Retiring the Comprehensive Biopsychosocial Evaluation for Independent Psychiatrists / Psychologists and Psychiatric / Psychological Group Practices

Effective November 1, 2026, Community Behavioral Health (CBH) will retire the Comprehensive Biopsychosocial Evaluation (CBE) and the Comprehensive Biopsychosocial Re-Evaluation (CBR) for Independent Psychiatrists/Psychologists and Psychiatric/Psychological Group Practices. 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).

Psychiatrist Independent Practitioners and Group Practices

Independent Practitioners and Group Practices are enrolled as psychiatrists (Provider Type 31 Specialty 339). The psychiatrist must be appropriately licensed, enrolled in Pennsylvania Medicaid, and credentialed by CBH. Psychiatrists will utilize Evaluation and Management (E/M) codes when completing a psychiatric evaluation. The E/M codes provide flexibility to account for the member's level of need. E/M codes are divided into levels based on complexity and member status (new patient vs. established patient).

- **A new patient** is defined as a patient who has not received any professional face-to-face services from the physician or another physician in the same group practice within the past three years.
- **An established patient** is defined as a patient who has received professional face-to-face services from the provider or group practice within the past three years.

Providers choose the correct E/M code based on one of two factors on the date of the visit:

1. **Total Time Spent**: The number of minutes the physician spends with the member on the date of the visit
2. **Medical Decision Making (MDM)**: The clinical judgment used to evaluate a member's behavioral health concerns, interpretation of all relevant information, and the determination of an appropriate behavioral health treatment plan

Office and Mental Health Outpatient Visit is a comprehensive reference guide for determining and selecting the correct Evaluation and Management (E/M) Current Procedural Terminology (CPT) codes for outpatient mental health encounters.

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CPT Code	Member Status	MDM Level	Time Range
99202	New	Straightforward	15-29 minutes
99203	New	Low	30-44 minutes
99204	New	Moderate	45-59 minutes
99205	New	High	60-74 minutes
99212	Established	Straightforward	15-29 minutes
99213	Established	Low	30-44 minutes
99214	Established	Moderate	45-59 minutes
99215	Established	High	60-74 minutes

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

LOC Code	CPT Code	LOC Description	Unit of Measure
300-50	90792	Biopsychosocial Evaluation MD	30 minutes
300-54	90792	Biopsychosocial Re-Evaluation MD	30 minutes

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

LOC Code	Procedure Code	LOC Description	MDM Level	Time Range	Unit of Measure
300-56	99202	Outpatient Psychiatric – Office New Patient	Straightforward	15-29 minutes	Event
300-56	99203	Outpatient Psychiatric – Office New Patient	Low	30-44 minutes	Event
300-56	99204	Outpatient Psychiatric – Office New Patient	Moderate	45-59 minutes	Event

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LOC Code	Procedure Code	LOC Description	MDM Level	Time Range	Unit of Measure
300-56	99205	Outpatient Psychiatric – Office New Patient	High	60-74 minutes	Event
300-98	99212	Outpatient Psychiatric– Office Established Patient	Straightforward	10-19 minutes	Event
300-98	99213	Outpatient Psychiatric– Office Established Patient	Low	20-29 minutes	Event
300-98	99214	Outpatient Psychiatric– Office Established Patient	Moderate	30-39 minutes	Event
300-98	99215	Outpatient Psychiatric– Office Established Patient	High	40-54 minutes	Event

Psychologist Independent Practitioners and Psychological Group Practices

Independent Practitioners and Group Practices who are enrolled as psychologists (Provider Type 19, Specialty 190) will utilize the Psychological Evaluation LOC. The psychologist must be appropriately licensed, enrolled in Pennsylvania Medicaid, and credentialed by CBH. The service needs to be medically necessary and supported by clinical documentation. The documentation must support the need for a diagnostic evaluation, including the diagnosis and treatment recommendation(s), rather than just a psychotherapy session.

LOC Code	Procedure Code	LOC Description	Unit of Measure
300-239	90791	Psychological Evaluation	30 minutes

A Psychological Evaluation using procedure code **90791** must include an integrated biopsychosocial assessment performed by a licensed psychologist.

- Presenting complaint and reason for evaluation
- Detailed biopsychosocial history

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- Mental status examination with multiple components
- 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
- If the evaluation is conducted via telehealth, the platform used must be identified in the progress note.
- Telehealth sessions must be conducted face-to-face. Audio-only evaluations are not billable.

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.