Camden Coalition of Healthcare Providers

Billing resource: Consider if your program should bill for services. This adds revenue to the value case and may help to support ongoing investment in the services you provide. Use this guide to explore various billing codes.

State

Type of service	State (CA)
Virtual Group Therapy	Should use Medi-Cal providers should use Healthcare Common Procedure Coding System (HCPCS) codes G2010 and G2012 for brief virtual communications
Telephonic follow up	HCPCS codes G2010 and G2012 for brief virtual communications HCPCS: Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report E/M, provided to an established patient. CPT code – Medi-Cal providers may be reimbursed using the HCPCS codes G2010 and G2012 for brief virtual communications.

Federal

Virtual group therapy	• Reimbursement: $14.48 per client- Group Therapy in BH setting max 12 people in a group • Medi-Cal providers should use Healthcare Common Procedure Coding System (HCPCS) codes G2010 and G2012 for brief virtual communications • CPT Code- 90853 addressed in DHCS' Behavioral Health Information Notice 20-009
Transitional Care Management Service	• CPT 99495 and 99496
Chronic Care Management	• Code 99487 – Covers first hour of clinical staff time directed by a physician or other qualified HCP with no face-to-face time • Code 99489 – Covers each additional 30 minutes of complex chronic care coordination • Code 99490 – Covers at least 20 minutes of clinical staff time to support a beneficiary with ≥2 chronic conditions through non-face-to-face care management services • Codes 99487 or 99489 – Can be reported only once per month by the physician or HCP for the first 31 to 75 minutes of service
SBIRT	• Commercial insurance; CPT 99408 ($33.41): Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes

	• Commercial insurance; CPT 99409 ($65.51): Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes • Medicare; G0396 ($29.42): Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes • Medicare; G0397 ($57.69): Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes • Medicaid; H0049 ($24.00): Alcohol and/or drug screen • Medicaid; H0050 ($48.00): Alcohol and/or drug screening, brief intervention, per 15 minutes
RN Visit "Universal Billing Code"	• 99211: the CPT manual gives the example of using a 99211 for, "Office visit for a 45 year old female, established patient, for a blood pressure check." There is no requirement about what staff member is taking the blood pressure. • Visits are expected to be <10 minutes and reimbursement is low, typically $10-$20
Psychotherapy CPT Billing Codes	• 90791; Psychiatric diagnostic evaluation (MD, NPP, LMSW, LCSW, Licensed Psychologist, RN, LMHC, LMFT, LCAT); Assessment, patient's psychosocial hx, current mental status, review, and ordering of diagnostic studies followed by appropriate treatment recommendations • 90832; Psychotherapy 30 minutes with patient (MD, PA, RN, LCSW/LMSW); Therapeutic communication to: Ameliorate patient's mental and behavioral symptoms, modify behavior, support and encourage personality growth and development. Treatment for: behavior disturbances, mental illness • 90834; Psychotherapy 45 minutes with patient (MD, PA, RN, LCSW/LMSW); Helps a patient with a mental illness or behavioral disturbance identify and alleviate any emotional disruptions, maladaptive behavioral patterns, and contributing/exacerbating factors. • 90837; Psychotherapy 60 minutes with patient (MD, PA, RN, LCSW/LMSW); Helps a patient with a mental illness or behavioral disturbance identify and alleviate any emotional disruptions, maladaptive behavioral patterns, and contributing/exacerbating factors. • 90846; Family psychotherapy, without the patient present, 50 minutes (MD, PA, RN, LCSW/LMSW) • 90849; Family psychotherapy, with patient present, 50 minutes (MD, PA, RN, LCSW/LMSW) • 90853; Group psychotherapy (other than of a multiple-family group); (MD, PA, RN, LCSW/LMSW) Psychotherapy for Crisis: • 90839; Psychotherapy for crisis first 60 mins, must add on MD code 90840 for each additional 30 minutes after the initial 60 minutes o Report these codes when the psychotherapy is for a patient with a life-threatening or highly complex psychiatric crisis. **Source**: Neolytix

Community Health Workers	• At the state level, understand funding for CHWs and then disseminate the relevant information to community-level organizations. • Use a Medicaid 1115 waiver (see Section 1115 of the Social Security Act, enacted 2014) to bill for services. • Bill under Current Procedural Terminology® code "Patient Self-Management and Education" for up to four hours per month in 30-minute increments. • Understand that CHWs can already be classified as providers for billing purposes in private or public programs. In 2007, the American Medical Association's National Uniform Claim Committee introduced CHWs as a category in its health care provider taxonomy using the Health Resources and Services Administration definition of CHWs.5 • Case Study example: Baylor Health Care System is functioning under a Section 1115 demonstration project through Medicaid. Demonstration projects provide flexibility in design and the opportunity to create pilot or demonstration projects that promote the objectives of the Medicaid and CHIP programs.18 In 2011, Baylor Health Care System received the Section 1115 waiver from the Texas Department of State services; now the system is required to send quality metrics to the state in exchange for CHW funding. Baylor has continued to demonstrate successful outcomes with CHW demonstration projects, providing support for expansion of CHW programs and integration into other locations. **Source:** CDC, Illinois AHEC
Psychiatric Collaborative Care Management-Medicare	• 99492 initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional • G2214 - Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional • 99493 (subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional) and • 99494 (initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional) are new Medi-Cal benefits. Frequency limits for CPT codes 99492 and 99493 are once per calendar month. • The frequency limit for code 99494 is twice per calendar month. • CPT code 99492 and 99493 may not be reimbursed within the same calendar month.

Medicare Office Based Opioid Treatment (OBOT) Bundled Payment Model (physician fees are billed outside of bundled payment).	• 2021 Medicare expanded for all office based SUD care. *Some states have also included this bundled payment model for Medicaid, only for OUD. California and Michigan are two we know for sure. • G2086 Office-based treatment for substance use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month. (Assumption 2 individual + 4 group counseling sessions/month-but can also be peer or chw contact, rn csm or any combination) • G2087 Office-based treatment for substance use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month. 2 individual + 4 group counseling sessions/month, peer or chw visit, RN csm or any combination. • G2088 Office-based treatment for substance use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (List separately in addition to code for primary procedure)
Peer Based Recovery Support Services - Reimbursed by Medicaid. Peer Recovery Specialist (PRS) must meet the CMS qualifications.	• Provider bill for Medicaid members using the CMS-1500 Professional Claim Form • Services are recorded in 15 minute units (1:1 and group) • H0038:U2 - face to face peer recovery services for mental health • H0038:U3 for SUD services • H0038:U2 HQ group peer recovery services for mental health • H0038:U3 HQ group peer recovery services for SUD Additional resources: • CMS State Medicaid Director Letter, #07-011) • Peer Based Recovery Support Services Billing manual additional resource.
Health Behavior Assessment and Intervention Services	Health behavior assessment and intervention services are used to identify and address the psychological, behavioral, emotional, cognitive, and interpersonal factors important to the assessment, treatment, or management of physical health problems. (these codes are billed under licensed BH providers) The patient's primary diagnosis must be physical in nature and the focus of the assessment and intervention is on factors complicating the medical conditions and treatments. These codes describe assessments and interventions to improve the patient's health and wellbeing utilizing psychological and/or psychosocial procedures designed to ameliorate specific disease-related problems. • 96156 - New event based assessment service conducted through health focused clinical interviews, observations and clinical decision-making Intervention Services include promotion of functional improvement, minimization of psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions. These services emphasize active patient/family engagement and involvement. Intervention services may be provided to: • 96158 +96159 - Intervention services provided to the individual

	• 96164 - group of 2 or more patients + 96165 for each individual patient in the group • 96167 + 96168 - Family with patient present • 96170 + 96171 - Family without the patient present **Source:** APA