

CAT-MH[®] and K-CAT[®] Reimbursement Guidelines

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Introduction

Billing departments play a crucial role in the financial health of any organization, particularly in healthcare settings. At Adaptive Testing Technologies, the importance of reimbursement is magnified by our commitment to providing precise and efficient mental health assessments for various organizations. Our tools, the CAT-MH[®] and K-CAT[®], qualify for reimbursement through numerous mechanisms depending on the condition being measured or screened, the age of the patient, and the clinical setting. We have drafted these reimbursement guidelines to help your organization implement a consistent, compliant, and efficient reimbursement process for the utilization of our tools.

These guidelines provide a standardized framework for submitting claims and obtaining payments for both private payer and Medicare coverage. They specify the necessary coding and estimated payments for claim submissions. By following these guidelines, organizations can minimize errors, reduce claim denials, and ensure timely payments for the use of the CAT-MH[®] and K-CAT[®].

Please note that Adaptive Testing Technologies is not responsible for the collection, submission, or reimbursement process for the CAT-MH[®] and K-CAT[®]. Adaptive Testing Technologies assumes no liability for the accuracy of this data which should be independently confirmed with your payers' policies.

The Patient Protection and Affordable Care Act (PPACA) entitles all Medicare beneficiaries to an **Initial Preventive Physician Exam (IPPE)** and subsequent **Annual Wellness Visit (AWV)**. Health professionals have a choice among various standardized screening tests, including the CAT-MH[®] and K-CAT[®]. Correct coding is essential to avoid denials for preventive visits utilizing these tools.

The CAT-MH[®] and K-CAT[®] automate and/or optimize:

- Screening, decision support, and monitoring for depression, anxiety, mania/hypomania, psychosis, substance use disorder, PTSD, adult ADHD, social determinants of health, and suicide.
- Youth screening and measurement for depression, anxiety, mania/hypomania, substance use disorder, conduct disorder, oppositional defiant disorder, PTSD, ADHD, and suicide.
- Perinatal screening and measurement for depression, anxiety, and mania/hypomania.

Eligible Providers:

- The IPPE exam can be performed by a physician or qualified non-physician provider.
- An AWV may be rendered by a physician; a qualified non-physician provider (nurse practitioner, physician assistant, or clinical nurse specialist) or health professionals such as a health educator, registered dietitian, nutrition professional, and other licensed practitioner or by a team of medical professionals working under the direct supervision of a physician.

Coding and Reimbursement:

- The code for the IPPE is G0402 (preventive physical examination; face to face visit, services limited to new beneficiaries during the first 12 months of Medicare enrollment).
- The code for the initial AWV is G0438 (annual wellness visit, including personalized prevention plan services (PPPS), first visit). The subsequent AWV is coded as G0439. This is appropriate for telehealth (service code 02).
- Reimbursement for the G0438 has been established at the rate for a 99204; for the G0439, it is 99214.
- Reimbursement for the AWV is based on rendering the provider's National Provider Identification (NPI) number 2.

Summary Table

Description	Age Group (Youth/Adult)	Private Payer (CPT)		Medicare (HCPCS)	
		Code	Estimated Payment (\$USD)	Code	Estimated Payment (\$USD)
An integrated biopsychosocial assessment, including history, mental status, and recommendations	Both	90791	\$169.29		
Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	Youth	96110	\$5-\$60		
Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, initial 60 minutes)	Both	96116	\$90.37		
Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, each additional 60 minutes)	Both	96121	\$75.00		
Brief emotional/behavioral assessment with scoring	Youth	96127	\$5.00		
Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation	Both	96160	\$5.00		
Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	Adult	96191	\$9.00		
First 30 minutes of administering and scoring two or more psychological or neuropsychological tests by a qualified healthcare professional or physician	Both	96136	\$41.20		
Psychological or neuropsychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method, each additional 30 minutes from 96136	Both	96137	\$85.48		
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Both	96138	\$33.92		

Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, each additional 30 minutes	Both	96139			
Psychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, first hour	Adult	96130	\$118.53		
Psychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, each additional hour	Adult	96131	\$86.75		
Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations)	Both	96150	\$22.60- \$90.72		
Health and behavior assessment, each additional 15 minutes	Both	96151	\$21.96- \$87.84		
The intervention service provided to an individual to modify the psychological, behavioral, cognitive and social factors affecting the patient's physical health and well-being	Both	96152	\$22.88- \$83.58		
Health behavior assessment or re-assessment	Both	96156	\$84.30		
Health behavior intervention, individual, face-to-face, initial 30 minutes.	Both	96158	\$57.63		
Health behavior intervention, individual, face-to-face, additional 30 minutes.	Both	96159	\$20.11		
Face-to-face, 30-minute family health behavior intervention with the patient present.	Both	96167	\$61.83		
Health behavior intervention, family (with the patient present), face-to-face, each additional 15 minutes	Both	96168	\$21.95		
Health behavior intervention, family (without patient present); initial 30 minutes	Both	96170	\$70.29		
Health behavior intervention, family (without patient present); additional 30 minutes	Both	96171	\$25.55		

Periodic comprehensive preventive medicine reevaluation and management; infant (age younger than 1 year)	Youth	99391	\$245.00		\$99.00
Periodic comprehensive preventive medicine reevaluation and management; early childhood (age 1 through 4 years)	Youth	99392	\$262.00		\$105.00
Periodic comprehensive preventive medicine reevaluation and management; late childhood (age 5 through 11 years)	Youth	99393	\$261.00		\$104.00
Periodic comprehensive preventive medicine reevaluation and management; adolescent (age 12 through 17 years)	Youth	99394	\$286.00		\$144.00
Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral	Both	99492	\$162.18		\$90.46
Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month.	Both	99493	\$129.38		
Annual wellness visit (AWV) to develop or update a personalized prevention plan, including health risk assessment and depression screening	Adult			G0438	\$166.00
AWV subsequent visit	Adult			G0439	\$111.00
Annual alcohol misuse screening, 15 minutes	Adult			G0442	\$17.36
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes (If they screen positive for misuse, 4 times per year)	Adult			G0443	\$18.645 - \$25.755
Annual depression screening, 15 minutes	Adult			G0444	\$16.98
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	Adult			G0446	\$26.15
Face-to-face behavioral counseling for obesity, 15 minutes	Both			G0447	\$27.00
Behavioral health integration (BHI) by clinical staff to assess, monitor, and plan care	Adult			G2214	
Screening for depression is documented as being positive and a follow-up plan is documented	Both			G8431	\$15.57
Screening for depression is documented as negative, a follow-up plan is not required	Both			G8510	\$15.57

Behavioral health screening to determine eligibility for admission to treatment program - 1 unit per assessment at least 30 minutes	Both			H0002	\$80.91
Behavioral health counseling and therapy, per 15 minutes as maintained by CMS falls under Drug, Alcohol, and Behavioral Health Services	Both			H0004	\$31.72
initial evaluation/assessment, initial functional analysis and periodic functional analysis re-assessments	Both			H0031	\$126.21
Crisis intervention service, per 15 minutes	Both			H2011	\$78.19
Intensive outpatient psychiatric services, per diem	Both			S9480	

Relevant International Classification of Diseases 10th Revision Codes (ICD-10) should also be used to specify the reason for utilizing the CAT-MH[®] and K-CAT[®] for screening:

ICD Codes by Disorder	
Disorder	ICD-10-CM Code
Anxiety*	F41
Mania/Hypomania*	F31
Depression*	F32
PTSD*	F43.1
Alcohol Dependence*	F10
Drug Dependence*	F11-F19
Suicidality	R45.851

***Note:** These codes alone should not be used for reimbursement purposes as there are multiple codes that contain a greater level of detail. For example, F31.11 for mild mania/hypomania and F31.12 for moderate.