Retiring the Comprehensive Biopsychosocial Evaluation for Outpatient Clinics

Please Note: This Provider Bulletin has been updated to include a **Frequently Asked Questions (FAQ) section**, located below the original Bulletin content.

Effective November 1, 2026, Community Behavioral Health (CBH) will retire the Comprehensive Biopsychosocial Evaluation (CBE) and the Comprehensive Biopsychosocial Re-Evaluation (CBR) for both the MD and Non-MD. This update supports CBH's ongoing efforts to streamline billing guidance and to ensure that procedure codes and units of measure align with the HealthChoices Behavioral Health Services Reporting Classification Chart (BHSRCC).

Levels of care (LOCs) that will be terminated effective October 31, 2026:

LOC Code	Procedure Code	LOC Description	Unit of Measure
300-50	90792	Biopsychosocial Evaluation MD	30 minutes
300-54	90792	Biopsychosocial Re-Evaluation MD	30 minutes
350- 40	90792	ASAM 1.0 Biopsychosocial Evaluation MD	30 minutes
350-42	90792	ASAM 1.0 Re-Evaluation MD	30 minutes
300-51	90791	Biopsychosocial Evaluation Non-MD	30 minutes
300-57	90791	Re-Evaluation Non-MD	30 minutes
300-197	90832	Biopsychosocial Evaluation Psychologist- Adult	30 minutes
300-198	90832	Biopsychosocial Re-Evaluation Psychologist-Adult	30 minutes
350- 41	90832	ASAM 1.0 Biopsychosocial Evaluation Non-MD	30 minutes
350-43	90832	ASAM 1.0 Re-Evaluation Non-MD	30 minutes

Effective November 1, 2026, the following LOCs should be billed when completing a psychiatric evaluation or a psychological evaluation:

LOC Code	Procedure Code	LOC Description	Unit of Measure
300-01	90792	Psychiatric Evaluation	Event

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LOC Code	Procedure Code	LOC Description	Unit of Measure
350-01	90792	ASAM 1.0 Psychiatric Evaluation	Event
300-239	90791	Psychological Evaluation	30 minutes

A psychiatric evaluation using procedure code **90792** must include integrated psychosocial and medical services performed by a qualified prescriber (e.g., a psychiatrist or MD/DO). The following components should be included:

- Comprehensive medical and psychiatric history, including past/family/social/substance use history
- Mental Status Examination covering cognitive functions, mood, insight, judgment, etc.
- Medical evaluation components, which may involve:
  - Physical exam
  - Medication reconciliation or prescription
  - Ordering, reviewing, and interpreting laboratory or diagnostic tests
- Establishment of an initial diagnosis
- Evaluation of the patient's ability and capacity to respond to treatment
- Development of an initial treatment plan

Psychological evaluation using procedure code **90791** shall be administered, interpreted, and include an integrated biopsychosocial assessment completed only by a licensed psychologist or by a psychologist in preparation for licensure under the direct supervision of a licensed psychologist.

- Presenting complaint and reason for evaluation
- Detailed biopsychosocial history
- Mental status examination with multiple components

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- Risk assessment findings
- Diagnostic impressions
- Initial treatment plan and recommendations
- Must also include start and end times since it is a unit-of-time-based level of care

To successfully bill procedure codes **90791 and 90792**, providers must meet the following Pennsylvania Department of Human Services (DHS) and Office of Mental Health and Substance Abuse Services (OMHSAS) compliance standards:

- Member Presence: The member must attend the entire evaluation. You cannot bill these codes if you only meet with a parent, family member, or caregiver.
- Clinical Integration: Cannot bill these codes solely for information gathering. A fully licensed clinician must gather the biopsychosocial history actively during the live evaluation.
- Credentials: The performing clinician must be fully graduated, state-licensed, and individually enrolled in PROMISe to qualify for reimbursement.
- Telehealth Rules:
  - Virtual evaluations must be clearly documented as such, using the required telehealth modifiers and place-of-service codes.
  - The platform used must also be identified in the progress note.
  - Telehealth sessions must be conducted face-to-face. Audio-only evaluations are not billable.

Providers are responsible for ensuring that psychiatric evaluations are completed based on medical necessity and applicable Pennsylvania Medicaid regulatory requirements.

An initial psychiatric evaluation should be completed when clinically indicated and performed by a qualified practitioner in accordance with Pennsylvania Medicaid requirements. Pennsylvania Medicaid does not require an annual psychiatric evaluation for members who are receiving outpatient mental health services. Neither an initial nor routine annual evaluation should be

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completed solely to fulfill PA Medicaid or CBH administrative requirements. PA regulations require an assessment, a treatment plan, review, and documentation of medical necessity and progress.

A new or updated psychiatric evaluation should be completed when clinically indicated, including but not limited to:

- A significant change in the member's mental status or level of functioning
- A change in diagnosis or emergence of new psychiatric symptom(s)
- The need for psychiatric consultation to support treatment planning or medication management

CBH will accept a psychological or psychiatric evaluation anywhere it currently states CBH requires a CBE/CBR.

Impacted providers will receive an updated contract (Schedule A) reflecting the new LOCs.

Please contact your assigned provider relations representative with any questions.

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FAQ Regarding Provider Bulletin 26-18

The guidance included in this FAQ corresponds with *Provider Bulletin 26-18: Retiring the Comprehensive Biopsychosocial Evaluation for Outpatient Clinics*. Additional updates related to LOC or Current Procedural Terminology (CPT) codes may be issued in the future. Please continue to monitor **CBH Provider Bulletins and Notices** for further information or changes.

Assessments and Evaluations

1. **Which LOC and CPT codes should be billed for an initial assessment completed by a master's-level clinician in an outpatient program?**

   For Mental Health Outpatient (MHOP): *LOC 300-3, CPT 96127: Outpatient Psychiatric Assessment* may be used.

   - Requires a face-to-face interview, including an evaluation of behavioral health, medical, psychological, social, vocational, and educational factors important to the individual
   - Requires inclusion of standardized emotional or behavioral screening with scoring and clinical interpretation

   For ASAM 1.0: *LOC 350-3, CPT 90792: Outpatient D&A – ASAM 1.0 Assessment* may be used.

2. **What will the requirements for an LOC intake be, and how is it billed?**

   - Some intake activities are not billable, such as demographic data collection, consent, and release of information.
   - To assess treatment needs, please see the answer to Question 1 above.

3. **What will replace CBE-MDs after October 31, 2026?**

   - For MHOP programs, providers will be able to bill *LOC 300-01, CPT 90792* for psychiatric evaluations.
   - For ASAM 1.0 programs, providers will be able to bill *LOC 350-01, CPT 90792* for psychiatric evaluations.

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- Both will be billed as events, whereas CBE-MDs will be billed in 30-minute units.

4. **What are the CBH recommendations for provider-client evaluation?**

   - Under 55 Pa. Code § 1153.52, providers should conduct an assessment with individuals receiving services. A treatment plan should then be developed in collaboration with the individual based on the assessment.
   - Psychiatric Evaluations (90792) and Psychological Evaluations (90791) should be used when clinically indicated (e.g., significant change in the member's mental status or level of functioning, emergence of new symptoms).
   - The clinician should also assess the needs and strengths of the individual receiving services on an ongoing basis. This ongoing assessment can occur within clinical sessions.

5. **Our program uses CBEs/CBRs when submitting pre-authorizations for some services. What should we do now?**

   CBH will accept a psychological or psychiatric evaluation anywhere it currently states CBH requires a CBE/CBR.

6. **Our program used CBEs for some psych testing activities because it was hard to get psych testing pre-authorized. How can we get psych testing pre-auths approved when we need them?**

   - Psychological and psychiatric evaluations (90791 and 90792) are different from psychological testing and do not require pre-authorization.
   - There is no plan to change the way psych testing is approved.
   - Requests for psychological testing must meet MNC and clearly indicate how testing will inform the behavioral health treatment plan. Requests for psychological testing should include why the psychiatric evaluation, psychological evaluation, or clinical assessment was insufficient to determine an initial case formulation and treatment plan.

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- For concerns related to denials, please contact your assigned provider representative.
- Please see the **CBH Provider Manual** for more information on Prior Authorization, Psychological Testing Prior Authorization, exclusionary criteria, and other information. Please also see the CBH website for more information on **Medical Necessity Criteria**, and **Provider Bulletin 24-15** for more information on psychological testing.

7. **What options are available to bill psychological evaluations, specifically autism evaluations?**

   CBH will accept a psychological or psychiatric evaluation anywhere it currently states CBH requires a CBE/CBR.

8. **Is *LOC 300-239* going to be available for both MHOP and ASAM 1.0, or just MHOP? If just MHOP, will there be similar LOCs available for ASAM 1.0?**

   It is not permissible to bill a *CPT 90791: Psychological Evaluation* under an ASAM 1.0 program. For psychological evaluations, individuals should be referred to an MHOP program.

Staff Credentials

9. **What credentials are needed to use the procedure codes for psychological and psychiatric evaluations outlined in *Bulletin 26-18*?**

   - Only psychiatrists or other qualified prescribers can bill for Psychiatric Evaluations (*LOC 300-01/350-01, CPT 90792*). Only psychologists and psychologists in training may complete Psychological Evaluations (*LOC 300-1, CPT 90791*). Licensed clinicians (e.g., LPCs, LCSWs, etc.) cannot bill *LOC 300-01/350-01, 90792s,* and *90791s* unless they meet the requirements for a psychologist-in-training under a licensed psychologist.
   - Other licensed clinicians (e.g., LPCs, LCSWs) can complete Assessments (MHOP: *LOC 300-3, CPT 96127*; ASAM 1.0: *LOC 350-3, CPT 90792*).

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10. **Can LCSWs or LPCs bill *LOC 300-01/350-01, CPT 90792,* or *LOC 300-1, CPT 90791* evals?**

    - » No, LCSWs or LPCs cannot bill *LOC 300-01/350-01, CPT 90792,* or *LOC 300-1, CPT 90791* evals.
    - » Licensed clinicians who are not MDs or psychologists (e.g., LPCs, LCSWs) can complete Assessments (MHOP: *LOC 300-3, CPT 96127*; ASAM 1.0: *LOC 350-3, CPT 90792*).

11. **Can CRNPs bill for evals?**

    The LOCs for CRNP evaluation (*LOC 300-152/350-152, CPT 90792*) will not be affected by *Provider Bulletin 26-18*.

Billing/Units/Rates

12. **Previously, some parts of the CBE process, such as the mental status exam, could be done by someone other than the psychiatrist or psychologist. With this change, the costs of paying a psychiatrist for all activities without reimbursement will not be sustainable. What does CBH recommend?**

    - » The psychiatric evaluation will be an event, meaning it can encompass multiple activities. CBH has enhanced the rate to compensate for the range of activities that may be needed for this event.
    - » Please review your updated Schedule A, when available, to see the rates.

13. **What will the rates be moving forward for the psychological and psychiatric evals?**

    - » Please refer to your Schedule A.
    - » In general, the psychiatric evaluation is changing from 30-minute units to an event (*CPT 90792*).
    - » Psychological evaluation rates will remain the same (*CPT 90791*).

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14. **What are the expectations for how many units could be billed under the new Psychological Evaluation (*LOC 300-239, CPT 90791*)?**

    - Psychological evaluations can be billed up to 4 hours (8 units) per day, per member.
    - Psychological Evaluations need to be clinically indicated. CBH may flag overuse of this code.

15. **How should providers submit billing for events? If multiple sessions are needed, should a provider submit for each activity each time?**

    Providers should document each session clearly, including start and end times. Documentation should clearly indicate when and why multiple sessions are needed.

Miscellaneous

16. **We're concerned that the identified client needs to be present for the entire evaluation. There are times when, for example, the clinician should be talking with a client's parent without the client present.**

    For event-based codes, payment is given for the evaluation. Other activities required to complete the evaluation are included in the rate.

17. **As of November 1, 2026, *LOC 300-239* will be the only LOC we can use for *CPT 90791*. We do not have this determination on our current contract. Do we need to add it?**

    This LOC will be added to Provider Contracts effective November 1, 2026.

18. **Is CBH stating that psychology and psychiatry group practices can no longer bill *CBT 90791/90792* at all?**

    Psychologist independent practitioners and group practices will continue to utilize *CPT 90791*, but *CPT 90792* is not an allowable CPT code for them. These practitioners and practices must utilize the evaluation and management (E/M) code.

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19. Why are there different requirements for independent practitioners vs. psychologists and psychiatrists in a clinic/group practice?

CBH is aligned with the Behavioral Health Services for Reporting Classification Chart (BHSRCC), which is the coding for both financial and encounter data reporting for HealthChoices.

20. Why are these changes happening now?

CBH's retirement of the CBE and the CBR for independent psychiatrists/psychologists and psychiatric/psychological group practices supports its ongoing efforts to streamline billing guidance and ensure that procedure codes and units of measure align with the HealthChoices Behavioral Health Services Reporting Classification Chart (BHSRCC).

» For example, *CPT 90792* is an event/occurrence at the state level, and CBH previously allowed billing for 30-minute units within the CBEs.