Mental Health Coding Guidelines

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There have been many recent changes made to billing and coding guidelines amidst the COVID-19 pandemic. Mental Health services is no exception. Please see below for a quick list of Mental Health coding guidelines.

COVID-19 Quick List:

- Providers offering tele-psychiatry services to patients prior to COVID-19 will continue to use standard billing practices, including the use of Place of Service (POS) 02.
- For tele-psychiatry services provided to patients under the recent 1135 waiver, which would have previously resulted in a face-to-face office visit, use POS 11 when billing claims, as you would if the patient was seen in person.
- Inpatient care will also follow standard practices. Use the corresponding POS as if the service was provided face-to-face on site. Use the same CPT code that would have been used for the in-person encounter, with the addition of modifier 95.
- Modifier 95 indicates care was provided as telemedicine.
- Prior to the 1135 waiver Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service. Medicare has allowed the following services to be provided through telehealth:
    - 90785 Interactive Complexity
    - 90791 Psychiatric Diagnostic interview
    - 90832 Individual Psychotherapy
    - 90853 Group Psychotherapy
    - 90846 Family Psychotherapy
    - 90845 Psychoanalysis
    - 96156 Individual and Group Health Behavior Assessment and Intervention
    - 96116 Neurobehavioral Status Exam (*CMS has not approved 96121)
    - 96130-96133 and 96136-96139 Psychological and Neuropsychological Testing
- The only service that can be provided as audio-only is if a patient calls experiencing mental health issues, the provider assesses the problem (not formal testing) and provides an intervention. (98966-98968)
- Providers may also bill “e-visits” which are initiated by an established patient (G2061-G2063). Cost sharing does not apply to these visits. If billing Medicare, modifier –CS should be appended to the claim to denote waiver of cost-sharing responsibilities.
- CMS has waived the requirement to travel to a qualifying “originating site”.

- The Office of Civil Rights states “Covered health care providers will not be subject to penalties for violations of the HIPAA Privacy, Security, and Breach Notification Rules that occur in the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This Notification does not affect the application of the HIPAA Rules to other areas of health care outside of telehealth during the emergency.” The Office of Civil Rights will communicate with the public when this Telehealth specific guidance will expire.
- As of March 17th, 2020 the DEA suspended the Ryan Haight act for telehealth if all of the following conditions are met:
    - “Prescription is issued for a legitimate medical purpose by a practitioner acting in usual course of his/her professional practice.”
    - “Telemedicine communication is conducted using an audio-visual, real-time, two-interactive communication system.”
    - “The practitioner is acting in accordance with applicable federal and state law.”

Resource Links:

Anthem:

Telehealth Information

Humana:

Telehealth Information

Centers for Medicare & Medicaid Services:

List of Telehealth ServicesTelemedicine Provider Fact Sheet

American Psychiatric Association:

Practice Guidance for COVID-19

American Psychological Association:

Developments for Psychologists

Health & Human Services:

OCR HIPAA Announcements for COVID-19

Substance Abuse & Mental Health Services Administration:

SAMHSA Resources and Information

For more information on how the Coronavirus is impacting businesses across multiple industries, visit our COVID-19 resource page:

COVID-19 Resources