Basic Coding for Integrated Behavioral Health Care  February 2019

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)
- 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

*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)

SBIRT Brief Intervention CPT codes, billable by multiple licensed providers

- 99408 (Private)
- G0396 (Medicare)
- H0049 (Medicaid)

15-30 minutes Full Screening and Brief Intervention for substance misuse

- 99409 (Private)
- G0397 (Medicare)
- H0050 (Medicaid)

30+ minutes Full Screening and Brief Intervention for substance misuse

Screening Codes billable by Primary Care Provider (see next page for more information)

- 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

- 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

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

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

For more information about the Medicare BHI/Collaborative Care Model codes, see the AIMS Center website at:

- [https://aims.uw.edu/updated-medicare-payment-cheat-sheet](https://aims.uw.edu/updated-medicare-payment-cheat-sheet)
- [http://aims.uw.edu/sites/default/files/CMS_FinalRule_FQHCs-RHCs_CheatSheet.pdf](http://aims.uw.edu/sites/default/files/CMS_FinalRule_FQHCs-RHCs_CheatSheet.pdf)

**Billing 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.

**Billing 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.