OCTOBER 5
2025

SUMMARY ANALYSIS
CoCM Codes: Medicaid Fee-for-Service Reimbursement

CPT codes 99492 and 99493 are the primary and most frequently used CoCM codes. Therefore, states are grouped below based on the reimbursement levels of 99492 and 99493. States are also color-coded based on the reimbursement levels of 99492, 99493 and two other CoCM codes—99494 and G2214.

Green text indicates states that pay **at least 100%** of the Medicare rate for at least **99492** and **99493.**

Blue text indicates states that pay **at least 100%** of the Medicare rate for at least **one CoCM code.**

The current version of this document can be found here.

Details underlying this Analysis are available here.**

Group 1 • 20 States

States that pay 90% or more of the Medicare rate for 99492 or 99493:

Arizona	Iowa*	Missouri	North Carolina	Virginia
California	Kansas	Montana	Oklahoma	Washington
Connecticut	Kentucky	Nebraska	Tennessee	Wisconsin
Georgia	Maryland	New York	Texas	Wyoming

* Iowa lists two reimbursement amounts for each code, the higher of which is used here.

Group 2 • 8 States

States that pay at least 70–89% of the Medicare rate for 99492 or 99493 but less than 90% for both:

District of Columbia	Florida	Massachusetts	South Carolina	Vermont
	Hawaii	Nevada	Utah	

Group 3 • 6 States

States that pay below 70% of the Medicare rate for both 99492 and 99493:

Illinois	New Hampshire	Pennsylvania
Michigan	New Jersey	Rhode Island

Group 4 • 13 States

Reimbursement not present on Medicaid Fee Schedule for any CoCM code (i.e., 99492, 99493, 99494, or G2214):

Alabama	Indiana	Minnesota	Ohio	West Virginia
Alaska	Louisiana	Mississippi	Oregon	
Arkansas	Maine	North Dakota	South Dakota	

Group 5 • 4 States

Special Situations:

Colorado: Medicaid FFS is expected to soon provide reimbursement for CoCM codes.

Delaware: Almost all Medicaid members in Delaware have MCO plans.

Idaho: Reimburses only for G2214.

New Mexico: Reimburses only for G2214.

A. **This Analysis does not address:**
   i. **Code G0512, use of which is still required by Medicaid FFS in many states for FQHCs, RHCs, and/or CCBHCs, even though CMS has proposed that Medicare eliminate use of G0512 (which is a restrictive code) so that these providers can instead use 99492, 99493, 99494, and G2214 for Medicare patients.**
   ii. **Reimbursement by Medicaid MCOs, which do not post their reimbursement amounts.**
   iii. **Information about Medicaid FFS restrictions in many states regarding use of certain CoCM codes. For example, some states do not allow or limit use of 99494 and/or G2214 by all providers, and at least one state does not permit FQHCs and RHCs to use any CoCM code.**

B. **Medicaid reimbursement is based on Fee Schedules posted on state websites.**

C. **Medicare reimbursement is based on the non-facility rates at this link: Search the Physician Fee Schedule - CMS**

D. **Medicaid and Medicare reimbursement amounts are adjusted from time to time—please contact admin@mhtari.org if any information in this document appears to be incorrect.**

E. **The DISCLAIMER regarding this Analysis is available here.****

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