

# Improving Access to Behavioral Health Care Through Integration

**Every American deserves access to mental health and substance use disorder treatment as an important part of their overall health and well-being.** Access to behavioral health care can help people manage and cope with mental health concerns, reducing the impact of these conditions on their daily lives. This can improve their ability to function in their work, relationships, and community, leading to a better quality of life.

Integrating behavioral health into other care settings is an important way to increase access for patients. The Collaborative Care Model (CoCM) is one best-practice, team-based approach to integrating care for whole-person health. This evidence-based model of integrated behavioral health care enhances primary care by adding two key components – care management and psychiatric consultation.

Collaborative care services are delivered by a team of experts made up of the treating practitioner (typically a primary care provider but may be another specialty), a behavioral health manager, and a psychiatric consultant.

Original Medicare reimburses for care delivered through the CoCM as do many commercial payers. Approximately 37 states currently support behavioral health integration (BHI) through reimbursement of the CoCM codes in their [Medicaid programs](#).

AHIP analyzed commercial claims (which includes employer-provided coverage and the individual market) data for 2018 and 2023 to identify if any trends emerged in use of and payment for the collaborative care and behavioral health codes.<sup>1</sup>

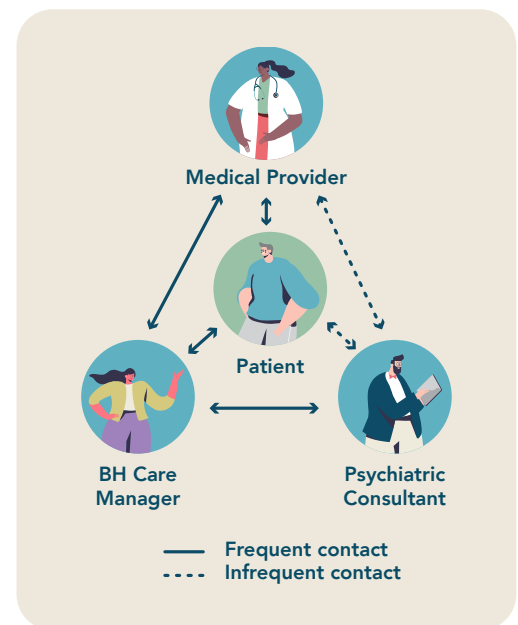
## Some key findings include:

1. Use of the CoCM and BHI codes in the commercial market has increased from 2018 to 2023.
2. Payment for the CoCM and BHI codes in the commercial market has increased from 2018 to 2023.
3. Payment for the CoCM and BHI codes in the commercial market is higher than Medicare payment for the same codes.

While commercial claims data shows continued growth in utilization and payment of the collaborative care and behavioral health codes, overall use of the codes is still relatively infrequent, suggesting that there is an opportunity for further growth.

**There are signs that CoCM and BHI use trends are increasing, and we are starting to understand why. Providers' use of CoCM and BHI codes likely increased due to:**

- Greater awareness of the existence of the codes.
- Greater awareness of the evidence base.
- More primary care doctors willing to take on behavioral health.
- Legislative efforts to promote integrated behavioral health.



<sup>1</sup> Certain data used in this study were supplied by Merative as part of one or more MarketScan Research Databases. Any analysis, interpretation, or conclusion based on these data is solely that of the authors and not Merative. AHIP analyzed the Merative MarketScan® commercial claims data for 2018-2023. Payments for CPT codes 99484, 99492, 99493, 99494, G2214, and G0323 have been calculated for all adjudicated claims excluding any claims with a negative or zero payment amount. The utilization statistics for these codes have been calculated by using the in-network, non-capitated claims with the payment > \$0 for plan members with full-year continuous enrollment.

For example, the Consolidated Appropriations Acts of 2022 and 2023 contained several provisions to promote BHI, including funding and technical assistance for integrated care implementation and outreach to providers on the availability of collaborative care and behavioral health reimbursement under Medicare.

**Providers' use of the CoCM and BHI codes in the commercial market increased significantly from 2018 to 2023 - on average, they were used 38 times more frequently in 2023.**

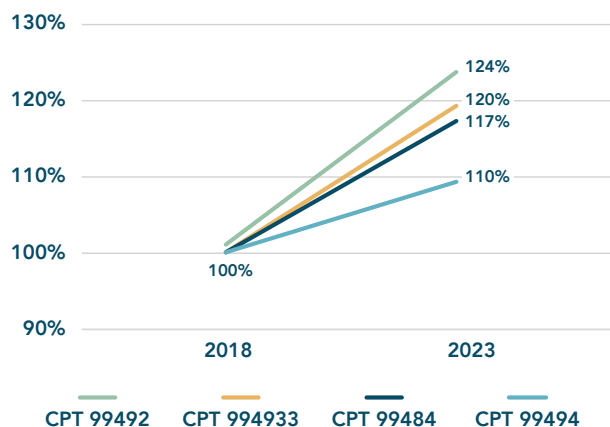
<b>INCREASED 21+ times</b> <b>Use of code 99492* Increased 21+ times</b> <small>*initial psychiatric collaborative care management, first 70 minutes in the month</small>	<b>INCREASED 56+ times</b> <b>Use of code 99494* Increased 56+ times</b> <small>*initial or subsequent psychiatric collaborative care management, additional 30 minutes in the month)</small>
<b>INCREASED 14+ times</b> <b>Use of code 99484* Increased 14+ times</b> <small>*care management services for behavioral health conditions, at least 20 minutes in the month</small>	<b>INCREASED 76+ times</b> <b>Use of code 99493* Increased 76+ times</b> <small>*subsequent psychiatric collaborative care management, 60 minutes in the month</small>
<b>INCREASED 3.5 times</b> <b>Use of code G2214* Increased 3.5 times</b> <small>*initial or subsequent psychiatric collaborative care management, first 70 minutes in the month, in consultation with a psychiatric consultant.</small>	<b>New in 2021</b>

The great majority of insurance claims with CoCM and BHI codes came from the medical providers whose specialties (internal medicine, family practice, pediatricians, etc.) indicate that they are most likely primary care providers (89% of all BHI claims in 2023).

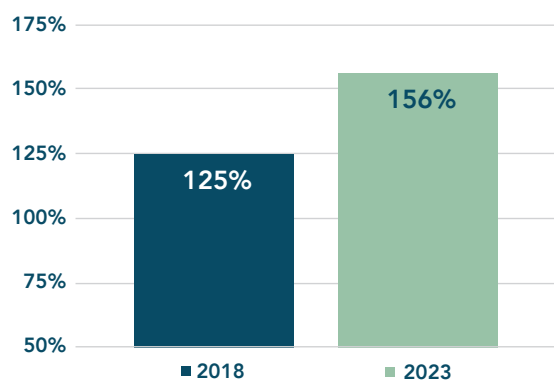
**Commercial health plans increased payments for the CoCM and BHI codes in 2018-2023 by an average of 18%.**

**Commercial payments for the collaborative care and behavioral health codes in 2018 and 2023 were significantly higher than Medicare payments.**

**Change in Commercial Payments for CoCM and BHI Codes, 2018-2023 (2018=100%)**



**Ratio of Commercial-to-Medicare Payments for CoCM and BHI Codes, 2018-2023\***



\*Calculated as the average payment ratio for the codes 99484, 99492, 99493, and 99494 in 2018 and 2023.

Health plans see firsthand the vital role behavioral health plays in overall health and are committed to working with their provider partners to promote whole-person care through behavioral health integration.

## ABOUT AHIP

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