

Suicide Care Pathway Coding for Primary and Behavioral Health Care

Care Events:

Depression Screening in Primary Care (See #1 on Next Slide)

Depression Screening in Behavioral Health Care or Community Programs

Ongoing Depression Care in Primary Care or Behavioral Health Care

Any Point in Primary Care or Behavioral Health Care

Identification Pathways:

PHQ-2 (96127, G0444)

Positive Screen

PHQ-9 (96127, G0444)

Positive Q-9

C-SSRS Screen (96127) – (See #2 on Next Slide)

Non-structured Identification of Suicidality (Longer visit for higher EM Code)

Negative Screen

Negative Q-9

Negative C-SSRS

Positive C-SSRS

Response Pathway Initiation:

Add suicide to the problem list and complete safety plan – 90791/90792 (See #4 on Next Slide)

Active

Response Pathway Assessment:

Complete C-SSRS Lifetime/Recent Scale and Risk Assessment (90791/90792 – Evaluation Prescribing Provider) (See #4 on Next Slide) (90834 MH Visit, 90839/90840-Crisis Visit) (See #3 on Next Slide)

Active


Response Pathway Maintenance:

Complete C-SSRS Since Last Visit scale and update risk assessment and safety plan (90834 MH Visit, 90839/90840-Crisis Visit) (See #3 on Next Slide)

Active

Update Suicide problem list entry as indicated

Update suicide problem list entry as indicated

Icon Key:  Indicated that clinical decision support is in place to support movement along pathway.

Suicide Care Pathway Coding for Primary and Behavioral Health Care

(1) Behavioral Health Screening Utilization: Depression

Code	Description
G8431 (with HD modifier)	Screening for clinical depression is documented as positive and a follow-up plan is documented.
G8510 (with HD modifier, replaces 99420)	Screening for clinical depression is documented as negative, a follow-up plan is not required.
CPT code 96127	Screening with brief emotional/behavioral assessment with scoring and documentation, per standardized instrument.
G0444	Annual depression screening, 15 minutes
CPT code 96191	Administration of caregiver-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument. - Maternal depression screening during well-child visit, billed using child's ID number.

(2) **CPT code 96127** (brief emotional/behavioral assessment). Primary care and other specialists may use CPT code 96127 when screening and assessing their patients, up to four times per year per patient. It should be used to report a brief assessment for ADHD, depression, suicidal risk, anxiety, somatic symptom disorder, and substance abuse and can be billed every time it's medically necessary, with a maximum of four different screens per visit, but this may vary based on the insurance provider. The appropriate date of service for CPT 96127 will be the date that the service was completed. Since CPT code 96127 includes scoring and documentation of the test, you would need to report the date that the testing concluded. The provider does not need to be the one to administer the assessment, since the code description also references scoring and documenting the result. The provider reporting the service should be the one who is interpreting the results of the assessment. Each insurance is different. Some insurances require modifier 59 and others modifier 25.

(3) **Code 90839** is a stand-alone code for a 60-minute crisis psychotherapy session, while code 90840 is an "add-on" code used for each additional 30 minutes of crisis.

(4) **90791 Psychiatric Diagnostic Evaluation**. This code is used for an initial diagnostic interview exam that does not include any medical services. It includes a chief complaint, history of present illness, review of systems, family and psychosocial history, and complete mental status examination. In the past, most insurers would reimburse for one 90791 (then a 90801) per episode of illness. The guidelines now allow for billing this on subsequent days when there is clinical necessity. **90792 Psychiatric Diagnostic Evaluation with Medical Services**. This code is used for an initial diagnostic interview exam for a patient that includes medical services. It includes a chief complaint, history of present illness, review of systems, family and psychosocial history, and complete mental status examination. In the past, most insurers would reimburse for one 90792 per episode of illness. The guidelines now allow for billing this on subsequent days when there is medical necessity for an extended evaluation