



COLORADO
Department of Health Care
Policy & Financing

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General Behavioral Health Integration Services

July 1, 2025

Overview

Starting July 1, 2025, the Colorado Department of Health Care Policy and Financing (HCPF) established the Integrated Care Sustainability Policy to both increase access to integrated care services for members, and build a sustainable reimbursement model for primary care providers who are incorporating behavioral health services into their practices.

A component of the Integrated Care Sustainability Policy includes allowance of Primary Care Medical Providers (PCMPs) to bill a limited number of general Behavioral Health Integration (BHI) codes and be reimbursed Fee-For-Service (FFS) or through a Managed Care Organization

General Behavioral Health Integration (BHI) Codes

BHI services offer enhanced general care management support for patients with mental, behavioral, or psychiatric conditions in primary care. BHI services incorporate some but not all of the principles associated with collaborative care.

Billing

Practices must be contracted with a Regional Accountable Entity (RAE) or MCO as a PCMP to bill BHI codes. PCMPs should use the most appropriate diagnosis when billing BHI codes, however, a behavioral health diagnosis is not required.

Reimbursement

BHI services are provided by a licensed behavioral health provider in collaboration with a medical provider. Services may be provided in person and/or through telehealth. Practices may submit claims for reimbursement of BHI codes for FFS reimbursement if they are contracted with a RAE or MCO as a PCMP. The billing provider on the claim must be the PCMP billing as one of the following primary care provider types:



- 16 - Clinic (primary care)
- 25 - Non-physician practitioner group
- 32 - Federally Qualified Health Center (FQHC)
- 45 - Rural Health Clinic (RHC)
- 61 - Indian Health Services provider (IHS)

The billing provider must be enrolled as one of the following types:

- 05 - Physician
- 16 - Clinic - Practitioner
- 25 - Non-Physician Practitioner - Group
- 26 - Osteopath
- 32 - Federally Qualified Health Center
- 39 - Physician Assistant
- 45 - Rural Health Clinic
- 61 - Indian Health Services

The rendering provider on the claim must be Medicaid-enrolled and oversee treatment. Post-masters level providers working towards clinical licensure may provide the BHI service, however, the rendering provider on the claim must be listed as the licensed clinician that is enrolled in Medicaid that is either providing or supervising the integrated care service.

Billing or rendering providers who are also behavioral health clinicians must be licensed as well as credentialed.

Restrictions

A general BHI code and a Collaborative Care Management (CoCM) code cannot be billed together for the same member in the same month. A BHI code and a Health Behavior Assessment and Intervention (HBAI) code cannot be billed together for the same member in the same month.



General Behavioral Health Integration Codes

Code	Service Description	Time	Provider Types
99484	<p>Care management services for behavioral health conditions involve at least 20 minutes of clinical staff time per calendar month under a physician or other qualified health care professional's direction. The services must include:</p> <ul style="list-style-type: none"> • Initial assessment or follow-up monitoring, including using applicable validated rating scales. • Behavioral health care planning about behavioral or psychiatric health problems, including revision for patients not progressing or whose status changes. • Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling, or psychiatric consultation. • Continuity of care with an appointed care team member. 	Min. 20 minutes per month	<p>Billing Providers: 05, 16, 25, 26, 32, 39, 45, 61</p> <p>Service Providers: Licensed behavioral health providers</p> <p>Common Notes: These visits will not require a diagnosis covered by the capitated behavioral health benefit. PCMPs should use the most appropriate diagnosis that supports medical necessity.</p>
G0323	<p>Care management services for behavioral health conditions cover at least 20 minutes of clinical psychologist or clinical social worker time per calendar month, including:</p> <ul style="list-style-type: none"> • Initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning for behavioral or psychiatric health problems, with revision for patients who aren't progressing or whose status changes. • Facilitating and coordinating treatment, such as psychotherapy; coordination with and referral to physicians and practitioners who Medicare authorizes to prescribe medications and furnish Evaluation and Management (E/M) services; counseling or psychiatric consultation; and continuity of care with an appointed care team member. 	Min. 20 minutes per month	

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