

# Tips and Strategies for Billing for Mental Health Services in a Primary Care Setting

---

## Overview

Billing for mental health services within a primary care setting can be a challenge, due in part to the variability in requirements across private and public insurers.

Mental health services, for which billing may prove a challenge, include:

- ▶ Screening and treatment of mental health problems (e.g. depression);
- ▶ Coordination and case management;
- ▶ Consultation with other providers;
- ▶ Use of telemedicine for service provision (important in rural areas);
- ▶ Outreach and education;

This module offers you:

- ▶ Tips to improve your billing success
- ▶ Links to web based information that will help you design a billing strategy

## How to bill for Diagnostic and Treatment Services

Diagnosis is billed using the International Classification of Diseases (ICD) coding system. Treatment is billed using either the Current Procedural Terminology (CPT) or the Healthcare Common Procedure Coding System (HCPCS.) Each is explained below:

### MENTAL HEALTH DIAGNOSIS (ICD 9 and ICD 10 Overview)

Diagnoses are reported to both public and private insurance carriers using the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) which provides a classification system for diseases and injuries.

The Department of Health and Human Services will replace the ICD-9-CM codes with greatly expanded ICD-10-CM (diagnosis) and ICD-10-PCS (hospital procedure) code sets effective Oct. 1, 2014.

### MENTAL HEALTH TREATMENT (CPT and HCPCS Codes)

Mental health treatment services are reported to both public and private insurers using Current Procedural Terminology (CPT) codes or the Healthcare Common Procedure Coding System (HCPCS).

#### ▶ CPT Codes:

CPT codes were developed and are maintained by the American Medical Association. They are numbers assigned to every service a medical practitioner may provide to a patient including medical, surgical and diagnostic services and are used by insurers to determine the amount of reimbursement that a practitioner will receive.

▶ HCPCS Codes:

Medicare and Medicaid use HCPCS codes. HCPCS (often pronounced by its acronym as "hick picks") codes are monitored by the Centers for Medicare and Medicaid Services (CMS).

▶ Levels of HCPCS codes:

There are three levels of HCPCS codes, two of which are relevant to mental health billing. Both Medicaid and Medicare use some of both Level I and Level II (see below) which can be confusing. Medicare more often uses Level 1 codes while Medicaid more often uses Level II codes.

For Medicare payment, CMS specifies which HCPCS codes will be covered as part of their Medicare benefit design. For Medicaid payment, each State specifies the codes (more often Level II codes) for which they allow reimbursement, based on their State plan. Some Level II codes are for Medicaid only. They include the H and T codes which are for mental health and substance abuse.

HCPCS Level I codes are numeric and are based on CPT codes.

HCPCS Level II codes are alphanumeric and primarily include non-physician services such as ambulance services.

**Tips for Diagnostic and Evaluation Codes to use in Billing for Mental Health Services:**

**Tip #1: Diagnosis Codes**

Use one of the following ICD-9-CM diagnosis codes, if appropriate:

311	Depressive Disorder, Not Otherwise Specified (NOS)
296.90	Mood Disorder, NOS
300.00	Anxiety Disorder, NOS
296.21	Major depressive disorder, Single episode, Mild
296.22	Major depressive disorder, Single episode, Moderate
296.30	Major depressive disorder, Recurrent
309	Adjustment Disorder with Depressed Mood
300.02	Generalized Anxiety Disorder
293.83	Mood Disorder due to Medical Condition (e.g. Postpartum Depression)
314 or 314.01	Attention Deficit/Hyperactivity Disorder (Inattentive and combined types)

**Tip #2: Evaluation and Management (E/M) CPT Codes**

- Use E/M CPT codes 99201-99205 or 99215 with a depression claim with any of the ICD-9-CM diagnosis codes in Tip #1.
- Do not use psychiatric or psychotherapy CPT codes (90801-90899) with a depression claim for a primary care setting. These codes tend to be reserved for psychiatric or psychological practitioners only.

*Note: According to the American Medical Association (AMA) Current Procedural Terminology (CPT) 2005 Evaluation and Management Services Guidelines, when counseling and/or coordination of care dominates (more than 50 percent) the physician/patient and/or family encounter, then time may be considered the controlling factor to qualify for a particular level of E/M service; this may allow the physician to code a higher level of service.*

(Source: Mid-American Coalition on Health Care, 2004)

## CPT and HCPCS Codes for Medicare & Medicaid Payment for Mental Health Services \*

Type of Code	Service Codes	Diagnosis Codes	Type of Practitioner Allowed to Bill - Medicare	Type of Practitioner - Medicaid
CPT Psychiatry Codes (Level 1 Current Procedural Terminology, maintained by AMA)	Initial Evaluation: 90801 Psychiatric therapeutic codes: 90802-90899. Use with ICD-9-CM Psychiatry diagnostic codes.	MH diagnosis as Primary. Use psychiatric services codes w/ ICD-9-CM Diagnostic Codes 290-319 to identify mental, psychoneurotic, and personality disorders.	Mental health specialists: physicians and nonphysicians, such as certified clinical social workers (CSWs) licensed by the state and clinical psychologists, licensed by and subject to state criteria, operating within the scope of their practice as defined by the state.	Many states allow payment for these codes; check with individual State Medicaid Program.
CPT Health Behavior Assessment and Intervention (HBAI) Level I CPT	96150-155	Physical Diagnosis from ICD-9-CM as Primary Diagnosis.	Nonphysician mental health practitioners, such as psychologists, licensed by the state and subject to state criteria. CSWs may not use.	Up to the State; many do not yet pay for these newer codes.
CPT Evaluation and Management (E/M) Level I CPT	99201-99215 (Office) 99241-99255 (Consultation)	Physical or Psychiatric Diagnosis from ICD-9-CM as Primary.	Physicians and primary care extenders, such as nurse practitioners, clinical nurse specialists, and physician assistants, licensed by the state.	Many states allow payment for use of E/M service code in primary care, and report use of E/M with ICD-9-CM Psychiatric Diagnosis Codes 290-319; check with individual State Medicaid Program.
Level II HCPCS ("State" Codes, used more often by Medicaid; maintained by CMS)	A-V codes are standardized nationally; G codes include some substance use codes; W-Z codes are state-specific.	Depends on service.	Medicare pays for some Level II codes, including A, G, J codes; Medicare does NOT pay for H (State mental health codes), S, or T codes. H codes are for Medicaid only. As of 2008, two new Medicare alcohol/drug assessment brief intervention "G" codes: G0396 and G0397.	Medicaid State agencies more often allow the Level II codes. The H and T codes are for Medicaid only. Check with individual State Medicaid Program.

\*Source: **Reimbursement of Mental Health Services in Primary Care Settings:** (Mauch, Danna, PhD; Kautz, Cori, MA and Smith, Shelagh, MPH: US DHHS, SAMHSA), February 2008

## Additional Strategies

### **BILLING FOR ACTUAL TIME OF SERVICE:**

Many physicians spend a significant amount of time engaged in counseling patients or coordinating patient care. The CPT nomenclature for Evaluation and Management (E/M) coding defines counseling as a discussion with the patient and / or family or other caregiver concerning one or more of the following areas: Diagnostic results, impressions, and / or recommended diagnostic studies, Prognosis, Risks and benefits of management (treatment) options, Instructions for management (treatment) and / or follow-up, Importance of compliance with chosen management (treatment) options, Risk factor reduction, Patient and family education.

*(Often, the higher levels of E/M services can be legitimately supported and consequently, higher reimbursement dollars may be received.)*

### **MEDICAL RECORD DOCUMENTATION (Recommended Principles)**

Effective medical record documentation improves success in billing. The general principles of medical record documentation for reporting of mental health services include:

- ▶ Medical records should be complete and legible;
- ▶ Documentation of each patient encounter should include:
  - ▶ Reason for encounter and relevant history;
  - ▶ Physical examination findings and prior diagnostic test results;
  - ▶ Assessment, clinical impression, and diagnosis;
  - ▶ Plan for care; and
  - ▶ Date and legible identity of observer;
- ▶ If not documented, the rationale for ordering diagnostic and other ancillary services should be easily inferred;
- ▶ Past and present diagnoses should be accessible for treating and/or consulting physician;
- ▶ Appropriate health risk factors should be identified;
- ▶ Patient's progress, response to changes in treatment, and revision of diagnosis should be documented;
- ▶ CPT and ICD-9-CM codes reported on the health insurance claim should be supported by documentation in the medical record.

## Resources: (additional information of billing codes and state by state benefits)

- ▶ **ICD-9-CM:**  
<http://www.cms.gov/ICD9ProviderDiagnosticCodes/>
- ▶ **ICD-10-CM:**  
<http://www.aapc.com/ICD-10/index.aspx>
- ▶ **CPT Codes:**  
<http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page>
- ▶ **HCPCS codes:**  
<http://www.cms.gov/medhcpcsgeninfo/162.99.3.205/Financing/file.axd?file=2010%2F11%2FBackgroundofHCPCScoding.pdf>
- ▶ **Place of Service Codes:**  
[http://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/downloads/website\\_POS\\_database.pdf](http://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/downloads/website_POS_database.pdf)
- ▶ **What insurance companies operate in your state?** Contact your state Insurance Commissioner:  
[http://www.naic.org/state\\_web\\_map.htm](http://www.naic.org/state_web_map.htm)

## Suggested Reading

- ▶ Reimbursement of Mental Health Services in Primary Care Settings; (Mauch, Danna, Ph.D; Kautz, Cori. MA and Smith, Shelagh, MPH; US Department of Health and Human Services; SAMHSA) February 2008. <http://store.samhsa.gov/product/reimbursement-of-mental-health-services-in-primary-care-settings/SMA08-4324>
- ▶ Primary Care Depression Reimbursement: Myth vs. Facts” Mid America Coalition on Health; 2004. [http://www.machc.org/documents/8-Depression%20Myths%20vs%20Facts\\_12\\_14\\_04.pdf](http://www.machc.org/documents/8-Depression%20Myths%20vs%20Facts_12_14_04.pdf)
- ▶ Serving the Needs of Medicaid Enrollees with Integrated Behavioral Health Services in Safety Net Primary Care Settings; (Brief prepared by the National Association of State Medicaid Directors (NASMD) under contract with the Health Resources and Services Administration, U.S Department of Health and Human Services) April 18, 2008 <http://www.aphsa.org/home/doc/IntegratedMentalHealthHRSA.pdf>