



REVENUE CYCLE AND BILLING

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REVIEW LEARNING OBJECTIVES

1

Explore different behavioral health (BH) integration services and diagnosis codes for reimbursement.

2

Compare per-member-per-month (PMPM) and fee-for-service (FFS) models in the context of behavioral health.

3

Identify the documentation required for different billing codes.

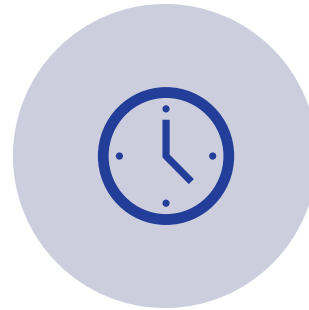
AGENDA – 60 MIN



15 MIN - SMALL GROUP
ACTIVITY: HOW DO YOU
CURRENTLY BILL FOR
INTEGRATED BH SERVICES?



15 MIN – DESCRIBING THE
OPTIONS FOR BILLING
BEHAVIORAL HEALTH INTEGRATION
(BHI)/COLLABORATIVE CARE
MODEL (COCM)



15 MIN - SHARING AN
APPROACH: A WORK IN
PROGRESS



15 MIN – OPEN DISCUSSION TO
TIE IT ALL TOGETHER

SPEAKERS FOR THIS SESSION

Jean McClurken, LICSW

Director of Behavioral Health
Department at Fenway Health
Background in BH integrated
system design from community
practice, hospital system,
utilization management, and
payer perspectives.

Kouvaris Bibbins, CPC, CPCO

Revenue Integrity Manager
Background in integrated
healthcare systems across
health centers, behavioral
health, payer strategy, and
revenue cycle management,
with expertise spanning provider
operations, compliance, and
reimbursement optimization.

SMALL GROUP ACTIVITY

Breakout rooms will be guided by the following questions for the next 10 min:

- Name, Organization, Location, Role
- Does your organization have a process for billing integrated behavioral health or case management work?
- What are your current goals with billing for integrated behavioral healthcare?

BEHAVIORAL HEALTH INTEGRATION & COLLABORATIVE CARE MODEL SERVICES

General BHI (Behavioral Health Integration)

- Monthly care management (≥20 minutes)
- Depression, anxiety, and substance use support
- Care coordination within primary care
- Patient monitoring and follow-up

Collaborative Care Model (CoCM)

- Team-based care (primary care physician, BH care manager, psychiatrist)
- Psychiatric consultation and case review
- Structured care plans and registry tracking
- Focus on moderate to complex conditions

BHI & COCM CODING FRAMEWORK

Diagnosis Code Series

F32–F33 → Depressive disorders

F41 → Anxiety disorders

F10–F19 → Substance use disorders

F43 → Stress-related/adjustment disorders

Z13.31 → Depression screening

BHI / CoCM CPT Codes

99484 → General BHI (≥ 20 min/month)

G0323 → BHI (non-physician/qualified health plan [QHP])

99492 → CoCM initial month

99493 → CoCM subsequent month

99494 → CoCM additional time

BEHAVIORAL HEALTH PAYMENT MODELS: PER-MEMBER-PER-MONTH VS FEE-FOR-SERVICE

FFS

(Fee-for-Service)

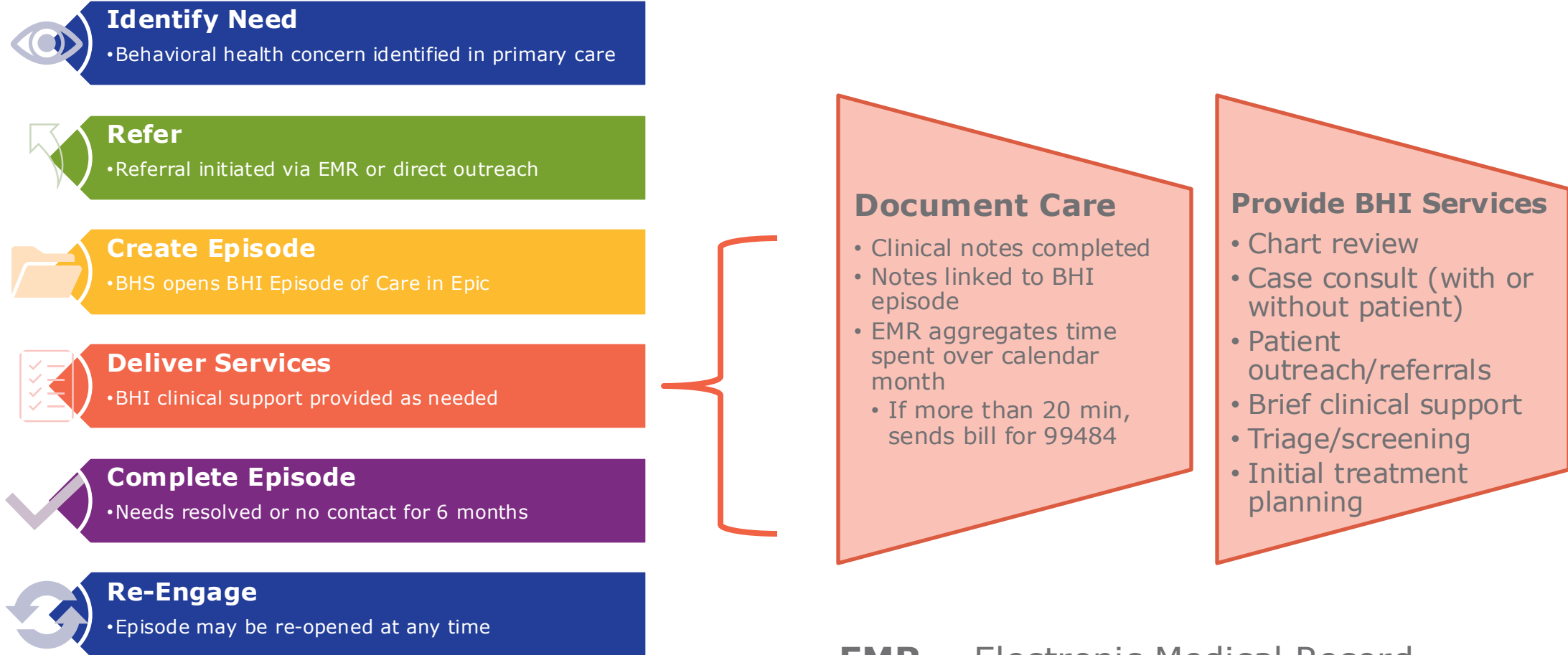
- Structure
 - Paid per visit or CPT code (e.g., 99484, 99492)
- Advantages
 - Simple to implement; tied to documented services
- Limitations
 - Limits care to billable encounters; not designed for ongoing care management

PMPM

(Per-Member-Per-Month)

- Structure
 - Fixed monthly payment per patient
- Advantages
 - Supports continuous care, outreach, and care coordination
- Limitations
 - Requires patient attribution, reporting, and performance tracking

BHI BILLING AT FENWAY HEALTH: WORKFLOW DEVELOPMENT & DOCUMENTATION REQUIREMENTS



EMR = Electronic Medical Record

GAPS/OPPORTUNITIES IDENTIFIED



Reporting showing BHS staff the patients in active BHI care and the time tracked thus far in a month – allow for quick prioritization and tracking for acuity.



Contract rates negotiated with insurance plans for this service.



Partnership with accountable care organizations (ACOs) to identify metrics based on service utilization.

OPEN DISCUSSION

Does anyone have an example of BHI/CoCM billing that includes lessons learned or things going well to share, or reflect on the challenges you are addressing?

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