Early Childhood Developmental Health Systems | EVIDENCE TO IMPACT CENTER

Team-Based, Integrated Mental Health Care Billing Guide

This comprehensive guide describes billing codes for different components of team-based care, organized by type of provider or mode of service delivery. This resource serves as a documentation primer for providers involved in team-based care and provides crosswalk guidance for specialty current procedural terminology (CPT) and diagnosis codes.

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How to Use this Billing Guide

Step 1. Check that your state's public and private payers allow billing for the codes that you want to use. You can do this by contacting your Medicaid or managed care billing offices and/or your health system billing office. If you are not sure who to contact, reach out to a local primary care association, your American Academy of Pediatrics (AAP) chapter, or your American Academy of Family Physicians (AAFP) chapter. You can also contact the AAP national billing hotline via email at aapcodinghotline@aap.org.

Step 2. Determine if any training and implementation resources are needed for teams to effectively identify which CPT and diagnosis codes are appropriate. For example, you may choose to develop decision trees for common concerns or host training on newly available codes.

Step 3. Identify any knowledge and implementation gaps to continuously improve coding and billing. When necessary, engage county or state partners who can address implementation challenges.

Part 1: Physician Providers

1. Primary Care Visit Codes

Well-Child Visits

CPT Code	Description
99381	New patient, younger than 1 year
99382	New patient, early childhood 1-4 years
99383	New patient, late childhood 5-11 years
99391	Established patient, younger than 1 year
99392	Established patient, early childhood 1-4 years
99393	Established patient, late childhood 5-11 years

Sick Visits

CPT Code	Description
99201	New patient visit, problem-focused history and exam, straightforward medical decision-making. Typical time, 10 minutes.
99202	New patient visit, problem-focused history and exam, low medical decision making. Typical time, 20 minutes.

99203	New patient visit, problem-focused history and exam, medium medical decision-making. Typical time, 30 minutes.
99204	New patient visit, problem-focused history and exam, medium-high medical decision-making. Typical time, 45 minutes.
99205	New patient visit, problem-focused history and exam, high medical decision-making. Typical time, 60 minutes.
99211	Established patient, evaluation/management (E/M) that may not require the presence of a physician. Often referred to as a "nurse's visit."
99212	Established patient, E/M with straightforward medical decision-making. Typical time, 10-19 minutes.
99213	Established patient, E/M with low medical decision-making. Typical time, 20-29 minutes.
99214	Established patient, E/M with medium medical decision-making. Typical time, 30-39 minutes.
99215	Established patient, E/M with medium medical decision-making. Typical time, 40-54 minutes.
25 modifier	Added to sick visit for significant E/M service performed the same day as a preventive visit.

2. Screening Codes to Identify Developmental Needs

CPT Code	Description
96160	Patient-focused health risk assessment using a validated, standardized tool. *Example: social needs that impact health*
96161	Caregiver-focused health risk assessment with scoring and documentation per standardized instrument. *Example: perinatal depression screen*
96110	Developmental screening using a validated, standardized tool. *Examples: developmental screen, autism screen*
96127	Brief emotional or behavioral assessment. *Example: social-emotional development screen*

For recommended well-child visit ages for each screening, refer to the Early Childhood Social-Emotional Development Billing and Coding guide. More frequent screenings are recommended when a developmental need is identified.[1]

[1] Paul H. Lipkin, Michelle M. Macias, COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS; Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening. *Pediatrics* January 2020; 145 (1): e20193449. 10.1542/peds.2019-3449

3. Brief Intervention by Primary Care Provider During Visit

A brief mental health intervention by a primary care provider using Common Factors is recommended.[2] The brief intervention is considered part of the well-child visit and does not have an additional CPT code.

4. Developmental Need Identified and Documented by Primary Care Provider

Screening typically follows the Bright Futures well-child visit guidance, in which a primary care physician would utilize a screening code and a diagnosis code for a positive screen. If screening occurs outside of the well-child visit, such as at a follow-up or interim visit, a physician should utilize an E/M code.

Note that some payers may not yet cover treatment for non-specific codes (R and Z) by mental health providers.

Strengthening Early Childhood Clinical Care

As a pediatric care provider, it is critical to inform payers about the unique developmental needs for early childhood and the importance of primary care and specialists intervening before a mental health diagnosis (use of an F code) is needed to improve lifelong health and reduce health care costs later in life.

Diagnosis Code	Description
Z00.121	Encounter for routine child health exam with abnormal findings

For concerns on a general developmental screening tool:

Diagnosis Code	Description
R62.50	Developmental concern
R62.0	Delayed milestones

For concerns on a social-emotional development screening tool, choose from the nonspecific codes as a diagnosis for the child:

Diagnosis Code	Description
F98.9	Unspecified behaviors and emotional disorders with onset occurring in childhood or adolescence
F93.9	Childhood emotional disorder, unspecified

[2] AAP. (November 1, 2019.) Mental Health Competencies for Pediatric Practice. Policy Statement.

F43.9	Reaction to severe stress, unspecified
Z62.820	Parent-child relational problem
Z codes list	Social needs that impact health

Additionally, ZERO TO THREE created a comprehensive Crosswalk from DC:0-5™ to DSM-5 and ICD-10 of diagnosis descriptions and codes used by mental health and developmental clinical professionals. Primary care providers should be aware of these age-appropriate diagnoses for children age 5 and under that will be made by licensed mental health professionals and developmental specialists. The 2022 Centers for Medicaid and CHIP Services' (CMCS) mental health bulletin reminds states of requirements for Early and Periodic Screening, Diagnostic, and Treatment (EPDST) benefit, which cites DC:0-5™ when explaining that states have coverage authority for age-appropriate diagnosis.

5. Evaluation and Management Codes for Time-Based Billing

The primary care provider may choose to use time-based billing with E/M codes for the total time spent related to a visit on the date of service, including preparation and follow-up time. Time-based E/M billing may include time spent before, during, or after the well visit on the same day. If an E/M code is used on the same day as a well visit, modifier –25 should be added to indicate a shift to time spent on a sick visit. Billable time includes both face-to-face and non-face-to-face time spent by the physician.

Time-Based Codes for Brief Interventions or Limited Complexity Cases

CPT Code New Patient	Description	CPT Code Established Patient	Description
99202	15-29 minutes	99212	10-19 minutes
99203	30-44 minutes	99213	20-29 minutes
99204	45-59 minutes	99214	30-39 minutes

Prolonged Visit Codes for Complex Cases

CPT Code New Patient	Description	CPT Code Established Patient	Description
99205	60-74 minutes	99215	40-54 minutes

99205 + 99417 x 1	75-89 minutes	99215 + 99417 x 1	55-69 minutes
99205 + 99417 x 2	90-104 minutes	99215 + 99417 x 2	70-84 minutes
99205 + 99417 x 1 unit for each full 15 minutes beyond the first 74 minutes	≥105 minutes	99215 + 99417 X 1 unit for each full 15-minute period beyond the first 54 minutes.	≥85 minutes

Part 2. Team-Based Care Providers

6. Team-Based Care Codes

For age-appropriate diagnosis and treatment under EPSDT, team-based mental health providers and developmental clinical professionals should use the Crosswalk from DC:0-5™ to DSM-5 and ICD-10 for mental health conditions in early childhood. Some codes are designated as either for co-located or integrated mental health providers, as their usage depends on the role's responsibilities and time spent with the patient.

- Co-located: The provider is not in the visit with the primary care provider. The provider can have longer patient encounters, but they cannot be responsive during well-child visits because they have a full caseload.
- Integrated: The provider is in each visit with the primary care provider and focuses on brief interventions in the well-child visit patient encounter.

Psychiatric Diagnostic Evaluation – Co-Located

CPT Code	Description
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services

Psychotherapy – Integrated

CPT Code	Description
90832	Psychotherapy, 30 minutes
90834	Psychotherapy, 45 minutes

Psychotherapy – Co-Located

CPT Code	Description
90832	Psychotherapy, 30 minutes.
90832 + 90785	Individual psychotherapy, 30 minutes with a patient with interactive complexity services.
90833	Individual psychotherapy, 30 minutes with a patient and/or family member when performed with E/M service.
90834	Psychotherapy, 45 minutes.
90836	Individual psychotherapy, 45 minutes with a patient and/or family member when performed with E/M service.
90837	Psychotherapy, 60 minutes.
90838	Individual psychotherapy, 60 minutes with a patient and/or family member when performed with E/M service.
90846	Family psychotherapy without a patient present.
90847	Multiple family group psychotherapy.
90848	Add-on code for prolonged psychotherapy services, specifically for sessions exceeding time limits of other psychotherapy codes (e.g., 60 minutes). Providers must document total time spent.
90849	Group psychotherapy (other than multiple family group).
90853	Group psychotherapy, involves a therapist leading a session with three or more patients for interpersonal interaction and support. 45-60 minutes, and the group must be focused on a specific skill or topic.

Developmental Testing – Co-Located

CPT Code	Description
96112	Developmental test administration, including assessment of fine and/or gross motor, language, cognitive level, social, and memory or executive functions by standardized developmental instruments with interpretation and report; first hour.
96113	Developmental test administration; each additional 30 minutes after the first hour of service.

Psychological Testing and Evaluation – Co-Located

CPT Code	Description
96130	Psychological testing and evaluation, first hour.
96131	Psychological testing and evaluation, each additional hour of service.

96132	Neuropsychological testing evaluation services by a physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision-making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.
96133	Each additional hour. (List separately in addition to code for primary procedure 96132.)
96136	Psychological or neuropsychological test administration and scoring by a physician or other qualified health care professional, two or more tests, any method.
96137	Each additional 30 minutes. (List separately in addition to code for primary procedure.)
96138	Psychological or neuropsychological test administration and scoring by a technician, two or more tests, any method, first 30 minutes.
96139	Each additional 30 minutes. (List separately in addition to code for primary procedure.)
96116	Neurobehavioral status exam (clinical assessment of thinking; reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning, and problem solving; and visual spatial abilities) by a physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour.
96121	Each additional hour. (List separately in addition to code for primary procedure 96116.)
96146	Psychological or neuropsychological test administration, with a single automated instrument via an electronic platform, with automated result only.

Health Behavior Assessment/Re-Assessment Intervention – Integrated

CPT Code	Description
96156	Health and behavior assessment or re-assessment (e.g., health-focused clinical interview, behavioral observations, clinical decision-making).
96158	Health and behavior intervention, individual, face-to-face; initial 30 minutes.
96159	Health and behavior intervention, individual, face-to-face; each additional 15 minutes. Note: billed with 96158.

96164	Health and behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes.
96165	Health and behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes. Note: billed with 96164.
96167	Health and behavior intervention, family with patient present. Face-to-face; initial 30 minutes.
96168	Health and behavior intervention, family with patient present. Face-to-face; each additional 15 minutes. Note: billed with 96167.
96170	Health behavior intervention, family (without patient present), face-to-face; initial 30 minutes.
96171	Health behavior intervention, family (without patient present), face-to-face; additional 15 minutes.
96202	Multi-family (caregivers, not the patient) group training session, also known as behavior management services, initial 60 minutes of face-to-face training with a physician or other qualified health care professional, used for patients with a mental or physical health diagnosis.
96203	Multi-family group training session, each additional 15 minutes.

Adaptive Behavior Treatment – Co-Located

CPT Code	Description
97153	Adaptive Behavior Treatment by Protocol, delivered by a technician face-to-face with one patient, under the supervision of a Qualified Health Professional (QHP), billed in 15-minute units, focusing on specific behavioral goals, for direct treatment.
97154	Adaptive Behavior Treatment by Protocol, delivered by a technician face-to-face with a group of patients, under the supervision of a QHP, focusing on specific behavioral goals, for direct treatment.
97155	Adaptive behavior used by a physician or qualified professional (like a Board Certified Behavior Analyst) for one-on-one, face-to-face sessions with a patient, focusing on actively changing (modifying) the treatment plan in real-time based on the patient's response, often while simultaneously directing a technician, 15-minute increments.
97156	Adaptive behavior family adaptive behavior treatment guidance, which involves a qualified health care professional providing

	face-to-face training to a patient's guardian(s) or caregiver(s) for 15-minute increments.
97157	Adaptive behavior multiple-family group treatment guidance. This code describes face-to-face sessions between a physician or qualified healthcare professional and multiple sets of guardians or caregivers, without the patient present, to provide guidance on adaptive behavior treatment. The service is billed in 15-minute increments.
97158	Applied Behavior Analysis (ABA) group adaptive behavior treatment with protocol modification, administered by a physician or other qualified health care professional. This code is used for sessions that include modifications to the treatment plan based on the group's needs, focusing on areas like social deficits through modeling, rehearsing, and corrective feedback. The treatment is face-to-face with multiple patients and involves 15-minute units, with a maximum of six units per day.

Patient Education – Co-Located

Used by non-physicians, such as nurses, health coaches, community health workers, peer educators, and dietitians.

CPT Code	Description
98960	Patient and/or caregiver training in a disease process (30 minutes).
98961	Patient and/or caregiver training in a disease process (45 minutes).
98962	Patient and/or caregiver training in a disease process (60 minutes).
99401	Preventive Medicine Counseling, an individual, face-to-face service lasting approximately 15 minutes, focusing on risk reduction for healthy patients.
99402	Preventive Medicine Counseling, an individual, face-to-face service lasting approximately 30 minutes.
99403	Preventive Medicine Counseling, an individual, face-to-face service lasting approximately 45 minutes.
99404	Preventive Medicine Counseling, an individual, face-to-face service lasting approximately 60 minutes.
99411	Preventive Medicine Counseling/Risk Factor Reduction for Individuals in a Group Setting, for 30 minutes, focusing on healthy behaviors, disease prevention and lifestyle, not treating a

	specific illness. Billed per patient in the group and requires clear documentation that it is preventive, not problem-focused.
99412	Preventive Medicine Counseling/Risk Factor Reduction for Individuals in a Group Setting, for 60 minutes.

Tobacco Use and Cessation

CPT Code	Description
99406	Smoking and tobacco use cessation counseling visit; intermediate, more than 3 minutes, up to 10 minutes.
99407	Smoking and tobacco use cessation counseling visit; intermediate, more than 3 minutes, more than 10 minutes.

Alcohol and Substance Use Screening and Intervention

CPT Code	Description
99408	Alcohol and substance use structured screening and brief intervention, 15 minutes, up to 30 minutes.
99409	Alcohol and substance use structured screening and brief intervention, 15 minutes, greater than 30 minutes.
+ H0001	Alcohol and/or Drug Assessment (alcohol and/or substance use assessments or evaluations by clinical interview using one or more standardized evaluation tools to determine the existence and severity of a substance).

Psychotherapy Modifiers for Board Certified Behavior Analysts

CPT Code	Description
H0004	Individual behavioral health counseling and therapy, 15 minutes.
H0004 + HR	Family behavioral health counseling and therapy with the patient present, 15 minutes.
H0004 + HS	Family behavioral health counseling and therapy without the patient present, 15 minutes.
H0004 + HQ	Group behavioral health counseling and therapy, 15 minutes.

7. Collaborative Care Model (CoCM)

CoCM is made up of a mental health care manager in the practice who consults with a child and adolescent psychiatrist to manage the treatment of identified patients with a DSM-5 diagnosis and in treatment. The mental health care manager and psychiatrist should utilize collaborative care codes.

CPT Code	Description
99492	First 70 minutes of the initial month of collaborative care
99493	First 60 minutes of any subsequent month
99494	Each additional 30 minutes in any month

8. Team-Based Care Management

CPT Code	Description
99484	General behavioral health integration (BHI) outreach to and engagement in the treatment of a patient directed by a treating physician or other qualified health care professional. Initial assessment by the primary care team and administration of validated rating scale(s).

For One Chronic Condition

CPT Code	Description
99424	Principal care management (PCM) provides chronic care management for patients with a single chronic condition (or with multiple chronic conditions but focused on a single high-risk condition). The chronic condition should: • Be expected to last at least 3 months. • Place patient at risk of hospitalization, exacerbation, decompensation, functional decline, or death. • Require development, monitoring, or revision of a disease-specific care plan. • Require frequent adjustments in medication, OR management is unusually complex due to comorbidities. • Require ongoing communication and care coordination between relevant practitioners furnishing care. Time: 30-59 minutes For clinical providers: Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Pediatric Nurse Practitioner (PNP), Physician Assistant-Certified (PA-C)
99424 + 99425	Same as 99424 principal care management for 60-89 minutes. For 90-119 minutes, codes 99424 + 99425 x2.

99426	For clinical staff providing principal care management (detailed in 99424) under the supervision of a clinical provider for additional 30-minute increments. For clinical staff: Registered Nurse (RN), Licensed Vocational Nurse (LVN), Certified Medical Assistant (CMA). Note: If the provider is involved, bill under provider code 99424 with higher rate.
99426 + 99427	Used in conjunction with 99426, clinical staff providing principal care management (detailed in 99424) under the supervision of a clinical provider. Time: 30 minutes of the clinical staff time each month.

For Two or More Chronic Conditions

CPT Code	Description
99490	Chronic care management, the first 20 minutes of non-face-to-face care coordination provided by clinical staff to a patient with two or more chronic conditions per calendar month. Additional time billed to 99439. First 19 minutes are not reported. For clinical support: RN, LVN, CMA.
99439	Each additional 20 minutes of clinical staff time spent providing non-complex CoCM directed by a physician or other qualified health care professional (billed in conjunction with CPT code 99490). For 60 minutes and over, code 99490 + 99439 x2. For clinical support: RN, LVN, CMA.
99491	Chronic care management services provided by a physician or other qualified health care professional for at least 30 minutes. For clinical providers: MD, DO, PNP, PA-C.

For Two or More Chronic Conditions Plus Medical Decision-Making

CPT Code	Description
99487	Complex chronic care management is a 60-minute timed service provided by clinical staff to substantially revise or establish a comprehensive care plan that involves moderate- to high-complexity medical decision-making.
99489	Each additional 30 minutes of clinical staff time spent providing complex CoCM directed by a physician or other qualified health care professional (report in conjunction with CPT code 99487; cannot be billed with CPT code 99490).

9. Healthcare Common Procedure Coding (HCPCs)

Consider the use of HCPCs (pronounced hick picks), the Healthcare Common Procedure Coding System, for public payers (i.e., Medicaid). They are a standardized coding system used for medical billing, maintained by the Centers for Medicare & Medicaid Services (CMS) and used to report procedures, supplies, products, and services to various payers. The following codes may cover the services provided, but they vary by state.

CPT Code	Description
G0019	Community health integration services performed by certified or trained auxiliary personnel under the direction of a physician or other practitioner, 60 minutes per calendar month for the following work to support social needs: • Person-centered assessment, patient goal setting, and action planning for goal, or provide tailored support to accomplish the care plan. • Practitioner, home, and community-based care coordination. • Health education. • Building patient self-advocacy skills. • Health care access, health care system navigation. • Facilitating behavioral change as necessary for meeting diagnosis and treatment goals.
G0022	Community health integration services, each additional 30 minutes per calendar month. List in addition to G0019.
G0511	At least 20 minutes of care management services of clinical staff time per calendar month, directed by a federally qualified health center (FQHC) or can cover a range of services like chronic care management, behavioral health integration, and remote patient monitoring. Billing for G0511 can be done for multiple instances in a month if different services are provided, provided there is no double-counting of time.
G0176	Activity therapy (music, dance, play) related to the care and treatment of a patient's disabling mental health problems per session, greater than or equal to 45 minutes.

CPT Code	Description
H0001	Alcohol and/or Drug Assessment, alcohol and/or substance use assessments or evaluations by clinical interview using one or more standardized evaluation tools to determine the existence and severity of a substance.
H0004	Individual behavioral health counseling and therapy, 15 minutes.
H0004 (with "HR" modifier)	Family behavioral health counseling and therapy with the patient present, 15 minutes.
H0004 (with "HS" modifier)	Family behavioral health counseling and therapy without the patient present, 15 minutes.
H0004 (with "HQ" modifier)	Group behavioral health counseling and therapy, 15 minutes.
H0023	Behavioral health outreach service, defined as a planned approach to reach a targeted population. This code is used to bill for services that aim to engage individuals who may not seek help on their own, connecting them with mental health or substance abuse education and treatment. Billed per encounter.
H0031	Mental health assessment, by a non-physician, used by qualified behavioral health providers (like licensed clinical social workers, psychologists, counselors) for initial evaluations, comprehensive assessments, or functional analyses to diagnose conditions and plan treatment, often billed in 15-minute increments.
H2020	Therapeutic behavioral services, per diem. Individualized, one-on-one therapeutic interventions designed to modify behavior and support emotional well-being, often for individuals with severe emotional or behavioral challenges. Used in Louisiana for community health worker payment.
T1015	All-inclusive clinic visit, which includes the medical diagnosis and treatment services rendered at an FQHC or community health center. Only FQHCs and community health centers may submit claims to this code. Used in Louisiana for community health worker payment.

CPT Code	Description
T1016	Case management out of the office at a person's residence or other setting, each 15 minutes. Used in Rhode Island for community health worker payment.
T1017	Targeted case management that helps eligible individuals coordinate and access essential medical, social, educational, and other support services to meet basic human needs, promote recovery, and maintain community living. Billed in 15-minute increments.
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter. Used in North Dakota for tribal community health representative
D0999 + E/M code	Unspecified diagnostic procedure, by report. Report diagnostic procedures that do not have a specific Code on Dental Procedures and Nomenclature (CDT) assigned to them, requiring a narrative describing the service on the claim. Used in Louisiana FQHCs.

10. Community Health Worker (CHW) Codes Allowed by State

In many states, specialized groups of CHWs are focused on early childhood development, family well-being, and peer supports. They can be an integral partner in team-based care for young children and their families.

CPT Code	Description	Location(s) Used
98960	Patient and/or caregiver training in a disease process (30 minutes).	AZ, CA, IN, KS, KY, LA, MI, MN, NV, NM, NY, OK, OR
98961	Patient and/or caregiver training in a disease process (45 minutes).	AZ, CA, IN, KS, KY, LA, MI, MN, NV, NM, NY, OK, OR

CPT Code	Description	Location(s) Used
98962	Patient and/or caregiver training in a disease process (60 minutes).	AZ, CA, IN, KS, KY, LA, MI, MN, NV, NM, NY, OK, OR
97535	Used for self-care and home management training, which includes direct one-on-one instruction to help patients with daily living activities like personal hygiene, meal preparation, and using adaptive equipment. This code is billed in 15-minute increments, and accurate documentation of the patient's needs, goals, and progress is crucial for billing and reimbursement.	OR CHW Billing Guide
99211	Low-level office or outpatient visit for E/M services, often called a "nurse visit." It is used for minimal, brief services that require a face-to-face encounter and the presence of a physician or qualified healthcare professional, such as a dressing change, suture removal, or a blood pressure check with a clinical component. Documentation must clearly support that an E/M service was provided, and it should not be used for simple tasks like routine vaccinations or only gathering routine vital signs without a clinical component.	OR CHW Billing Guide
99401-4, 6-9	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual, 15 minutes. These services may include counseling and evaluation of family issues, appropriate diet and exercise, high-risk behavior, avoidance of injury, dental issues.	OR CHW Billing Guide
99402	Same as 99401, 30 minutes.	OR CHW Billing Guide
99403	Same as 99401, 45 minutes.	OR CHW Billing Guide
99404	Same as 99401, 60 minutes.	OR CHW Billing Guide

CPT Code	Description	Location(s) Used
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes. Individual behavior change intervention services are counseling and/or intervention services directed at high-risk behaviors such as tobacco, alcohol, and substance abuse. These services can be reported as treatment of the condition or in relation to the condition that has the potential of causing illness or injury. The encounter also uses validated instruments to determine the patient's opinion related to behavior change and provide input on a plan to change behavior with appropriate actions and motivation.	OR CHW Billing Guide
99407	Same as 99406, more than 10 minutes.	OR CHW Billing Guide
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (for example, AUDIT, DAST) and brief intervention (SBI) services; 15 to 30 minutes. Individual behavior change intervention services are counseling and/or intervention services directed at high-risk behaviors such as tobacco, alcohol, and substance abuse. These services can be reported as treatment of the condition or in relation to the condition that has the potential of causing illness or injury. The encounter also uses validated instruments to determine the patient's opinion related to behavior change and providing input on a plan to change behavior with appropriate actions and motivation.	OR CHW Billing Guide
99409	Same as 99408, 31 minutes or more.	OR CHW Billing Guide

CPT Code	Description	Location(s) Used
G0019	Community health integration services performed by certified or trained auxiliary personnel under the direction of a physician or other practitioner, 60 minutes per calendar month for the following work to support social needs: • Person-centered assessment, patient goal setting, and action planning for goal, or provide tailored support to accomplish care plan. • Practitioner, home, and community-based care coordination. • Health education. • Building patient self-advocacy skills. • Health care access, health care system navigation. Facilitating behavioral change as necessary for meeting diagnosis and treatment goals	WA
G0020	Methadone administration for substance use disorder treatment by licensed opioid treatment programs.	WA
G0022	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month.	WA
G0023	Principal Illness Navigation (PIN) services are provided to patients with serious, high-risk conditions. It covers at least 60 minutes of services per calendar month by a certified or trained auxiliary person, like a patient navigator, under the direction of a physician.	WA
G0024	An additional 30 minutes of PIN services per calendar month, used in billing to capture time beyond the initial 60 minutes covered by code G0023.	WA

CPT Code	Description	Location(s) Used
S9446	Patient education, not otherwise classified, non-physician provider, group, per session. Used to bill for group education sessions led by a non-physician, which aim to improve patients' understanding of their conditions and promote healthier lifestyles.	WA
H0032	Mental health service plan development by a non-physician. A mental health service plan is developed for treatment. The plan should include modifying goals, assessing progress, planning transitions, and addressing other needs.	OR CHW Billing Guide
H2014	Skills training and development, per 15 minutes. Skills training and development provide the patient with the necessary abilities that will enable the individual to live independently and manage his/her illness and treatment. Training focuses on skills for daily living and community integration for patients with functional limitations due to psychiatric disorders.	OR CHW Billing Guide
H2016	Comprehensive community support services, per diem. These services consist of mental health and substance abuse services. These services help patients meet their recovery and rehabilitation goals, reduce psychiatric and addiction symptoms, and develop community living skills. Services may include coordination of services, support during a crisis, development of system monitoring and management skills, monitoring medications, and help in developing independent living skills.	OR CHW Billing Guide
H2032	Activity therapy, per 15 minutes. These services include music, dance, creative art or any type of play that is not for recreation but related to the care and treatment of the patient's disabling mental health problems.	OR CHW Billing Guide
D9992	Assisting patients in navigating and coordinating oral health services. Communicating with other health care providers (e.g., medical specialists). Coordinating referrals to other specialists.	OR CHW Billing Guide

CPT Code	Description	Location(s) Used
	Managing follow-up care for patients with complex medical or social needs.	
H2020	Therapeutic behavioral services, per diem. Individualized, one-on-one therapeutic interventions designed to modify behavior and support emotional well-being, often for individuals with severe emotional or behavioral challenges.	LA for CHW payment
T1015	All-inclusive clinic visit, which includes the medical diagnosis and treatment services rendered at an FQHC or community health center. Only FQHCs and community health centers may submit claims to this code.	LA for CHW payment
T1016	Case management out of office at a person's residence or other setting, each 15 minutes.	RI for CHW payment
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter."	ND for Tribal community health representative CHW payment
D0999 + E/M code	Unspecified diagnostic procedure, report diagnostic procedures that don't have a specific CDT code (dental) assigned to them, requiring a narrative describing the service on the claim.	LA FQHCs

References

- American Academy of Family Physicians (AAFP). Understand When to Use 99211. 2004.
- HealthySteps Billing and Coding Toolkit. 2023.
- National Academy for State Health Policy (NASHP) State Community Health Worker Policy. 2025.
- AAFP. Using HCPCs Codes G019 and G022 for Community Health Integration (CHI) Services.
- Early Childhood Developmental Health Systems Evidence to Impact Center. Social Emotional Development Billing and Coding Guide. 2024.
- Centers for Medicare and Medicaid. Behavioral Health Integration Services. 2025.

- AAFP. Coding for behavioral health integration services. 2025.
- Oregon Healthcare Authority. Community Health Worker Billing Guide. 2024.
- Suzanne Bermann Cure for the Common Code.
- AAFP. Chronic Care Management. 2025.
- American Medical Association. Evaluation/Management time-based coding. 2021.
- Oregon Healthcare Authority. Social Emotional Health Metric. 2024.

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Early Childhood Developmental Health Systems | EVIDENCE TO IMPACT CENTER

Appendix. Purpose for Team-Based Care in Early Childhood

Why? In early childhood, nearly one million neural connections are made per second. This is the most rapid period of human development and creates the foundation for lifelong health, learning, and behavior, thus making early identification and support of developmental needs critical for lifelong health. Early childhood offers a unique opportunity with 16 pediatric well-child visits attended by >90% of children.[3]

Need

- 1 in 6 children ages 3-17 has a developmental delay.[4]
- 8 million children ages 3-17 have a current, diagnosed mental or behavioral health condition beginning as young as infancy and early childhood.[5] Of those, ≥1 in 3 have more than one mental health condition.

Cost Savings

- >50% of children ages 0-5 are covered by Medicaid and CHIP. For every $1 invested in team-based care programs like HealthySteps, $2.63 was realized in Medicaid savings.[6]
- For every $1 invested in early childhood mental health programs, $3.64 was realized in cost savings.[7]

How? Use procedure and diagnosis codes for primary care providers, mental health providers, and developmental specialists.

1. **Well-child visit and screening** for developmental needs, which includes observation, discussion, partnership with family, and brief mental health intervention using the Common Factors approach.
2. **Primary care diagnosis** in early childhood will mostly use R and Z codes for developmental and social needs to intervene before a mental health diagnosis is needed (F code).
3. **Mental health provider and/or developmental specialist intervention and support.**

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[3] Urban Institute. Well Child Visits in Medicaid in 2019-2020. 2024
[4] Cogswell ME, Coil E, Tian LH, Tinker SC, Ryerson AB, Maenner MJ, Rice CE, & Peacock G (2022). Health needs and use of services among children with developmental disabilities—United States, 2014–2018. Morbidity and Mortality Weekly Report, 71(12), 453–458. 10.15585/mmwr.mm7112a3.
[5] Health Resources and Services Administration. (October, 2020). *National Survey of Children's Health Mental and Behavioral Health, 2018-2019.* [Issue Brief].
[6] HealthySteps. Return on Investment.
[7] ZERO TO THREE. Infant and Early Childhood Mental Health.

   a. If the provider is integrated and attends the well-child visit, assessment and intervention would occur during the well-child visit and may include follow-up visits and care.
   b. If the provider is co-located or located at another location, including a consultation to primary care, this would occur during a separate mental health or developmental-focused visit.
4. The **primary care team prepares and coordinates care with the mental health provider and/or developmental specialist to create a unique care plan** for the child and family.