This in-depth **Insurance Billing & Documentation Cheat Sheet** is specifically designed for mental health therapists who want to ethically integrate somatic and body-based interventions into standard insurance-reimbursed psychotherapy sessions without triggering audits. ***Permission to use with credit to CYI**

The Clinical Yoga Institute Somatics Insurance Billing Cheat Sheet

1. The CPT Codes: How to Bill Somatics

Most mental health therapists should **not** use physical therapy codes (like 97110 or 97112) unless explicitly allowed by their state license. Instead, somatic interventions are billed under standard, time-based psychotherapy codes by framing the movement as the *modality* used to treat the mental health diagnosis.

- **90837** (Psychotherapy, 60 minutes)
- **90834** (Psychotherapy, 45 minutes)
- **90832** (Psychotherapy, 30 minutes)
- **90853** (Group Psychotherapy 45 - minutes + 15 CBT is best)

  – When using 90853 your client must have a mental health diagnosis

  – Session must include a psychotherapy (talk-based) component

  – Somatic/yoga interventions are used in service of the mental health treatment, not as standalone movement

The "Golden Rule" for Audits: You are not billing for "yoga" or "stretching." You are billing for psychotherapy that utilizes somatic, body-centered techniques to achieve a psychological goal.

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2. The "Clinical Translation" Matrix

Insurance adjusters look for "medical necessity" and specific clinical terminology. Use this matrix to translate standard yogic/somatic movements into reimbursable clinical language in your SOAP/DAP notes:

What You Did in the Room	Clinical Documentation Phrase	Targeted Symptom / Medical Necessity
Simple Breathwork (e.g., box breathing)	"Utilized volitional diaphragmatic modulation..."	To down-regulate sympathetic hyperarousal and restore autonomic balance.
Seated Twists / Spinal Flexion	"Facilitated transverse and sagittal mobilization..."	To disrupt dorsal vagal shutdown (freeze state) and promote somatic orienting.
Grounding Postures (e.g., feeling feet on floor)	"Engaged in proprioceptive loading and interoceptive tracking..."	To reduce acute dissociative symptoms and establish a physical locus of safety.
Mindful Movement Transitions	"Facilitated mindful sensorimotor sequencing..."	To expand the client's window of tolerance and improve affect regulation.

3. Evidencing Medical Necessity

To survive an insurance audit, your note must prove that the somatic intervention was necessary to treat the client's DSM-5 diagnosis. Always link the body work to a psychological symptom:

- **For PTSD/C-PTSD:** *"Somatic stabilization was required due to the client's physiological trauma response rendering cognitive interventions inaccessible."*
- **For Generalized Anxiety:** *"Nervous system down-regulation was utilized to address somatic complaints of chest tightness and hyperventilation."*
- **For Major Depression:** *"Somatic activation through rhythmic movement was employed to target psychomotor retardation and lethargy."*

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4. Sample Somatic SOAP Note (The Gold Standard)

Here is a template demonstrating how to structure a 60-minute (90837) session note utilizing somatic tools:

- **S (Subjective):** Client reports a subjective units of distress (SUDs) score of 8/10, stating "I feel totally disconnected from my body and panicked today."
- **O (Objective):** Client presented with observable shallow thoracic breathing, muscle guarding in the shoulders, and avoidant eye contact consistent with a high-arousal threat response.
- **A (Assessment):** Client is experiencing acute autonomic dysregulation stemming from their C-PTSD diagnosis. Cognitive processing was deferred due to the client's inability to remain in the window of tolerance.
- **P (Plan/Intervention):** Utilized 15 minutes of bottom-up somatic stabilization, including proprioceptive grounding and volitional diaphragmatic pacing. Client responded with a reduction in SUDs to 4/10 and restored regulated breathing. Continued with cognitive processing of trauma triggers. Plan to continue integrating somatic stabilization protocols.

Medical & Billing Disclaimer: The information provided in this response regarding CPT codes, insurance billing, and clinical documentation is for educational and general informational purposes only. It does not constitute legal, financial, or medical advice. Insurance reimbursement policies vary drastically by state, licensure, and specific insurance panels. Always consult with your state licensing board, professional association, and specific insurance carriers to ensure compliance with billing codes and scope of practice.