



Integrated Behavioral Health Coding Guidelines (Created September, 2017 – Updated March 2020)

This information was drafted by behavioral health leaders interested in supporting optimal billing for behavioral health services in integrated primary care settings, and does not guarantee coverage or payment. Please verify the information provided with health plans, CCOs and other payers.

Counseling, Risk Factor Reduction, and Behavior Change Intervention Codes

Preventive Medicine Counseling, Individual

| Code | Service | Time/ Unit | Description | Required Documentation | Permissible Diagnosis Examples | Tips/Guidelines | RVUs | Medicare | Oregon Medicaid |
|-------|---|------------|--|---|---|---|------|-----------------|-----------------|
| 99401 | Counseling for Risk Factor Reduction and Behavior Change Intervention provided to an individual | 15 minutes | The purpose of the visit must be promoting health and/or preventing illness or injury. Counseling on family problems, diet and exercise, substance abuse, sexual practices, injury prevention, dental health, and diagnostic and laboratory test results available at the time of the encounter. | Extent of counseling or risk factor reduction intervention must be documented in the patient chart to qualify the service based on time | Non-specific symptoms. Examples: anxiety, insomnia, substance use, fatigue, relationship problem, worries, unhappiness, behavior problems | Examples: Discussion of the use of condoms/contraception, wearing a seat belt, relapse prevention, weight loss strategies, increasing physical activity, discussing sibling discord | 0.48 | No ¹ | Yes |
| 99402 | | 30 minutes | | | | | 0.98 | No ¹ | Yes |
| 99403 | | 45 minutes | | | | | 1.46 | No ¹ | Yes |
| 99404 | | 60 minutes | | | | | 1.95 | No ¹ | Yes |

Preventive Medicine Counseling, Group

| Code | Service | Time/ Unit | Description | Required Documentation | Permissible Diagnosis | Tips/Guidelines | RVUs | Medicare | Oregon Medicaid |
|-------|--|------------|---------------|------------------------|-----------------------|-----------------|------|----------|-----------------|
| 99411 | Preventive medicine counseling or risk factor reduction intervention(s) provided to individuals in a group setting | 30 minutes | Same as above | Same as above | Same as above | Same as above | 0.15 | No | Yes |
| 99412 | | 60 minutes | | | | | 0.25 | No | Yes |

| Health Behavior Assessment and Intervention (HBAI) Codes (NEW – Starting January 1, 2020) | | | | | | | | | |
|---|---|--|--|---|--|---|------|------------------|-----------------|
| Code | Service | Time/Unit | Description | Required Documentation | Permissible Diagnoses | Tips/Guidelines | RVUs | Medicare | Oregon Medicaid |
| 96156 | Assessment or re-assessment (previously 96150 - Initial Assessment & 96151 - Re-assessment) | Assessment services are now event-based and 96156 is billed <u>only once per day regardless of the amount of time required to complete the overall service</u> | Health behavior assessment or re-assessment (e.g., health-focused clinical interview, behavioral observations, clinical decision making) | Domains assessed, results of assessment, recommendations for interventions; how above is impacting physical health conditions | Medical diagnoses only; Medical record must document the specific underlying medical problem | Do not report on the same day as psychiatric services (90785-90899) or adaptive behavior services (97151-97158, 0362T, 0373T). For patients that require those services as well as HBAI, report the predominant service performed. Evaluation and Management (E&M) services codes, including counseling risk factor reduction and behavior change intervention (99401-99412), should not be reported on the <u>same day</u> as HBAI codes <u>by the same provider</u> . | 2.10 | Yes ² | Yes |
| 96158 | Individual Intervention (previously 96152) | First 30 minutes of service. Do not report 96158 for less than 16 minutes of service | Health behavior intervention, individual, face-to-face; initial 30 minutes | Physical health condition factors are impacting; intervention delivered | Medical diagnoses only; Medical record must document the specific underlying medical problem | | 1.45 | Yes ² | Yes |
| 96159 (Add-On Code) | <i>Only report add-on code 96159 in conjunction with 96158</i> | Each additional 15 minutes of service. Do not report 96159 for less than 8 minutes of service | Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service) | | | | 0.5 | Yes ² | Yes |

| Health Behavior Assessment and Intervention (HBAI) Codes (Continued...) | | | | | | | | | |
|---|--|---|--|---|--|--|------|------------------|-----------------|
| Code | Service | Time/Unit | Description | Required Documentation | Permissible Diagnoses | Tips/Guidelines | RVUs | Medicare | Oregon Medicaid |
| 96164 | Group Intervention (previously 96153) | First 30 minutes of service. Do not report 96164 for less than 16 minutes of service | Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes | Physical health condition factors are impacting; intervention delivered | Medical diagnoses only; Medical record must document the specific underlying medical problem | 96164 and 96165 can only be billed for <u>groups of 2 or more patients and are billed for each individual patient.</u> | 0.21 | Yes ² | Yes |
| 96165 (Add-On Code) | <i>Only report add-on code 96165 in conjunction with 96164</i> | Each additional 15 minutes of service. Do not report 96165 for less than 8 minutes of service | Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) | | | Do not report on the same day as psychiatric services (90785-90899) or adaptive behavior services (97151-97158, 0362T, 0373T). For patients that require those services as well as HBAI, report the predominant service performed. E&M services codes, including counseling risk factor reduction and behavior change intervention (99401-99412), should not be reported on the <u>same day</u> as HBAI codes <u>by the same provider.</u> | | | |
| 96167 | Family Intervention <u>WITH</u> patient present (previously 96154 - Family Intervention) | First 30 minutes of service. Do not report 96167 for less than 16 minutes of service | Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes | Same as above | Same as above | In order to report these codes, the patient must be present. Do not report on the same day as psychiatric services (90785-90899) or adaptive behavior services (97151-97158, 0362T, 0373T). For patients that require those services as well as HBAI, report the predominant service performed. E&M services codes, including counseling | 1.55 | Yes ² | Yes |
| 96168 (Add-On Code) | <i>Only report add-on code 96168 in conjunction with 96167</i> | Each additional 15 minutes of service. Do not report 96168 for less than 8 | Health behavior intervention, family (with the patient present), face-to-face; | Same as above | Same as above | | 0.55 | Yes ² | Yes |

| Health Behavior Assessment and Intervention (HBAI) Codes (Continued...) | | | | | | | | | |
|---|--|---|--|------------------------|-----------------------|---|------|----------|-----------------|
| Code | Service | Time/Unit | Description | Required Documentation | Permissible Diagnoses | Tips/Guidelines | RVUs | Medicare | Oregon Medicaid |
| | | minutes of service | each additional 15 minutes (List separately in addition to code for primary service) | | | risk factor reduction and behavior change intervention (99401-99412), should not be reported on the <u>same day</u> as HBAI codes <u>by the same provider</u> . | | | |
| 96170 | Family Intervention <u>WITHOUT</u> patient present | First 30 minutes of service. Do not report 96170 for less than 16 minutes of service | Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes | Same as above | Same as above | Do not report on the same day as psychiatric services (90785-90899) or adaptive behavior services (97151-97158, 0362T, 0373T). For patients that require those services as well as HBAI, report the predominant service performed. Evaluation and Management (E&M) services codes, including counseling risk factor reduction and behavior change intervention (99401-99412), should not be reported on the <u>same day</u> as HBAI codes <u>by the same provider</u> . | 1.50 | No | Yes |
| 96171 (Add-On Code) | <i>Only report add-on code 96171 in conjunction with 96170</i> | Each additional 15 minutes of service. Do not report 96168 for less than 8 minutes of service | Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) | Same as above | Same as above | | 0.54 | No | Yes |

| Smoking and Tobacco Counseling | | | | | | | | | |
|--------------------------------|--|-------------------------|--|--|--|--|------|------------------|-----------------|
| Code | Service | Time/ Unit | Description | Required Documentation | Permissible Diagnosis Examples | Tips/Guidelines | RVUs | Medicare | Oregon Medicaid |
| 99406 | Smoking and tobacco use cessation counseling visit; intermediate | 3-10 minutes | Used only when counseling a patient on smoking cessation | What was discussed, including cessation techniques, resources, and follow-up; Time spent | Nicotine dependence; Personal history of nicotine dependence | 2 cessation attempts per 12-month period; maximum of 4 intermediate or intensive sessions per attempt (i.e., up to 8 sessions per 12-month period) | 0.24 | Yes ² | Yes |
| 99407 | | Greater than 10 minutes | | | | | 0.5 | Yes ² | Yes |

| Alcohol & Substance Services (SBIRT) | | | | | | | | | |
|--------------------------------------|---|-------------------------|---|--|-----------------|------|----------|-----------------|--|
| Code | Service | Time/ Unit | Description | Required Documentation | Tips/Guidelines | RVUs | Medicare | Oregon Medicaid | |
| 99408 (Medicare: G0396) | Alcohol and/or substance abuse structured screening and brief intervention services | 15-30 minutes | Must use a validated screening instrument; perform an intervention based on score on screening instrument | Must record the instrument used and the nature of the intervention | | 0.65 | Yes | Yes | |
| 99409 (Medicare: G0397) | | Greater than 30 minutes | | | | 1.3 | Yes | Yes | |

| Integrated Behavioral Health Care Management (monthly) | | | | | | | | | |
|--|---|---|---|---|--|--|------|------------------|--|
| Code | Service | Time/Unit | Description | Required Documentation | Permissible Diagnosis Examples | Tips/Guidelines | RVUs | Medicare | Oregon Medicaid Medical Plans ¹ |
| 99484 | Care management services for behavioral health conditions | 1 use/month; Greater than 20 minutes | Can be used for initial assessment or follow-up visits, including the use of applicable validated rating scales; care planning in relation to behavioral/ psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team. | Psychiatric/MH diagnosis; what transpired in the visit/case management that was completed during visit. | Any mental, behavioral health, or psychiatric conditions, including substance use disorders. | Will be paid only one time per calendar month. | 0.61 | Yes ² | Yes |

| Behavioral Health Screening | | | | | | | | | |
|-----------------------------|--|-----------|---|---|--|---|------|----------|-----------------|
| Code | Service | Time/Unit | Description | Required Documentation | Permissible Diagnosis Examples | Tips/Guidelines | RVUs | Medicare | Oregon Medicaid |
| 96110 | Developmental screening (milestone survey, speech & Language delay screen) | N/A | Administration and interpretation of developmental screening tool and recommendations provided to patient/family/provider based assessment; completed as part of a primary care visit | Screening tool and score/results; recommendations | Intellectual Disabilities, Communication Disorders, Autism Spectrum Disorders, Attention Deficit/ Hyperactivity Disorder, Specific Learning Disorder, Motor Disorders. | Used with pediatric patients only; Coverage depends on patient's age. Usually < 18. | 0 | No | Yes |

| Behavioral Health Screening (Continued...) | | | | | | | | | |
|--|--|-----------|---|---|--------------------------------|--|------|------------------|-----------------|
| Code | Service | Time/Unit | Description | Required Documentation | Permissible Diagnosis Examples | Tips/Guidelines | RVUs | Medicare | Oregon Medicaid |
| 96127 | Brief emotional/behavioral assessment (depression inventory, ADHD scale) | N/A | Should be used to report a brief assessment for ADHD, depression, suicidal risk, anxiety, substance abuse, eating disorders, etc. | Document the validated screening instrument used and follow up plan | | Can be used for depression screening for adolescents, alcohol and drug use in adolescents, and behavioral assessments in children and adolescents. | 0 | Yes ² | Yes |

| Diagnostic Evaluation | | | | | | | | | |
|-----------------------|-----------------------------------|--|--|--------------------------------|--|------|------------------|------------------|--|
| Code | Service | Description | Required Documentation | Permissible Diagnosis Examples | Tips/Guidelines | RVUs | Medicare | Oregon Medicaid | |
| 90791 | Psychiatric diagnostic evaluation | Visit with intention of doing a diagnostic assessment, diagnostic clarification, or a biopsychosocial assessment | The assessment concludes with documentation of a diagnosis, rationale for the diagnosis, and a written treatment plan supported by the assessment and interview data | Psychiatric diagnoses | The assessment identifies factors of mental illness, functional capacity, and gathers additional information used for the treatment of mental illness. Determination of a person's need for mental health services, based on the collection and evaluation of data obtained through interview and observation, of a person's mental history and presenting problem(s). If a person is not in need of mental health services, other disposition information, such as to whom the client was referred, shall be included in the client file. | 3 | Yes ² | Yes ³ | |

| Psychotherapy | | | | | | | | | |
|---------------|--|----------------------------|---|--|--------------------------------------|---|------|------------------|------------------|
| Code | Service | Time/ Unit | Description | Required Documentation | Permissible Diagnosis Examples | Tips/Guidelines | RVUs | Medicare | Oregon Medicaid |
| 90832 | Psychotherapy | 30 minutes (16-37) | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, face-to-face with the patient | Documentation should highlight therapeutic communication, attempts to alleviate the emotional disturbances or change maladaptive patterns of behavior and encourage personality growth and development | Psychiatric/ mental health diagnosis | Used for the treatment of mental illness and behavior disturbances in which the clinician establishes a professional contract with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development. For use with planned face-to-face, insight oriented therapy. | 1.5 | Yes ² | Yes ³ |
| 90834 | | 45 minutes (38-52) | | | | | 2 | Yes ² | Yes ³ |
| 90837 | | 60 minutes (53 or greater) | | | | | 3 | Yes ² | Yes ³ |
| 90846 | Family Psychotherapy without patient present | | With family/without patient present | Same as above | | May be excluded in some subscriber's contracts. For Medicare, restrictions in coverage apply around who can treat depending on their state scope of license for 90846 and 90847. | | Yes ² | Yes ³ |
| 90847 | Family Psychotherapy | N/A | With family and patient present | Documentation should highlight therapeutic communication with patient and family, related to therapeutic attempts to alleviate dynamics that impact the patient's condition, or reduce the impact the patient's condition has on the family. | Psychiatric/ mental health diagnosis | Restricted Coverage for Medicare (see above). Service provides psychotherapeutic intervention jointly with family members as they relate to the patient's treatment. Can include family dynamics that impact patient's condition, or how patient's condition impacts the family. Therapeutic intervention aimed at improving interaction between family members and patient including reviewing records, behavior, communication and decision-making regarding treatment and psychoeducation. | | Yes ² | Yes ³ |

| Group Psychotherapy | | | | | | | | |
|---------------------|-------------------------------------|-----------|---|--|-------------------------------------|--|------------------|------------------|
| Code | Service | Time/Unit | Description | Required Documentation | Permissible Diagnosis | Tips/Guidelines | Medicare | Oregon Medicaid |
| 90853 | Group Intervention | N/A | Psychotherapeutic interventions of several patients in one session. The group may consist of patients with different diagnosis but share similar facets of maladaptive emotional or behavioral functioning. | Documentation should include a description of the therapeutic intervention used to alleviate emotional, behavioral or other disturbance. Service must address treatment goals. Group therapy needs to be listed as an intervention in the individual service plan. | Psychiatric/mental health diagnoses | Focus of group psychotherapy is to assist patient's with solving emotional difficulties and to encourage personal growth and development. Max therapist/patient ratios = 1/8 | Yes ² | Yes ³ |
| 90849 | Multiple family group psychotherapy | N/A | Group therapy sessions for multiple families when similar familial dynamics are occurring due to a commonality of problems in the family member under treatment | | | Focus of intervention is to assist patients and their families with similar issues to meet face to face with clinician and assist in solving emotional difficulties and to encourage personal growth and development and improve their functioning skills. Max therapist/ patient ratios = 1/8 (total individuals) | Yes ² | Yes ³ |

| Psychotherapy for Crisis | | | | | | | | |
|--------------------------|--------------------------|----------------------|--|---|-------------------------------------|---|------------------|------------------|
| Code | Service | Time/Unit | Description | Required Documentation | Permissible Diagnosis Examples | Tips/Guidelines | Medicare | Oregon Medicaid |
| 90839 | Psychotherapy for crisis | First 30 -74 minutes | Used when psychotherapy services are provided to a patient who presents in high distress with complex or life-threatening circumstances that require urgent or immediate attention | Documentation highlights immediate emergency requiring crisis response, assessment of danger to self or others, interventions utilized, safety plan development, recommendations, referrals and follow up plans | Psychiatric/mental health diagnosis | Minimum of 30 minutes is required, up to the first 74 minutes | Yes ² | Yes ³ |
| 90840 | | + 30 minutes | | | | This code is used for each 30-minute unit after the initial 74 minutes. If service is under 30 minutes use 90832. | Yes ² | |

| Psychological Testing | | | | | | | | |
|-----------------------|------------------------------|--|---|---|--------------------------------------|---|------------------|------------------|
| Code | Service | Time/Unit | Description | Required Documentation | Permissible Diagnosis Examples | Tips/Guidelines | Medicare | Oregon Medicaid |
| 96116 | Neuro-behavioral Status Exam | First 31 -60 minutes | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report. | Include test performed, scoring and interpretation as well as time involved. Establish need for testing, what the results suggest and implications for treatment. | Psychiatric/ mental health diagnosis | Minimum of 31 minutes is required, up to the first 60 minutes | Yes ⁴ | Yes ⁵ |
| 96121 (Add-On code) | | Each additional hour over first 60 minutes | | | | Beyond the first hour (96116), at least an additional 31 minutes of work must be performed to bill additional unit(s) of the add-on code 96121. | Yes ⁴ | Yes ⁵ |

| Telehealth | | | | | | | | |
|-----------------------|---------|-----------|-------------|------------------------|--------------------------------|-----------------|----------|-----------------|
| Code | Service | Time/Unit | Description | Required Documentation | Permissible Diagnosis Examples | Tips/Guidelines | Medicare | Oregon Medicaid |
| Coming soon... | | | | | | | | |

| Psychiatric Collaborative Care Model | | | | | | | | |
|--------------------------------------|---|------------------|---|---|--------------------------------------|-----------------|---|-----------------|
| Code | Service | Time/ Unit | Description | Required Documentation | Permissible Diagnosis Examples | Tips/Guidelines | Medicare | Oregon Medicaid |
| 99492 | Psychiatric Collaborative Care behavioral health intervention | First 70 minutes | Initial psychiatric care management, 70 min/month of Collaborative Care Model (CoCM) services | Documentation highlights immediate emergency requiring crisis response, assessment of danger to self or others, interventions utilized, safety plan development, recommendations, referrals and follow up plans | Psychiatric/ mental health diagnosis | | Yes | No |
| 99493 | | 60 minutes | Subsequent psychiatric care management, 60 min/month of CoCM services | | | | Yes | |
| 99494 | | + 30 minutes | Initial/subsequent psych care management, additional 30 min | | | | This code is used for each 30-minute unit after the initial 60 minutes. If service is under 60 minutes use 99493. | |

Psychiatric Collaborative Care Model Codes

Medicare allows payment for the Psychiatric Collaborative Care Model (CoCM) codes, outlined below. The payment structure may be used for patients with any behavioral health condition being addressed by the treating provider, including substance use disorders. The codes described below are billed under the treating medical provider and are not billable by Federally Qualified Health Centers or Rural Health Clinics. Valuation of the codes includes the time of the psychiatric consultant and treating medical provider who bill usual codes for any E/M or evaluation services. Behavioral health care managers qualified to bill traditional psychiatric evaluation and therapy codes for Medicare recipients may bill for additional psychiatric services in the same month. However, time spent on these activities for services reported separately may not be included in the services reported using time applied to 99492, 99493, 99494, or 99484.

1. Medicare does not cover 99401 - 99404 codes, but does allow other specific HCPCS that can be found on Noridian's [Browse by Topic, Preventive Services page](#) and the [Browse by Specialty page, Mental Health](#) (search for counseling).
2. Codes are payable to Behavioral Health Clinicians who can be credentialed by Medicare (LCSWs and psychologists).
Note: For Medicare, LCSWs may not bill Health and Behavior Assessment and Intervention (HBAI) codes (96156-96168).
3. This is a covered service by Oregon Health Plan (OHP), but payment in primary care may be denied based on your contract and/or administration of benefits by your local Coordinated Care Organization (CCO). This happens most often when behavioral health benefits get delegated or "carved out" to be administered and managed by a third party on behalf of the CCO. Contact your CCO for clarity on how this benefit is administered locally. Primary care organizations holding a Certificate or Approval (COA) in Oregon *may* also be subject to COA documentation standards listed in OAR 309-019-0135 through OAR 309-019-0140, and clinical documentation standards for substance use disorder services shall comply with OAR 309-018-0140 through OAR 309-018-0150.
4. 96116 & 96121 codes payable if performed by a psychologist.
5. This is a covered OHP service but payment in primary care may be subject to prior authorization and/or limited to specific contracted providers in your CCO network. Contact your CCO for clarity on how this benefit is administered locally.

This **Integrated Behavioral Health Coding Guidelines** document was created by the Integrated Primary Care Leadership Collaborative; a group of self-convened primary care behavioral health leaders in Oregon whose mission is to support behavioral health clinicians and their leaders in primary care practice, and does not guarantee coverage or payment. It may be freely distributed in its entirety but may not be modified, sold for profit or used in commercial documents. The information is provided "as is" without any expressed or implied warranty. While all information in this document is believed to be correct at the time of writing, this document is for educational purposes only and does not purport to provide legal advice. The identification of an organization or product in this information does not imply any form of endorsement. CPT codes, descriptors, and other data only are copyright 2020 American Medical Association. All rights reserved.

To the best of our knowledge, the coding information included in this document is current and accurate. It has been reviewed by a representative from [Noridian](#), the Medicare Administrative Contractor for Oregon. It should be noted that most commercial insurance follow Medicare guidelines, but there can always be exceptions and the information provided should be verified with health plans, CCOs and other payers.

If you would like technical assistance for behavioral health billing for Medicare beneficiaries through Comagine Health, please contact ORBH@comagine.org. Comagine Health offers assistance with coding, documentation, clinical decision support, workflow development, and data.

Questions, comments, updates? Email ORBH@comagine.org

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