Behavioral Health Policy questions asked during trainings		
Topic of Question	**Question**	**Answer**
Billing	A question sparked another question, could a practice bill the E&M code and the HBAI code on the same day?	Yes.
Billing	So in some situations, the behavioral health provider can be the billing and rendering provider but specifically with HBAI codes they cannot be both. Is that correct?	The rendering provider is someone who has the license that can independently provide and bill for the service.The billing provider is the facility or the business.Service delivery provider is the licensed or intern doing clinical hours, etc…The rendering provider and the billing provider can both be the facility if you are an independent practice as you are billing under the 'facility.' You cannot do this if you are leasing space to a provider to render services for BH but they are not part of the facility.
Billing	are the HBAI codes billed on the same claim form as the medical provider service or on a separate claim form	Codes do not have a specific claim form. CMS 1500 claim forms are for professional claims. Inpatient/hospital claim forms are UB 04 claim forms. Here is a training on the UB 04 and CMS 1500 claim forms. chrome-chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://hcpf.colorado.gov/sites/hcpf/files/WEBSITE%20Professional%20Claims%2010.24.23.pdfextension://efaidnbmnnnibpcajpcglclefindmkaj/https://hcpf.colorado.gov/sites/hcpf/files/Beginner_Billing_Institutional_080824.pdf
Billing	Is there a cross walk of what the billing provider must be that can be included?	The billing provider is listed as the clinic/practice. The rendering provider is listed as the licensed clinician that is enrolled in Medicaid that is either providing or surprising the integrated care service.

Billing	You stated the psych consultant does not bill HCPF. So the consultant should expect to get paid from the PCMP, correct?	Yes, that is correct.
Billing	Where are the billing time limitations coming from?	MUE under HBAI codes are listed and come from CMS guidance.
Billing	If a BHA advocate is seeing the patient. Can we bill the HBAI codes incident to the LCSW?	No.
Billing	How might billing change for Masters student interns at a primary care clinic?	Master level students or interns would not be listed as the rendering provider, it would be the supervisor listed as the rendering provider. The PCMP or clinic would be listed as the billing provider.
Billing	Does the 50% + 1 minute rule apply to CoCM codes?	Standard time based billing criteria apply. It is important to note that for billing the 60 min code and an additional 30 min code you must meet the full 60 min plus the next 16 min to bill both the codes for a total of 76 min to bill both codes. Not, 31 min for the 60 min code and 16 min for the 30 min code.
Billing	To clarify what you mean by the billing provider being the pcmp/clinic are you referring to the group entity or the individual PCMP	The billing provider is the clinic or the practice, so it would be the entity.
Billing	Can the primary care provider bill the HBAI codes as a supervisor of an unlicensed BHCM or just the CoCM codes?	The behavioral health care manager does have to have a behavioral health license and then for the HBAI codes if the behavioral health provider is unlicensed the supervisor will need to be the rendering provider.
Billing	Can you clarify whether a diagnosis is or is not required for RAE billing under the cap benefit?	Behavioral health diagnosis is required for billing the RAE under the Behavioral Health capitation benefit. But again please remember that we allowed a deferred diagnosis for kids under 21 years of age.
Billing	At what point is a treatment plan required by the RAE if billing psychotherapy codes	A treatment plan is going to be required for all of those psychotherapy codes but it doesn't have to be extensive; a one page short document or SOAP notes will work.

Billing	are the HBAI codes billed on the same claim form as the medical provider service or on a separate claim form	For non-FQ's, yes. FQHC's will have to bill two separate claims (one for physical health and one for behavioral health).
Billing	Why are there separate billing and rendering providers necessary? Which one actually receives the reimbursement?	The billing provider receives the reimbursement and it can be the same billing and rendering provider if that is applicable in your practice. The rendering provider has to be licensed and credentialed with Medicaid providing the services or supervising the services.
Billing	So in some situations, the behavioral health provider can be the billing and rendering provider but specifically with HBAI codes they cannot be both. Is that correct?	The billing provider needs:to be the correct provider type (e.g. FQ, IHS, Clinic)the practitioner needs a MD, DO, or NP and to be the correct specialty type (e.g. internal or family medicine)The rendering provider needs to be a licensed and credentialed BHP.
Billing	Can you say a little more about how the medical provider will complete the billing even though the BH Provider is rendering the service-this sounds cumbersome and I am not sure how we will do that with our EHR	If this policy does not work with your clinic, it is not a requirement to be utilized. This is just an option for clinics who are able/want to participate.
Billing Manual	This gives me concern regarding the configuration of our system. Where can these details be obtained to ensure the system correctly processes claims? Has this been added to a billing manual yet?	These are physical health services the codes can be found there, in addition; we will post a billing services sheet.
Clarification	We've been attending the various integrated care trainings and just thought I'd give a little feedback. The presentations do not include how the two MCO's fit into the process with regards to the HBAI and CoCM services. I think that omitting this aspect has the ability to create confusion and frustration for providers that serve DHMP/PRIME members.	We need clarity to this question, if this is yours please email us at hcpf_integratedcare@state.co.us.
CoCM	for the psychiatric consult--did you decide if the COPPCAP program for pediatrics would count as a consultant?	A requirement to bill CoCM codes includes weekly case load reviews between the psychiatric consultant and behavioral health care manager. If psychiatry access lines are being utilized to fit all requirements of the CoCM model, they are permitted for use.

CoCM	A similar question for CoCM--for the psychiatric specialist--does the billing come from the PCMP and then the payment comes to the PCMP? or does the psychiatric consultant also bill directly/independently?	PCMP would bill and receive the payment.
CoCM	Would E-consult meet the requirements for psychiatric consultant for CoCM services?	Yes, an e-consult would meet the requirement. Please remember they would be required to have an established relationship with weekly meetings.
CoCM	For CoCM - are weekly consults with the psychiatric consultation required? Could these consults occur less frequently if that made sense for the clinic's population/need?	Weekly consults are recommended. Medicare requires "regular" review of clinical status of patients receiving BHI services, so while we suggest that practices meet weekly, these could occur less frequently if that made sense for the clinic's population/need.
CoCM	Are the CoCM codes going live in July?	Yes.
CoCM	For CoCM, where is the guidance that informs the 2 hour or 2 hour and 10 minute billing time limitations?	Guidance for billing time limitations, including COCM's 2-hour or 2-hour and 10-minute limits, is taken directly from Medicaid.
CoCM	To confirm, do the CoCM codes turn on 7/1/25?	Yes
CoCM	Does this mean that patients in RAEs will not be covered by CoCM and still short term BH codes?	You can bill the STBH codes to the RAE or you can bill to HCPF for the CoCM or HBAI codes. RAEs do not cover CoCM or HBAI codes
CoCM	Has HCPF conducted any practice-based evaluation to assess the administrative burden associated with CoCM code billing? There is significant literature to show that using this reimbursement approach is untenable for many PCMP practices.	Though we have not conducted any practice-based evaluations, this was the solution that we were able to come to in agreement with the budget request that we were allowed to ask for, which was that we remained budget neutral for this policy.
CoCM	Can a BH provider bill CoCM codes? I thought those were only billed by a primary care provider	PCMP will be the billing provider for the CoCM codes and then rendering provider can the a behavioral health provider if they are licensed and credentialed with Medicaid.
CoCM	CoCM: How does the psychiatrist under this model get linked/assigned to a practice? Do we have to pay for them and create a contract?	Yes… There are some practices who have established psychiatrists. There are some psychiatrists willing to contract for this, you would pay them and get reimbursed.

CoCM/ FQHC	How do the cocm minutes play a role for fqhc/rhc if the service is being billed as a BH visit instead?	It is billed under your BH revenue code based upon that CPT code allowance.
Codes	These codes 96156, 96158, 96164, 96165, 96167, 96168, 96170, 96171 go to HCPF, and the rest of the BH codes will go to the RAE?	The presentation, policy and supporting documents will be posted and will include the codes in the policy please check the website.
Coding	For codes 96158, 96167, and 96170, are those codes 0-37 minutes or is there a minimum number of minutes before those codes can be billed?	These codes are for the initial 30 minutes of face-to-face intervention with a patient. The minimum number of minutes to bill this code is 16 minutes.
Coding	Some RAEs pay for H codes for short IC touches. Will those still be available to use in tandem? Is that a RAE level decision?	That will be a RAE level decision. H codes should be billed FFS. Enhanced encounter rates are based on RAE contracting.
Data Collection	How does HCPF plan to measure and report on how these billing changes improve or detract from behavioral health access and integrated care sustainability?	We are working with our DAS team to implement an exact plan for this especially on the PCMP piece to allow us in future years to request budget adjustment from JBC.
Documentation	Could you speak a bit more to the requirements for the BH treatment plan documentation?	SOAP notes/chart notes, or standard documentation that goes into a patient's chart.
Examples	Can you give an example of when a PCP would bill an HBAI code? I would guess the E&M codes would be much more readily used and make more sense for PCPs, but maybe there are examples I am not thinking of.	A provider would use a Health Behavior Assessment and Intervention (HBAI) code instead of an Evaluation and Management (E/M) code when the primary focus of the service is to address psychological, behavioral, and social factors that are impacting a patient's physical health problem.
Examples		Scenario: A patient with poorly controlled type 2 diabetes has a history of consistently missing appointments, unhealthy eating HBAIts, and low motivation to manage their condition.
Examples		HBAI Service: A psychologist or other qualified health care professional (like a clinical social worker or mental health counselor) provides counseling sessions focusing on:

Examples		Assessing the patient's readiness for change and understanding of their condition.
Examples		Developing strategies to improve adherence to the prescribed diet and exercise plan.
Examples		Building coping mechanisms to manage stress and its impact on blood sugar levels.
Examples		Addressing barriers to treatment adherence, such as lack of social support or fear of self-injection.
Examples	**Why HBAI is Used:**	Focus on Behavior & Psychological Factors: The core of the service is on modifying the patient's behavior and psychological responses related to their physical health condition.
Examples		Physical Health Diagnosis as Primary: While psychological factors are addressed, the primary diagnosis and focus remain on the physical health problem (type 2 diabetes in this example)
Examples		Distinct from Mental Health: These services are specifically designed to address behavioral components of physical health, not necessarily mental health diagnoses.
Examples	**Why E/M would NOT be used:**	E/M codes are for general evaluation and management of medical conditions. While E/M visits might include counseling, an HBAI service is focused specifically on behavioral and psychological interventions aimed at improving the patient's management of a physical health condition.
Examples		HBAI services have specific codes that reflect the unique nature of these interventions, which are distinct from typical E/M services.
Examples	I'm sorry but it is confusing. In what scenario would you not have both an E&M and a HBAI code. If a patient had multiple health issues, wouldn't the ones	Great example! It is up to the provider's discretion on which codes to bill.

	that were not addressed by BH be under an E&M and the HBAI code would be for the BH?	
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FQHC	For FQHCs how will CoCM codes work in an encounter based system where only certain providers are qualified providers to bill for encounters?	The FQHC-specific policy is now posted at https://hcpf.colorado.gov/integrated-care-sustainability-policy#ForFQHCandRHCs. Please reach out to the Integrated Care team for additional questions.
FQHC	Will ANY BH services (like Confidential services etc) be billed to the regular BH FQ Medicaid payer (for FQHCs) or will ALL BH services now go through the RAE?	Please see the website for the recording of the FQHC/ RHC specific presentation. Behavioral Health services for FQs will be billed as a BH revenue code 900 and then for the PCMP who are not FQ all the behavioral health services will go through the RAE. the HBAI and CoCM will directly go to Medicaid and will be reimbursed FFS.
FQHC	Do these rules apply to FQHCs?	The major difference is PCMPs are going to bill FFS to HCPF and FQHC will bill BH encounters. For more information please review the FQHC-specific materials at https://hcpf.colorado.gov/integrated-care-sustainability-policy#IntegratedCareSustainabilityPolicy.
FQHC	I understand there will be a special presentation for how short-term BH billing will change for FQHCs. So far, none of this explanation has made any sense. Will these HBAI/CoCM codes affect FQHCs?	The major difference is PCMPs are going to bill FFS to HCPF and FQHC will bill BH encounters. For more information please review the FQHC-specific materials at https://hcpf.colorado.gov/integrated-care-sustainability-policy#IntegratedCareSustainabilityPolicy.
HBAI	Where do the HBAI payments go? To the primary care practice or to the licensed behavioral health clinician directly?	The billing provider is the clinic or the practice, the payment will go there.
HBAI	Does that mean HBAI codes need the same treatment plan documentation to prove medical necessity?	HBAI and CoCM do not need treatment plans, psychotherapy under the Behavioral Health capitation does.
HBAI	Will HBAI be paid in specialty care settings that also have behavioral health integration?	The aim is to target primary care, however if the specialty is registered as a PCMP they would be included.

HBAI	Are we able to add HBAI codes onto a well visit, or just an office visit with a regular E&M code? Just thinking if a problem is identified in a well visit that would benefit from a brief intervention from an integrated BH provider - could the HBAI codes be billed in that instance?	Yes, this is a great example of when a HBAI code would be used.
HBAI	A question sparked another question, could a practice bill the E&M code and the HBAI code on the same day?	Yes this should not be an issue.
HBAI	Follow up to my initial question: are we able to bill HBAI codes for a follow up telephone call that meets the minimum time requirements, even if that is not strictly scheduled as a "telehealth" visit?	The HBAI codes do have to be billed as either telehealth or in-person so a phone call would not qualify.
HBAI	Are the new HBAI reimbursement rates expected to be similar to the current integrated codes?	We can not answer this today. Once rates are published we will ensure every one has access.
HBAI	E/M codes with HBAI codes on same day	Child with asthma, therapist goes in to receive support for meds, medical provider bills E/M 99214 for asthma, therapist bills HBAI for their intervention.
HBAI		An E and M code for asthma would be outside of the behavioral health realm. According to CMS NCCI edits, 99214 and HBAI codes can be billed on the same date of service, with different providers as long as the HBAI code is not considered to be part of the 99214 (that they are separate and distinct services); which in the above scenario would be considered separate and distinct services. 99214 does not have any HBAI code edits that preclude the services being performed on the same date of service; again as long as the provider is not the same person.
HBAI	How do the HBAI codes align with SUD eCQM that we report for UDS? Have they been adopted by NCQA?	HCPF does not report eCQMs - those are measures that are run out of an EHR. NCQA does not manage eCQM Measures.

HBAI	Are Z codes allowed for HBAI codes for people over 21?	Yes b/c it's agnostic on diagnosis but it needs to be medically necessary.
HBAI Billing Code Senerios	Patient #1: comes in to see PCP, they score positive on PHQ9 and warm handoff is initiated for BHP (Behavioral Health Provider) to further assess symptoms of depression, provide brief intervention and determine whether patient wants additional therapy to cope with depression. Is this a warm handoff that can be billed as HBAI or would it be billed to the RAE under psychotherapy code?	It is up to your clinic's discretion, however, this scenario would be a great example of when a HBAI code is appropriate to bill. The follow-up additional therapy to cope with depression would be billed as a psychotherapy code to the RAE.
HBAI Billing Code Senerios	Patient #2: comes in to see PCP, their blood pressure is very high and they report to PCP they are under a great deal of stress related to work. Warm handoff to BHP is initiated to discuss role of stress in increasing blood pressure, deep breathing intervention done with patient and handouts provided on how to reduce stress. Billed as HBAI?	Yes. Great example!
HBAI Billing Code Senerios	Patient #3: comes in to see PCP reporting they have insomnia and are only getting 3-4 hours of sleep per night. Warm handoff initiated to BHP to provide education on proper sleep hygiene and intervention on how to create a relaxing bedtime routine, decrease screen time, and how to do square breathing. Billed as HBAI?	This would be E&M or HBAI, whichever the provider deems appropriate. Keep in mind that some E&M codes may be more applicable than HBAI.
HBAI Codes/ reconciliation	The HBAI codes and psychotherapy codes cannot be billed together on the same date of service for the same member, my question is how can this be monitored if the claims are going in two separate directions? Will HCPF be performing a reconciliation?	We have a monitoring process set up and will recoup inappropriate payments.

HBAI/ Billing	Having a medical provider as billing provider for HBAI codes would be inconsistent with all other payers that allow licensed BHPs to be billing providers for HBAI codes. Clarification on this would be helpful.	No, we only allow PCMPs to be the billing provider. Behavioral health licensed clinician is the rendering provider.
HBAI/ Documentation	For HBAI codes, understanding it's a separate claim but requires a PCMP encounter to bill, does the documentation have to be under the provider's note or can it be documented as a separate encounter as long as it's on the same day? This will greatly impact the lift to getting these codes launched, as needing to combine the notes in a single encounter would be a difficult process.	Yes it can be a separate encounter.
Live webinar recordings vs. Pre Recorded	I was also wondering if there is a recording available for the actual live webinar rather than just the prerecorded ones? I am not able to attend the last remaining one on Friday	We do not have recordings available for the live webinars but we are happy to schedule some time with you/your team to discuss any additional questions you have. We also have office hour sessions available below:Monday, June 23, 2025, 9:00 a.m. - 10:00 a.m. Thursday, June 26, 2025, 8:30 a.m. - 9:30 a.m.
Medical Necessity	What is considered "medical necessity"? for HBAI codes	Medical necessity would not trigger prior authorization. Physician services are reimbursable when the services are a benefit of Medicaid and meet the criteria of Medical Necessity as defined in 10 C.C.R. 2505-10. https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=7284
Medical Necessity	And a MH dx could be deemed as medically necessary? or a z code for someone under 21?	Diagnosis is not medically necessary, service is medically necessary.

National coding standards	If HCPF plans to deviate from any national coding standards on the use of these codes, will this be made clear?	Yes.
Pediatrics	How does the BH diagnosis requirement fit with SB174 for pediatric patients?	Please see the Integrated Care Sustainability Policy located at https://hcpf.colorado.gov/integrated-care-sustainability-policy#IntegratedCareSustainabilityPolicy for information relating to SB-174.
Pediatrics	Are the deferred diagnosis codes the R codes? Will there be a limit on the number of psychotherapy visits for peds w/o diagnosis?	There will be a limit for all services but the limits are currently unclear as it is being researched currently.
Pediatrics	Can you clarify the diagnosis requirement for the HBAI codes with examples in kids without chronic illness? What are the diagnosis needed for peds, and during such as a WCC or a 3yo with belly pain	Per SB23-174 kids do not need to have a diagnosis. Anyone under 21 years of age. For the psychotherapy codes to the RAEs you do need a diagnosis for over 21, CoCM and HBAI do not need diagnosis.
Pediatrics	For newborn well visits, is it appropriate to bill under the baby for BH services mom receives for example a new mom with postpartum depression?	Yes, especially during a newborn check- the doctor is not getting paid to do two appointments in one room.
Place of service	I am wondering whether or not Place of Service 22 (Outpatient Hospital) and Place of Service 19 (Off Campus – Outpatient Hospital) were intentionally left out for the new CoCM codes/program. We have four primary care practices at Children's who are all considered PCMPs, contract with the RAE, and will receive the integrated behavioral health PMPM from Colorado Access as of 7/1. We're hoping to participate in CoCM as of 7/1 but have historically billed as POS 22. Any clarification as to why POS 22 and/or 19 weren't included, and if it will be in the future, would be much appreciated.For clarification, this question is for both HBAI and CoCM codes.	A PCMP is defined as a primary care provider contracted with a RAE to participate in the Accountable Care Collaborative as a Network Provider. PCMPs must complete the PCMP Practice Assessment Tool to assess and establish level of care standards for serving members with health care needs of increasing complexity. Hospitals are not PCMPs, however, hospital systems can have practices that are PCMPs.As many Coloradans are aware, the state budget faced a hefty deficit this year that required some creative thinking to overcome. Departments were required to bring proposals for budget-neutral projects or find areas where spending could be cut. The IC Policy had to be put forward as budget-neutral in order to make any attempt to improve IC care in Colorado. As such, we were unable to add the full spectrum of desired provider types and services to our proposal.

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Practice assessment	Does each PCMP within a larger organization fill out the Practice Assessment or is it one for the whole organization?	Practice assessments go to the ACC team there is a FAQ sheet regarding this and all questions related to this should go directly to the ACC team
Practice assessment	Is the practice assessment solely based on self report? How often can a PCMP submit an updated practice assessment	It is based on a self report and can be submitted whenever needed to update.Each individual practice site must fill out the practice assessment
Provider	Can you please clarify if the rendering provider and billing provider can be a licensed clinical mental health provider or if the billing/rendering provider needs to be the PCMP?	The Primary Care Medical Provider (PCMP) will be the billing provider for COCM codes, while a behavioral health provider can be the rendering provider if licensed and credentialed with Medicaid.
Provider	Can there be more than one BHCM in a practice ?	Yes.
Provider	Do the psychiatrists meet with patients for an initial evaluation that determines the ongoing plan of care that the PCP & CM are managing?	They can if the practice wants to do that, but that is not typically how it works. If they did do that the psychiatrist would bill under themselves using E/M codes. Typically the PCP develops the plan of care with the BHC manager and the team reviews that plan with the consultant.

Provider	Can PA-Cs with psychiatric certification serve as the psychiatric consultant?	Yes.
Provider	How can an unlicensed (such as a coach) be a BHCM if they must be credentialed, medicaid enrolled and attributed to the practice? My understanding is these all require a BH license	This policy requires a behavioral health license for any provider.
Provider	Is there a benefit in having all providers be a PCMP or is it sufficient to have just the facility as a PCMP	Having all providers within a facility be PCMPs offers benefits for patients and the system compared to just the facility itself being a PCMP, including but not limited to:
Provider		More consistent and clear patient understanding of who they can turn to for questions and concerns;
Provider		A greater likelihood of seamless communication and collaboration among the healthcare team;
Provider		Enhanced system efficiency by each patient having a designated PCMP;
Provider		Greater financial stability through a predictable monthly revenue for PCMPs; and
Provider		The system incentivized to focus on preventative care and chronic condition management.
Provider Credentials	PA as PCMP - but they don't since sb23-083, they collaborate (There is not a supervising physician for PA)	Billing provider is the PCMP provider, supervisor (rendering provider) has to be licensed clinical BH clinician
Provider Credentials	You identified the LCSW license as an appropriate BH provider, but I'm curious if a LSW would meet your criteria.	No.

Provider credentials	I am the medical director of a small rural primary care practice on the Western Slope. We are looking at the new guidelines for billing under the Collaborative Care Model. We have Pediatrician on staff who will complete the UC Irvine Primary Care Psychiatry Fellowship this year. We are hoping to use this physcian as the psychiatrist in the team. Will this work?	Yes, however, they would not be able to act as a PCP since they would be filling the role of psychiatric consultant. We would suggest using HBAI codes and psychotherapy codes instead of CoCM codes since those codes don't need the psychiatric consultant.
Provider licensure	What level of education/licensure/certifications will be allow to be service/rendering providers on these codes?	The rendering provider is listed as the licensed clinician that is enrolled in Medicaid that is either providing or supervising the integrated care service.
Provider licensure	Can an addictions management MD (MAT physician) do consults?	If the individual is a licensed and credentialed BH provider they can provide brief interventions as part of the HBAI codes or fill the role as a BHCM under CoCM. They would not be eligible for the psychiatric consultant under the CoCM.
Provider licensure	We assume psychologists are also included in the licensed BH professionals.	Yes.
Provider licensure	Can social workers with a PhD be billable under this model?	As long as they are a licensed provider they can bill under this model.
Provider Reimbursment	It sounds like there may be some variation in how we're using the term 'billing provider.' Can we clarify: if a Behavioral Health Provider (BHP) is rendering an HBAI code, does a medical provider need to review or approve the note before it can be billed? A follow-up on this would be really helpful.	No. The BHP provider can be the rendering provider, which can provide supervision for the actual staff member providing the service.
Providers	When we say "primary care physician" are you also meaning to be inclusive of primary care advance practice providers, like NPs and PAs?	Yes, all of the above.

Providers	Can a PA be a PCMP	Physician Assistants (PAs) are unable serve as PCMPs as they cannot submit claims under their Provider ID. All claims for PAs must be submitted under the Provider ID of their supervising provider. PAs can provide care through a contracted PCMP practice.
Providers	What about physician assistants/associates for PCMP?	No, see above.
Providers	Is a provider required to be credentialed with a RAE to bill COCM codes (99492,99493,99494)?	The HBAI and CoCM codes go directly to HCPF so you don't have to be credentialed with the RAE. However, you do have to be credentialed with the RAE if you want to bill the psychotherapy codes which are the former six STBH codes.
Providers	Please clarify, did you say the medical provider's diagnosis overrules the behavioral health provider's?	If the medical provider is listed as the billing and rendering provider that is when it overrules.
Providers	Can practices utilize bachelors level folks under clinical supervision to provide the services under HBAI and CoCM codes?	No, they must be Master level, working on supervision clinical hours.
Psychiatric consultation	I had a follow up from a meeting with one of our safetynet providers who was worried that there is a requirement to consult or have an appt with a psychiatrist for kiddos to get their medications and they do not have good access to child psychiatrists. How is that requirement supposed to work? Can I connect her with someone or pass along info?	In order to use the Collaborative Care Model, providers involved in the care of the member must have regularly scheduled consultation scheduled with the psychiatric consultant.
Psychiatric consultation	I understand there's still a lot of work being done to move the CoCM billing forward. Can you help answer the question below from Children's Hospital? Will using a CoPPCAP psychiatrist that would partner with the PCP and BHCM be allowable?	A requirement to bill CoCM codes includes weekly case load reviews between the psychiatric consultant and behavioral health care manager. If psychiatry access lines are being utilized to fit all requirements of the CoCM model, they are permitted for use.

Psychotherapy Codes	As far as I understand, the HBAI codes have to be related to a physical health condition or diagnosis, and cannot be used for interventions which are primarily treating mental health concerns. For psychologists who work in FQHCs, are there any codes other than the psychotherapy codes (billed to the RAEs) which can be used for brief therapy based on mental health concerns (which are not necessarily directly impacting or caused by a physical health condition)?	Please discuss this with your assigned RAE.
Rates	Will there be any minimum amount required for the integrated PMPM from the RAEs?	No, this is determined by the RAE.
Rates	Can you say more about how the PMPM rate from the RAEs is established? Is there any guidance from HCPF about the appropriate range for the PMPM payment? And how is the cost of the payments factored into the RAEs's capitation? Is this being built into the July 1, 2025 RAEs' capitation?	Yes it is being built in. However we can not speak to the arrangements or contracts the RAE offers.
Rates	Has HCPF established and posted the CoCM and HBAI code reimbursement rates?	Rates for HBAI and CoCM can be found at https://hcpf.colorado.gov/provider-rates-fee-schedule
Rates	Were there any approved codes and funds for Care Coordination services at the primary care office?	Not at this time.
Rates	Are you able to share what the reimbursement rates will look like?	Rates for HBAI and CoCM can be found at https://hcpf.colorado.gov/provider-rates-fee-schedule
Rates	How many visits will be covered through RAE?	There is no longer a limit.
Rates	Are the reimbursement rates for the HBAI and CoCM codes listed somewhere that we can access for developing ROIs?	Rates for HBAI and CoCM can be found at https://hcpf.colorado.gov/provider-rates-fee-schedule

Reimbursement	We're wondering if Medicaid reimburses for codes 99492, 99493, and 99494. These are Psychiatric Collaborative Care Model codes to be billed in the primary care setting. These codes are not listed either in the BH billing manual nor on the regular Medicaid physician fee schedule, so I have a hunch these are NOT covered.	You are correct, these procedure codes are not covered under Fee for Service or under the CAP. More information to come with the approval from JBC and policy was in process and training would be coming prior to July 1.
Required diagnosis	What are the eligible diagnosis that can be linked?	The psychotherapy codes require a covered behavioral health diagnosis under the Behavioral Health Capitation program. The HBAI and CoCM codes do not require a behavioral health diagnosis and a physical health diagnosis may be used.
Slide Deck	Can you please provide the link for where we can find this slide deck?	Slide deck and presentation will be posted to the Integrated care website at https://hcpf.colorado.gov/integrated-care-sustainability-policy#IntegratedCareSustainabilityPolicy
Slide Deck	Would you be able to share this powerpoint at the end of the meeting?	Presentations will be posted to the website at https://hcpf.colorado.gov/integrated-care-sustainability-policy.
Slide Deck	Will you be sharing the slides from today's meeting	They will be posted on the website at https://hcpf.colorado.gov/integrated-care-sustainability-policy.
Slide Deck	How do we follow up on the questions you are still working on?	We are collecting notes and answers to publish that we receive throughout the training.
STBH	In regard to STBH and Billing code T1017 will that code go away. Or how will that billing code be impacted?	T1017 will continue to be a procedure code that can be billed to the RAEs under the CAP. T1017 is not one of the HBAI or CoCM codes.
STBH	The training mentions the STBH codes. Is it accurate to say there are no longer any STBH codes per say. Just any code for any number of visits as long the PCMP is contracted with the appropriate RAE.	As of July 1, 2025, there will no longer be six short-term behavioral health codes.

STBH	We have been billing Short term BH in a PCP setting since it started. We have 1 LPC and 1 LCSW on staff in our clinic. So last year medicaid started denying all claims with the reason "bill the RAE" even when it's not time to. Our Medicaid rep said that the system was broken and they were not going to fix it but they would come in and pay them manually one time a month. This happens only when we poke them to pay - is Medicaid planning to get all these outstanding claims to be paid before everything is turned over to the RAE to pay?	rachel.shuck@state.co.us- please email if there has been difficulty getting paid. There is an error in the system currently and Rachel will help get a form to you to ensure this gets corrected.
STBH	In regard to STBH and Billing code T1017 will that code go away. Or how will that billing code be impacted?	T1017 will continue to be a procedure code that can be billed to the RAEs under the CAP. T1017 is not one of the HBAI or CoCM codes.
Telehealth	Can a phone call count for HBAI or CoCM?	It must be a telehealth call it cannot be a simple connection call.
Telehealth	In the rural area where we don't have BH on site, is it still okay to continue through telehealth?	Telehealth is still fully allowed for BH and they can bill the same day if a medical provider sees them and refers over to BH.
Type of visits	What can be telephone and what can be in person?	HBAI and CoCM visits may be conducted via telehealth and in person.
Visist Caps	Are we going to cap the number of visits allowed for psychotherapy for members under 21 without a BH diagnosis?	Dept still reviewing policy, keep an eye out for details should the policy change.