

## Basic Coding for Integrated Behavioral Health Care

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 *Care Manager*:

- 90791: Psychiatric evaluation without medical services
- 90832: 16 – 37 minutes of individual counseling or family counseling (with or without patient)
- 90834: 38 – 52 minutes of individual counseling or family counseling (with or without patient)
- 90837: 53+ minutes of individual or family as above
- 90785: Psychotherapy Complex Interactive (list separately in addition to code for primary procedure)
- 90853: Group Therapy

### Essential CPT codes for the *Consulting 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

*EM codes can be combined with these counseling codes, if applicable:*

- 90832: 16 – 37 minutes of individual counseling or family counseling (with or without patient)
- 90834: 38 – 52 minutes of individual counseling or family counseling (with or without patient)
- 90837: 53+ minutes of individual or family, as above
- 90785: Psychotherapy Complex Interactive (list separately in addition to code for primary procedure)

### SBIRT Brief Intervention CPT codes, billable by *Care Manager and Psychiatric Consultant*:

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

### Screening Codes billable by *Primary Care Provider*:

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

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

- G0502: First 70 minutes in first calendar month of Collaborative Care Model (CoCM) services
- G0503: First 60 minutes in any subsequent calendar month of CoCM services
- G0504: Each additional 30 minutes in any calendar month of CoCM services
- G0507: A minimum of 20 minutes in one month for general BHI services

For more information about the Medicare BHI/Collaborative Care Model codes, see the AIMS Center [CMS BHI/CoCM Cheat Sheet](#).