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About this document:

This document serves as a guide for medical organizations and their finance teams in California, detailing essential information for accurate usage of Behavioral Health Integration (BHI) codes. It is designed to streamline the billing process and maximize reimbursement for services provided in the field of behavioral health integration.

How to use this document:

- Review with billing/finance team to identify codes that capture services rendered
- Adapt into educational/training materials for providers, care teams and billing/finance

Terms:

- Current Procedural Terminology (CPT) codes - identify services rendered by physicians and other health care professionals.
- International Classification of Disease (ICD-10) codes - represent patient diagnoses.
- ICD-10 Codes: Alphanumeric codes used by health professionals for classifying diseases, symptoms, and other health-related factors, including Social Determinants of Health (SDOH). They are essential for patient diagnoses, billing, and medical records.

Behavioral Health Integration – Billing & Payment Codes for California Revised February 2024

I. Primary Care Behavioral Health Codes		Billed Directly by Behavioral Health Provider Billed under the patient’s Behavioral Health Benefit (Cost Sharing)				
		<ul style="list-style-type: none"> • Can be billed under either a medical or behavioral health contract, depending on the specifics of the insurance plan and the nature of the services provided. • In many cases, behavioral health services, including those represented by code 90791, are billed under a behavioral health contract. However, in integrated care settings where medical and behavioral health services are provided together, these services may also be billed under a medical contract <p>Typically, 1-6 visits per presenting problem (90832)</p>				
Psychotherapy Codes	Service	Time	Service Description	Required Documentation	Provider Types	
Psychiatric/ Mental Health Diagnosis Required	90791	Diagnostic Psychiatric Evaluation	CMS requires at least 16 minutes and not more than 90 minutes in the designated session time, with 60-minutes being the typical stand	Diagnostic assessment, diagnostic clarification, or a biopsychosocial assessment identifying factors of mental illness, functional capacity, and additional information used for the treatment of mental illness. Determination of a person’s need for mental health services, based on the diagnosis	Diagnosis, rationale for the diagnosis, and a written treatment plan supported by the assessment and interview data. Prior diagnostic assessment is not required to bill psychotherapy codes below.	<ol style="list-style-type: none"> 1. Independently Licensed 2. Payor Enrollment/Credentialing Psychologist (PsyD, PhD) Social Workers (LCSW) Marriage and Family Therapist (LMFT) (Medicare 2024) Counselor (LPC) (Medicare 2024)
	90832	Individual Psychotherapy	30 Minutes (16-37)	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, face-to- face with the patient	Time spent with the patient, therapeutic communication, attempts to alleviate the emotional disturbances or change maladaptive patterns of behavior PCBH documentation mirrors primary care SOAP (Subjective, Objective, Assessment, Plan) note.	
	90834		45 Minutes (38-52)			
	90837		60 minutes (≥53)			
Health & Behavior Codes	Service	Time	Service Description	Required Documentation	Provider Types	
Medical diagnoses are the primary reason for this intervention	96156	Initial Assessment & re- assessment	Not timed	Used when identifying the psychological, behavior, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems	Onset and history of physical illness, rationale for assessment, assessment outcome including mental status and ability to understand or respond meaningfully, and goals and expected duration of specific psychological intervention(s), if recommended. Limited to a maximum of two units per rolling 180 days, any provider.	<ol style="list-style-type: none"> 1. Independently Licensed 2. Payor Enrollment/Credentialing Psychologist (PsyD, PhD) Social Workers (LCSW) (2024) Marriage and Family Therapist (LMFT) (2024) Counselor (LPCC) (2024)
	96158	Individual Intervention	30 Minutes	Health behavior intervention, individual, face-to-face; initial	Evidence that the patient has the capacity to understand and to respond meaningfully, and psychological intervention planned and the goals, expectation to improve compliance with the medical treatment plan, and frequency and duration of services. 1 unit per day – max 8 units per rolling 180 day, by any provider	
	96159	Individual Intervention – extended time	15 Minutes	Health behavior intervention, individual, face-to-face; each additional 15 minutes (list separately in addition to code for primary service)	Must be used with 96158 as an add-on code. 2 units per day -max of 14 units per rolling 180 days, by any provider	
Care Coordination	Service	Time	Service Description	Required Documentation	Provider Types	
G0323 (2024)	General Behavioral Health	(≥20min/mo) clinical staff time	Initial assessment/follow-up monitoring,; use of applicable validated rating scales; behavioral health care planning; facilitating, coordinating and /or referral to treatment; and continuity of care with a	Initiating visit (can be BH provider) Administration of applicable validated rating scale(s); Systematic assessment and monitoring, using applicable validated clinical rating scales; Care planning by the primary care team jointly with the beneficiary, with care plan revision for patients whose condition is not	Psychologist (PsyD, PhD) (2024) Social Workers (LCSW) (2024) Marriage and Family Therapist (LMFT) (2024)	

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	Integration		designated member of the care team	improving; Facilitation and coordination of behavioral health treatment; continuous relationship with a designated member of the care team	Counselor (LPCC) (2024)
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This list is not exhaustive of the codes which can be used in integrated behavioral health; includes common codes used to bill integrated care services for the Primary Care Behavioral Health Model.
 Key: most frequent less frequent infrequent (New to 2024) CMS 2024 Physician Fee Schedule: <https://www.cms.gov/medicare/payment/fee-schedules/physician-fee-schedule/marriage-and-family-therapists-mental-health-counselors>

II. Collaborative Care Management Codes					Billed by Primary Care Treating Provider Billed under medical benefit (Cost Sharing) Typical episode of care 3-9 months Requires Primary Medical Provider, Behavioral Health Care Manager, and Psychiatric provider (except 99484)		
Collaborative Care Codes		Service	Time	Description	Required Documentation	Tips/Guidelines	Provider Types
Psychiatric/ mental health diagnosis including substance use disorders that warrants behavioral health interventions	99492 FQ – G0512	Collaborative Care (CoCM) initial month	70 Minutes (36-70 min) FQ – 70 min	Initial psychiatric collaborative care management: Behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician	Initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan. Continuity of care with a designated member of the care team. Weekly review with psychiatric consultant with modifications of the plan if recommended Patient consent	CoCM codes billed by Primary Care Treating Provider and cover services provided by all team members Patients identified by scores on validated rating scales Episode of care ends when patient meets goal tracked by validated ratings scales	Team of 3 Treating/Billing Provider PA, NP, CNS, MD, DO
	99493 FQ – G0512	Collaborative Care (CoCM) subsequent month	60 Minutes (31-60 min) FQ – 60 min	Subsequent psychiatric collaborative care management	Track patients and progress using registry Weekly case consultations with psychiatric consultant Provision of brief interventions Monitoring of patient outcomes Continuity of care with members of the care team	Patients progress tracked by registry Monthly billing of care episode determined by time spent by care team	Behavioral Health Care Manager Mental Health Counselor Marriage and Family Therapist Social Worker Registered Nurse (BSN recommended) Nurse Practitioner Psychologist Masters-level licensure candidate/trainee
	99494	Collaborative Care (CoCM) add- on	30 Minutes (16-30 min)	Additional time per month collaborative care management	Each additional 20 minutes in a calendar month of behavioral health care manager activities		
	G2214	CoCM – First or Subsequent Care Management Activities	30 Minutes	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities	Initial assessment or follow-up of the patient, including administration of validated rating scales, with the development of an individualized treatment plan Weekly review with psychiatric consultant with modifications of the plan if recommended Patient consent		Psychiatric Consultant MD, DO, Psych NP,

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	99484 FQ - G0511	General Behavioral Health Integration	20 Minutes	Clinical staff time	Initial assessment /follow up of the patient, including administration of validated rating scales, coordination with care team Patient consent	Does not require registry	Does not require Psychiatric Consultant
Coding can be location specific. Check with your payers or organization’s billing specialists. *G0511 can be billed multiple times in one month for distinct services (ie BHI, CCM, RCM)							

III. Billing and Documentation

Billing and documentation considerations must support the overall goal of your behavioral health integration program.		
<p>What is the primary goal of your behavioral health integration efforts?</p> <p style="padding-left: 40px;">Improved treatment of depression for mild to moderate symptoms?</p> <p style="padding-left: 40px;">Any behaviorally influenced medical or behavioral health condition?</p>		<p>CoCM provides ongoing support for a subset of the primary care population who have mild to moderate levels of depression providing case management, clinical interventions and psychiatric consultation for 50-120 patients for 3-9 months. Patients may be referred out to traditional behavioral health services if not improving or having acute issues.</p> <p>PCBH serves patients with any condition that has a behavioral component including acute and chronic health conditions in consultation with the primary care provider. Patients are generally seen from 1-6 times for a presenting problem. The behavioral health component is seen as part of the longitudinal primary care relationship with the patient however, patients may be referred out to traditional behavioral health services if not improving or having acute issues.</p>
Billing and Documentation Considerations		Comments
Do your primary payors reimburse Care Management Codes?	CoCM	If not consider % of patients covered by plans that do not cover CoCM codes and/or consider PCBH
Are you able to build a registry within your medical record to track serial screening measures and monthly minutes of service? If not within your EHR, is there mechanism to streamline two separate data sources for documentation of services, billing and reporting?	CoCM	The registry can be a simple as an Excel spreadsheet. The more robust the supporting systems, the less duplication of effort for staff (double charting) and the more accurate and efficient the billing and reporting.
Do you have a psychiatric provider in your system who can serve as psychiatric consultant? If not, are you able to contract with a psychiatric provider?	CoCM	Psychiatric time per clinic will be approximately 2 hours per week. Psychiatric consultants rarely see patients face to face nor directly prescribe medication. All services can be provided remotely (chart review, consultation with medical provider and care coordinators, charting treatment recommendations)

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Does your system support “incident to” billing under primary care providers?	CoCM	All services are billed by the care manager incident to the primary care provider.
Are you able to credential behavioral health providers on payor panels to bill psychotherapy codes? Which behavioral health providers? What is the time frame for credentialing?	PCBH	Behavioral health providers bill directly for psychotherapy and health and behavior codes as the billing and service provider. They must be credentialed to the payors and licensed within the state of practice as independent practitioners.
How does/Will your system hire and/or contract with mid-level providers including psychologists, social workers, marriage and family therapists, and counselors?	PCBH	Some systems add them as medical staff others as clinical staff.
Do you have space within the primary care practice to support an onsite behavioral health provider (including but not limited to exam room).	PCBH/CoCM	While services can be delivered remotely, start up and uptake will be considerably impacted without onsite presence to build relationships and receive same day warm handoffs.

IV. ICD-10 Codes

Trauma and Stressor Related Disorders

Adjustment disorder, with anxiety (F43.22)
Adjustment disorder, with depressed mood (F43.21)
Adjustment disorder, with mixed anxiety and depressed mood (F43.23)
Adjustment disorder, with disturbance of conduct (F43.24)
Adjustment disorder, with disturbance of emotions and conduct (F43.25)
Adjustment disorder with other symptoms (F43.29)
Adjustment disorder, unspecified (F43.20)
Acute Stress Disorder (F43.0)
Post-traumatic stress disorder, acute (F43.11)
Post-traumatic stress disorder, chronic (F43.12)
Post-traumatic Stress Disorder, unspecified (F43.10)
Other reactions to severe stress (F43.8)
Reaction to severe stress, unspecified (F43.9)

Depressive disorders

Major depressive disorder, recurrent, mild (F33.0)
Major depressive disorder, recurrent, moderate (F33.1)
Major depressive disorder, recurrent, severe without psychotic features (F33.2)
Major depressive disorder, recurrent, severe with psychotic symptoms (F33.3)
Major depressive disorder, recurrent, in remission, unspecified (F33.40)
Major depressive disorder, recurrent, in partial remission (F33.41)
Major depressive disorder, recurrent, in full remission (F33.42)
Major depressive disorder, recurrent, unspecified (F33.9)
Major depressive disorder, single episode, mild (F32.0)
Major depressive disorder, single episode, moderate (F32.1)
Major depressive disorder, single episode, severe without psychotic features (F32.2)
Major depressive disorder, single episode, severe with psychotic features (F32.3)
Major depressive disorder, single episode, unspecified (F32.9)
Major depressive disorder, single episode, in partial remission (F32.4)
Major depressive disorder, single episode, in full remission (F32.5)
Major depressive disorder, single episode, unspecified (F33.9)
Persistent depressive disorder (dysthymia) (F34.1)
Depressive disorder due to another medical condition with depressive features (F06.31)
Depressive disorder due to another medical condition with major depressive-like episode (F06.32)
Depressive disorder due to another medical condition with mixed features (F06.34)
Other specified depressive disorder (F32.8)
Unspecified depressive disorder (F32.9)
Bipolar II disorder (F31.81)
Premenstrual dysphoric disorder (F32.81)

Anxiety Disorders

Agoraphobia with panic disorder (F40.01)
Agoraphobia (F40.00)
Panic disorder (F41.0)
Generalized Anxiety Disorder (F41.1)
Social Anxiety Disorder (F40.10)
Anxiety Disorder Due to a Medical Condition (F06.4)
Other Specified Anxiety Disorder (F41.8)
Unspecified Anxiety Disorder (F41.9)
Obsessive Compulsive Disorder (F42)
Body Dysmorphic Disorder (F45.22)
Hoarding Disorder (F42)
Trichotillomania (Hair-Pulling Disorder) (F63.3)
Excoriation (Skin Picking) Disorder (L98.1)
OCD and Related Disorder Due to Another Medical Condition (F06.8)
Other Specified OCD and Related Disorder (F42)
Unspecified OCD and Related Disorder (F42)

Substance induced anxiety disorders

Mild alcohol use disorder with alcohol-induced anxiety disorder (F10.180)
Moderate or severe alcohol use disorder with alcohol-induced anxiety disorder (F10.280)
Alcohol-induced anxiety disorder (F10.980)
Mild caffeine use disorder with caffeine-induced anxiety disorder (F15.180)

Moderate or severe caffeine use disorder with caffeine-induced anxiety disorder (F15.280)
Caffeine-induced anxiety disorder (F15.980)
Mild cannabis use disorder with cannabis-induced anxiety disorder (F12.180)
Moderate or severe cannabis use disorder with cannabis-induced anxiety disorder (F12.280)
Cannabis-induced anxiety disorder (F12.980)
Mild opioid use disorder with opioid-induced anxiety disorder (F11.188)
Moderate or severe opioid use disorder with opioid-induced anxiety disorder (F11.288)
Opioid-induced anxiety disorder (F11.988)
Mild sedative/hypnotic/anxiolytic use disorder with sedative/hypnotic/anxiolytic-induced anxiety disorder (F13.180)
Moderate or severe sedative/hypnotic/anxiolytic use disorder with sedative/hypnotic/anxiolytic-induced anxiety disorder (F13.280)
Sedative/hypnotic/anxiolytic-induced anxiety disorder (F13.980)
Mild amphetamine/stimulant use disorder with amphetamine/stimulant-induced anxiety disorder (F15.180)
Moderate or severe amphetamine/stimulant use disorder with amphetamine/stimulant-induced anxiety disorder (F15.280)
Amphetamine/stimulant-induced anxiety disorder (F15.980)
Mild cocaine use disorder with cocaine-induced anxiety disorder (F14.180)
Moderate or severe cocaine use disorder with cocaine-induced anxiety disorder (F14.280)
Cocaine-induced anxiety disorder (F14.980)
Mild phencyclidine/hallucinogen use disorder with phencyclidine/hallucinogen-induced anxiety disorder (F16.180)
Moderate or severe phencyclidine/hallucinogen use disorder with phencyclidine/hallucinogen-induced anxiety disorder (F16.280)
Phencyclidine/hallucinogen-induced anxiety disorder (F16.980)
Mild inhalant use disorder with inhalant-induced anxiety disorder (F18.180)
Moderate or severe inhalant use disorder with inhalant-induced anxiety disorder (F18.280)
Inhalant-induced anxiety disorder (F18.980)
Mild other or unknown substance use disorder with other or unknown substance-induced anxiety disorder (F19.180)
Moderate or severe other or unknown substance use disorder with other or unknown substance-induced anxiety disorder (F19.280)
Other or unknown substance-induced anxiety disorder (F19.980)

Somatic Disorders

Psychological factors affecting other medical conditions F54 (mild, moderate, severe or extreme)
Somatic symptom disorder F45.1 (mild, moderate or severe)
Somatic symptom disorder with predominant pain (F45.1)
Somatic symptom disorder persistent (F34.1)
Illness anxiety disorder care seeking type (F45.21)
Illness anxiety disorder care avoidant type (F45.21)

Problems related to family upbringing
Parent-Child Relational Problem Z62.820
Sibling Relational Problem Z62.891
Upbringing away from parents Z62.29
Child affected by parental relationship distress Z62.898

Other problems related to primary support group

Relational distress with spouse or intimate partner (Z63.0)
Disruption of family by separation or divorce (Z63.5)
Uncomplicated bereavement (Z63.4)
Absence of family member due to military deployment (Z63.31)
Stress on family due to return of family member from military deployment (Z63.71)
Other specified problems related to primary support group (Z63.8) (approximate synonyms: Caregiver role strain, Caregiver stress, Family conflict, Family disruption, Family disruption issues in remission, Family maladjustment, Family stress, Family tension, Stress due to family tension, High expressed emotion level within family)

Cannabis Use Disorders

Cannabis Use Disorder, Mild (F12.10)
Cannabis Use Disorder, Moderate (F12.20)
Cannabis Use Disorder, Severe (F12.20)

Tobacco use disorders

Tobacco use disorder, mild Z72.0
Tobacco use disorder, moderate F17.200
Tobacco use disorder, severe F17.200
Tobacco withdrawal F17.203
Unspecified tobacco related disorder F17.209

Other long term (current) drug therapy (Z79.899)

Personal History

Personal history of physical abuse in childhood (Z62.810)
Personal history of sexual abuse in childhood (Z62.810)
Personal history of neglect in childhood (Z62.812)
Personal history of psychological abuse in childhood (Z62.811)
Personal history of spouse or partner violence, physical (Z91.410)
Personal history of spouse or partner violence, sexual (Z91.410)
Personal history of spouse or partner neglect (Z91.412)
Personal history of spouse or partner psychological abuse (Z91.411)
Other personal history of psychological trauma Z91.49
Personal history of self-harm (Z91.5)
Personal history of military deployment Z91.82
Other personal risk factors Z91.89
Problem related to lifestyle Z72.9
Adult antisocial behavior Z72.811
Child or adolescent antisocial behavior Z72.810
Personal history of traumatic brain injury (Z87.820)

Educational problem

Academic or educational problem (Z55.9)

Occupational Problems

Problem related to current military deployment status (Z56.82)
Other problem related to employment (Z56.9)

Housing & Economic Problems

Homelessness (Z59.0)
Inadequate housing (Z59.1)
Discord with neighbor, lodger or landlord (Z59.2)
Problem related to living in a residential institution (Z59.3)
Lack of adequate food or safe drinking water (Z59.4)
Extreme poverty (Z59.5)
Low income (Z59.6)
Insufficient social insurance or welfare support (Z59.7)
Unspecified housing or economic problem (Z59.9)

Other problems related to the social environment

Phase of life problem Z60.0
Problem related to living alone Z60.2
Acculturation difficulty Z60.3
Social exclusion or rejection Z60.4
Target of (perceived) adverse discrimination or persecution Z60.5
Unspecified problem related to social environment Z60.9

Problems related to crime or interaction with the legal system

Victim of crime Z65.4
Conviction in civil or criminal proceedings without imprisonment Z65.0
Imprisonment or other incarceration Z65.1
Problems related to release from prison Z65.2
Problems related to other legal circumstances Z65.3

Other health service encounters for counseling and medical advice

Sex counseling Z70.9
Other counseling or consultation Z71.9

Problems related to other psychosocial personal and environmental circumstances

Religious or spiritual problem Z65.8
Problems related to unwanted pregnancy Z64.0
Problems related to multiparity Z64.1
Discord with social service provider, including probation officer, case manager or social services worker Z64.4
Victim of terrorism or torture Z65.4
Exposure to disaster, war or other hostilities Z65.5
Other problem related to psychosocial circumstances Z65.9

Family History

- Alcoholism and drug addiction in family (Z63.72)
- Family history of intellectual disabilities (Z81.0)
- Family history of alcohol abuse and dependence (Z81.1)
- Family history of tobacco abuse and dependence (Z81.2)
- Family history of other psychoactive substance abuse and dependence (Z81.3)
- Family history of other substance abuse and dependence (Z81.4)
- Family history of other mental and behavioral disorders, including suicide (Z81.8)

Problems related to access to medical and other health care

- Unavailability or inaccessibility of health care facilities Z75.3
- Unavailability or inaccessibility of other helping agencies Z75.4

Nonadherence to medical treatment

- Nonadherence to medical treatment Z91.19
- Overweight or obesity E66.9
- Malingering Z76.5
- Wandering associated with a mental disorder Z91.83
- Borderline intellectual functioning R41.83