



COLORADO
Department of Health Care
Policy & Financing

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Medicaid Integrated Care Sustainability

July 1, 2025

Overview

Starting July 1, 2025, the Colorado Department of Health Care Policy and Financing (HCPF) will implement the Integrated Care Sustainability Policy. This change should improve member health by increasing access to integrated care services for Health First Colorado (Colorado's Medicaid program) members and building a sustainable reimbursement model for primary care providers who are incorporating behavioral health services into their practices.

The Integrated Care Sustainability Policy allows Primary Care Medical Providers (PCMPs)¹ to bill Health Behavior Assessment and Intervention (HBAI) codes, Collaborative Care Model (CoCM) codes, and a limited number of general Behavioral Health Integration (BHI) codes to Gainwell, and be reimbursed Fee-For-Service (FFS). For budgetary reasons, HCPF is restricting this policy to PCMPs with the intention of expanding the policy to all primary care providers in the future. Qualified, in-network PCMPs are eligible to bill Managed Care Organizations (MCOs). HCPF is subsequently transitioning the Short-Term Behavioral Health (STBH) Benefit from FFS to the Behavioral Health Capitation. The standard psychotherapy services that were billable under the STBH Benefit will continue to be covered by Medicaid when provided in a PCMP setting, however, these services must be billed to the member's RAE effective July 1, 2025.

Background

Colorado has invested in multiple efforts to advance integrated care² over the last decade. Most notably, the Center for Medicare and Medicaid Innovation (CMMI)

¹ A PCMP is a primary care provider that is contracted with a RAE to manage the health care needs of Health First Colorado members. PCMPs must be licensed to practice in Colorado and have an MD, DO, or NP provider license. They must also be licensed in a specialty such as pediatrics, family medicine, internal medicine, obstetrics and gynecology, or geriatrics. Additional information is available on the [ACC Webpage](#).

² Integrated care is defined as "The care a patient experiences as a result of a team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population."



awarded Colorado \$65 million in the form of a cooperative agreement to test its State Innovation Model (SIM), a four-year (2015 to 2019) initiative aimed at transforming health care delivery and payment structures through the integration of physical and behavioral health. SIM supported integrated care in 344 primary care practices and four Community Mental Health Centers across Colorado. When the SIM initiative ended in 2019, coordinated state activities and funding for integrated care largely ceased.

In July 2018, under ACC Phase II, HCPF implemented the STBH benefit to provide behavioral health services for short-term episodes of care for low-acuity conditions in primary care settings. While not designed as a solution for integrated care, practices and providers used the standard psychotherapy codes covered under the STBH Benefit to support integrated care programs that started under SIM.

In December 2023, as a result of HB22-1302, HCPF started distributing \$29 million in grants to 81 clinics covering 145 sites, to establish or expand integrated care through capacity-building measures such as hiring, construction, and training. The funding focused on building capacity and did not change the reimbursement for integrated care services. HB22-1302 mandated HCPF produce an [Integrated Care Legislative Report](#) to be delivered to the legislature in January 2025 recommending a sustainable reimbursement model for integrated care in Colorado. Informed by lessons learned from SIM, the STBH Benefit, the 1302 pilot and Legislative Report, and extensive stakeholdering, HCPF established the Integrated Care Sustainability Policy as a long-term approach to sustaining integrated care in Colorado. In April 2025, the Colorado General Assembly approved these recommendations and authorized ongoing funding for this sustainable integrated care approach.

HBAI, CoCM, and BHI Codes

In an effort to increase access to integrated care services in a primary care setting, HCPF has opened the HBAI, CoCM, and BHI codes to be billed by PCMPs starting July 1, 2025. Opening these codes increases provider access to briefer interventions with members, as well as stackable code options for members with higher acuity. For additional information regarding HBAI, CoCM, and BHI codes, please review the handouts linked under the “Resources” section at the bottom of the policy.



Integrated Care Sustainability Codes	
Starting July 1, 2025	
To bill behavioral health capitation program to the RAE (covered diagnosis needed ³):	To bill Fee-for-Service to HCPF or to a Member's MCO (no behavioral health diagnosis needed):
Former 6 short term behavioral health services: • Diagnostic evaluation without medical services (90791) • Psychotherapy - 30 minutes (90832) • Psychotherapy - 45 minutes (90834) • Psychotherapy - 60 minutes (90837) • Family psychotherapy without patient (90846) • Family psychotherapy with patient (90847)	HBAI, CoCM, and BHI codes: • Health behavior assessment (96156) • Health behavior intervention, individual - 30 min. (96158) ◦ ADD: Health behavior intervention, individual - add. 15 min. (96519) • Health behavior intervention, group - 30 minutes (96164) ◦ ADD: Health behavior intervention, group - add. 15 min. (96165) • Health behavior intervention, family w/ patient present - 30 min. (96167) ◦ ADD: Health behavior intervention, family w/ patient present - add. 15 minutes (96168) • Health behavior intervention, family w/o patient present - 30 min. (96170) ◦ ADD: Health behavior intervention, family w/o patient present - add. 15 minutes (96171) • Initial Psychiatric CoCM - 70 min. (99492) • Follow Up Psychiatric CoCM - 60 min. (99493) • Initial & Subsequent Psychiatric CoCM - add. 30 min. (99494) • Initial & Subsequent Psychiatric CoCM - 30 min. (G2214) • Care Management services for BH conditions, clinical staff - 20 min. (99484) • Care Management services for BH conditions, clinical psychologist or clinical social worker - 20 min. (G0323)

Integrated Care Per Member Per Month (PMPM) Payment

In addition to the new billing codes for integrated care, RAEs are required to make an integrated care PMPM payment available to Highly Integrated PCMPs. To be designated as Highly Integrated, PCMPs must meet the following criteria:

³ Under SB23-174, members under 21 years old can receive behavioral health services without a covered diagnosis when billed by a Behavioral Health Provider. Please visit <https://hcpf.colorado.gov/sb23-174-coverage-policy> for more information.



1. The practice has an established relationship with an integrated behavioral health provider available via telehealth to patients and caregivers who is readily available to provide brief interventions for patients with behavioral health conditions or those requiring support for behavior change, *OR* has an onsite integrated behavioral health provider who is available to deliver brief interventions for patients with behavioral health conditions or those needing assistance with behavior change; and
2. The practice has an identified interdisciplinary team of champions for advancing Integrated Behavioral Health programming and continuous quality of care; and
3. The practice utilizes a single integrated health record to consolidate a patient's physical and behavioral health information, *OR* implements a protocol for effective information integration between these domains that allows timely, collaborative care.

Practices are deemed Highly Integrated through the HCPF Practice Assessment Tool. Practices that have some level of integration, but are not Highly Integrated, will be eligible for additional points on the HCPF Practice Assessment Tool that may lead to a higher Medical Home PMPM separate from the Integrated Care PMPM. The PMPM amounts may vary depending on the RAE. For more information, please refer to the [ACC PCMP Payment Fact Sheet](#).

MCOs are not required to offer PMPM payments to PCMPs.

How to Bill for Services

Providers

For initial implementation, practices must be contracted with a RAE as a PCMP to bill HBAI, CoCM, and BHI codes, and to receive an integrated care PMPM. HCPF will monitor utilization and total costs quarterly and in the future evaluate if there is potential to expand approved providers. Providers who are not contracted with a RAE will have their HBAI, CoCM, and BHI codes claims denied.

PCMPs must be contracted with an MCO in order to bill the MCO for HBAI, CoCM, and BHI codes codes.

Reimbursement

Practices may submit claims for reimbursement of HBAI, CoCM, and 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:

- 05 - Physician



- 16 - Clinic (primary care)
- 25 - Non-physician practitioner group
- 26 - Osteopath
- 32 - Federally Qualified Health Center (FQHC)
- 41 - Family/Pediatric Nurse Practitioner
- 45 - Rural Health Clinic (RHC)
- 51 - School Health Services

The rendering provider on the claim must be Medicaid-enrolled and oversee treatment. The rendering provider must be enrolled as one of the following types:

- 37 - Licensed Psychologist (PhD, PsyD, EdD)
- 38 - Licensed Behavioral Health Clinician

The place of service on the claim must be one of the following:

- 02 - Telehealth Provided Other than in Patient's Home
- 03 - School
- 04 - Homeless Shelter
- 05 - Indian Health Service Free-standing Facility
- 06 - Indian Health Service Provider-based Facility
- 07 - Tribal 638 Free-standing Facility
- 08 - Tribal 638 Provider-based Facility
- 10 - Telehealth Provided in Patient's Home
- 11 - Office
- 12 - Home
- 15 - Mobile Unit
- 19 - Off Campus-Outpatient Hospital
- 22 - On Campus-Outpatient Hospital

Billing or rendering providers who are also behavioral health clinicians must be licensed as well as credentialed. Services provided by practitioners not eligible to enroll in Medicaid (e.g., unlicensed masters level provider) must be supervised by and billed under a Medicaid-enrolled provider who is documented as overseeing the member's course of treatment. While an unlicensed provider can provide hands-on care to a member, the licensed provider who is an enrolled Medicaid provider is responsible for services and must be the "rendering provider" on the claim.

Billing providers must follow all standard and HCPF billing practices and policies.



Payment

Rates for the HBAI, CoCM, and BHI codes are aligned with Medicare rates. Payment for HBAI, CoCM, and BHI codes will be made at the lesser of the provider's usual and customary charge or the Health First Colorado maximum allowable fee for the service, as published on the [Health First Colorado Fee Schedule](#). New rates will be available by 7/1/2025.

HBAI, CoCM, and BHI codes are payable by MCOs at rates the MCO negotiates with PCMPs. FQHC and RHC guidance is available on the [FQHC/RHC Fact Sheet](#).

Resources

[Collaborative Care Management Fact Sheet](#)

[General Behavioral Health Integration Fact Sheet](#)

[Health Behavior Assessment and Intervention Fact Sheet](#)

[FAQ about Billing Medicare for BHI Services](#)

[FQHC/RHC Fact Sheet](#)

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