

# Mental Health Billing and Coding Guide

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## Table of contents

|   |    |
|---|----|
| A note to providers.....  | 2  |
| Acronyms and definitions.....   | 3  |
| Psychotherapy services (90832, 90834, 90837).....                               | 4  |
| Psychotherapy with Evaluation and Management Services (90833, 90836,90838)..... | 5  |
| Complex Interactive Encounter (90785) *Add on Code .....                        | 5  |
| Family and group psychotherapy (90846-90853).....                               | 6  |
| Services for clients in crisis (90839-90840) .....                              | 7  |
| Adaptive behavior assessment and treatments (97151-97158).....                  | 8  |
| Psychiatric diagnostic evaluation (90791-90792) .....                           | 10 |
| References.....   | 11 |

## A note to providers

Please be advised: this guide does not encompass all CPT codes and/or Health Behavior codes. CareOregon provides additional guides which will cover other code sets including, but not limited to: substance use dependence, smoking and tobacco cessation, etc.

The Oregon Fee for Service Schedule contains: service codes, service descriptions and indicates which staff may render a service. Remember to sign up for updates as the list will update several times a year and to reference the most current list: <https://www.oregon.gov/OHA/HSD/OHP/Pages/Fee-Schedule.aspx>

\*CareOregon recommends printing out and/or referencing the SUD Fee Schedule and the Mental Health Fee Schedule (see link above) which clinicians might find helpful to keep handy as a reference in selecting the most applicable codes to the services you are providing.

## Acronyms and definitions

**BCBA:** Board Certified Behavior Analyst

**BCaBA:** Board Certified Assistant Behavior Analyst

**BAI:** Behavior Analysis Interventionist

**CPT:** Current Procedural Terminology

**DO:** Doctor of Osteopathic Medicine

**E/M:** Evaluation and Management

**LQMHP:** Licensed Qualified Mental Health Professional

**LCSW:** Licensed Clinical Social Worker

**LPC:** Licensed Professional Counselors

**LMFT:** Licensed Marriage and Family Therapist

**LMP:** Licensed Medical Practitioner

**LMHP:** Licensed Mental Health Professional

**MH Interns:** Board Registered Associates; program staff who meet qualifications for QMHA or QMHP and are currently enrolled in a graduate program approved by the division-approved certification or licensing body but does not have the necessary graduate degree in psychology, social work, or related field of behavioral science, or have an equivalent degree as determined by the division-approved certification or licensing body

**NCCI:** National Correct Coding Initiative [Medicare NCCI Procedure to Procedure \(PTP\) Edits | CMS](#)

**ND:** Naturopathic Doctor

**QMHA:** Qualified Mental Health Associate

**QMHP:** Qualified Mental Health Professional

**PMHNP:** Psychiatric Mental Health Nurse Practitioner

## Psychotherapy services (90832, 90834, 90837)

Medicare recognizes the following providers to bill these services: Psychiatrists or other doctors, Clinical psychologists, Clinical Social Workers, Clinical Nurse Specialists, Nurse Practitioners, Physician Assistants

Oregon Medicaid recognizes the following providers to bill these services: LMP, LPC, LMFT, LCSW, Psychologist, QMHP

CareOregon recognizes the following providers to bill these services: all of the above plus PMHNP, ND, DO

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| <p>90832 - Psychotherapy, 30 minutes with the client<br/>90834 - Psychotherapy, 45 minutes with the client<br/>90837 - Psychotherapy, 60 minutes with the client</p> |
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Psychotherapy is the treatment of mental illness and behavior disturbances, in which the provider establishes a professional contact with the client and through therapeutic communication and techniques, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, facilitate coping mechanisms and/or encourage personality growth and development.

Insight oriented, behavior modifying, and/or supportive psychotherapy refers to the development of insight or affective understanding, the use of behavior modification techniques, the use of supportive interactions, and the use of cognitive discussion of reality, or any combination of the above to provide therapeutic change.

Psychotherapy will be considered medically necessary when the client has a psychiatric illness and/or is demonstrating emotional or behavioral symptoms sufficient to cause inappropriate behavior or maladaptive functioning. **Psychotherapy services must be performed by a board registered associate, licensed by the state where practicing, and whose training and scope of practice allow that person to perform such services.**

Psychotherapy must be provided as an integral part of an active service plan for which it is related to the client's identified condition/diagnoses. Some clients receive psychotherapy alone, and others receive psychotherapy along with medical evaluation and management "E&M" services. These services involve a variety of responsibilities unique to the medical management of psychiatric clients such as medical diagnostic evaluation (i.e. evaluation of co-morbid medical conditions, drug interactions, and physical examinations), drug management when indicated, physician orders, interpretation of laboratory or other diagnostic studies and observations. The client should be amenable to allowing insight-oriented therapy such as behavioral modification techniques, interpersonal psychotherapy techniques, supportive therapy, and cognitive/behavioral techniques to be effective.

## Psychotherapy with Evaluation and Management Services (90833, 90836,90838)

Medicare recognizes the following providers to bill these services: Psychiatrists or other doctors, Nurse Practitioners, Physician Assistants

Oregon Medicaid recognizes the following providers to bill these services: LMP

CareOregon recognizes the following providers to bill these services: all of the above plus ND, DO

When psychotherapy is performed on the same day as a complete office visit (99202-99215), use add on codes 90833, 90836 and 90838 in addition to evaluation and management codes. Some psychiatric clients receive a medical evaluation and management “E&M” service on the same day as a psychotherapy service by the same physician or other qualified health care professional. For these services to be medically necessary, they should be **significantly different and separately identifiable per NCCI Guidelines**. See NCCI definition/link on page 3.

**+90833** - Psychotherapy, 30 minutes w/ client when performed with an e/m service (list separately in addition to the code for the primary provider)

**+90836** - Psychotherapy, 45 minutes w/ client when performed with an e/m service (list separately in addition to the code for the primary provider)

**+90838** - Psychotherapy, 60 minutes w/ client when performed with an e/m service (list separately in addition to the code for the primary provider)

## Complex Interactive Encounter (90785) \*Add on Code

Medicare recognizes the following providers to bill these services: Psychiatrists or other doctors, Nurse Practitioners and Physician Assistants

Oregon Medicaid recognizes the following providers to bill these services: LMP

CareOregon recognizes the following providers to bill these services: All of the above

Add-on code 90785 for interactive complexity refers to specific communication factors that complicate the delivery of a mental health procedure.

Per CPT, this add on code can be used in conjunction with: You can pair the add-on code with diagnostic evaluation (90791, 90792) or psychotherapy treatment session (90832, 90833, 90834, 90836, 90837, 90838, 90853).

At least **one of the four** complicating factors identified in the CPT manual **must** pertain in order for providers to report the interactive complexity code as an add-on to the principal psychiatric procedure:

1. The need to manage maladaptive communication.
2. Caregiver emotions or behaviors that interfere with treatment.
3. Mandated reporting of a sentinel event to a third party (such as abuse or neglect to state agency) with initiated discussion of the event and/or a report with the client and other visit participants.
4. Use of play equipment, physical devices, interpreters, or translators to communicate with a client who has a language barrier.

**Complicating factors** include, for example, difficult communication with acrimonious family members and engagement of children with undeveloped verbal skill. These factors are typically found with clients who:

- Have others legally responsible for their care, such as minors or adults with guardians.
- Request others such as family members or interpreters to be involved during the visit.
- Require the involvement of third parties such as schools or probation officers.

*\*Interactive complexity cannot be reported solely for the purpose of translation or interpretation services.*

## Family and group psychotherapy (90846-90853)

**Medicare recognizes the following providers to bill these services:** Psychiatrists or other doctors, Clinical Psychologists, Clinical Social Workers, Clinical Nurse Specialists, Nurse Practitioners, Physician Assistants

**Oregon Medicaid recognizes the following providers to bill these services:** LMP, LPC, LMFT, LCSW, Psychologist, QMHP

**CareOregon recognizes the following providers to bill these services:** All of the above, plus MH Intern

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| <p><b>90846</b> - Family psychotherapy (without the client present), 50 minutes<br/><b>90847</b> - Family psychotherapy (conjoint psychotherapy) (with client present), 50 minutes<br/><b>90849</b> - Multiple-family group psychotherapy<br/><b>90853</b> - Group psychotherapy (other than of a multiple-family group)</p> |
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## Family psychotherapy

Family Psychotherapy is a specialized therapeutic technique for treating the identified clients' mental illness by intervening in a family system in such a way as to modify the family structure, dynamics, and interactions which exert influence on the client's emotions and behaviors.

Family psychotherapy sessions may occur with or without the client present. The process of family psychotherapy helps reveal a family's repetitious communication patterns that are sustaining and reflecting the identified client's behavior. For the purposes of this guide, **a family member is any individual who spends a significant amount of the time with the client and provides psychological support to the client, which may include but is not limited to a caregiver or significant other.**

Family psychotherapy will be considered medically reasonable and necessary only in clinically appropriate circumstances and when the primary purpose of such psychotherapy is the treatment/management of the client's condition. Examples are as follows:

- When there is a need to observe and correct, through psychotherapeutic techniques, the client's interaction with family members; and/or
- Where there is a need to assess the conflicts or impediments within the family, and assist, through psychotherapeutic techniques, the family members in the management of the client.

## Group psychotherapy

Group Psychotherapy is a form of treatment administered in a group setting with a trained group leader supporting several clients. Because it involves psychotherapy, it must be led by a person, authorized by state statute to perform this service. The group is a carefully selected group of clients meeting for a prescribed period of time during which common issues are presented and generally relate to and evolve towards a therapeutic goal. Personal and group dynamics are discussed and explored in a therapeutic setting allowing emotional outpouring, instruction, and support. Medical diagnostic evaluation and pharmacological management may continue by a physician when indicated. The group size should be of a size that can be considered therapeutically successful.

Group therapy will be considered **medically necessary** when the client has a psychiatric illness and /or is demonstrating emotional or behavioral symptoms sufficient to cause inappropriate behavior patterns or maladaptive functioning in personal or social settings. The issues presented and explored in the group setting should evolve towards a theme or a therapeutic goal. Group psychotherapy must be ordered by a provider (or licensed healthcare professional practicing at a COA agency). In a COA agency, a Licensed Healthcare Professional can/must approve the therapeutic interventions in a service plan. as an integral part of an active service plan for which it is directly related to the client's identified condition/diagnosis. This service plan must be adhered to and should be endorsed and monitored by the treating provider or provider of record. The specialized skills of a mental health care professional must be required.

## Services for clients in crisis (90839-90840)

**Medicare recognizes the following providers to bill these services:** Psychiatrists or other doctors, Clinical psychologists, Clinical Social Workers, Clinical nurse specialists, Nurse Practitioners, Physician Assistants

**Oregon Medicaid recognizes the following providers to bill these services:** LMP, LPC, LMFT, LCSW, Psychologist, QMHP

**CareOregon recognizes the following providers to bill these services:** All of the above, plus ND, DO

**90839** - Psychotherapy for crisis- first 60 minutes

**+90840** - Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service)

Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a client with high distress.

## Adaptive behavior assessment and treatments (97151-97158)

**Medicare recognizes the following providers to bill these services:** Psychiatrists or other doctors, Clinical psychologists, Clinical Social Workers, Clinical Nurse Specialists, Nurse Practitioners, Physician Assistants

**Oregon Medicaid recognizes the following providers to bill these services:**

**97151:** BCBA, Physician, Psychologist, legislatively approved licensed healthcare professional

**97152-97154:** BCBA, BCaBA, BAI, Physician, Psychologist, legislatively approved licensed healthcare professional

**97155-97158:** BCBA, BCaBA, Physician, Psychologist, legislatively approved licensed healthcare professional

**CareOregon recognizes the following providers to bill these services:**

**97151:** BCBA, Physician, Psychologist, Legislatively Approved Licensed Healthcare Professional

**97152-97154:** BCBA, BCaBA, BAI, Physician, Psychologist, Legislatively Approved Licensed Healthcare Professional

**97155-97157:** BCBA, BCaBA, BAI, Physician, Psychologist, Legislatively Approved Licensed Healthcare Professional

**97158:** Physician, Psychologist, Licensed Behavior Analyst, BCBA

### Assessment

**97151** - As stated in the CPT code, this assessment must be “administered by a physician or other qualified healthcare professional” and conducted by licensed supervisors. However, behavior identification supporting assessments may be designed by the licensed supervisor and implemented by a treatment therapist.

- The maximum number of units that can be reported on a given day is 8, which represents two hours of service.
- **Diagnosis Coding:** ASH, head trauma, impaired social skills and communication, developmental disabilities like physical, learning, language, and much more.

**97152** - is performed by a technician under the direction of a physician or other qualified healthcare professional, face-to-face with the client, each 15 minutes.

- Includes the physician’s or other qualified health care professional’s interpretation of results and may include functional behavior assessment, functional analysis, and other structured observations and/or standardized and non-standardized instruments and procedures to determine levels of adaptive and maladaptive behavior.

**97151** - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician’s or other qualified health care professional’s time face-to-face with client and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/service plan

**97152** - Behavior identification–supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the client, each 15 minutes

## Treatment

This describes services that address specific treatment targets and goals based on the results of the previous assessment; includes ongoing assessment and adjustment of treatment protocols, targets, and goals.

Adaptive behavior treatment encompasses services geared towards specific treatment targets and goals based on information the physician gathered during the assessment. CPT codes are ranged based on how the session is administered (one-on-one, group, family, etc.). Each medical record should state which sessions were performed one-on-one with the client and which, if any, involved other participants.

The central goal of adaptive behavior is to reduce repetitive and aberrant behavior and improve communication and social functioning.

Adaptive behavior tasks are often broken down into small, measurable units. Each skill is practiced repeatedly, in isolation, until the client masters it. If additional assessments are required, the provider may choose to perform another adaptive behavior assessment.

Likewise, code selection depends on whether there was protocol modification by the technician and the number of technicians involved in client care. If documentation does not specify the number of technicians or whether there was a protocol modification, treatment is assumed to have been an adaptive behavior treatment by protocol, administered by one technician under the direction of a physician or other qualified healthcare professional.

**97153** - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one client, each 15 minutes

**97155** - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one client, each 15 minutes

**Group-** face to face with multiple clients at the same time

**97154** - Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more clients, each 15 minutes

**97158** - Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple clients, each 15 minutes

**Family-** face to face with guardian(s)/caregiver(s)

**97156** - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the client present), face-to-face with guardian(s)/caregiver(s), each 15 minutes

**97157** - Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the client present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes

**97158** - Group (2+ people) adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the client present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes

## Psychiatric diagnostic evaluation (90791-90792)

**Medicare recognizes the following providers to bill these services:**

Clinical Psychologist Services, Clinical Social Worker, Nurse-Midwife, Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist

**Oregon Medicaid recognizes the following providers to bill these services:** LMP, LPC, LMFT, LCSW, Psychologist, QMHP

**CareOregon recognizes the following providers to bill these services:**

**90791:** QMHP

**90792:** PMHNP, PA, ND, DO, MD

**90791** - Psychiatric diagnostic evaluation

**90792** - Psychiatric diagnostic evaluation with medical service

CPT Code 90791 is one of the CPT codes most commonly used by licensed behavioral health providers. It is used as part of an integrated biopsychosocial assessment which includes key details, such as the client's mental state, their history, and recommendations.

CPT Code 90791 is typically used for diagnostic evaluations that are related to new behavioral health concerns or illnesses. It is usually billed for the initial intake appointment and evaluation that each new client needs to go through at the start of the treatment process. Going forward additional appointments will use either code 90834 or 90837, depending on the length of the appointment.

CPT Code 90791 can be billed by a variety of mental health professionals. This includes Licensed Clinical Social Workers, Licensed Mental Counselors, Licensed Professional Counselors, Licensed Marriage Family Therapists as well as clinical psychologists, and psychiatrists.

The major difference between 90791 and 90792: the use of medical services.

Whereas both codes are used for psychiatric diagnostic evaluations, 90791 cannot include medical services and 90792 can. Medical services may consist of any medical activity, such as writing prescriptions, performing physical exams, and modifying psychiatric treatment.

## References

[Oregon Health Authority : OHP Fee-for-Service Fee Schedule : Oregon Health Plan : State of Oregon](#)

[HHS Roadmap for Behavioral Health Integration | HHS.gov](#)

[Mental health crisis: CMS finalizes proposals to help psychologists meet the need \(apaservices.org\)](#)

[CareOregon Behavioral Health Technical Support - Home \(sharepoint.com\)](#)

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These guidelines have been developed to accompany and complement the official conventions and instructions provided within the American Medical Association's Current Procedural Terminology (CPT) itself. Additions and deletions conform it to the most recent publications of CPT and HCPCS Level II and to changes in CareOregon and its affiliates coverage policy and payment status, and as such these guidelines are current as of 01/01/2023. Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful. CareOregon and its affiliates make no claim, promise or guarantee of any kind about the accuracy, completeness or adequacy of the content for a specific claim, situation or provider office application, and expressly disclaim liability for errors and omissions in such content. As CPT codes change annually, you should reference the current version of published coding guidelines and/or recommendations from nationally recognized coding organizations for the most detailed and up-to-date information.

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