

What is it?

This code is for 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 health care professional.

How Is It Used in Behavioral Health?

Used when only a short amount of time is spent on behavioral health care management of a patient, such as when a patient is hospitalized or referred for specialized care.

Covered Services

- Initial or ongoing assessment by a behavioral health care manager
- Developing or updating the patient's behavioral health care plan
- Coordinating care with the treating physician
- Consulting with a psychiatric specialist about the patient
- Tracking patient progress in a registry or system
- Short follow-up calls or check-ins

Not covered:

- Face-to-face visits (covered under other codes)

Code Use in Rural Health Clinics and CCBHCs

- RHCs: Do not use this code if using G0512
- CCBHCs: May use code if not bundled in another code
- State Medicaid programs may vary

Authorized Users

- Clinical Psychologists
- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapists
- Licensed Professional Counselors

Key Tips

- Use when only a short amount of time (30 minutes) of work is spent on a patient.