G0502

INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 70 MINUTES IN THE FIRST CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT. AND DIRECTED BY TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL. WITH THE FOLLOWING REQUIRED ELEMENTS: OUTREACH TO AND ENGAGEMENT IN TREATMENT OF A PATIENT DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL: INITIAL ASSESSMENT OF THE PATIENT. INCLUDING ADMINISTRATION OF VALIDATED RATING SCALES WITH THE DEVELOPMENT OF AN INDIVIDUALIZED TREATMENT PLAN: REVIEW BY THE PSYCHIATRIC CONSULTANT WITH MODIFICATIONS OF THE PLAN IF RECOMMENDED: ENTERING PATIENT IN A REGISTRY AND TRACKING PATIENT FOLLOW-UP AND PROGRESS USING THE REGISTRY, WITH APPROPRIATE DOCUMENTATION, AND PARTICIPATION IN WEEKLY CASELOAD CONSULTATION WITH THE PSYCHIATRIC

CONSULTANT; AND PROVISION OF BRIEF INTERVENTIONS USING EVIDENCE-BASED TECHNIQUES SUCH AS BEHAVIORAL ACTIVATION, MOTIVATIONAL INTERVIEWING, AND OTHER FOCUSED TREATMENT STRATEGIES

Healthcare Common Procedure Coding System

The Healthcare Common Procedure Coding System (HCPCS) is a collection of codes that represent procedures, supplies, products and services which may be provided to Medicare beneficiaries and to individuals enrolled in private health insurance programs. HCPCS codes primarily correspond to services, procedures, and equipment not covered by CPT® codes.

G0502 Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies

| HCPCS Code | G0502 | The Healthcare Common Prodecure Coding |
|------------|-------|--|
| | | System (HCPCS) is a collection of codes that represent procedures, supplies, products and |
| | | services which may be provided to Medicare beneficiaries and to individuals enrolled in private |
| | | health insurance programs. The codes are divided |
| | | into two levels, or groups, as described Below: |
| | | Level I Codes and descriptors copyrighted by the American Medical Association's current procedural terminology, fourth edition (CPT-4). These are 5 position numeric codes representing physician and nonphysician services. |
| | | **** NOTE: **** CPT-4 codes including both long and short descriptions shall be used in accordance with the CMS/AMA agreement. Any other use violates the AMA copyright. |
| | | Level II Includes codes and descriptors copyrighted by the American Dental Association's current dental terminology, seventh edition (CDT-2011/12). These are 5 position alpha-numeric codes comprising the d series. All other level II codes and descriptors are approved and maintained jointly by the alphanumeric editorial panel (consisting of CMS, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association). These are 5 position alphanumeric codes representing primarily items and nonphysician services that are not represented in the level I codes. |

| Code Description | Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies | Contains all text of procedure or modifier long descriptions. As of 2013, this field contains the consumer friendly descriptions for the AMA CPT codes. The AMA owns the copyright on the CPT codes and descriptions; CPT codes and descriptions are not public property and must always be used in compliance with copyright law. |
|------------------------------|---|---|
| Short Description | Init psych care manag, 70min | Short descriptive text of procedure or modifier code (28 characters or less). The AMA owns the copyright on the CPT codes and descriptions; CPT codes and descriptions are not public property and must always be used in |
| Pricing Indicator Code #1 | 13 | compliance with copyright law. Code used to identify the appropriate methodology for developing unique pricing amounts under part B. A procedure may have one to four pricing codes. |

| Price established by carriers (e.g., not otherwise classified, individual determination, carrier discretion). Linked To The Physician Fee Schedule. | Description of Pricing Indicator Code #1 |
|---|--|
| А | Code used to identify instances where a procedure could be priced under multiple methodologies. |
| Not applicable as HCPCS priced under one methodology | HCPCS Multiple Pricing Indicator Code Description |
| 99492 | An explicit reference crosswalking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). |
| С | A code denoting Medicare coverage status. |
| Carrier judgment | HCPCS Coverage Code Description |
| M5D | This field is valid beginning with 2003 data. The Berenson-Eggers Type of Service (BETOS) for the procedure code based on generally agreed upon clinically meaningful groupings of procedures and services. |
| Specialist - other | HCPCS Berenson-Eggers Type Of Service Code Description |
| 1 | The carrier assigned CMS type of service which describes the particular kind(s) of service represented by the procedure code. |
| Medical care | Description of HCPCS Type Of Service Code #1 |
| 0 | The base unit represents the level of intensity for anesthesia procedure services that reflects all activities except time. These activities include usual preoperative and post-operative visits, the administration of fluids and/or blood incident to anesthesia care, and monitering procedures. **** NOTE: **** The payment amount for anesthesia services is based on a calculation using base unit, time units, |
| 20170101 | and the conversion factor. The year the HCPCS code was added to the |
| 20180101 | Healthcare common procedure coding system. Effective date of action to a procedure or modifier |
| 20171231 | Last date for which a procedure or modifier code |
| | carriers (e.g., not otherwise classified, individual determination, carrier discretion). Linked To The Physician Fee Schedule. A Not applicable as HCPCS priced under one methodology 99492 C Carrier judgment M5D Specialist - other 1 Medical care 0 |

| Action Code | N | A code denoting the change made to a procedure or modifier code within the HCPCS system. |
|----------------------------|------------------------------|--|
| Action Code Description | No maintenance for this code | HCPCS Action Code Description |
| Status | Actual | |
| Last Update Date | 2025 | |

Contact Information for HCPCS
HCPCS Email Address: hcpcs@cms.hhs.gov
The PDAC has a toll free helpline
(877) 735-1326
HCPCS-related questions must be submitted online
via the www.codingclinicadvisor.com website

For all questions regarding this bundle please contact Support@DataLabs.Health. Also feel free to let us know about any suggestions or concerns. All additional information as well as customer support is available at https://www.datalabs.health/.