

To: All Providers
From: Dr. Paul Garcia, Vice President of Utilization Management and Benefits
Date: **November 4, 2025**
Subject: Update to CPT code 99494

UPDATED COVERAGE PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT

[Updated Coverage Psychiatric Collaborative Care Management](#)

The purpose of this bulletin update is to provide clarification that Current Procedural Terminology (CPT) Code 99494 is allowed to be billed up to four times per month, effective July 1, 2024.

NOTE: Update to original Medicaid Bulletin, [Updated Coverage for Psychiatric Collaborative Care Management Effective Dec. 1, 2022](#), published Nov. 21, 2022.

This bulletin applies to both NC Medicaid Direct and NC Medicaid Managed Care.

Psychiatric collaborative care management services must be rendered under the direction of a treating physician or advanced practice provider (APP) (e.g. Nurse Practitioner/Physician Assistant (NP/PA) in a primary care setting.

Services are reported by the treating provider and include the services rendered by the provider, behavioral health care manager and the psychiatric consultant during a calendar month. These services are rendered when a beneficiary has a diagnosed psychiatric disorder and requires assessment, care planning and provision of brief interventions. These beneficiaries may require assistance engaging in treatment or further assessment prior to being referred to a psychiatric care setting.

DEFINITIONS

The American Medical Association (AMA) has defined the following services and providers of psychiatric collaborative care management as summarized below:

Episode of Care:

An episode of care begins with the referral from the treating physician or APP to the behavioral health care manager in their practice. An episode ends with the attainment of treatment goals, failure to attain treatment goals culminating in a referral to a psychiatric care provider, or a lack of continued engagement with no psychiatric collaborative care management services provided over six consecutive months.

A new episode may begin after a break in episode of six or more consecutive months.

Health Care Professional:

Refers to the treating physician or APP who manages the beneficiary's care and directs the behavioral health care manager. The health care professional:

-  Oversees care
-  Prescribes medication
-  Treats medical condition(s)
-  Refers the beneficiary to specialty care if needed and continues to provide services not related to psychiatric collaborative care during the same calendar month.

Behavioral Health Care Manager:

Refers to a masters or doctoral-level prepared clinical staff member, a licensed staff member with behavioral health training (e.g., Licensed Clinical Mental Health Counselor/Professional Counselor, Licensed Marriage and Family Therapist, Licensed Social Worker, Registered Nurse, Nurse Practitioner, Licensed Psychologist, Masters-level licensure candidate/trainee LCSW-A), or another designated and appropriately trained member of the care team who provides care management services and assessment of beneficiary needs.

The Behavioral Health Care Manager consults with the psychiatric consultant and administers validated rating scales, develops care plans, provides brief interventions, collaborates with other members of the treatment team and maintains a beneficiary registry. Services are provided face-to-face and non-face-to-face and psychiatric consultation is provided minimally on a regular and appropriate basis.

Psychiatric Consultant:

Refers to the consulting physician or APP, trained in psychiatry or behavioral health with full prescribing authority. The consultant advises and makes recommendations and referrals as needed for psychiatric and medical care.

These recommendations and referrals are communicated to the treating provider through the behavioral health care manager. The psychiatric consultant typically does not see the beneficiary or prescribe medications.

Please note any prescribing provider must be enrolled in NC Medicaid to write prescriptions for Medicaid beneficiaries.

CODING FOR PSYCHIATRIC COLLABORATIVE CARE

-  **99492** – Initial psychiatric collaborative care management, first 70 minutes in the first calendar month.
-  **99493** – Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities.
-  **G2214** - Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional.
-  **99494** – Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month, up to four 30-minute sessions allowed per month.
-  **G0512** - Rural health clinic or federally qualified health center (RHC or FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month.

REQUIRED ELEMENTS FOR BILLING PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT

Psychiatric collaborative care management is billed once monthly by the primary treating physician or APP and includes the services of the treating physician or advanced practitioner, behavioral health care manager and the psychiatric consultant.

Initial psychiatric collaborative care management includes codes 99492, G0512 or G2214 and must contain the following elements:

-  Outreach to, and engagement in treatment of a beneficiary directed by a treating physician or advanced practitioner.
-  Initial assessment of the beneficiary, including administration of validated rating scales, with the development of an individualized treatment plan.

- ✿ Review by the psychiatric consultant with modifications of the plan if recommended.
- ✿ Entering beneficiary in a registry and tracking beneficiary follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant.
- ✿ Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing and other focused treatment strategies.

Subsequent psychiatric collaborative care management is billed with 99493, G0512 or G2214 and must contain the following elements:

- ✿ Tracking beneficiary follow-up and progress using the registry, with appropriate documentation.
- ✿ Participation in weekly caseload consultation with the psychiatric consultant.
- ✿ Ongoing collaboration with and coordination of the beneficiary's mental health care with the treating physician or APP and any other mental health providers.
- ✿ Additional review of progress and recommendations for changes in treatment as indicated, including medications, based on recommendations provided by the psychiatric consultant.
- ✿ Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing and other focused treatment strategies.
- ✿ Monitoring of beneficiary outcomes using validated rating scales.
- ✿ Relapse prevention planning with beneficiaries as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.

INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT (99494):

May be billed for each additional 30 minutes, up to four times per month, in a calendar month of behavioral health care manager activities in consultation with a psychiatric consultant and directed by the treating physician or APP.

CPT code 99494 must be billed with 99492 or 99493. G2214 may not be billed in the same calendar month as 99492, 99493 or 99494.

ADDITIONAL BILLING GUIDELINES

Evaluation and management (E/M) and other services may be reported separately by the same physician or APP during the same calendar month.

If the treating physician or APP personally performs behavioral health care manager activities and those activities are not used to meet criteria for a separately reported service, his or her time may be counted toward the required behavioral health care manager time to meet the elements of 99492, 99493, G0512, G2214 or 99494.

Eligible behavioral health care managers may report separate services such as therapy, psychiatric evaluation, tobacco cessation or substance use services during the same calendar month. Activities for separately reported services are not included in the time applied to psychiatric collaborative care management.

Behavioral health care manager time spent coordinating care with the emergency department may be reported using 99492, 99493, G0512, G2214 or 99494, but time while the beneficiary is inpatient or admitted to observation status may not be reported using psychiatric collaborative care management codes.

The psychiatric consultant may provide services such as E/M services and psychiatric evaluations, and these services may be separately reported. Activities for services separately reported are not included in the reporting of psychiatric collaborative care management.

For any person on the care team to bill for separately reimbursable procedures they must be enrolled in NC Medicaid. Additionally, psychiatric consultants who prescribe medication or make direct referrals for Medicaid beneficiaries must be actively enrolled in NC Medicaid.

For more information regarding psychiatric collaborative care management codes and requirements, refer to the most current Procedural Terminology (CPT) manual published by the AMA.

Thank you for your attention to this communication. All questions related to this Clinical Communication Bulletin can be sent to UM@TrilliumNC.org. Questions will be answered as quickly as possible