

Beginner's Guide To Mental Health Billing for Therapists [2020]

Our Beginner's Guide to Mental Health Billing is for the brand new and having-no-clue outpatient therapist looking to learn how to bill insurance companies. You will learn what client information you need, how to verify mental health benefits, create and submit claims, and account for EOBs.

Every mental health insurance claim will require a large amount of information, but that information needn't be overly complicated.

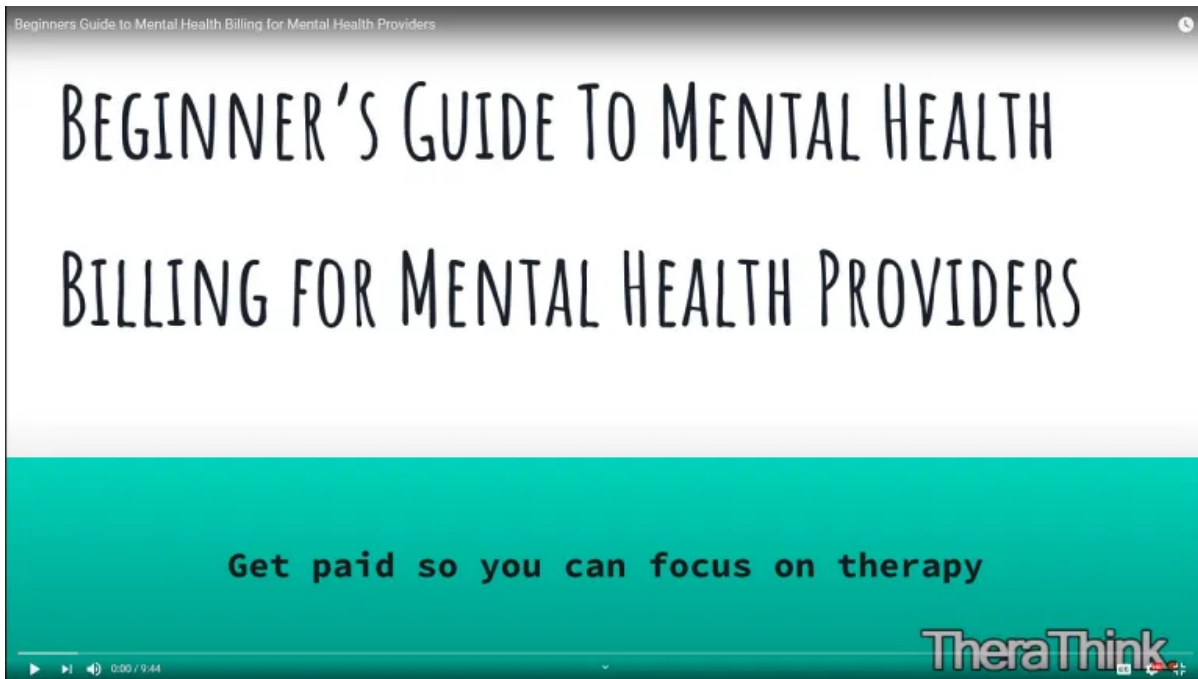
Our guide to mental health billing will first discuss your client information, then the most frequently used mental health CPT codes, how to verify eligibility and benefits for behavioral health services, and finally how to submit claims.

If you know you want to work with **our team of billing experts** to get your problems sorted right now, simply **drop us a line**.

Otherwise, let's start with information about your patients.

Beginner's Guide to Mental Health Billing Video

Link → <https://www.youtube.com/watch?v=Chmm8MCRvx0>



Minimum Required Patient Information

Required Demographic Information:

- Your patient's full legal name
- Your patient's date of birth
- Your patient's address
- Your patient's gender (male or female, not the most progressive)

Demographic Information:

Your patient's **full legal name**
Your patient's **date of birth**
Your patient's **address**
Your patient's **gender**

Insurance Information:

Their **Subscriber ID** with the Alpha Prefix

(always record letters and numbers in their subscriber ID, not just numbers)

Not Required:

- Their Social Security Number (almost never required)
- Case Notes (keep them, however, if you need to provide evidence of medical necessity)
- Their Phone Number (good idea to collect this, though)

- Their Email Address (also a good idea to collect this)

Required Insurance Information:

- Their Subscriber ID with the Alpha Prefix (always record letters and numbers in their subscriber ID, not just numbers)

Not Required:

- Group Number

That being said, we recommend snapping a front and back photo of their insurance card for your records.

Having the customer service phone number isn't essential for submitting claims, but is necessary to gather eligibility and benefits information and to verify claim status and payment amounts.

Time to move onto mental health CPT codes.

The Three Most Often Used Mental Health CPT Codes

They are:

- **90791** – Intake session — to be billed for your first appointment with that patient exclusively
- **90834** – 45-55 Minute Individual Therapy Session
- **90837** – 56+ Minute Individual Therapy Session

It's as straight forward as it seems: bill the intake code for their first session, and bill either a 45 minute or 60 minute session for the rest, depending on the length of their sessions.

Dealing with family therapy, therapy with a family member with the patient not present, group therapy, or other cases? Review our [definitive guide to CPT codes](#) to get sorted!

90791 – Intake session — to be billed for your first appointment with that patient exclusively

90834 – 45-55 Minute Individual Therapy Session

90837 – 56+ Minute Individual Therapy Session

Other Common Behavioral Health CPT Codes:

- **90846** – Family or couples psychotherapy, without patient present.
- **90847** – Family or couples psychotherapy, with patient present.
- **90853** – Group Psychotherapy (*not family*).
- **90839** – Psychotherapy for crisis, 60 minutes (*30-74 minutes*).

If you are struggling to translate specific aspects of your services to ICD10 diagnosis codes and CPT codes, we are experts at helping specifically and exclusively with our [mental health billing and coding service](#), so consider reaching out.

Telehealth Billing: Quick Guide [2020]

With telehealth becoming a popular if not required option for conducting therapy sessions in 2020, keep note of the following four points when billing telemedical therapy appointments:

24.	A.	DATE(S) OF SERVICE		B.	C.	D.	E.	F.	G.	H.	I.	J.	K.
		From	To	PLACE OF SERVICE	EMG	PROCEDURES, SERVICES, OR SUPPLIES (Explain in CPT/HCPCS)	DIAGNOSIS (ICD-10)	CHARGES	DATE OF INFO.	PRICE PAID	UNIT	RENDERING PROVIDER ID.#	
1						95							
2						GT							
3													

1. Pick the most appropriate CPT code for your services. Do not pick a “telehealth” CPT code. 90791, 90834, 90837 are appropriate here.

2. Call the insurance plan to verify the “Place of Service Code” used for billing with that company, most often POS Code 02, and the Telehealth modifier they are using, most often GT or 95.
3. Ask about telehealth benefits, especially if you are out of network.
4. Make sure to submit your claims with the place of service code and modifier required by their insurance plan.

If you are struggling to find out the place of service code or modifier to use for your insurance claims, this is something we provide as part of our billing service free of charge.

Our beginners guide to mental health billing doesn't make eligibility and benefits verification calls for you, but we do!

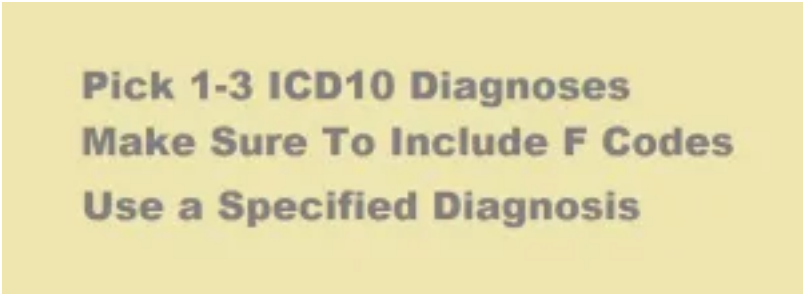
Which Diagnosis To Use

We cannot and will not advice you to use a single diagnosis code, even though it is a very common practice for therapists to use one code for all of their patients (e.g. anxiety or depression).

It is your duty, as demanded by submitting any insurance claim, to submit the most accurate diagnosis you possibly can for each session. If their diagnosis changes, you need to update it on your claims forms.

A few tips: always use a specified diagnosis. Since the ICD10 / DSM-5 change, unspecified diagnoses are being rejected by Medicare.

([Source](#))



Pick 1-3 ICD10 Diagnoses
Make Sure To Include F Codes
Use a Specified Diagnosis

Otherwise, just use the most accurate diagnosis code.

Review our ICD10 [Mental Health Diagnosis Code Search Tool](#) to pick the most accurate Dx.

Okay! You have all the necessary patient and session information to file claims. Now it's time to check eligibility and benefits to ensure they have coverage that will reimburse you.

How to Check Eligibility and Benefits

We have a guide called "[How to Check Mental Health Eligibility and Benefits](#)" at this link which contains a script and thorough questions to ask so you gather all necessary information.

If you want the quick and dirty version, you'll need to:

1. Call the insurance card via the customer service phone number on the back of the card.
2. Ask to verify mental health outpatient provider eligibility and benefits.
3. Give them your NPI and Tax ID and ask if you are in-network.
4. Give them the patient's name, date of birth, and subscriber ID.
5. Ask them for the patient's deductible, copay, and coinsurance. Record them all.
6. Ask for the claims addresses.
7. Try not to pull out all of your hair while you do the whole thing.
8. **Consider reaching out** if you want us to handle any or all of this for you, if the above already sounds too pain-inducing.

Okay! You now have all the necessary information to file claims, you know what to charge the patient in person, and you know where to file the claims.

Guide to Mental Health Billing: How To Submit Claims

Unfortunately, this is the extremely annoying, hard part. There is no “quick guide” way of handling this process.

The cheapest option is to learn how to use “PracticeMate” by OfficeAlly to submit claims, even though it is made for hospitals.

You can try to use a purely software solution to input the data and create the forms. You can reach out to us for help: **we do every part of the billing process for you.** (Not free but you may live longer without that stress).

However you end up doing them, you need to transcribe this information onto a CMS1500 form and send it electronically or physically to the insurance company.

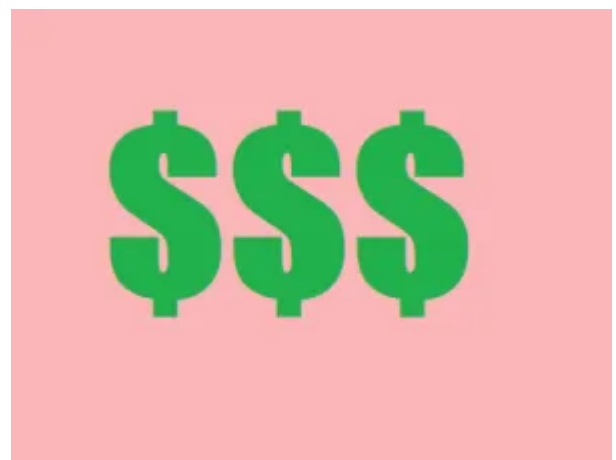
Once you’ve done that..

Call and Verify Receipt of Claims & Payment Information

If you’ve mailed in claims, wait 4 weeks to call and verify claims are received. If they haven’t been received, verify their claims address and submit again.

It’s critical to submit them within the 90 day timely filing window most insurance companies hold you to (not all, but most).

Once claims are verified as received, it’s time to hurry up and wait until payment. Often processing takes two to three weeks after receipt of the claims, plus the time to mail checks.



You will received EOBs in the mail along with a check for those dates of service.

Finish with EOB Accounting

Finally, add them to your appointment list spreadsheet or tracker, including

- check number
- patient responsibility
- amount reimbursed by insurance
- the amount you collected in session

How to Handle Mental Health Billing Denials, Rejections, and Appeals

Each denial or rejection can happen at one of two places, either at the Clearinghouse level or the insurance company level.

Use your EHR portal to determine if the claim has been denied at the clearinghouse for a missing enrollment, bad subscriber ID, or incorrectly submitted information. (We help with this).

You can ensure your claim is not denied at the clearinghouse by calling the insurance company and asking if they have the claim on file. If they do, the claim made its way through your clearinghouse. If not, you need to resolve the problem at the clearinghouse level.

If the claim is on file with insurance and is denied, you need to understand the denial reason. Is it for timely filing, terminated coverage, a coordination of benefits issue, unauthorized sessions, needing updated provider information, to just name a few denial reasons?

Go claim by claim, date of service by date of service, and refile the claims as correct with insurance.

If your claims require appeal, speak to a customer support representative about obtaining the necessary forms to file your appeal. Use your reference ID from your eligibility and benefits verification phone call to fight your case.

Fighting denials and rejections is the hardest part of billing. This is yet one more reason why mental health providers choose billing services like TheraThink to help. This is a headache you don't deserve nor are you trained to handle. Consider [outsourcing this work to experts](#).

Our Beginner's Guide to Mental Health Billing in Summary

1. Collect Client Demographic and Insurance Information
2. Verify Mental Health Eligibility and Benefits
3. Verify Claims Submission Requirements
4. Create and File Claims Coded with the correct Mental Health CPT Codes
5. Follow Up With Your Pending Claims
6. Account For Your Payments via EOB Reconciliation

And each of those steps aren't exactly one step, unfortunately.

But at least you now have a comprehensive idea of how to bill mental health insurance.

Conclusion

It's a damn shame that submitting insurance claims is such a pain.

We wish it were easier, as the whole process causes revenue loss, frustration, and inefficiency in our health care system.

That being said, if you just want to gather up your new patient's demographic info and their subscriber ID, [we can take care of the rest](#).

You can call, text, or email us about any claim, anytime, and hear back that day.

**Offload
Your
Billing.**

MENTAL HEALTH CPT CODE GUIDES

Family Therapy (90847) Billing Guide

Intake / Evaluation (90791) Billing Guide

Extended Sessions Billing Guide

Crisis Therapy (90839) Billing Guide

Group Therapy (90853) Guide

CPT Code 90837 vs 90834 (When To Use)

Evaluation with Medical Assessment (90792)

**Billing Isn't In
Your Job Title**



Denny

Denny has interviewed hundreds of mental health practitioners to better understand their struggles and solutions, all with the goal of making the professional side of behavioral health a little easier, faster, and less expensive.

He co-founded a **mental health insurance billing service** for therapists called TheraThink in 2014 to specifically solve their insurance billing problems.

[MORE BY DENNY](#)

OUR MENTAL HEALTH INSURANCE BILLING SERVICES

Daily Claims Filing & Submission

Daily Claims Processing

Eligibility & Benefits Verification (in 2 business days)

EOB & Payment Accounting

Appeals, Rejections, Denials

Appointment Reminders (Email or SMS)

Appointments Calendar

EAP / Medicare / Medicaid / TriCare Billing

Credentialing Services

Network status verification.

Month-by-Month Contract: No risk trial period

Free Account Setup - we input your data at signup.

Claim Tracking & Updates

EFT & ERA Forms Processing

Free 30 Day Trial

[Learn more..](#)

You can call, text, or email us about any claim, anytime, and hear back that day. We are your billing *staff* here to help.

AFFORDABLE & TRANSPARENT SERVICE

We charge a percentage of the allowed amount per paid claim (only paid claims)

No per claim submission fee

No annual or monthly subscription fee

Hopefully this guide was a helpful introduction to mental health billing claims.

Please let us know in the comments how we can improve it, answer your questions, and simplify the process.

Share with your colleagues:

Share

WE HANDLE YOUR INSURANCE BILLING

Let us handle **handle your insurance billing** so you can focus on your practice.

Get Billing Help

Note: We only work with licensed mental health providers.

OUR MENTAL HEALTH BILLING SERVICES

- Daily Claims Filing & Submission
- Daily Claims Processing
- Claim Tracking & Updates
- EFT & ERA Forms Processing
- Eligibility & Benefits Verification (in 2 business days)
- EOB & Payment Accounting
- Appeals, Rejections, Denials
- Appointment Reminders (Email or SMS)
- Appointments Calendar
- EAP / Medicare / Medicaid / TriCare Billing
- Credentialing Services
- Network status verification.
- Month-by-Month Contract: No risk trial period
- Free Account Setup - we input your data at signup.
- [Learn more..](#)

No hidden fees

ICD10 Ready, HIPAA Compliant

RELIABLE & DEDICATED TO CUSTOMER SERVICE

Our mental health insurance billing staff is on call Monday – Friday, 8am-6pm to ensure your claims are submitted and checked up on with immediacy.

We understand that it's important to actually be able to speak to someone about your billing. Every provider we work with is assigned an admin as a point of contact. You'll always be able to get in touch.

Secure

Your access portal for updated claims and reports is secured via our HTTPS/SSL/TLS secured server. Our data is encrypted and backed up to HIPAA compliant standards.

INQUIRE ABOUT OUR MENTAL HEALTH INSURANCE BILLING SERVICE

EXPRESS YOUR INTEREST IN OUR BILLING SERVICE

Learn how we can handle your mental health insurance billing and credentialing headache:

Your first name

Your email address

A good phone number

GET IN TOUCH

We'll email you to discuss your billing situation asap. *Note: We only provide services to licensed mental health providers.*

GET YOUR BILLING HANDLED!

It's our goal to ensure you simply don't have to spend unnecessary time on your billing.

You want to get paid quickly, in full, and not have to do more than spend 10 or 15 minutes to input your weekly calendar.

You want to know you can call your billing admin, a real person you've already spoken with, and get immediate answers about your claims.

You want to not have to deal with it!

Learn how to **offload your mental health insurance billing** to professionals, so you can do what you do best.

“As private practitioners, our clinical work alone is full-time. Add in the unnecessarily difficult insurance billing system and we run the risk of working way over full-time. TheraThink provides an affordable and incredibly easy solution. My daily insurance billing time now is less than five minutes for a full day of appointments. My cost is a percentage of what is insurance-approved and it's my favorite bill to pay each month! Denny and his team are responsive, incredibly easy to work with, and know their stuff. I cannot capture in words the value to me of TheraThink. Thank you. You free me to focus on the work I love!”



Karen Wyome LICSW, WA

Billing Isn't In Your Job Title

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