid reports*. CMS. Retrieved August 27, 2025, from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment>



References

- Centers for Medicare & Medicaid Services. (2023, November 16). *Medicare and Medicaid programs; CY 2024 payment policies under the physician fee schedule and other changes to Part B payment and coverage policies* (CMS-1784-F) (88 FR 78818). *Federal Register*. Retrieved from <https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>
- Centers for Medicare & Medicaid Services. (2023, December 21). *Medicare General Information, Eligibility, and Entitlement: Chapter 5 — Definitions* (Transmittal 12425). Baltimore, MD: Centers for Medicare & Medicaid Services. Retrieved August 27, 2025, from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ge101c05.pdf>
- Substance Abuse and Mental Health Services Administration. (2023). *Promoting integration of primary and behavioral health care (PIPBHC) – FY 2024 notice of funding opportunity (SM-24-003)*. SAMHSA. <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-pipbhc-states-sm-24-003.pdf>





Questions and Discussion



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



CENTER OF EXCELLENCE
for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

We want your feedback!

Scan the QR code to take a short post-event survey.

NATIONAL
COUNCIL
for Mental
Wellbeing

**CENTER OF EXCELLENCE
for Integrated Health Solutions**

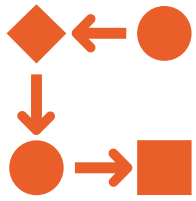
*Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing*



SCAN HERE

CHAT WITH AN EXPERT!

Schedule a free call with an integrated care expert to discuss:



Implementing
Models of
Integrated Care



Access to
Integrated Care



Population Health
in Integrated Care



Workforce
Development



Integrated Care
Financing &
Operations



[Submit a Request!](#)

Upcoming Events & Helpful Links



**Subscribe for Center of
Excellence Updates**

[Subscribe Here](#)

Relias On-Demand Training

[Learn More](#)



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.



**CENTER OF EXCELLENCE
for Integrated Health Solutions**
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

Questions?



Email Integration@TheNationalCouncil.org



**CENTER OF EXCELLENCE
for Integrated Health Solutions**

Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

The logo features a central orange square with white text. The text is arranged in four lines: 'NATIONAL', 'COUNCIL', 'for Mental', and 'Wellbeing'. The words 'for Mental' and 'Wellbeing' are in a script font, while 'NATIONAL' and 'COUNCIL' are in a sans-serif font. The background consists of several overlapping, semi-transparent, light beige rounded rectangular shapes.

NATIONAL
COUNCIL
for Mental
Wellbeing

CENTER OF EXCELLENCE
for Integrated Health Solutions

*Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing*