



Basic Coding for Integrated Behavioral Health Care Updated June 2024

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.

BHI/Collaborative Care Model codes billed under the *Treating Medical Provider*

- G2214 30 minutes in ANY month of Collaborative Care Model (CoCM) services
- 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+ minutes/month of General Care Management, including activities previously billed as Chronic Care Management (99490 or 99487)

CPT Psychotherapy codes for the clinically licensed *BH Providers*

- 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

CPT codes for the *Psychiatric Providers*

- 90792 Psychiatric evaluation with medical services
- 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)

Office-Based Treatment for Substance Use, billed under the *Treating Medical Provider*

- G2086 First 70 min. in the first calendar month of Office-Based Tx for Substance Use
- G2087 At least 60 min. in any subsequent month of Office-based Tx for Substance Use
- G2088 Additional 30 minutes beyond the first 120 minutes in any month of Tx

Inter-professional Telephone/Internet/EHR Consultations for *Consulting Psychiatrists*

These codes may be billed when more than 50% of the time is spent in medical consultative discussion, either verbally or online, and a verbal and written report provided to the treating provider.

99446	5-10 minutes	99448	21-30 minutes
99447	11-20 minutes	99449	31+ minutes

In addition, code 99451 may be billed when there is no direct discussion between the PCP and Psychiatric Consultant. More excellent information about these codes can be found Under “Codes to Know” at: <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Practice-Management/Coding-Reimbursement-Medicare-Medicaid/Coding-Reimbursement/APA-Billing-Guide-Interprofessional-Health-Record-Consultations-Codes.pdf>

Health Behavior Assessment and Intervention (HBAI) Codes for *BH Providers*

- HBAI codes (96156-96171) are for the psychosocial treatment of medical problems. To bill for these codes, the primary diagnosis addressed in the intervention must be a physical health diagnosis, e.g., insomnia, heart disease, diabetes, psoriasis, etc.
- <https://www.apaservices.org/practice/reimbursement/health-codes/billing-guide.pdf>
- <https://www.apaservices.org/practice/reimbursement/health-codes/descriptors.pdf>

SBIRT Brief Intervention Codes, billable by *multiple licensed providers (MD, RN, BH, etc.)*

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)		

- Billable providers vary by state and payer.

Screening Codes for Integrated Behavioral Health

G0444 – Medicare Depression Screen
96127 – brief emotional/behavioral assessment – any age
96110 – pediatric developmental screening
96127 – adolescent BH screening
96160 – post-partum OB risk assessment
96161 – caregiver health risk assessment



Health Equity Codes for *Physician and Non-Physician Practitioners*

- Caregiver Training Services (CTS) Codes (96202-96203, 97550-97552) are for involving one or more patient caregivers in a patient's individualized treatment plan or therapy plan of care without the patient present.
- Social Determinant of Health (SDOH) Assessment Code G0136 can be used once every six months for use of an evidenced based SDOH assessment for 5-15 minutes.
- Community Health Integration (CHI) Codes G0119 and G0022 can be used once a month after an initiating CHI visit by one individual, like a Community Health Worker, to provide tailored support and system navigation to support unmet social needs.
- Principle Illness Navigation (PIN) Service Codes (G0023, G0024, G0140, G0146) can be used for services provided by auxiliary staff incident to the medical billing practitioner with patients that have high-risk behavioral health conditions.
- Read more for clarification and details at:
 - <https://www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0>
 - <https://www.cms.gov/files/document/health-related-social-needs-faq.pdf>

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.

