FQHC Behavioral Health Billing Codes

Type of Service	Billing Code	It can be billed under:			Eligible Provider	Documentation	Time Requirement	Comments
		Medicaid	Medicare	Third Party				
Behavioral Health Assessment	90792	**X**	**X**	**X**	Psychiatric Prescribers only (MD, NP, PA, APRN)	Psychiatric diagnostic evaluation with medical services. Medical though process clearly reflected in assessment plan. (Add 90785 for complexity and interactive assessment).	No time requirement per CMS	Psychiatric diagnostic evaluation with medical services is an integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. Additional exam elements (pertinent to care) Prescription of medication or coordination of medications as part of medical care order/review of medical diagnostic studies – lab, imaging, and other diagnostic studies. 90792 applies to new patients or to patients undergoing reevaluation. Use this code only once per day regardless of the number of sessions or time that the provider spends with the patient on the same day. When the patient goes for a psychiatric diagnostic evaluation, report either 90791 (Psychiatric diagnosis evaluation) or 90792 (Psychiatric diagnostic evaluation with medical services). In the past, most payers would allow you to only report one unit of psychiatric diagnostic evaluation code per patient. Now, guidelines have been revised and payers will allow you to claim for more than one unit of 90791 or 90792 if the initial psychiatric diagnostic evaluations extend beyond one session, if the sessions are on different dates. An example of this extended evaluation would be when the psychiatrist is evaluating a child and will see the child with parents and in another session, evaluate the child independently. So, depending on medical necessity, you can claim for more than one unit of 90791 or 90792 when the psychiatrist performs the evaluation in more than one session spread over more than one day. When billing for Medicare, CMS will allow only one claim of 90791 or 90792 in a year. However, in some cases, depending on the medical necessity, Medicare might allow reimbursement for more than one unit of 90791 or 90792. A modifier is not allowed to override this relationship.
Behavioral Health Assessment	90791	**X**	**X**	**X**	Licensed Mental Health Provider (PsyD, PhD, LCSW, LMSW)	Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations. (Add 90785 for complexity and interactive assessment).	45 minutes recommended, no time requirement for CMS	No longer needs to be initial session for most payers. When the patient goes for a psychiatric diagnostic evaluation, report either 90791 (Psychiatric diagnosis evaluation) or 90792 (Psychiatric diagnostic evaluation with medical services). In the past, most payers would allow you to only report one unit of psychiatric diagnostic evaluation code per patient. Now, guidelines have been revised and payers will allow you to claim for more than one unit of 90791 or 90792 if the initial psychiatric diagnostic evaluations extend beyond one session, if the sessions are on different dates. An example of this extended evaluation would be when the psychiatrist is evaluating a child and will see the child with parents and in another session, evaluate the child independently. So, depending on medical necessity, you can claim for more than one unit of 90791 or 90792 when the psychiatrist performs the evaluation in more than one session spread over more than one day. When billing for Medicare, CMS will allow only one claim of 90791 or 90792 in a year. However, in some cases, depending on the medical necessity, Medicare might allow reimbursement for more than one unit of 90791 or 90792. A modifier is not allowed to override this relationship.
		X		**Varies**	Licensed Mental Health Provider (LAC, LCPC, LMFT)			
Behavioral Health Services	90832	**X**	**X**	**X**	Licensed Mental Health Provider (PsyD, PhD, LCSW, LMSW)	Diagnoses for therapy – reason for treatment, time of therapy (in minutes) that is face-to-face, method of therapy, assessment of symptoms, summary of therapy, identified goals and objectives for the therapy and the patient status with these, identified plan for return, homework and follow up, treatment planning, supervision as required by licensure level. (Add 90833 for behavioral medication or inclusion of collaterals)	Standard 30 min (16-37 min timeframe)	Psychotherapy is the treatment of mental illness and behavioral disturbance in which the physician or other qualified health care professional, through definitive therapeutic communication, attempts to alleviate emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage growth and development. All therapy services are time based and time must be documented within the record.
		X		**Varies**	Licensed Mental Health Provider (LAC, LCPC, LMFT)			

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Behavioral Health Services	90834	X	X	X	Licensed Mental Health Provider (PsyD, PhD, LCSW, LMSW)	Diagnoses for therapy – reason for treatment, time of therapy (in minutes) that is face-to-face, method of therapy, assessment of symptoms, summary of therapy, identified goals and objectives for the therapy and the patient status with these, identified plan for return, homework and follow up, treatment planning, supervision as required by licensure level. (Add 90833 for behavioral medication or inclusion of collaterals)	Standard 45 min (38-52 minute time frame)	Psychotherapy is the treatment of mental illness and behavioral disturbance in which the physician or other qualified health care professional , through definitive therapeutic communication, attempts to alleviate emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage growth and development.
		X		Varies	Licensed Mental Health Provider (LAC, LCPC, LMFT)			
Behavioral Health Services	90887	X	X	X	Psychiatric Prescribers only (MD, NP, PA, APRN)	Clearly document communication with collaterals	N/A suggested 15 minutes	Interpretation or explanation of medical evaluation or procedures or other data to collaterals and advising them.
Behavioral Health Services	90837	X	X	X	Licensed Mental Health Provider (PsyD, PhD, LCSW, LMSW)	Diagnoses for therapy – reason for treatment. time of therapy (in minutes) that is face-to-face, method of therapy, assessment of symptoms, summary of therapy, identified goals and objectives for the therapy and the patient status with these, identified plan for return, homework and follow up, signed and dated, supervision as required by licensure level. (Add 90838 behind behavioral medication or inclusion of collateral) (add 90785 - see description)	53 minutes or more	Can use multiple addons. Requires prior authorization from many payers.
		X		Varies	Licensed Mental Health Provider (LAC, LCPC, LMFT)			

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Behavioral Health Services	90839	**X**	**X**	**X**	Licensed Mental Health Provider (PsyD, PhD, LCSW, LMSW)	Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. (Add 90840 see description)	60 Minutes recommended 30-74 minutes may vary by state payer	The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high distress. All therapy services are time based and time must be documented within the record.
		X		**Varies**	Licensed Mental Health Provider (LAC, LCPC, LMFT)			
Behavioral Health Services	90840	**X**	**X**	**X**	Licensed Mental Health Provider (PsyD, PhD, LCSW, LMSW)	Must clearly indicate complexity	Use add on code with 90839 for each additional 30 minutes beyond the first 74 minutes	Can be in addition to therapy codes. This code is meant to add intensity, not time. Not a "difficult" patient but rather involves third parties such as correctional facilities, schools etc. Mandated reporting situations, nonverbal.
		X		**Varies**	Licensed Mental Health Provider (LAC, LCPC, LMFT)			
Behavioral Health Services	90795	**X**	**X**	**X**	Licensed Mental Health Provider (PsyD, PhD, LCSW, LMSW) Practitioners	Must document interactive complexity		Interactive complexity code 90785. Add on code to the code for a primary psychiatric service. May be reported, as appropriate, with 90791, 90792, 90832, 90833, 90894, 90896, 90853, 90837, 99201-99255, 99304-99337+I20 and 99341-99350. One of the following must exist during the session in order to report 90785; maladaptive communication (for example – high anxiety, high reactivity, repeated questions or disagreement), emotional or behavioral conditions inhibiting implementation of treatment plan; mandated reporting/event exists (for example abuse or neglect). Play equipment, devices, interpreter or translator required due to inadequate language expression or different language spoken between patient and professional. Not used for standard interpretation services.
		X		**Varies**	Licensed Mental Health Provider (LAC, LCPC, LMFT)			
General Behavioral Health Services	99484		**X**	**X**	Physicians, Certified Nurse-Wives, CN's, NP, PA Physicians, LCSW, PA, Clinical Psychologists, CNS, Medical Assistant under PCP	Document clear process of behavioral health services and care coordination	20 minutes per month, 15 by prescriber	Meant to cover care coordination and telephonic services for patients not included in collaborative care.
Chronic Care Management (case rate)	99490 non-complex CCM		**X**	**Varies**	Physicians, Certified Nurse-Wives, CN's, NP, PA	Document two or more chronic conditions, must document clear risk and care plan	20 minute of staff time	Non- face-to-face sessions performed by a healthcare professional for patients with two or more chronic conditions expected to last 12 months or more. Effective January 2018

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MONTANA HEALTHCARE FOUNDATION

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Chronic Care Management	99487		**X**	Varies	Prescriber In Training Practitioners	Document 2 chronic conditions lasting 12 months or more. Document risk/acuteness establishment or revision of care plan. Moderate or high decision making (medical). (+99489 for each 30 minutes of staff time)	60 mins staff time	Non- face-to-face sessions performed by a healthcare professional for patients with two or more chronic conditions expected to last 12 months or more. Effective January 2018.
Collaborative Care	99492		**X**	**X**	Physicians, Certified Nurse-Wives, CN's, NP, PA; Physicians, LCSW, PA, Clinical Psychologists, CNS, Medical Assistant under PCP	For establishment of and engagement in collaborative care	70 minutes per calendar month - assign 30 minutes of practitioner time	First month of collaborative care services. Must have all components of collaborative care: Care Manager, Consulting Psychiatrist, registry etc.
Collaborative Care	99493		**X**	**X**	Physicians, Certified Nurse-Wives, CN's, NP, PA; Physicians, LCSW, PA, Clinical Psychologists, CNS, Medical Assistant under PCP	Subsequent process of collaborative care	60 minutes per month -26 minutes of practitioner time.	Subsequent months of collaborative care. www.aims.wu.edu for additional information

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Collaborative Care Management (case rates)	**99494**		X	X	Physicians, Certified Nurse-Wives, CN's, NP, PA Physicians, LCSW, PA, Clinical Psychologists, CNS, Medical Assistant under PCP	Addon codes for each 30 minutes of collaborative care per month	30 minutes per calendar month - 13 minutes of practitioner time.	Evidence based model for identifying and treatment of depression and anxiety in primary care www.aims.wu.edu for additional information Must continue to document all components of collaborative care.
SBIRT codes	**G0396**		X	X	Physicians, Certified Nurse-Wives, CN's, NP, PA; Physicians, LCSW, PA, Clinical Psychologists, CNS, Medical Assistant under PCP	Alcohol and/or substance (other than tobacco) abuse structured assessment (for example, AUDIT, DAST) and brief intervention 15-30 minutes		These HCPCS G-codes (G0396 and G0397) allow for appropriate Medicare reporting and payment for alcohol and substance abuse assessment and intervention services, but only those services that are performed for the diagnosis or treatment of illness or injury. Medicare Contractors will consider payment for HCPCS codes G0396 and G0397 only. You cannot bill for a negative SBIRT because there is no intervention when the results are negative.
SBIRT codes	**G0397**			X	Physicians, Certified Nurse-Wives, CN's, NP, PA; Physicians, LCSW, PA, Clinical Psychologists, CNS, Medical Assistant under PCP	Alcohol and/or substance abuse (other than tobacco) structured assessment (for example, AUDIT, DAST) and intervention greater than 30 minutes		These HCPCS G-codes (G0396 and G0397) allow for appropriate Medicare reporting and payment for alcohol and substance abuse assessment and intervention services, but only those services that are performed for the diagnosis or treatment of illness or injury. Medicare Contractors will consider payment for HCPCS codes G0396 and G0397 only. You cannot bill for a negative SBIRT because there is no intervention when the results are negative.
SBIRT (note depression Dx excluded) **NOT THRESHOLD VIST TYPE**	**99408**	Not above PPS rate	X G0396/ G0397	TBD		Denote start/stop time or total face-to-face time with the patient (because some SBIRT Healthcare Common Procedure Coding System [HCPCS] codes are time-based codes). Document the patient's progress, response to changes in treatment, and revision of diagnosis. Document the rationale for ordering diagnostic and other ancillary services, or ensure it can be easily inferred. For each patient encounter, document: assessment, clinical impression, and diagnosis date and legible identity of observer/provider, physical examination findings and prior diagnostic test results, plan of care, reason for encounter and relevant history. Identify appropriate health risk factors. Include documentation to support all codes reported on the health insurance claim. Make past and present diagnoses accessible for the treating and/or consulting physician	15 Minutes	Must cover all components of screening, brief intervention, referral and treatment. Can be used with an EM code. Need to review prior to using codes, may be more beneficial to use EM or BH code. Time spent performing the evaluation management services cannot be counted for the 15 minutes of the codes. For positive codes but less than 15 minutes consider 99420.

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Medical Team Conference	99366		**x**	**Varies**		Medical team conference with interdisciplinary team of health care professionals with patient or family present - non physician	30 minutes or more	
Medical Consultation Medical Team Conference	99367		**x**	**Varies**	Health Care Professionals	Medical team conference with interdisciplinary team of health care professionals: face-to-face, physician present	30 minutes or more	Minimum of three health professionals. Physician must be present.
Medical Consultation Medical Team Conference	99368		**x**	**Varies**		Medical team conference with interdisciplinary team of health care professionals - patient or family not present - non physician	30 minutes or more	Minimum of three health professionals. Bundled code with services they are incident to.
Medical Consultation Medical Team Conference	99369		**x**	**Varies**				Bundled code with services they are incident to.
Multifamily Groups Not threshold visit	90849	**x**		Need to include in contract with payer	Licensed Mental Health Provider (PsyD, PhD, LCSW, LMSW, LAC, LCPC, LMFT)	The therapist provides multiple family group psychotherapy by meeting with several patients' families together. This is usually done in cases involving similar issues. The session may focus on the issues of the patient's care needs and problems. Attention is also given to the impact the patient's condition has on the family. This code is reported once for each family group present.	Recommended 60 minutes	Will often be included in contracts if requested. Medicare is suspicious of group therapy not meeting medical necessity (not tailored to meet the individual patients). Some of these are approved because they have to observe and adjust the patients interactions with family members [90846,90847], but as an example in the attached they indicate that generally 90849 is not covered.
Family Therapy without patient present	90846	**x**	**x**	Need to include in contract with payer	PsyD, PHD, LCSW, LMSW, LAC, LCPC, LMFT	The documentation must focus on the family dynamics and interactions or for subset of family. Use CPT codes for BH services (eg.90832) for occasional involvement of family members	Must be at least 26 minutes	Medicare is suspicious of group therapy not meeting medical necessity (not tailored to meet the individual patients). Some of these are approved because they have to observe and adjust the patients interactions with family members [90846,90847], but as an example in the attached they indicate that generally 90849 is not covered.
Family Therapy with patient present	90847	**x**	**x**	Need to include in contract with payer	PsyD, PHD, LCSW, LMSW, LAC, LCPC, LMFT	The documentation must focus on the family dynamics and interactions or for subset of family. Use CPT codes for BH services (eg.90832) for occasional involvement of family members	Must be at least 26 minutes	Will often be included in contracts if requested. The interactive complexity code can be added to this service for the specific patient for whom this issue applies. The +90785 is the add on code for this and the documentation in the specific patient record would need to reflect this component of care. Medicare is suspicious of group therapy not meeting medical necessity (not tailored to meet the individual patients). Some of these are approved because they have to observe and adjust the patients interactions with family members [90846,90847], but as an example in the attached they indicate that generally 90849 is not covered.

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Group Therapy	90853	**X**	**X**	**X**	Licensed Mental Health Provider (PsyD, PhD, LCSW, LMSW, LAC, LCPC, LMFT)	The psychiatric treatment provider conducts psychotherapy for a group of several patients in one session. Group dynamics are explored. Emotional and rational cognitive interactions between individual persons in the group are facilitated and observed. Personal dynamics of any individual patient may be discussed within the group setting. Processes that help patients move toward emotional healing and modification of thought and behavior is used, such as facilitating improved interpersonal exchanges, group support, and reminiscing. The group may be composed of patients with separate and distinct maladaptive disorders or persons sharing some facet of a disorder. (Add 90185 - see description)	Recommended 45-90 minutes	Used to document behavioral health group treatment for behavioral health disorder. For therapy other than multifamily groups. Generally, only reimbursed once per day. Each group member billed individually.
Psych Testing	96101	**X**	**X**	**X**	Psychologists or Prescribers	Psychological testing documentation of emotional ability, personality, psychopathology	Per hour	Includes face-to-face and preparing reports e.g. MMPI, WAIS etc.
Psych Testing	96102	**X**	**X**	**X**	Everyone on Health Care Team	Psychological testing documentation of emotional ability, personality, psychopathology	Per hour of technician time	Health care professional provides the face-to-face time and interpretation
Psych Testing	96103	**X**	**X**	**X**	Provided at computer	Psychological testing documentation of emotional ability, personality, psychopathology	N/A	Testing by computer with qualified health care professional to interpret and report.
Screening (Not a threshold visit)	96127	Not above PPS rate	G0444	**Varies**	MD, NP, PA, PsyD, PHD, LCSW, LMSW, LCPC, LMFT, Any health professional	GO444 used for PHQ2 Tool must be recorded in record.	Tool included in record No time	Often used as part of preventive medicine - example, PEDS visit in primary care with another EM code Screening is required as part of annual wellness visit (AWV) but is not billable so cannot use code, can use code 1 time yearly outside of an AWV Can only use one of these codes per visit .
			G8510			G8510 used for PHQ9 with score <10 Tool must be recorded in record.		
			G8431			G8431 used for PHQ9 with score ≥ 10 Tool must be recorded in record.		
Screening (Not a threshold visit)	96110	Not above PPS rate	**X**	**Varies**	MD, NP, PA, PsyD, PHD, LCSW, LMSW, LCPC, LMFT any health professional	Tool must be recorded in record. ASQ ASQ-SE PSC Vanderbilt MCHAT	Tool included in record No time	Often used as part of preventive medicine - example, PEDS visit in primary care with another EM code Almost all third party reimburses (possibly after adding to contract)

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Screening (note depression Dx excluded) **NOT THRESHOLD VIST TYPE**	H0049 /50	Not above PPS rate	G0442	**TBD**	Any health professional	Tool must be recorded in record DAST CAGE ORT	Tool included in record No time	Often used as part of preventive medicine - example, PEDS visit in primary care with another EM code
Health and Behavior Assessment **NOT THRESHOLD VIST TYPE**	96150 H0031	**X**	**X**	**X**	Psychologists Only 96150 Health and behavior assessment codes may not be used for physician (example: medical doctor, nurse practitioner, physician assistant, clinical nurse practitioner) or clinical social worker services.	Medical records must document the specific underlying medical problem. Health and behavior assessment normally will be performed in an office or facility setting.	15 Minutes	Depression Diagnosis Excluded. Not a threshold visit. CPT codes 96150 - 96154 represent services offered to patients who present with established illness or symptoms, the purpose of the assessment is not for the diagnosis or treatment of mental illness, and may benefit from evaluations that focus on the biopsychosocial factor related to the beneficiary's physical health status. Physician's must bill health and behavior assessment and/or intervention services with an evaluation and management or preventive medicine service codes.
Health and Behavior Follow up	96151 68539	**X**	**X**	**X**	Psychologist Only 96151	Health and behavior reassessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires). Must document medical problem.	15 Minutes	First month of collaborative care services. Must have all components of collaborative care: Care Manager, Consulting Psychiatrist, registry etc.
Health and Behavior Follow Up	96152	**X**	**X**	**X**	Psychologist Only	Health and behavior assessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires). Must document medical problem.		Face-to-face with individual. Not a threshold visit.

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Health and Behavior Group	96153	**X**	**X**	**X**	Psychologist Only 96153	Health and behavior assessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires). Must document medical problem.	15 minutes	2 or more individuals must participate.
Health and Behavior with Patient Present	96154		**X**	**X**	Psychologist Only 96154	Health and behavior assessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient and family	15 minutes	Not a threshold visit. Face-to-face with family and collaterals present.
Health Prevention	99401	**X**	**X**	**Varies**	Psychologist Only	Risk reduction and efforts, behavior change, modality and efforts. Notes contain orders. Description of status. Comprehensive discussion of findings and counselling	15-minute increments	Modifier 25 allows for same day visit
Prescription of medication	99213-4 E and M codes	**X**	**X**	**X**	Psychiatric Prescribers only (MD, NP, PA, APRN)	Patient/support staff can document the following that must be confirmed by the provider: chief complaint (CC), past medical history (PMH), medications (PMH), allergies (and reactions), social history (SH), family history (FH), review of systems (ROS), providers must document history of present illness (HPI), exam and medical decision making/plan.	No time recommended greater than 10 minutes	Must follow EM documentation guidelines for office visit.
Nursing Medication prescription (Mental Health) Medication reconciliation done by RN	99211	**X**	**X**	**X**	RN Only	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services	No time recommended greater than 10 minutes	Primarily used when RN is part of care team providing education and support services
Nursing Care Management and Nursing Visits NOT THRESHOLD VISIT TYPE MONTHLY RATE	Nursing Visits 99211	**X**	**X**	**X**	RN Only	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	No time recommended greater than 10 minutes	Primarily used when RN is part of care team providing education and support services
Telephone Services	99441 99442 99443		**X**	**Varies**	Any Provider on Care Team	Must document education and support services by physician or any other qualified health care person to establish patient	99441 - 10 mins 99442- 11-20 mins 99443 - 21 - 30 mins	Must be for services on established patient and must be for services within 7 days of visit or leading to services or procedure within the next 24 hours.

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