

**Billing codes for Behavioral Health**

The services provided by Other Licensed Physicians listed below have an initial authorization level of benefit to be approved. Services which exceed the limitation of the initial authorization must have a medical necessity review. Admission evaluation is authorized for 5 evaluations per calendar year (20 units). Individual therapy is authorized for 32 hours per calendar year (128 units). Family therapy is authorized for 40 hours per calendar year (160 units). Group therapy is authorized for 24 hours per calendar year (96 units). Psychological testing is authorized for six hours per calendar year (6 units).

**Below is the eligibility for billing with regards to behavioral health:**

**Note: Claims for unlicensed staff will bill using their licensed supervisor as the rendering provider number.**

CPT Code	Description	Requires Prior Authorization	Unit	Place of Service	Physician	Psychologist	LMFT	LPCMH	LCSW	Advanced Practice Nurse/Nurse Practitioner
						(use HIP Modifier)	(use HO Modifier)	(use HO Modifier)	(use HO Modifier)	
+90785	Interactive complexity (list separately in addition to the code for primary procedure). Use 90785 in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an evaluation and management (E&M) service [90833, 90836, 90838, 99201–99255, 99304–99337, 99341–99350], and group psychotherapy [90853]. (Do not report 90785 in conjunction with 90839, 90840, or in conjunction with E&M services when no psychotherapy service is also reported.)	N/A		Any	X	X	X	X	X	X
90791	Psychiatric diagnostic evaluation.	N/A	Per Evaluation	Any	X	X	X	X	X	X
90792	Psychiatric diagnostic evaluation with medical services. (Do not report 90791 or 90792 in conjunction with 99201–99337, 99341–99350, 99366–99368, 99401–99444). (Use 90785 in conjunction with 90791, 90792 when the diagnostic evaluation includes interactive complexity services.)	N/A	Per Evaluation	Any	X					X
90832	Psychotherapy, 30 minutes with patient and/or family member.	N/A	Per Evaluation	Any	X	X	X	X	X	X
+90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an E&M service (list separately in addition to the code for primary procedure). (Use 90833 in conjunction with 99201–99255, 99304–99337, 99341–99350).	N/A	Per Evaluation	Any	X					X
90834	Psychotherapy, 45 minutes with patient and/or family member.	N/A	Per Evaluation	Any	X	X	X	X	X	X
+90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an E&M services (list separately in addition to the code for primary procedure). (Use 90836 in conjunction with 99201–99255, 99304–99337, 99341–99350).	N/A	Per Evaluation	Any	X					X
90837	Psychotherapy, 60 minutes with patient and/or family member. (Use the appropriate prolonged services code [99354–99357] for psychotherapy services 90 minutes or longer).	N/A	Per Evaluation	Any	X	X	X	X	X	X
+90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an E&M services (list separately in addition to the code for primary procedure). (Use 90838 in conjunction with 99201–99255, 99304–99337, 99341–99350). (Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, 90838 when psychotherapy includes interactive complexity services.)	N/A	Per Evaluation	Any	X					X
90839	Psychotherapy for crisis; first 60 minutes.	N/A	Per Evaluation	Any	X	X	X	X	X	X
+90840	Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service). (Use 90840 in conjunction with 90839.) (Do not report 90839, 90840 in conjunction with 90791, 90792, psychotherapy codes 90832–90838 or other psychiatric services, or 90785–90899).	N/A	Per Evaluation	Any	X	X	X	X	X	X
90845	Psychoanalysis.	N/A	Per Evaluation	Any	X	X				
90846	Family psychotherapy (without the patient present).	N/A	Per Evaluation	Any	X	X	X	X	X	X
90847	Family psychotherapy (conjoint psychotherapy) (with patient present).	N/A	Per Evaluation	Any	X	X	X	X	X	X
90849	Multiple-family group psychotherapy.	N/A	Per Evaluation	Any	X	X	X	X	X	X
90853	Group psychotherapy (other than of a multiple-family group). Use 90853 in conjunction with 90785 for the specified patient when group psychotherapy includes interactive complexity.	N/A	Per Evaluation	Any	X	X	X	X	X	X
90870	Electroconvulsive therapy (includes necessary monitoring).	N/A	Per Treatment	21, 51	X					
90885	Psychological evaluation of records.	N/A		Any	X					X
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.	Yes	Per Evaluation	Any	X					
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.	Yes	Per Evaluation	Any	X					
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.	Yes	Per Evaluation	Any	X					
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.	Yes	Per Evaluation	Any	X					
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.	Yes	Per Evaluation	Any	X					

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.	Yes	Per Evaluation	Any	X	X				
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes.	Yes	Per Evaluation	Any	X	X				
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes.	Yes	Per Evaluation	Any	X	X				
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated results only.	Yes	Per Evaluation	Any	X	X				
96156	Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making).	Yes	Per Evaluation	Any	X	X				
96158	Health behavior intervention, individual, face to face; initial 30 minutes.	N/A	Per Evaluation	Any	X	X				
95159	Health behavior intervention, individual, face to face; each additional 15 minutes.	N/A	Per Evaluation	Any	X	X				
96164	Health behavior intervention, group (two or more patients), face to face; initial 30 minutes.	N/A	Per Evaluation	Any	X	X				
96165	Health behavior intervention, group (two or more patients), face to face; each additional 15 minutes.	N/A	Per Evaluation	Any	X	X				
96167	Health behavior intervention, family (with the patient present), face to face; initial 30 minutes.	N/A	Per Evaluation	Any	X	X				
96168	Health behavior intervention, family (with the patient present), face to face; each additional 15 minutes.	N/A	Per Evaluation	Any	X	X				

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						(use HP Modifier)	(use HO Modifier)	(use HO Modifier)	(use HO Modifier)	
99211 HE	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services. 99211 HE for MH medications (e.g., haloperidol, risperidone, fluphenazine, benztropine, and diphenhydramine).	N/A	Per Visit	11, 20, 22, 49, 50, 53, 57, 71	X					X
99202	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) an expanded problem focused history; 2) an expanded problem focused examination; and 3) straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	N/A	Per Evaluation	11, 20, 22, 49, 50, 53, 57, 71	X					X
99203	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) a detailed history; 2) a detailed examination; and 3) medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	N/A	Per Evaluation	11, 20, 22, 49, 50, 53, 57, 71	X					X
99204	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) a comprehensive history; 2) a comprehensive examination; and 3) medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	N/A	Per Evaluation	11, 20, 22, 49, 50, 53, 57, 71	X					X
99205	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) a comprehensive history; 2) a comprehensive examination; and 3) medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	N/A	Per Evaluation	11, 20, 22, 49, 50, 53, 57, 71	X					X
99211	Office or other outpatient visit for the E&M 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, five minutes are spent performing or supervising these services.	N/A	Per Evaluation	11, 20, 22, 49, 50, 53, 57, 71	X					X
99212	Office or other outpatient visit for the E&M of an established patient, which requires two of these three key components: 1) a problem-focused history; 2) a problem focused examination; and 3) straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided,	N/A	Per Evaluation	11, 20, 22, 49, 50, 53, 57, 71	X					X

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						(use HP Modifier)	(use HO Modifier)	(use HO Modifier)	(use HO Modifier)	
99213	Office or other outpatient visit for the E&M of an established patient, which requires two of these three key components: 1) an expanded problem focused history; 2) an expanded problem focused examination; and 3) medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	N/A	Per Evaluation	11, 20, 22, 49, 50, 53, 57, 71	X					X
99214	Office or other outpatient visit for the E&M of an established patient, which requires two of these three key components: 1) a detailed history; 2) a detailed examination; and 3) medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	N/A	Per Evaluation	11, 20, 22, 49, 50, 53, 57, 71	X					X
99215	Office or other outpatient visit for the E&M of an established patient, which requires two of these three key components: 1) a comprehensive history; 2) a comprehensive examination; and 3) medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	N/A	Per Evaluation	11, 20, 22, 49, 50, 53, 57, 71	X					X
99417	Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes.	N/A	Per Evaluation	11, 20, 22, 49, 50, 53, 57, 71	X					X
Q3014	Telehealth Facility. The originating site, with the consumer present, may bill code Q3014 (telemedicine originating site facility fee). *Exception - Do not use modifier for the psychologist when billing	N/A	Per Visit	2	X	X				

An X in the box indicates the clinician is eligible to bill for the procedure code.

+Add-on code, which describes A service that, with one exception, is always performed in conjunction with another primary service.

An add-on code with one exception is eligible for payment only if it is reported with an appropriate primary procedure performed by the same practitioner.

These factors are typically present with patients who:

Have other individuals legally responsible for their care, such as minors or adults with guardians, or

Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or

Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools.

Psychiatric procedures may be reported "with interactive complexity" when at least one of the following is present:

1. The need to manage maladaptive communication (related to, eg, high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
2. Caregiver emotions or behavior that interferes with the caregiver's understanding and ability to assist in the implementation of the treatment plan.
3. Evidence or disclosure of a sentinel event and mandated report to third party (eg, abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
4. Use of play equipment, other physical devices, interpreter, or translator to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the physician or other qualified health care professional and a patient who:

Is not fluent in the same language as the physician or other qualified health care professional, or

Has not developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the physician or other qualified health care professional if he/she were to use typical language for communication.