Procedure for Billing GAD-7 (or other appropriate testing) Screening With Psychotherapy Session in Advanced MD

Purpose
This procedure explains how supervisees should document and bill a brief standardized assessment, such as the GAD-7, when it is administered during a regular psychotherapy session.

Applicable Codes
When a client receives a standard psychotherapy session and a GAD-7 is administered, scored, reviewed, and clinically interpreted, the encounter may include two CPT lines:

Service	CPT Code	Units
Psychotherapy session, 53+ minutes	90837	1
Brief emotional/behavioral assessment, such as GAD-7	96127	1

The 96127 code should only be added when the instrument is actually administered, scored, reviewed, and documented.

When to Use 96127
Use CPT 96127 when you administer a standardized screening or symptom-monitoring tool such as:

- GAD-7
- PHQ-9
- PCL-5
- Other approved brief behavioral/emotional rating scales

Each separate instrument may count as one unit if allowed by the payer. For example, GAD-7 plus PHQ-9 may be entered as 96127 × 2 units, only if payer policy allows.

Documentation Requirements
The progress note must include a separate section titled **Measurement-Based Assessment** or

Screening Tool Administered.
Include the following:

1. Name of the instrument used
2. Score
3. Severity interpretation
4. Whether results were reviewed with the client
5. How the results informed treatment planning, diagnosis, risk assessment, or clinical intervention

Sample Documentation Language

Measurement-Based Assessment:
GAD-7 administered and scored during today's session. Client scored ___/21, indicating ___ anxiety symptoms. Results were reviewed with the client and discussed in relation to current

treatment goals. Findings were incorporated into treatment planning and will be used to monitor symptom change over time.

AdvancedMD Charge Slip Procedure

1. Complete the psychotherapy progress note as usual.
2. Include the required measurement-based assessment documentation.
3. Open the charge slip or superbill for the same encounter.
4. Enter the primary psychotherapy code, usually **90837**.
5. Add a second procedure line for **96127**.
6. Enter **1 unit** for one GAD-7.
7. Link both CPT codes to the appropriate diagnosis.
8. Save the charge slip.
9. Do not create a second appointment or separate encounter for the GAD-7.

Example Charge Slip

CPT Code	Units	Diagnosis
90837	1	F41.1
96127	1	F41.1

Important Billing Notes

- 96127 is billed on the same encounter as the psychotherapy session.
- It should usually appear as a second line item, not as a separate charge slip.
- Do not bill 96127 if the form was given but not scored, interpreted, or documented.
- Do not bill 96127 simply because anxiety symptoms were discussed verbally.
- If the payer does not reimburse 96127, document the tool anyway for clinical quality, but follow practice billing policy.
- Supervisors or billing staff should be consulted if the payer denies the code or requires a modifier.

Supervisee Responsibility

Supervisees are responsible for ensuring that screening tools are clinically appropriate, accurately scored, documented in the progress note, and entered correctly on the charge slip when billing is permitted.

When unsure, complete the clinical documentation and ask the supervisor or billing manager before submitting the charge.

Here is information about Medicaid and what it will approve. If Medicaid approves it, then other insurances will more likely approve as Medicaid is the lower standard for insurance rates. For **Medicaid**, there is not one national list of approved instruments. Each state Medicaid program (and many Medicaid managed care organizations) determines what they will reimburse under **CPT 96127**. Generally, Medicaid expects the tool to be:

- Standardized and validated.
- Appropriate for the patient's age.
- Clinically indicated.
- Scored, interpreted, and documented in the medical record.

Since I know you practice in **Washington** and also supervise clinicians in **Oregon**, here's what is commonly accepted.

Instrument	Washington Apple Health	Oregon Medicaid (OHP)	Commonly Covered
PHQ-9	✅	✅	Yes
PHQ-2	✅	✅	Yes
GAD-7	✅	✅	Yes
GAD-2	✅	✅	Yes
AUDIT	✅	✅	Yes
AUDIT-C	✅	✅	Yes
DAST-10	✅	✅	Yes
CAGE/CAGE-AID	Usually	Usually	Often
CRAFFT (Adolescents)	✅	✅	Yes
Columbia Suicide Severity Rating Scale (C-SSRS)	Often	Often	Payer-dependent
Mood Disorder Questionnaire (MDQ)	Usually	Usually	Often
PCL-5 (PTSD Checklist)	Usually	Usually	Often
Vanderbilt ADHD	Pediatrics	Pediatrics	Yes
PSC-17	Pediatrics	Pediatrics	Yes
SCARED	Pediatrics	Pediatrics	Often
Edinburgh Postnatal Depression Scale	✅	✅	Yes

The instruments I recommend using routinely
For an outpatient counseling practice, these provide the most clinical value and are the least likely to create billing questions:

Intake
- PHQ-9
- GAD-7
- C-SSRS (if clinically indicated)
- AUDIT-C or DAST-10 (when appropriate)
- PCL-5 (for trauma-focused treatment)

Every 4–8 weeks
- PHQ-9
- GAD-7

Trauma clients
- PCL-5 every 60–90 days

ADHD evaluations

- ASRS (adults)
- Vanderbilt (children/adolescents)

Washington Apple Health

Washington Medicaid specifically recognizes reimbursement for **behavioral health screening using CPT 96127** when billed appropriately, and recent guidance requires the appropriate diagnosis code for screening and, in some programs, additional modifiers for pediatric behavioral health screening.

Oregon Medicaid (OHP)

Oregon Health Plan covers behavioral health services, but reimbursement policies for CPT 96127 can vary between fee-for-service and Coordinated Care Organizations (CCOs). The OHP fee schedule directs providers to follow their program-specific billing rules and CCO contracts for coverage and payment policies.

For your practice

Given your work with adults in private practice and your supervision of associates, I would standardize on these five instruments:

1. **PHQ-9** (Depression)
2. **GAD-7** (Anxiety)
3. **PCL-5** (PTSD)
4. **AUDIT-C** (Alcohol Use)
5. **DAST-10** (Drug Use)

These five tools cover the majority of common behavioral health concerns, are well validated, and are widely accepted by commercial insurers and Medicaid plans when used appropriately and documented correctly.