

MENTAL HEALTH SERVICES BILLING GUIDE

Adult Screening and Intervention for Small Practices



Payer(s)	Provider Types	Services	Rate/ CPT / HCPCS Codes	Description	Diagnosis	Service Frequency	Estimated Fee Schedule
Screening Services - Medicare							
Medicare and Medicare Advantage	MD, PA, RN	Depression screening (Anxiety, attention-deficit hyperactivity disorder [ADHD])	99201-99205	Evaluation and management of new patients	Z13.89; Z13.9 (Depression, anxiety, ADHD, alcohol use)	Every 12 months	\$51.07 - \$237.13 \$23.41 - \$165.44 \$19.36 - \$21.39
			99212-99215	Evaluation and management of established patients			
			G0444	Annual depression screening, 15 minutes			
Screening Services - Medicaid							
Medicaid and Medicaid Managed Care	MD, PA, RN, LCSW/ LMSW	Depression screening (Anxiety, attention-deficit disorder [ADD])	99201-99205	Evaluation and management of new patients	Z13.89; Z13.9 (Depression, anxiety, ADHD, alcohol use)	Every 12 months	\$22.74 - \$75.80 \$15.60
			99212-99215	Evaluation and management of established patients			
			G8431	Screening for depression: positive results			
			G8510	Screening for depression: negative results			
		Alcohol and/or drug screening	H0049	Alcohol and/or drug screening			\$24.00
		Substance use and abuse screening	G0442	Annual alcohol misuse screening, 15 minutes			\$19.36 - \$21.39
Screening Services - Most Commercial Plans							
Most commercial plans*	MD, PA, RN, LCSW/ LMSW	Evaluation and management	99401-99404 (PCP)	Evaluation and management of new and established patients	Z13.89; Z13.9 (Depression, anxiety, ADHD, alcohol use)	Frequency varies with member's health benefit plan	Varies with member's health benefit plan
		Alcohol screening	99408	Alcohol use, brief intervention, 15 to 30 minutes			
			99409	Alcohol use, brief intervention, >30 minutes			
Intervention: Psychotherapy - Medicare							
Medicare and Medicare Advantage	MD, PA, RN, LCSW/ LMSW	Psychotherapy	90832 90833*	Psychotherapy, 30 minutes	F32.2 (Depression); F41.8 (Anxiety); F90.1 (ADHD); F10.1, F10.159 (Alcohol use)	Based on member's plan benefits and documented medical necessity	\$66.28 - \$70.51
			90834 90836*	Psychotherapy, 45 minutes			\$88.15 - \$92.82
			90837 90838*	Psychotherapy, 60 minutes			\$132.52 - \$140.94
		Follow-up: substance use and abuse	G0396	Assessment and brief intervention, 15 to 30 minutes			
			G0397	Assessment and brief intervention, >30 minutes			

Payer(s)	Provider Type(s)	Services	Rate/CPT/HCPCS Codes	Description	Diagnosis	Service Frequency	Estimated Fee Schedule
Interventions: Psychotherapy – Medicaid							
Medicaid and Medicaid Managed Care	MD, PA, NP, LCSW/ LMSW	Follow-up: treatment plan with patient	90832	Psychotherapy, 30 minutes	F32.2 (Depression); F41.8 (Anxiety); F90.1 (ADHD); F10.1-F10.159 (Alcohol use)	Individual sessions must have at least 30 minutes of contact time between provider and patient; medical necessity must be documented	\$52.72
			90834	Psychotherapy, 45 minutes			\$70.39
			90837	Psychotherapy, 60 minutes			\$105.07
			H0050	Alcohol and drug, brief intervention, 15 minutes			\$24.00
Interventions: Psychotherapy – Most Commercial Plans							
Most commercial plans*	MD, PA, RN, LCSW/ LMSW	Follow-up: treatment plan with patient	90832	Psychotherapy, 30 minutes	F32.2 (Depression); F41.8 (Anxiety); F90.1 (ADHD); F10.1, F10.159 (Alcohol use)	Based on member's plan benefits and documented medical necessity	Check with member's plan benefits for fees, EP requirements and billing policies
			90834	Psychotherapy, 45 minutes			
			90837	Psychotherapy, 60 minutes			
Pharmacology: Medication Management – Medicare, Medicaid and Commercial Plans							
Medicare, Medicaid FFS and Advantage Plans	LCSW	Pharmacologic Management	+90863**	Medication review	F32.2 (Depression); F41.8 (Anxiety); F90.1 (ADHD); F10.1, F10.159 (Alcohol use)		\$32.74
	PCP		99201-99215				Subject to current contracted fee schedule
Collaborative Care Model – Medicare							
Medicare (FFS) and Medicare Managed Care			G0444	Annual depression, 15 minutes	Z13.89; Z13.9 (Depression, anxiety, ADHD, alcohol use)		
			G0502	First 70 minutes in the first calendar month			
			G0503	60 minutes in subsequent calendar months			
			G0504	Each additional 30 minutes			

Billing reminders for pages 1-2:

Maternal depression: Append modifier HD to G8431/G8510.

Managed Care (MCO) (Advantage Plans): Fee schedules vary and are subject to provider contractual agreements.

Commercial plan benefits: Fee schedule and policies may vary among payers for behavioral health services. Providers are encouraged to check with the member's plan for greater details.

***Psychotherapy services** are provided with a qualified evaluation and management service.

****Medication management:** +90863 (not recognized by Medicare) provided by a PCP, bill using an evaluation and management code 99212-99214.

Medication management: +90863 when provided in addition to a psychotherapy session on the same day; use in conjunction with (90832,90834 and 90837).

ICD-10 codes (medical necessity): It is the responsibility of the provider to code to the highest level specified in the ICD-10 CM. Code listed above is not a guarantee of coverage for service.

Modifiers: It is suggested to Append modifier AJ to procedure codes when provided by LMSW.

Evaluation and management service provided by a PCP on the same day as a psychotherapy service provided by LCSW/LMSW and paid as separate and distinct services.

Resources:

eMEDNY: emedny.org/providermanuals/physician/pdfs/physician_procedure_codes_sect2.pdf

CMS: cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html
cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R139NCD.pdf

Behavioral Health Integrated and Care Management Services for Large Practices

Payer(s)	Provider Types	Services	Codes	Description	Diagnosis	Service Frequency	Non-Facility	Facility Fees
Medication Management – Medicare, Medicaid and Commercial Plans								
Medicare and Medicare Advantage	MD, PA, NP, CNS	Medicare welcome visit	G0402 G0468**	Initial preventative physical examination (IPPE)	Z00.00 - Z00.01	Within the first 12 months per newly enrolled beneficiary	\$194.63	\$146.98
		Medicare annual welcome visit (initial)	G0438 G0468**	Annual wellness visit (AWV) (Personalized prevention plan [PPP] initial)	Z00.00 - Z00.01	Once every 12 months	\$200.69	\$200.69
		Medicare annual welcome visit (subsequent)	G0439 G0468**	AWV (PPP follow up)			\$136.81	\$136.81
Screening services – Medicare								
Medicare and Medicare Advantage	MD, PA, NP, CNS, CNW, CP, CSW	Depression screening, alcohol screening	G0444	Annual depression screening	Z13.89; Z13.9 (<i>Depression, anxiety, ADHD, alcohol use</i>)	Once every 12 months	\$19.36 - \$21.39	\$10.12 - \$10.99
			G0442	Annual alcohol screening (15 minutes)			\$19.36 - \$21.39	\$10.12 - \$10.99
Screening services – Medicaid								
Medicaid and Medicaid Advantage	MD, PA, NP, CNS, CNM, LCSW/ LMSW	Depression screening (<i>Anxiety, ADD</i>)	99201-99205	Evaluation and management new patients	Z13.89; Z13.9 (<i>Depression, anxiety, ADHD, alcohol use</i>)	Once every 12 months	\$15.60	\$15.60
			99212-99215	Evaluation and management of established patients				
			G8431	Screening for depression: positive results				
			G8510	Screening for depression: negative results				
		Alcohol screening	H0049	Alcohol and/or drug screening Alcohol misuse screening, 15 minutes		Two screenings per year; no prior authorizations needed	\$24.00	\$15.00
Collaborative Care Model (CoCM) and BHI Services (effective January 1, 2018) FQHCs								
Medicare and Medicare Advantage	MD, PA, NP, CNS, CNM	Care management/ behavioral health services	G0511	General care management - 20 minutes per calendar month	Z13.89; Z13.9 (<i>Depression, anxiety, ADHD, alcohol Use</i>)	E/M, IPPE, AWV must be provided within 12 months prior to CCM/BHI (incident to services)	\$62.28	
	MD, PA, NP, CNS, CNM	Psychiatric CoCM	G0512	Behavioral health services - 60 minutes per calendar month			\$145.08	

Payer(s)	Provider Types	Services	Codes	Description	Diagnosis	Service Frequency	Non-Facility	Facility Fees
Psychotherapy and Intervention Services								
Medicare and Medicare Advantage	MD, PA, RN, LCSW/ LMSW	Follow-up: treatment plan with patient	90832 90833*	Psychotherapy, 30 minutes	F32.2 (Depression); F41.8 (Anxiety); F90.1 (ADHD); F10.1, F10.159 (Alcohol use), Z71.41, (Alcohol abuse counseling); Z71.51 (Drug abuse counseling)	Based on care plan and documented medical necessity	\$66.28 - \$70.51	\$65.51 - \$69.65
			90834 90836*	Psychotherapy, 45 minutes			\$69.20 - \$74.25	\$68.44 - \$73.38
			90837 90838*	Psychotherapy, 60 minutes			\$88.15 - \$93.85	\$87.38 - \$92.98
			G0396	Assessment and brief intervention, 15 to 30 minutes			\$93.33 - \$93.48	\$86.56 - \$92.61
			G0397	Assessment and brief intervention, >30 minutes			\$132.29 - \$140.94	\$131.52 - \$140.08
			G0443	Brief alcohol misuse counseling; 15 minutes			\$115.26 - \$123.51	\$114.49 - \$122.64
Medicare and Medicare Advantage	MD, PA, RN, LCSW/ LMSW	Follow-up: treatment plan with patient	90832 90833*	Psychotherapy, 30 minutes	F32.2 (Depression); F41.8 (Anxiety); F90.1 (ADHD); F10.1, F10.159 (Alcohol use), Z71.41, (Alcohol abuse counseling); Z71.51 (Drug abuse counseling)	Based on care plan and documented medical necessity	\$52.72	\$52.72
			90834 90836*	Psychotherapy, 45 minutes			\$54.26	\$54.26
			90837 90838*	Psychotherapy, 60 minutes			\$70.39	\$70.39
			H0050	Alcohol and drug, brief intervention, 15 minutes			\$68.35	\$68.35
							\$105.07	\$105.07
							\$90.52	\$90.52

Billing reminders for pages 3-4:

Maternal depression screening: Medicaid requires appending modifier HD to HCPCS codes G8431/G8510 postpartum depression screening when documented as positive or negative, with a follow-up plan.

Depression/alcohol screening service: May be billed in conjunction with annual wellness visit.

***Psychotherapy services:** 90833, 90836 and 90838 are used as an add-on service when performed on the same day with an evaluation and management service by a qualified physician.

Evaluation and management (E/M): FQHC new or established patient if qualifying medical and mental health visit is provided on the same day, it can be billed separately.

Medical necessity: It is the responsibility of the provider to code to the highest level specified in the ICD-10CM. Codes listed above based on CMS coverage guidelines.

Incident to: CMS defined as those services that are furnished incident to a physician's professional services, in a physician's office "under supervision."

Medication management: Use +90863 in conjunction with 90832, 90834 and 90837 as an add-on service code.

Collaborative care management (FQHCs): Effective January 1, 2018. General BHI can be billed by adding G0511 (formerly 99490) to claim, either alone or with other payable services.

****Qualifying FQHC visits** medically necessary face-to-face encounters; G0467 or G0468 new or established may be reported in addition to psychotherapy/behavioral change counseling.

Resources:

- [emedny.org/providermanuals/physician/pdfs/physician_procedure_codes_sect2.pdf](https://www.emedny.org/providermanuals/physician/pdfs/physician_procedure_codes_sect2.pdf)
- [emedny.org/ProviderManuals/ClinicalPsych/PDFS/Clinical_Psychology_Fee_Schedule.pdf](https://www.emedny.org/ProviderManuals/ClinicalPsych/PDFS/Clinical_Psychology_Fee_Schedule.pdf)
- [cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se0441.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se0441.pdf)
- [cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10175.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10175.pdf)
- [aims.uw.edu/sites/default/files/CMS_FinalRule_FQHCs-RHCs_CheatSheet.pdf](https://www.aims.uw.edu/sites/default/files/CMS_FinalRule_FQHCs-RHCs_CheatSheet.pdf)
- [emedny.org/ProviderManuals/Physician/index.aspx](https://www.emedny.org/ProviderManuals/Physician/index.aspx)
- [cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf)

