

Basic Coding for Integrated Behavioral Health Care

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Always check with your state and all payers to determine the necessary qualifications for the designated billing providers. Not all states or payers reimburse for every code.

Essential CPT Psychotherapy codes for the clinically licensed *BH Provider* (face-to-face only)

90791	Psychiatric evaluation without medical services
90832	16-37 minutes of psychotherapy with the patient
90834	38 – 52 minutes of psychotherapy with the patient
90837	53+ minutes of psychotherapy with the patient
90846	50 minutes of Family therapy (without patient present)
90847	50 minutes of Family therapy (with patient present)
90839	Crisis Psychotherapy first 60 minutes with the patient
90853	Group Therapy

Essential CPT codes for the *Psychiatric Provider* (face-to-face only)

90792	Psychiatric evaluation with medical services
99201-99205	EM codes for initial visit with medicine components
99211-99215	EM codes for follow up visits with medicine components

These psychotherapy codes can be added to E&M codes when applicable:

90833	16 – 37 minutes of individual psychotherapy
90836	38 – 52 minutes of individual psychotherapy
90838	53+ minutes of individual psychotherapy
90785	Psychotherapy Complex Interactive (list separately in addition to code for primary procedure)

BHI/Collaborative Care Model codes billed under the *Primary Care Provider*

99492	First 70 minutes in first calendar month of Collaborative Care Model (CoCM) services
99493	First 60 minutes in any subsequent calendar month of CoCM services
99494	Each additional 30 minutes in any calendar month of CoCM services
99484	A minimum of 20 minutes in one month for general BHI services

G Codes for FQHC/RHC Practices

G0512	Minimum 70 min initial month and 60 min subsequent months of CoCM services
G0511	20 or more minutes/month of General Care Management, including activities previously billed as Chronic Care Management (99490 or 99487)

SBIRT Brief Intervention CPT codes, billable by *multiple licensed providers*

99408 (Private)	} 15-30 minutes Full Screening and Brief Intervention for substance misuse
G0396 (Medicare)	
H0049 (Medicaid)	

99409 (Private)	} 30+ minutes Full Screening and Brief Intervention for substance misuse
G0397 (Medicare)	
H0050 (Medicaid)	

Screening Codes billable by *Primary Care Provider*

- G0444 Medicare Depression Screen – 15 minutes (except with G0438 Initial AWW)
- 96127 (Brief emotional /behavioral assessment) can be billed for a variety of screening tools, including the PHQ-9 for depression

Billing Rules for PHQ-9 Screening by Primary Care Provider

Medicare

- Reimbursed once/year
- No coinsurance or deductible for patient
- Variety of screens are reimbursable, PHQ-9 is recommended for ease of administration
- CPT code is G0444 – Depression Screen – 15 minutes
- Must have ability to provide patients who screen positive internal services or staff-supported referral to external services
- Eligible practices include primary care office, outpatient hospital, independent clinic, FQHC, and RHC

Other Health Plans

- CPT Code 96127 (brief emotional /behavioral assessment) can be billed for a variety of screening tools, including the PHQ-9 for depression, as well as other standardized screens for ADHD, anxiety, substance abuse, eating disorders, suicide risk
- For depression, use in conjunction with the ICD-10 diagnosis code Z13.89 (screening for depression)
- Reimbursed at \$6 per screen and can use up to 4 screening instruments per visit
- Can be billed for initial screen as well as monitoring response to treatment, so no limit on how often it can be billed.

Health and Behavior Codes

- Health and Behavior codes are for the psychosocial treatment of medical problems. In order to bill for these codes the primary diagnosis addressed in the intervention must be a physical health diagnosis, i.e. insomnia, heart disease, diabetes, psoriasis, etc.
- Excellent FREE tutorial at <https://www.apaservices.org/practice/reimbursement/billing/cpt/faq>

The University of Washington AIMS Center provides information about billing for integrated behavioral health based on our understanding of the rules and regulations from CMS and AMA CPT coding manuals. However, the AIMS Center does not employ Certified Professional Coders and we do not provide direct patient services. Final decisions about billing fall to the compliance department of each practice which bears full responsibility for use of the codes. The AIMS Center shall not be responsible or liable for any claim or damages arising from use of the information provided.

