MOUNTAIN HEALTH CO-OP

Correct Coding and Documentation Resource Sheet

Policy	Article-010
Effective Date	**01/01/2026**
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Originated Department	Correct Coding Integrity

Behavioral Health E/M Services Educational Guide

Audience

- Psychiatrists
- Behavioral Health Physicians
- Nurse Practitioners (Psych NP)
- Physician Assistants
- Medical Coders
- Clinical Documentation Improvement (CDI) Specialists
- Compliance and Audit Professionals

Behavioral Health E/M Services:

1. Behavioral health E/M services involve the evaluation, diagnosis, and management of mental health conditions by a physician or qualified healthcare professional.
   - **1.1** These services include:
   - **1.2** Psychiatric evaluation
   - **1.3** Medication management
   - **1.4** Assessment of psychiatric symptoms
   - **1.5** Treatment planning
   - **1.6** Coordination with behavioral health providers
   - **1.7** Risk assessment (suicide, self-harm, harm to others)
2. Behavioral health services may occur in:
   - **2.1** Office or outpatient clinics
   - **2.2** Hospitals
   - **2.3** Residential treatment settings
   - **2.4** Telehealth environments
3. Providers may select the E/M level based on:
   - **3.1 Medical Decision Making (MDM)**
     OR
   - **3.2 Total Time on the Date of Service**
4. **CPT Codes in Behavioral Health E/M**

4.1 Behavioral health providers commonly use standard E/M codes when performing psychiatric medical management.

5. Office/Outpatient Visits

CPT Code	Patient Type	Typical Time	MDM Level
99202	New	15-29 min	Straightforward
99203	New	30-44 min	Low
99204	New	45-59 min	Moderate
99205	New	60-74 min	High
99212	Established	10-19 min	Straightforward
99213	Established	20-29 min	Low
99214	Established	30-39 min	Moderate
99215	Established	40-54 min	High

6. Psychiatric Add-On Code

CPT Code	Description
90833	Psychotherapy add-on (30 min) with E/M
90836	Psychotherapy add-on (45 min) with E/M
90838	Psychotherapy add-on (60 min) with E/M

These are used when psychotherapy is provided in addition to medication management.

7. Medical Decision Making (MDM)

E/M level selection based on three MDM components.

Component	Behavioral Health Examples
Problems Addressed	Depression, bipolar disorder, anxiety, PTSD, schizophrenia
Data Reviewed	Labs for medication monitoring, prior psychiatric records
Risk of Complications	Medication adjustments, suicide risk, hospitalization

8. MDM Risk Examples

Risk Level	Behavioral Health Example
Low	Stable depression on medication
Moderate	Medication change due to side effects
High	Suicide risk evaluation or acute psychosis

Documentation Essentials:

Behavioral health E/M documentation should include:

1. **Chief Complaint**
   - **1.1** Reason for the visit.
     - **a)** Example:
       - **i.** "Follow-up for major depressive disorder"
       - **ii.** "Medication management for bipolar disorder"
2. **History of Present Illness**

2.1 Include psychiatric symptom details:
- **a)** Mood changes
- **b)** Anxiety severity
- **c)** Sleep patterns
- **d)** Appetite changes
- **e)** Functional impact

3. **Mental Status Examination (MSE)**
   3.1 Typical components include
   - **a)** Appearance
   - **b)** Behavior
   - **c)** Speech
   - **d)** Mood and affect
   - **e)** Thought process
   - **f)** Thought content
   - **g)** Cognition
   - **h)** Insight and judgment
4. **Medical Decision Making**
   4.1 Document:
   - **a)** Diagnoses evaluated
   - **b)** Medication management
   - **c)** risk assessments
   - **d)** Treatment decisions
5. **Assessment and Plan**
   5.1 Include:
   - **a)** Diagnosis
   - **b)** Medication adjustments
   - **c)** Therapy recommendations
   - **d)** Safety planning if necessary
   - **e)** Follow-up care

Time-Based Coding:

1. Providers may select the E/M level using total time on the date of service.
   1.1 Time may include:
   - **a)** Patient evaluation
   - **b)** Psychotherapy
   - **c)** Medication management
   - **d)** Review of records
   - **e)** Care coordination
   - **f)** Documentation
2. **Example Time Documentation**
   2.1 *"Total time spent on the date of service: 45 minutes including psychiatric evaluation, medication management, psychotherapy counseling, and documentation."*

CDI & Audit Considerations

1. To support accurate coding, documentation should:
   - **1.1** Clearly describe psychiatric symptoms and diagnosis
   - **1.2** Document mental status examination findings
   - **1.3** Include medication management decision
   - **1.4** Describe risk assessment and safety planning
   - **1.5** Reflect medical necessity for treatment

2. **Common Behavioral Health Audit Triggers**
   - **2.1** Missing mental status exam documentation
   - **2.2** Lack of medical necessity
   - **2.3** Psychotherapy add-on codes without documentation
   - **2.4** Insufficient risk assessment
   - **2.5** Missing time documentation

References

- CPT 2026 Professional Edition, American Medical Association
- AMA CPT Assistant – Behavioral Health Documentation Guidance
- CMS Evaluation & Management Services Guide
- ICD-10-CM Official Coding Guidelines

Review/Revision/Approval History

Date	Description
01/01/2026	**Correct Coding Integrity**
03/23/2026	**Revised by Mountain Health CO-OP Policy Committee**

Disclaimer

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