Code Capture:

2024 CPT Guide For Behavioral Health Practices

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Maximizing Revenue: The importance of CPT codes

CPT (Current Procedural Terminology) coding is the crucial first step for behavioral health practices to accurately bill for services and drive proper reimbursement. However, due to complex cases and a lack of standardization within behavioral health revenue cycle management (RCM), coding teams inevitably make mistakes and overlook essential details — leading to poor revenue capture and limited reimbursement.

To best position your practice for success, leverage expert insights into the maze of behavioral health CPT codes to streamline administrative processes and maximize practice revenue. Ensure your practice captures all available claims and minimizes denials by exploring the information and strategies in this Behavioral Health CPT quick guide.

## Top Behavioral Health CPT Codes in 2024

Recording clear and accurate CPT codes for behavioral health services is easier said than done. Coding teams must assess each component of care to extract every possible billing opportunity and assign the correct code.

While the framework of behavioral health RCM continues to evolve as the industry adapts to the intricacies of mental health and psychiatric care, there is a set list of codes that your team must know to bill properly in 2024. The most commonly utilized codes include:[1]

- **90791:** Psychiatric diagnostic evaluation

- **90792:** Psychiatric diagnostic evaluation with medical services

- **90832, 90834, 90837:** Psychotherapy for 30, 45, and 60 minutes

- **90845:** Psychoanalysis

- **90847:** Family or couples therapy with patient present

- **90846:** Family or couples therapy without patient present

- **90849:** Multiple family group psychotherapy

- **90853:** Group psychotherapy (other than a multiple-family group)

- **90839:** Psychotherapy for crisis, 60 minutes

- **90840:** Psychotherapy for crisis, each additional 30 minutes

Digging Deeper:
Assigning Code Modifiers

Determining the correct code is just the first piece of the behavioral health RCM puzzle. In many cases, coding modifiers must be used to accurately capture a unique or nontypical episode of care. In these situations, standard codes are not sufficient to describe the services rendered, and modifiers must be used to help insurance companies understand the correct reimbursement amount.
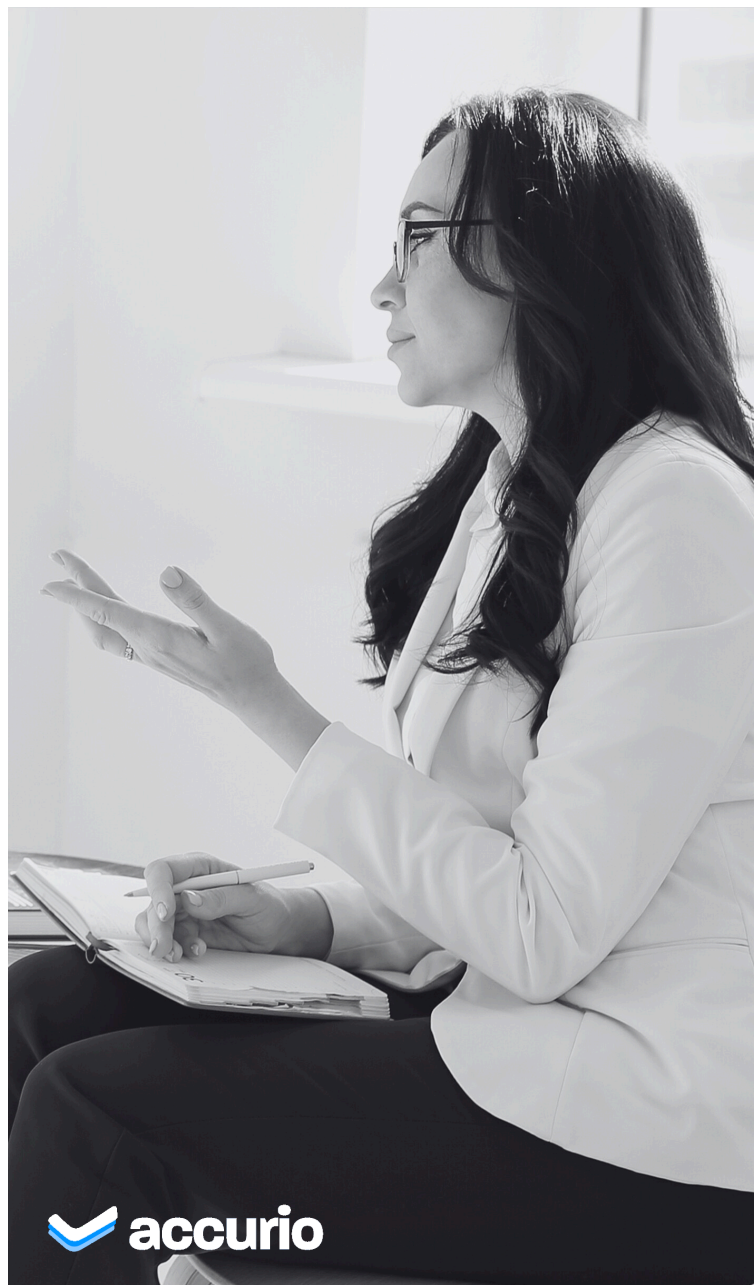
Frequently used modifiers in behavioral health billing:[2,3]

- **Modifier 25:** Separately identifiable Evaluation and Management Services by one provider, or on the same day as another service

- **Modifier 27:** Multiple evaluation or management encounters on the same day

- **Modifier 59:** Distinct procedure from other services rendered on the same day

- **Modifier 95:** Audio-video counseling and therapy telehealth services

- **Modifier AF:** Services rendered by a specialty physician

- **Modifier AH:** Services rendered by a clinical psychologis

- **Modifier HA:** Child or adolescent program

- **Modifier HB:** Adult program, non-geriatric

- **Modifier HE:** Mental health program

- **Modifier HF:** Substance abuse program

- **Modifier HG:** Opioid addiction treatment program

- **Modifier HK:** Specialized mental health programs for high-risk populations

- **Modifier HQ:** Group setting

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Key Strategies for Leveraging Behavioral Health Billing Best Practices in 2024

1

Practice thorough documentation: Ensure comprehensive documentation of each patient encounter, including the services provided, duration, patient response, and any relevant diagnoses or symptoms.

2

Eliminate coding errors: Select the most appropriate CPT code based on the services rendered and documentation guidelines. Avoid undercoding or overcoding, as these errors can lead to denials or audits.

3

Stay current on new guidelines: Regularly review updates to CPT codes and guidelines to ensure compliance with the latest coding standards and regulations.

4

Utilize technology: Implement electronic health record (EHR) systems and business intelligence tools to optimize billing workflows and automate coding processes where possible.

5

Leverage coding expertise: Bring in a trained set of eyes to ensure your coding practices are accurate and efficient, and leverage these expert insights to identify gaps in your coding processes.

6

Partner with specialists: Identify a revenue cycle partner like Accurio with team members specifically trained in billing for behavioral health practices to ensure billables are maximized and cash flow is stable.

By outsourcing your revenue cycle to a team of specialists who have mastered the intricacies of behavioral health coding and billing, your practice is free to focus your time, staff, and resources on what truly matters: Caring for your patients.

Unlike traditional medical billing, behavioral health RCM is not an easily navigable process — especially for an in-house billing team. Behavioral health coding and billing are incredibly complex and prone to errors, requiring specialized knowledge and experience to ensure maximum reimbursements. An expert partner like Accurio can work behind the scenes to ensure your practice is paid properly for your services. Accurio's business intelligence-driven behavioral health RCM solutions integrate within each practice's billing workflow, providing highly customized services that accelerate revenue growth and enhance financial visibility — without disrupting your day-to-day processes.

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With more than 100 years of combined revenue cycle experience, Accurio is focused on ensuring you efficiently collect your claims, cost-effectively. Founded by medical billing veterans, our team gives you absolute confidence to focus on scaling your practice. We are trusted by over 500 practitioners and have saved over a million in revenue for them with our highly customizable and flexible RCM solutions.

www.accuriohealth.com   **sales@accuriohealth.com**   **(301) 591-7247**

Over $100 million in collected revenue	98% collection rate	30-day insurance AR follow up

SOURCES

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3. Authorized Modifiers. (2024, January 1). South Dakota Medicaid. SOURCES