



## Mental Health Billing Guide 2022

### Mental Health overview

Behavioural health looks at a person's emotional, psychological, social, and spiritual well-being.

- Emotional health – How we are able to control our thoughts, feelings, and behaviours
- Psychological health – How we think, feel, behave, and cope
- Social well-being – How we build relationships and interact with others
- Spiritual health – How we balance our physical and emotional health



Behavioural health services include treatment for mental health and substance use disorders. The four health factors that make up behavioural health, listed above, are considered as equally important as our physical health when it comes to our overall health.

There are two overall types of behavioural health disorders:

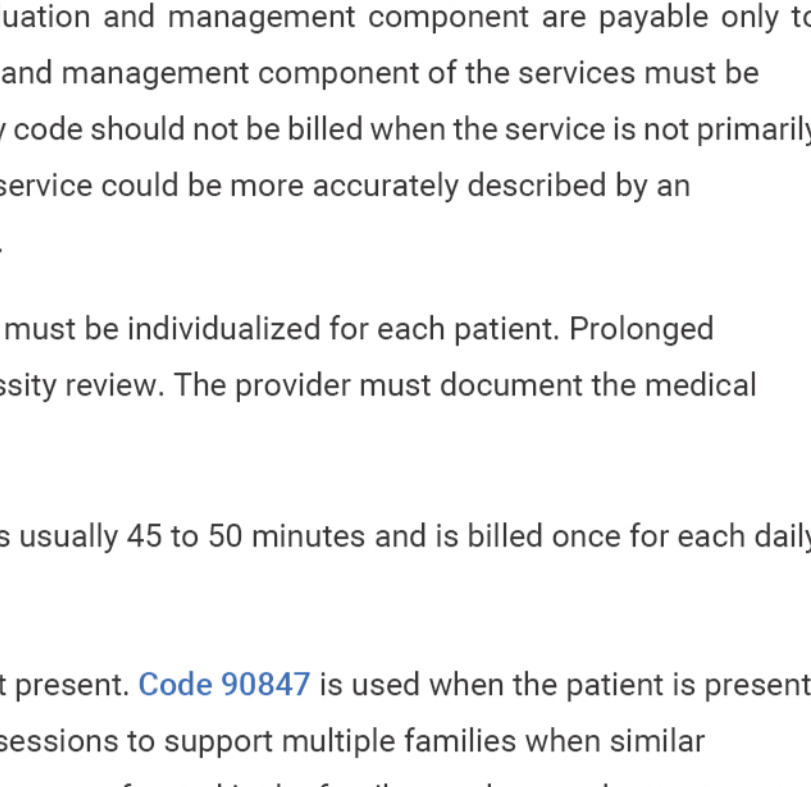
- **Mental health disorders** – Changes in how we think, our moods, and our behaviours.
- **Substance use disorders** – The use of alcohol and/or drugs (such as opioids, prescription drugs, heroin, and other illicit drugs) in a way that causes health problems and interferes with our ability to handle responsibilities at home, school, or work.

The diagnosis code(s) must best describe the patient's condition for which the service was performed. For diagnostic tests, report the result of the test if known; otherwise, the symptoms prompting the performance of the test should be reported.

### Coverage Guidelines

There are seven major sections of Specific Coverage Requirements for mental health services for outpatient excluding the Partial hospitalization services and Inpatient psychiatric care:

- Psychiatric Diagnostic Procedures
- Interactive Complexity
- Psychotherapy
- Psychotherapy in Crisis
- Psychiatric Somatotherapy
- Other Psychiatric Services or Procedures
- Central Nervous System Assessments/Tests (e.g., Neuro-Cognitive, Mental Status, Speech Testing)



### Specific Coding Guidelines:

Psychiatric Diagnostic Procedures may be reported once per day and not on the same day as an evaluation and management service performed by the same individual for the same patient.

Psychiatric Diagnostic Procedures may be covered once, at the outset of an illness or suspected illness. It may be utilized again for the same patient if a new episode of illness occurs after a hiatus or on admission or readmission to an inpatient status due to complications of the underlying condition. Certain patients, especially children, may require more than one visit for the completion of the initial diagnostic evaluation. The medical record must support the reason for more than one diagnostic interview.

The **interactive complexity component code 90785** may be used in conjunction with codes for diagnostic psychiatric evaluation (90791, 90792) and psychotherapy (90832, 90834, 90837), psychotherapy when performed with an evaluation and management service (90833, 90836, 90838), and group psychotherapy (90853).

**Procedure codes 90832-90838** (psychotherapy for 30 to 60 minutes) – report the code closest to the actual time (i.e., 16-37 minutes for 90832 and 90833, 38-52 minutes for 90834 and 90836, and 53 or more minutes for 90837 and 90838. Procedure codes 90833, 90836 and 90838 are add on codes that should be used in conjunction with evaluation and management (E/M) codes 99201-99239, 99304-99337, 99341-99350.

For psychotherapy sessions lasting 90 minutes or longer, the appropriate prolonged service code should be used (99354-99357).

Psychotherapy codes that include an evaluation and management component are payable only to physicians, NPs and CNSs. The evaluation and management component of the services must be documented in the record. A psychotherapy code should not be billed when the service is not primarily a psychotherapy service, that is, when the service could be more accurately described by an evaluation and management or other code.

The duration of a course of psychotherapy must be individualized for each patient. Prolonged treatment may be subject to medical necessity review. The provider must document the medical necessity for prolonged treatment.

90845 is not time defined, but the service is usually 45 to 50 minutes and is billed once for each daily session.

Code 90846 is used when the patient is not present. Code 90847 is used when the patient is present. Code 90849 is intended for group therapy sessions to support multiple families when similar dynamics are occurring due to common issues confronted in the family members under treatment.

Codes 90846 and 90847 may not be reported for services less than 26 minutes.

Codes 90846 and 90847 do not pertain to consultation and interaction with paid staff members at an institution.

90849 does not meet Medicare's standards of being a therapy primarily directed toward treating the beneficiary's condition. Claims for 90849 may be approved on an individual consideration basis.

Code 90785 is used when the patient or patients in the group setting do not have the ability to interact by ordinary verbal communication and therefore, non-verbal communication skills are employed or an interpreter may be necessary.

Use of CPT Code 90865 is restricted to physicians (MD/DO) only.

Codes 90839, 90840 are used to report the total duration of time face-to-face with the patient and/or family spent by the physician or other qualified health care professional providing psychotherapy for crisis, even if the time spent on that date is not continuous. For any given period of time spent providing psychotherapy for crisis state, the physician or other qualified health care professional must devote his or her full attention to the patient and, therefore, cannot provide service to any other patient during the same time period. The patient must be present for all or some of the service." (CPT 2013, Professional Edition, p.486)

When a psychiatrist performs both the ECT and the associated anaesthesia, no separate payment is made for the anaesthesia. Code 90870 is limited to use by physicians (MD/DO) only.

CPT codes 90875, 90876 and 90882 are not covered by Medicare.

Psychiatric procedures billed using code 90899 may be covered on an individual consideration basis.

Code 96105 represents the formal evaluation of aphasia using a psychometric instrument such as the Boston Diagnostic Aphasia Examination. This testing is typically performed once during treatment and the medical necessity for such testing should be documented. Repeat testing should only be done if there is a significant change in the patient's aphasic condition.

### Documentation requirements:

For interactive therapy, the medical record should indicate the adaptations utilized in the session and the rationale for employing these non-verbal interactive techniques

For psychotherapy services that include a medical evaluation and management component, documentation of the medical evaluation or management component of the treatment, including prescriptions, monitoring of medication effects, co-morbid medical conditions evaluated, and results of clinical tests.



Group therapy session notes must be prepared within a reasonable time period after the rendering of professional services consistent with accepted practice, and can be organized according to the general session note guidelines for individual therapy or the clinician may elect to use the following group note format:

- One portion of the note that is common to all patients, documenting date, length of time for the session, along with key issues presented. Names of the patients in the group should not appear in this group note.
- A second portion of the note, for each patient's record, commenting on that particular patient's participation in the group process and any significant changes in patient status. As outlined in HIPAA regulations referenced above, the note should exclude sensitive content of the patients' conversation.

While there are no specific limitations on the frequency or length of time that outpatient psychiatric services may be covered, there are many factors, including the nature of the illness, prior history, goals of treatment, and the patient's response, that affect the outcome of treatment. When outpatient psychiatric services are provided at a high frequency or long duration, the plan of treatment, progress notes, and condition of the patient should justify the intensity of the services rendered.

For psychotherapy services, there should be documentation of the patient's capacity to participate in and benefit from psychotherapy, especially if the patient is in any way cognitively impaired. The medical record should document the target symptoms, goals in any way and methods of monitoring outcome. There should be documentation in the medical record of how the treatment is expected to improve the health status or function of the patient.

Those hospitals that provide services at off-campus locations must clearly document in the medical record the location of the billed services, and that the services were properly supervised.

The medical record must reflect the elements outlined in the Psychiatric Diagnostic Procedures description and must be rendered by a qualified provider.

The medical record must reflect the elements outlined in the above Interactive Complexity description and must be rendered by a qualified provider. Additionally, the medical record must include adaptations utilized in the session and the rationale for employing these interactive techniques. The medical record must include treatment recommendations.

The medical record must indicate the time spent in the psychotherapy encounter and the therapeutic maneuvers, such as behaviour modification, supportive or interpretive interactions that were applied to produce a therapeutic change. Behaviour modification is not a separate service, but is an adjunctive measure in psychotherapy. Additionally, a periodic summary of goals, progress toward goals, and an updated treatment plan must be included in the medical record. Prolonged periods of psychotherapy must be well-supported in the medical record describing the necessity for ongoing treatment.

The medical record must document the indications for psychoanalysis, description of the transference, and the psychoanalytic techniques used.

The medical record must document the conditions described under the psychoanalysis, group psychotherapy, family psychotherapy, and/or interactive group psychotherapy "Description" and "Comments" sections in related LCD relative to codes 90846, 90847, and 90849.

The medical record should document the medical necessity of narcosisynthesis for psychiatric diagnostic and/or therapeutic purposes (e.g., the patient had difficulty verbalizing their psychiatric problems without the aid of a drug). The record should also document the specific pharmacological agent, dosage administered, and whether the technique was effective or non-effective.

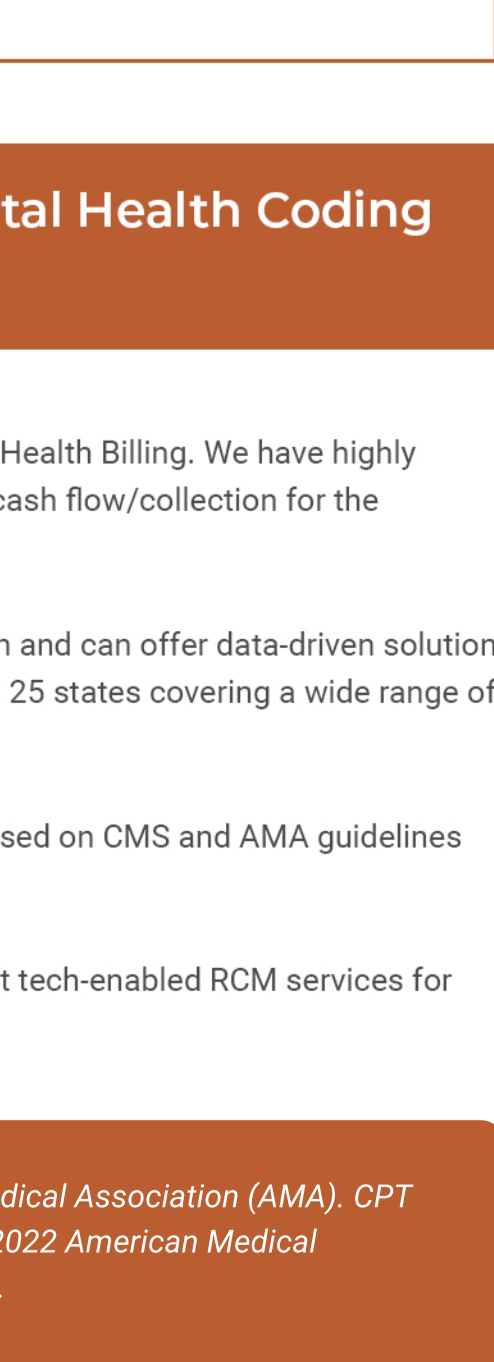
The record must indicate that the Psychotherapy in Crisis guidelines under the "Description" and "Comments" sections in the related LCD were followed.

Claims for 90880 must be submitted with a covered diagnosis.

The medical record must indicate the presence of mental illness or signs of mental illness for which psychological testing is indicated as an aid in the diagnosis and therapeutic planning. The record must show the tests performed, scoring and interpretation, as well as the time involved.

### Mental Health Providers

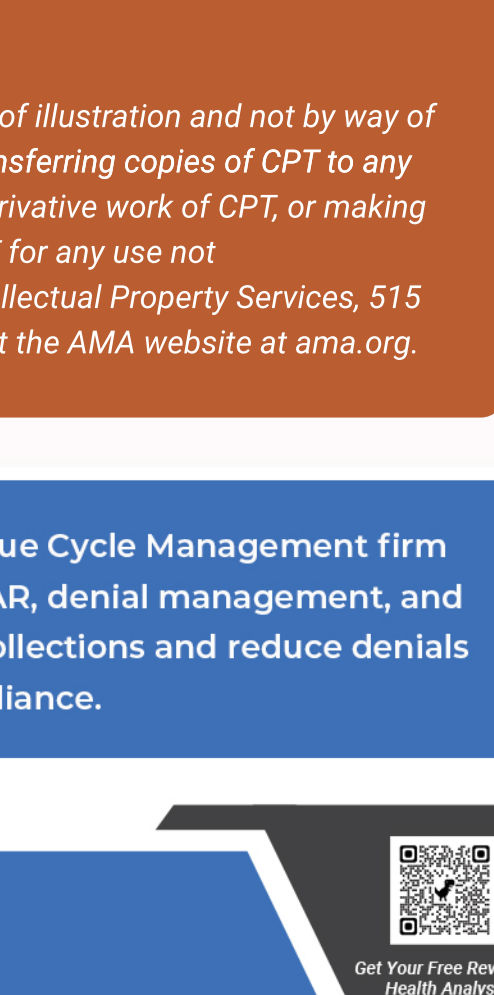
- Psychiatrist/Physician - PhD, PsyD and MD
- Psychologist - Clinical Psychologist (CP), Independent Psychologist (IPP) and Doctor of Psychology (PsyD, PhD)
- Nonphysician Practitioner (NPP) or mid-level providers may work "incident to" or bill independently
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetists (CRNA) - Supervision of diagnostic psychological and neuropsychological tests
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Clinical Nurse Specialist (CNS)
- Licensed Clinical Social Worker (LCSW)



### Mental Health Modifiers

#### Mental Health Modifiers Guide Index

- 95 Modifier – Synchronous Telehealth Services
- GT Modifier – Synchronous Telehealth Services [Medicare]
- AJ Modifier – Licensed Clinical Social Worker (LCSW)
- HJ Modifier – EAP or Employee Assistance Program Visits (EAP)
- HE Modifier – Mental Health Program (MHP)
- HO Modifier – Masters Level (MA)
- HP Modifier – Psychologist or Doctorate Level (PsyD or PhD)
- AH Modifier – Doctorate Level or Clinical Psychologist (PhD or PsyD)
- AF Modifier – Psychiatrist (MD)
- HN Modifier – Bachelor's Degree Level (BA, BS)
- UD Modifier – Missouri Behavioural Health Modifier for LPC



**Common reasons in Mental health coding denials for DX.**

- N657 - The diagnosis is inconsistent with the procedure.
- CO 9 - The diagnosis is inconsistent with the patient's age.
- CO 10 - The diagnosis is inconsistent with the patient's gender.
- CO 11 - The diagnosis is inconsistent with the procedure.

## Mental Health CPT with description for reference

CODE	DESCRIPTION
90846	Interactive Complexity (List Separately In Addition To The Code For Primary Procedure)
90791	Psychiatric Diagnostic Evaluation
90792	Psychiatric Diagnostic Evaluation With Medical Services
90832	Psychotherapy, 30 Minutes With Patient
90833	Psychotherapy, 30 Minutes With Patient When Performed With An Evaluation And Management Service (List Separately In Addition To The Code For Primary Procedure)
90834	Psychotherapy, 45 Minutes With Patient
90836	Psychotherapy, 45 Minutes With Patient When Performed With An Evaluation And Management Service (List Separately In Addition To The Code For Primary Procedure)
90837	Psychotherapy, 60 Minutes With Patient
90838	Psychotherapy, 60 Minutes With Patient When Performed With An Evaluation And Management Service (List Separately In Addition To The Code For Primary Procedure)
90839	Psychotherapy For Crisis; First 60 Minutes
90840	Psychotherapy For Crisis; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service)
90845	Psychoanalysis
90846	Family Psychotherapy (Without The Patient Present), 50 Minutes
90847	Family Psychotherapy (Conjoint Psychotherapy) (With Patient Present), 50 Minutes
90849	Multiple-Family Group Psychotherapy
90853	Group Psychotherapy (Other Than Of A Multiple-Family Group)
90863	Pharmacologic Management, Including Prescription And Review Of Medication, When Performed With Psychotherapy Services (List Separately In Addition To The Code For Primary Procedure)
90865	Narcosisynthesis For Psychiatric Diagnostic And Therapeutic Purposes (Eg, Sodium Amobarbital (Amytal) Interview)
90870	Electroconvulsive Therapy (Includes Necessary Monitoring)
90880	Hypnotherapy
90885	Psychiatric Evaluation Of Hospital Records, Other Psychiatric Reports, Psychometric And/Or Projective Tests, And Other Accumulated Data For Medical Diagnostic Purposes
90887	Interpretation Or Explanation Of Results Of Psychiatric, Other Medical Examinations And Procedures, Or Other Accumulated Data To Family Or Other Responsible Persons, Or Advising Them How To Assist Patient
90889	Preparation Of Report Of Patient'S Psychiatric Status, History, Treatment, Or Progress (Other Than For Legal Or Consultative Purposes) For Other Individuals, Agencies, Or Insurance Carriers
96105	Assessment Of Aphasia (Includes Assessment Of Expressive And Receptive Speech And Language Function, Language Comprehension, Speech Production Ability, Reading, Spelling, Writing, Eg, By Boston Diagnostic Aphasia Examination) With Interpretation And Report, Per Hour
96112	Developmental Test Administration (Including Assessment Of Fine And/Or Gross Motor, Language, Cognitive Level, Social, Memory And/Or Executive Functions By Standardized Developmental Instruments When Performed), By Physician Or Other Qualified Health Care Professional, With Interpretation And Report; First Hour
96113	Developmental Test Administration (Including Assessment Of Fine And/Or Gross Motor, Language, Cognitive Level, Social, Memory And/Or Executive Functions By Standardized Developmental Instruments When Performed), By Physician Or Other Qualified Health Care Professional, With Interpretation And Report; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)
96116	Neurobehavioral Status Exam (Clinical Assessment Of Thinking, Reasoning And Judgment, [Eg, 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; First Hour
96121	Neurobehavioral Status Exam (Clinical Assessment Of Thinking, Reasoning And Judgment, [Eg, 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; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)
96130	Psychological Testing Evaluation Services By Physician Or Other Qualified Health Care Professional, Including Integration Of Patient Data, Interpretation Of Standardized Test Results And Clinical Data, Clinical Decision Making, Treatment Planning And Report, And Interactive Feedback To The Patient, Family Member(S) Or Caregiver(S), When Performed; First Hour
96131	Psychological Testing Evaluation Services By Physician Or Other Qualified Health Care Professional, Including Integration Of Patient Data, Interpretation Of Standardized Test Results And Clinical Data, Clinical Decision Making, Treatment Planning And Report, And Interactive Feedback To The Patient, Family Member(S) Or Caregiver(S), When Performed; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)
96132	Neuropsychological Testing Evaluation Services By Physician Or Other Qualified Health Care Professional, Including Integration Of Patient Data, Interpretation Of Standardized Test Results And Clinical Data, Clinical Decision Making, Treatment Planning And Report, And Interactive Feedback To The Patient, Family Member(S) Or Caregiver(S), When Performed; First Hour
96133	Neuropsychological Testing Evaluation Services By Physician Or Other Qualified Health Care Professional, Including Integration Of Patient Data, Interpretation Of Standardized Test Results And Clinical Data, Clinical Decision Making, Treatment Planning And Report, And Interactive Feedback To The Patient, Family Member(S) Or Caregiver(S), When Performed; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)
96136	Psychological Or Neuropsychological Test Administration And Scoring By Physician Or Other Qualified Health Care Professional, Two Or More Tests, Any Method; First 30 Minutes
96137	Psychological Or Neuropsychological Test Administration And Scoring By Physician Or Other Qualified Health Care Professional, Two Or More Tests, Any Method; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)
96138	Psychological Or Neuropsychological Test Administration And Scoring By Technician, Two Or More Tests, Any Method; First 30 Minutes
96139	Psychological Or Neuropsychological Test Administration And Scoring By Technician, Two Or More Tests, Any Method; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)
96146	Psychological Or Neuropsychological Test Administration, With Single Automated, Standardized Instrument Via Electronic Platform, With Automated Result Only
G0451	Development Testing, With Interpretation And Report, Per Standardized Instrument Form

### Plutus Health Inc. Understands Mental Health Coding and Billing Better :

Plutus Health Inc. provides technology-driven solutions for Mental Health Billing. We have highly skilled, experienced, certified coders & billers to ensure the timely cash flow/collection for the practice/providers.

Our billers & coders have been trained specifically for mental health and can offer data-driven solutions for improving your revenue cycle. We have a client base that spans 25 states covering a wide range of physician practices, Facilities, and Hospitals.

Our coders are proficient in ICD 10 CM, CPT, and HCPCS coding based on CMS and AMA guidelines and are certified by AAPC and AHIMA.

We are a one-stop destination for you if you are looking for the best tech-enabled RCM services for your mental health service. Contact Us Today.

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