

Primary Care Behavioral Health Billing Updates

Updates have been released from the Health Care Authority related to billing codes related to behavior health services. Review these in consideration for your behavioral health services.

Collaborative Care Billing Codes

The Health Care Authority has issued a [permanent rule for the Collaborative Care billing codes](#). The information for the Collaborative Care billing codes can be found starting on page 61 of the current [HCA Physician-Related billing guide](#). The permanent rule is unchanged from the emergency rule that was issued in March. This rule identifies the providers and licensures that are capable of filling the BH team roles under the Collaborative Care model. The rule outlines the following:

- Expands the list of providers that can participate in the model, including SUD providers (Section 2c)
- Defines what it means to be a behavioral health care manager under the model (Section 3)
- Outlines the requirements to qualify as a billing provider (Section 4)
- Defines the elements necessary for the service to be billable as a Collaborative Care (Section 5)
- Creates a requirement that providers are subject to post pay review by HCA (Section 7)

Health & Behavior Codes

The Health Care Authority adopted a permanent rule on July 18th for Psychiatric physician related services and other professional mental health services. These rules are the result of a multi month stakeholder effort to remove outdated language and implement provisions of SB 5779 (legislation from 2018). The rule intends to remove barriers and restrictions for providers delivering integrated care. Current updates can be found on the HCA website and changes included in the rule are:

- Adding psychologists who work in conjunction with a prescribing provider to the list of providers who can bill for inpatient mental health services
- Changes the experience requirement for licensed mental health providers (other than psychiatrists and psychologists) who are billing outpatient services for clients 18 years or younger. The experience requirement is: 100 hours of specialized study of child development and treatment; a minimum of one year of supervised experience in the diagnosis and treatment of clients age 18 or younger; providers must be working under supervision of a professional who meets these criteria



As a resource for your integration efforts, the AIMS Center hosts 3 Office Hours that are available to everyone to support clinical integration.

- [Financing Office Hours](#)
- [Registry Office Hours](#)
- [Implementation Office hours](#)

