

Table I – Mental Health Codes and Payers, as of January 2008

Type of HCPCS Code/ Originator	Procedure Service Codes	Diagnosis Codes	Type of Practitioner Allowed to Bill	Medicare	Medicaid
CPT Psychiatry (Level I – AMA)	Initial Evaluation: 90801 Psychiatric therapeutic codes: 90802–90899 with ICD-9-CM Diagnosis Codes 290–319 to identify mental, psychoneurotic, and personality disorders	MH Diagnosis as Primary ICD-9-CM Diagnosis Codes 290–319	Mental health specialists: physicians and nonphysicians, such as clinical social workers 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	Medicare pays for psychiatry CPT codes 90801 - 90899	Many states allow payment for these codes; check with individual State Medicaid Program
CPT Health Behavior Assessment and Intervention (HBAI) (Level I - AMA)	96150–96155	Physical (i.e., non-mental) Diagnosis Primary, from ICD-9-CM	Nonphysician mental health practitioners, such as clinical psychologists, who meet qualifications established by payer, are licensed by the State are authorized to bill codes. CSWs may not bill Medicare using HBAI codes	Medicare pays for HBAI codes in the 96150-96155 range, with the exception of 96155 [not an active code]	Up to the State; many do not yet pay for these newer codes
CPT Evaluation and Management (E/M) (Level I - AMA codes)	99201–99215 (Office) 99241–99255* (Consultation)*	Physical or Mental Disorder Diagnosis as Primary,	Physicians and primary care extenders, such as nurse practitioners, clinical nurse specialists, and physician assistants,	Medicare pays Office visits, and for Home care codes 99324-99337.	Many states allow payment for use of E/M service code in primary care,

	<p>99324-99340 (Homecare)</p> <p>99381-99429 (Preventive)</p>	<p>from ICD-9-CM;</p> <p>Many states allow E/M with ICD-9 psychiatry dx codes 290-319.</p> <p>Note: Under Medicare, a primary diagnosis of mental illness is reimbursed at a lower rate (50%) than primary physical illness.</p>	<p>licensed by the State. (Not recommended for use under Medicare by clinical psychologists.)</p> <p>Physician</p>	<p>Homecare codes 99339 and 99340 are bundled under the Medicare physician fee schedule and are not paid separately.</p> <p>Preventive codes, 99381–99429, are not covered by Medicare.</p> <p>Note: Some Medicare carriers may reject a claim from a PCP using mental diagnosis.</p> <p>Telephone E/M service by physician to established patient. 99444 for online E/M</p>	<p>and report use of E/M with ICD-9-CM Psychiatry Diagnosis Codes 290–319; check with individual State Medicaid Program</p> <p>States generally use a modifier to existing CPT codes to identify a telemedicine</p>
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	98966 – 98969 (Telehealth)	Physical or mental	Qualified Nonphysician	Telephone assessment and management of established patient	claim. As of 2007, 24 States allowed reimbursement for telemedicine
Level II HCPCS State Codes (Level II – CMS maintains)	A – V codes standardized nationally W – Z codes are state-specific	H codes often used for MH & SA services	Variety. See list in “Examples from States”	Medicare pays for some Level II codes, including A,G, J codes; Medicare does NOT pay for H, S, or T codes. As of 2008, two new “G” codes, G0396; G0397, pay for alcohol or drug use assessment & brief inter- vention. Telehealth G codes are OK.	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. As of Jan 2007, 2 new Medicaid codes, H0049 & H0050, allow for payment for alcohol and/or drug screening and brief intervention.

* Note as of January 1, 2010, CMS disallowed use of the Evaluation and Management Consultation CPT codes (99241-99255)

Created 04.16.09; updated 10/19/10 by Shelagh Smith, MPH at SAMHSA, DHHS.