

2015

Uniform Service Coding Standards Manual



**Colorado Department
of Human Services**
people who help people

Effective date: July 1, 2015

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I. Introduction

The Colorado Department of Health Care Policy and Financing (HCPF) is the single state agency (SSA) responsible for the administration of the Colorado Medical Assistance Program (MAP). HCPF has developed a comprehensive array of covered mental health (MH) and substance abuse (SA) treatment services to assure that medically necessary, appropriate and cost effective behavioral health (BH) care is provided to eligible Medicaid Members through the Colorado Medicaid Community Behavioral Health Services Program.

The Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH), is responsible for the administration of service contracts that provide for mental health and substance abuse treatment provided to the non-Medicaid population.

In the most basic sense, coding is the numeric or alphanumeric depiction of written service or procedure descriptions. Coding allows standardized, efficient data gathering for a variety of purposes, from providing detailed clinical representations of patient populations, managing population health, predicting service demands, evaluating quality outcomes and standards of care, supervising business functions, and ensuring service reimbursements.¹

I.A. Purpose

The purpose of this *Uniform Service Coding Standards (USCS) Manual* is to achieve uniform documenting and reporting of covered Colorado Medicaid State Plan (required services), Behavioral Health Program 1915(b)(3) Waiver services (alternative or (b)(3) services) and OBH services. Standardizing the documentation and reporting of behavioral health (BH) encounters contributes to the accurate estimation of service costs, development of actuarially sound capitation rates, and compliance with federal regulations for managed care utilization oversight.

HCPF and OBH have established this *USCS Manual* to provide common definitions of the program service categories covered under the Colorado Community Behavioral Health Services Program. The *USCS Manual* also provides guidance in documenting and reporting covered services in coding formats that are in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The clinical coding systems currently used in the United States are the:

- *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*²
- *Current Procedural Terminology (CPT®), Fourth Edition*³
- *Healthcare Common Procedure Coding System (HCPCS)*⁴

These clinical coding systems are used by HCPF and OBH for the Colorado Community Behavioral Health Services Program (refer to Section IV.A for a detailed description of the clinical coding systems).

The *USCS manual* is a living document that is updated each year to maintain consistency between the BHO contract, the OBH contract, the State Plan Amendments, the (b)(3) waiver, and coding guidelines. Unless otherwise noted, the State (HCPF and OBH) has agreed that it will accept coding provided under all editions through June 30, 2015. Providers must implement [the 2015 edition by August 1, 2015](#).

I.B. Manual Format

The manual lists the procedure codes covered by HCPF and/or OBH in numeric and alphanumeric order. In Section II.F.1, the following service domains and their associated procedure codes are listed to promote clarity of understanding through the consistent use of common terms:

- Assessment Services
- Case Management Services
- Peer Support/Recovery Services
- Prevention/Early Intervention Services
- Residential Services
- Social Ambulatory Detoxification Services
- Room and Board
- Respite Care Services
- Treatment Services
- Vocational Services

Within the manual, specific procedure codes are defined and described in the following outline:

- CPT®/HCPCS Procedure Code
- Usage
- Service Description
- Notes
- Applicable Population(s)
- Allowed Mode(s) of Delivery
- Place of Service (POS)
- Procedure Code Description
- Minimum Documentation Requirements
- Example Activities
- Unit and Duration
- Program Service Category(ies)⁵
- Staff Requirements

This format also assists providers to conceptualize the behavioral health (BH) services rendered in terms of 10 key data elements that help to ensure that the appropriate procedure code is assigned to those rendered services:

- **Core Services** are the basic services rendered, such as assessment, treatment, case management, peer support/recovery, prevention/early intervention, residential, respite, and vocational services.
- **Modality** gives more detail about the core service rendered (e.g., individual therapy, group therapy, family therapy, medication administration, etc.).
- **Program** may be different for each community mental health center (CMHC) or provider (e.g., outpatient, residential, day treatment, etc.); this information provides further detail about the specific core service rendered and is useful in pricing those specific services.
- **Location**, or place of service (POS), is where the service is rendered (e.g., CMHC, client's home, community, etc.).
- **Framework Data** is basic data about the client and the service rendered, including:
 - Client's Medicaid Identification (ID)
 - Client's date of birth (DOB)
 - Start and end time/duration of the service
 - Date of service
 - Emergency status
 - Staff/peer credentials

These key data elements are drawn from Colorado Health Network's (CHN) encounter design matrix, which is described in Appendix A, and provided herein as an optional reference and training tool.

II. Colorado Community Behavioral Health Services Program

The Colorado Department of Health Care Policy and Financing (HCPF) contracts with managed care organizations (MCOs), known as behavioral health organizations (BHOs), to administer, manage and operate the Colorado Community Behavioral Health Services Program by providing medically necessary covered behavioral health (BH) services.

II.A. Program Service Categories

The Colorado Community Behavioral Health Services Program covered service categories are defined according to the Colorado Medicaid State Plan (required services) and Behavioral Health Program 1915(b)(3) Waiver (alternative or (b)(3) services). All Colorado Community Behavioral Health Services Program covered procedure codes are categorized as either State Plan (SP), (b)(3), or both.

II.A.1. Medicaid State Plan Services

The Medicaid State Plan is the document by which the State of Colorado certifies that it will comply with all Federal requirements for Medicaid. Some of the requirements are identical for all states, and some permit the State to choose certain options. In order to be eligible to receive federal matching funds (Federal Financial Participation or FFP) to operate its Medicaid program, the State must agree to comply with all parts of the Medicaid State Plan on file with the Centers for Medicare and Medicaid Services (CMS). The following table describes the Colorado Medicaid State Plan program service categories.^{6,7}

Medicaid State Plan Program Service Categories	
Service Category	Description
Inpatient	A. Inpatient Hospital – Adult 21-64: A program of psychiatric care in which the Member remains twenty-four (24) hours a day in a facility licensed as a hospital by the State, excluding State Institutions for Mental Disease (IMDs).
	B. Inpatient Hospital – Under 21: A program of care for Members under age twenty-one (21) in which the Member remains twenty-four (24) hours a day in a psychiatric hospital, or other facility licensed as a hospital by the State. Members who are inpatient on their twenty-first birthday are entitled to receive inpatient benefits until discharged from the facility or until their twenty-second (22) birthday, whichever is earlier, as outlined in 42 CFR 441.151.
	C. Inpatient Hospital – 65 and Over: A program of care for Members age sixty-five (65) and over in which the Member remains twenty-four (24) hours a day in an institution for mental diseases or other facility licensed as a hospital by the State.
Outpatient	<p>A program of care in which the Member receives services in a hospital or other health care facility/office, but does not remain in the facility twenty-four (24) hours a day, including:</p> <p>A. Physician Services, including psychiatric care: Behavioral health services provided within the scope of practice of medicine as defined by State law.</p> <p>B. Rehabilitative Services: Any remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law, for maximum reduction of behavioral/emotional disability and restoration of a client to his/her best possible functional level, including:</p> <ol style="list-style-type: none"> 1. Individual Behavioral Health Therapy: Therapeutic contact with one client of more than 30 minutes, but no more than two (2) hours 2. Individual Brief Behavioral Health Therapy: Therapeutic contact with one client of up to and including 30 minutes. 3. Group Behavioral Health Therapy: Therapeutic contact with more than one client, of up to and including two (2) hours. 4. Family Behavioral Health Therapy: Face to face therapeutic contact with a client and family member(s), or other persons significant to the client, for improving client-family functioning. Family behavioral health therapy is appropriate when intervention in the family interactions is expected to improve the client's emotional/behavioral health. The primary purpose of family behavioral health therapy is treatment of the client. 5. Behavioral Health Assessment: Face to face clinical assessment of a client by a behavioral health professional that determines the nature of the client's problem(s), factors contributing to the problem(s), a client's strengths, abilities and resources to help solve the problem(s), and any existing diagnoses. 6. Pharmacologic Management: Monitoring of medications prescribed and consultation provided to clients by a physician or other medical practitioner authorized to prescribe medications as defined by State law, including associated laboratory services, as indicated. 7. Outpatient Day Treatment: Therapeutic contact with a client in a structured, non-residential program of therapeutic activities lasting more than four (4) hours but less than twenty-four (24) hours per day. Services include assessment and monitoring; individual/group/family therapy; psychological testing; medical/nursing support; psychosocial education; skill development and socialization training focused on improving functional and behavioral deficits; medication management; expressive and activity therapies; and coordination of needed services with other agencies. When provided in an outpatient hospital program, may be called "partial hospitalization." 8. Emergency/Crisis Services: Services provided during a behavioral health emergency which involve unscheduled, immediate, or special interventions in response to crisis situation with a client, including associated laboratory services, as indicated.

Outpatient (continued)	<p>C. Pharmacy Services: Prescribed drugs when used in accordance with 10 CCR 2505-10 Section 8.800, Pharmaceuticals.</p> <p>D. Targeted Case Management: Case management services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.</p> <p>E. School-Based Behavioral Health Services: Behavioral health services provided to school-aged children and adolescents on-site in their schools, with the cooperation of the schools.</p> <p>F. Drug Screening and Monitoring: Substance use disorder counseling services provided along with screening results to be discussed with client.</p> <p>G. Detoxification Services: Services relating to detoxification including all of the following: Physical assessment of detox progression including vital signs monitoring; level of motivation assessment for treatment evaluation; provision of daily living needs (includes hydration, nutrition, cleanliness and toiletry); safety assessment, including suicidal ideation and other behavioral health issues.</p> <p>H. Medication-Assisted Treatment: Administration of Methadone or another approved controlled substance to an opiate-dependent person for the purpose of decreasing or eliminating dependence on opiate substances.</p>
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II.A.2. Behavioral Health Program 1915(b)(3) Waiver Services

The Social Security Act authorizes multiple waiver and demonstration authorities to allow states flexibility in operating Medicaid programs. Each authority has a distinct purpose, and distinct requirements. Section 1915(b), Managed Care/Freedom of Choice Waivers, provides the Secretary of the US Department of Health and Human Services (HHS) with the authority to grant waivers that allow states to implement managed care delivery systems, or otherwise limit individuals' choice of provider under Medicaid. To execute these programs, the Secretary may waive certain Medicaid requirements (state-wideness, comparability of services, and freedom of choice of provider). Under Section 1915(b), there are four types of authorities that states may request:

- (b)(1) mandates Medicaid enrollment into managed care
- (b)(2) utilizes a "central broker"
- (b)(3) uses cost savings to provide additional services
- (b)(4) limits the number of providers for services⁸

1915(b)(3) waiver services must be for medical or health-related care, or other services as described in 42 Code of Federal Regulations (CFR) Part 440. These services are subject to approval by the Centers for Medicare and Medicaid Services (CMS). The following table describes the 1915(b)(3) Waiver Program service categories in Colorado, including a description of the eligible populations, provider type, geographic availability, and reimbursement method.^{ix,x}

1915(b)(3) Waiver Program Service Categories

Mandatory services to Members in at least the scope, amount and duration proposed in contract Exhibit G. Effective July 1, 2011, all 1915(b)(3) services provided to children/youth from age 0 to 21, except for respite and vocational rehabilitation, are included in the State Plan as Expanded EPSDT services. These services will not be listed individually in the State Plan, but may be provided to children/youth with a covered behavioral health diagnosis based on medical necessity.

Service Category	Description
Vocational Services:	Services designed to help adult and adolescent clients who are ineligible for state vocational rehabilitation services to gain employment skills and employment. Services are skill and support development interventions, educational services, vocational assessment, and job coaching.
Intensive Case Management:	Community-based services averaging more than one hour per week, provided to adults with serious behavioral health disorders who are at risk of a more intensive 24 hour placement and who need extra support to live in the community. Services are assessment, care plan development, multi-system referrals, assistance with wraparound and supportive living services, monitoring and follow-up. Intensive case management may be provided to children/youth under the <i>Early Periodic Screening, Diagnosis, and Treatment (EPSDT)</i> program.
Prevention/Early Intervention Activities	Proactive efforts to educate and empower individuals to choose and maintain healthy life behaviors and lifestyles that promote positive behavioral health. Services include behavioral health screenings; educational programs promoting safe and stable families; senior workshops related to aging disorders; and parenting skills classes.
Clubhouse and Drop-in Centers:	Peer support services for people who have behavioral health disorders, provided in a Clubhouse or Drop-In Center setting. Clubhouse participants may use their skills for clerical work, data input, meal preparation, providing resource information and outreach to clients. Drop-in Centers offer planned activities and opportunities for individuals to interact socially, promoting and supporting recovery.
Residential Services:	Twenty-four (24) hour care, excluding room and board, provided in a non-hospital, non-nursing home setting, appropriate for adults whose mental health issues and symptoms are severe enough to require a 24-hour structured program but do not require hospitalization. Services are provided in the setting where the client is living, in real-time, with immediate interventions available as needed. Clinical interventions are assessment and monitoring of mental and physical health status; assessment and monitoring of safety; assessment of/support for motivation for treatment; assessment of ability to provide for daily living needs; observation and assessment of group interactions; individual, group and family therapy; medication management; and behavioral interventions. Residential services may be provided to children/youth under EPSDT.
Assertive Community Treatment (ACT):	Comprehensive, locally-based, individualized treatment for adults with serious behavioral health disorders that is available 24 hours a day, 365 days a year. Services include case management, initial and ongoing behavioral health assessment, psychiatric services, employment and housing assistance, family support and education, and substance use disorders services.
Recovery Services:	Community-based services that promote self-management of behavioral health symptoms, relapse prevention, treatment choices, mutual support, enrichment, rights protection, social supports. Services are peer counseling and support services, peer-run drop-in centers, peer-run employment services, peer mentoring, consumer and family support groups, warm lines, and advocacy services.
Respite Services:	Temporary or short-term care of a child, youth or adult client provided by adults other than the birth parents, foster/adoptive parents, family members or caregivers that the client normally resides with. Respite is designed to give the caregivers some time away from the client to allow them to emotionally recharge and become better prepared to handle normal day-to-day challenges. Respite care providers are specially trained to serve individuals with behavioral health issues.

II.B. Covered Diagnoses

The Colorado Community Behavioral Health Services Program identifies covered diagnoses using the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*.^{xi} The ICD-9-CM is the official system of assigning codes to diagnoses and procedures used by all health care settings, including hospitals, physicians, nursing homes (NH), home health agencies and other providers. ICD-9-CM code selection follows the *Official ICD-9-CM Guidelines for Coding and Reporting*,^{xii} developed cooperatively by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), the Centers for Medicare and Medicaid Services (CMS), and the National Center for Health Statistics (NCHS). These guidelines are a companion document to the ICD-9-CM, and while not exhaustive, assist the user in situations where the ICD-9-CM does not provide direction. The ICD-9-CM is updated annually, effective October 1st. The ICD-9-CM does not include diagnostic criteria or a multi-axial system, primarily because its principal function as an international system is to define categories that aid in the collection of basic health statistics.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), on the other hand, is the universal authority in the United States for diagnosing psychiatric disorders. Clinicians are encouraged to base their diagnostic decisions on the DSM-5 criteria, and to crosswalk those decisions to ICD-9-CM for insurance billing. DSM-5 and the ICD are compatible with one another, and the DSM-5 contains a crosswalk to both ICD-9 and ICD-10 codes. It is still permissible, however, for providers and others to use the diagnostic criteria in the DSM-IV. Dates when the DSM-IV may no longer be used by mental health providers will be determined by the maintainer of the DSM-IV/DSM-5 code set, the American Psychiatric Association. [The implementation of ICD-10-CM has been set for October 1, 2015.](#) Providers are expected to use ICD-10-CM by this date.

For Assessment Services (with the exception of Treatment Planning), Crisis/Emergency Services, and Prevention/Early Intervention Services, *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* diagnosis codes that are *not* covered under the Colorado Medicaid Community Behavioral Health Services Program may be reported when those services have been rendered to a Medicaid enrollee for the purpose of evaluating and assessing to determine the presence of and/or diagnose a behavioral health (BH) disorder(s). The following ICD-9-CM diagnosis codes should be reported for Assessment Services, Crisis/Emergency and Prevention/Early Intervention services only:

Non-Covered Diagnosis Codes for Assessment, Crisis/Emergency and Prevention/Early Intervention Services Only

Code	Description
799.9	Undiagnosed disease, not specified as to site or system involved
V71.09	Observation for other suspected mental condition

^a Used when persons without a diagnosis are suspected of having an abnormal condition, without signs or symptoms, which requires study, but after examination and observation, is found not to exist.^{xiii}

The table below lists the covered diagnoses under the Colorado Community Behavioral Health Services Program.

The OBH also covers the diagnosis codes listed below. Additionally, in an effort to provide early intervention services to the “non-targeted” children’s population (ages zero to eleven), OBH will allow for behavioral health codes not listed below. “Non-targeted” children are defined as those not meeting the Severe Emotional Disturbance definition as defined through the Colorado Client Assessment Record Manual. OBH is allowing for a broader range of diagnosis codes for “Non-targeted” children in an effort to provide services to children who are at risk of developing a severe diagnosis and/or who are difficult to diagnose as a result of their age.

Part I – Mental Health Covered Diagnoses

ICD-9-CM Code	Description
295 - 298.9	
295	Schizophrenic disorders
	(the following fifth-digit sub-classification is for use with category 295)
0	unspecified
1	subchronic
2	chronic
3	subchronic with acute exacerbation
4	chronic with acute exacerbation
5	in remission
295.0x	Simple type
295.1x	Disorganized type
295.2x	Catatonic type
295.3x	Paranoid type
295.4x	Acute schizophrenic episode
295.5x	Latent schizophrenia
295.6x	Residual type
295.7x	Schizoaffective disorder
295.8x	Other specified types of schizophrenia
295.9x	Unspecified schizophrenia
296	Episodic mood disorders
	(the following fifth-digit subclassification is for use with categories 296.0-296.6)
0	unspecified
1	mild
2	moderate
3	severe, without mention of psychotic behavior
4	severe, specified as with psychotic behavior
5	in partial or unspecified remission
6	in full remission
296.0x	Bipolar I disorder, single manic episode
296.1x	Manic disorder, recurrent episode

ICD-9-CM Code	Description
296.2x	Major depressive disorder, single episode
296.3x	Major depressive disorder, recurrent episode
296.4x	Bipolar I disorder, most recent episode (or current) manic
296.5x	Bipolar I disorder, most recent episode (or current) depressed
296.6x	Bipolar I disorder, most recent episode (or current) mixed
296.7x	Bipolar I disorder, most recent episode (or current) unspecified
296.8x	Other and unspecified bipolar disorders
296.80	Bipolar disorder, unspecified
296.81	Atypical manic disorder
296.82	Atypical depressive disorder
296.89	Other
296.9	Other and unspecified episodic mood disorder
296.90	Unspecified episodic mood disorder
296.99	Other specified episodic mood disorder
297	Delusional disorders
297.0	Paranoid state, simple
297.1	Delusional disorder
297.2	Paraphrenia
297.3	Shared psychotic disorder
297.8	Other specified paranoid states
297.9	Unspecified paranoid state
298	Other nonorganic psychoses
298.0	Depressive type psychosis
298.1	Excitatory type psychosis
298.2	Reactive confusion
298.3	Acute paranoid reaction
298.4	Psychogenic paranoid psychosis
298.8	Other and unspecified reactive psychosis
298.9	Unspecified psychosis
300 - 301.99	
300	Anxiety, dissociative and somatoform disorders
300.0	Anxiety states
300.00	Anxiety state, unspecified
300.01	Panic disorder without agoraphobia
300.02	Generalized anxiety disorder
300.09	Other
300.1	Dissociative, conversion and factitious disorders

ICD-9-CM Code	Description
300.10	Hysteria, unspecified
300.11	Conversion disorder
300.12	Dissociative amnesia
300.13	Dissociative fugue
300.14	Dissociative identity disorder
300.15	Dissociative disorder or reaction, unspecified
300.16	Factitious illness with predominantly psychological signs and symptoms
300.19	Other and unspecified factitious illness
300.2	Phobic disorders
300.20	Phobia, unspecified
300.21	Agoraphobia with panic attacks
300.22	Agoraphobia without mention of panic attacks
300.23	Social phobia
300.29	Other isolated or specific phobias
300.3	Obsessive-compulsive disorders
300.4	Dysthymic disorder
300.5	Neurasthenia
300.6	Depersonalization disorder
300.7	Hypochondriasis
300.8	Somatoform disorders
300.81	Somatization disorder
300.82	Undifferentiated somatoform disorder
300.89	Other Somatoform disorder
300.9	Unspecified nonpsychotic mental disorder
301	Personality disorders
301.0	Paranoid personality disorder
301.1	Affective personality disorder
301.10	Affective personality disorder, unspecified
301.11	Chronic hypomanic personality disorder
301.12	Chronic depressive personality disorder
301.13	Cyclothymic disorder
301.2	Schizoid personality disorder
301.20	Schizoid personality disorder, unspecified
301.21	Introverted personality
301.22	Schizotypal personality disorder
301.3	Explosive personality disorder
301.4	Obsessive-compulsive personality disorder
301.5	Histrionic personality disorder

ICD-9-CM Code	Description
301.50	Histrionic personality disorder, unspecified
301.51	Chronic factitious illness with physical symptoms
301.59	Other histrionic personality disorder
301.6	Dependent personality disorder
301.7	Antisocial personality disorder
301.8	Other personality disorders
301.81	Narcissistic personality disorder
301.82	Avoidant personality disorder
301.83	Borderline personality disorder
301.84	Passive-aggressive personality
301.89	Other
301.9	Unspecified personality disorder
307.1 - 309.99	
307	Special symptoms or syndromes, not elsewhere classified
307.1	Anorexia nervosa
307.2	Tics
307.20	Tic disorder, unspecified
307.21	Transient tic disorder
307.22	Chronic motor or vocal tic disorder
307.23	Tourette's disorder
307.3	Stereotypic movement disorder
307.4	Specific disorders of sleep of nonorganic origin
307.40	Nonorganic sleep disorder, unspecified
307.41	Transient disorder of initiating or maintaining sleep
307.42	Persistent disorder of initiating or maintaining sleep
307.43	Transient disorder of initiating or maintaining wakefulness
307.44	Persistent disorder of initiating or maintaining wakefulness
307.45	Circadian rhythm sleep disorder of nonorganic origin
307.46	Sleep arousal disorder
307.47	Other dysfunctions of sleep stages or arousal from sleep
307.48	Repetitive intrusions of sleep
307.49	Other
307.5	Other and unspecified disorders of eating
307.50	Eating disorder, unspecified
307.51	Bulimia nervosa
307.52	Pica
307.53	Rumination disorder

ICD-9-CM Code	Description
307.54	Psychogenic vomiting
307.59	Other
307.6	Enuresis
307.7	Encopresis
307.8	Pain disorders related to psychological factors
307.80	Psychogenic pain, site unspecified
307.81	Tension headache
307.89	Other
307.9	Other and unspecified special symptoms or syndromes, not elsewhere classified
308	Acute reaction to stress
308.0	Predominant disturbance of emotions
308.1	Predominant disturbance of consciousness
308.2	Predominant psychomotor disturbance
308.3	Other acute reactions to stress
308.4	Mixed disorders as reactions to stress
308.9	Unspecified acute reaction to stress
309	Adjustment reaction
309.0	Adjustment disorder with depressed mood
309.1	Prolonged depressive reaction
309.2	With predominant disturbance of other emotions
309.21	Separation anxiety disorder
309.22	Emancipation disorder of adolescence and early adult life
309.23	Specific academic or work inhibition
309.24	Adjustment disorder with anxiety
309.28	Adjustment disorder with mixed anxiety and depressed mood
309.29	Other
309.3	Adjustment disorder with disturbance of conduct
309.4	Adjustment disorder with mixed disturbance of emotions and conduct
309.8	Other specified adjustment reactions
309.81	Post-traumatic stress disorder
309.82	Adjustment reaction with physical symptoms
309.83	Adjustment reaction with withdrawal
309.89	Other
309.9	Unspecified adjustment reaction
311 - 314.9	
311	Depressive disorder, not elsewhere classified
312	Disturbance of conduct, not elsewhere classified

ICD-9-CM Code	Description
	(the following fifth-digit sub-classification is for use with categories 312.0-312.2)
0	unspecified
1	mild
2	moderate
3	severe
312.0	Undersocialized conduct disorder, aggressive type
312.1	Undersocialized conduct disorder, unaggressive type
312.2	Socialized conduct disorder
312.3	Disorders of impulse control, not elsewhere classified
312.30	Impulse control disorder, unspecified
312.31	Pathological gambling
312.32	Kleptomania
312.33	Pyromania
312.34	Intermittent explosive disorder
312.35	Isolated explosive disorder
312.39	Other
312.4	Mixed disturbance of conduct and emotions
312.8	Other specified disturbance of conduct, not elsewhere classified
312.81	Conduct disorder, childhood onset type
312.82	Conduct disorder, adolescent onset type
312.89	Other conduct disorder
312.9	Unspecified disturbance of conduct
313	Disturbance of emotions specific to childhood and adolescence
313.0	Overanxious disorder
313.1	Misery and unhappiness disorder
313.2	Sensitivity, shyness, and social withdrawal disorder
313.21	Shyness disorder of childhood
313.22	Introverted disorder of childhood
313.23	Selective mutism
313.3	Relationship problems
313.8	Other or mixed emotional disturbances of childhood or adolescence
313.81	Oppositional defiant disorder
313.82	Identity disorder
313.83	Academic underachievement disorder
313.89	Other
313.9	Unspecified emotional disturbance of childhood or adolescence
314	Hyperkinetic syndrome of childhood
314.0	Attention deficit disorder

ICD-9-CM Code	Description
314.00	Without mention of hyperactivity
314.01	With hyperactivity
314.1	Hyperkinesis with developmental delay
314.2	Hyperkinetic conduct disorder
314.8	Other specified manifestations of hyperkinetic syndrome
314.9	Unspecified hyperkinetic syndrome

Part 2- Substance Use Disorder Covered Diagnoses

ICD-9		DSM-IV	
Alcohol Use Disorders			
291	Alcohol-induced mental disorders	--	No equivalent DSM-IV code
303	Alcohol dependence syndrome	--	No equivalent DSM-IV code
303.9 [0-3]*	Other and unspecified alcohol dependence	303.90	Alcohol dependence
305.0 [0-3]	Alcohol abuse	305.00	Alcohol abuse
305	Nondependent abuse of drugs	--	No equivalent DSM-IV code
Alcohol-Induced Disorders			
303.0 [0-3]	Acute alcohol intoxication	303.00	Alcohol intoxication
291.81	Alcohol withdrawal	291.81	Alcohol withdrawal
291.0	Alcohol withdrawal delirium	291.0	Alcohol withdrawal delirium
291.0	Alcohol intoxication delirium	291.0	Alcohol intoxication delirium
291.1	Alcohol induced persisting amnesic disorder	291.1	Alcohol induced persisting amnesic disorder
291.5	Alcohol induced psychotic disorder with delusions	291.5	Alcohol induced psychotic disorder with delusions
291.3	Alcohol induced psychotic disorder with hallucinations	291.3	Alcohol induced psychotic disorder with hallucinations
291.89	Other alcohol induced mood disorder	291.89	Alcohol induced mood disorder
291.89	Other alcohol induced anxiety disorder	291.89	Alcohol induced anxiety disorder
291.89	Other alcohol induced sexual dysfunction	291.89	Alcohol induced sexual dysfunction
291.82	Alcohol induced sleep disorders	291.82	Alcohol induced sleep disorders
292.11	Drug induced psychotic disorder with delusions	292.11	Amphetamine induced psychotic disorder with delusions
292.12	Drug induced psychotic disorder with hallucinations	292.12	Amphetamine induced psychotic disorder with hallucinations
292.84	Drug induced mood disorder	292.84	Amphetamine induced mood disorder
292.89	Drug induced anxiety disorder	292.89	Amphetamine induced anxiety disorder
292.89	Drug induced sexual dysfunction	292.89	Amphetamine induced sexual dysfunction
292.85	Drug induced sleep disorder	292.85	Amphetamine induced sleep disorder

ICD-9		DSM-IV	
292.9	Unspecified drug induced mental disorder	292.9	Amphetamine related disorders not otherwise specified
Cannabis Use Disorders			
304.3 [0-3]	Cannabis dependence	304.30	Cannabis dependence
305.2 [0-3]	Cannabis abuse	305.20	Cannabis abuse
Cannabis Induced Disorders			
292.89	Other specified drug induced mental disorders	292.89	Cannabis intoxication
292.81	Drug-intoxication delirium	292.81	Cannabis intoxication delirium
292.11	Drug induced psychotic disorder with delusions	292.11	Cannabis induced psychotic disorder with delusions
292.12	Drug induced psychotic disorder with hallucinations	292.12	Cannabis induced psychotic disorder with hallucinations
292.89	Drug induced anxiety disorder	292.89	Cannabis induced anxiety disorder
292.9	Unspecified drug induced mental disorder	292.9	Cannabis related disorders not otherwise specified (NOS)
Cocaine Use Disorders			
304.2 [0-3]	Cocaine dependence	304.20	Cocaine dependence
305.6 [0-3]	Cocaine abuse	305.60	Cocaine abuse
Cocaine Induced Disorders			
292.89	Other specified drug induced mental disorder	292.89	Cocaine intoxication
292.0	Drug withdrawal	292.0	Cocaine withdrawal
292.81	Drug intoxication delirium	292.81	Cocaine intoxication delirium
292.11	Drug induced psychotic disorder with delusions	292.11	Cocaine induced psychotic disorder with delusions
292.12	Drug induced psychotic disorder with hallucinations	292.12	Cocaine induced psychotic disorder with hallucinations
292.84	Drug induced mood disorder	292.84	Cocaine induced mood disorder
292.89	Drug induced anxiety disorder	292.89	Cocaine induced anxiety disorder
292.89	Drug induced sexual dysfunction	292.89	Cocaine induced sexual dysfunction
292.85	Drug induced sleep disorder	292.85	Cocaine induced sleep disorder
292.9	Unspecified drug induced mental disorder	292.9	Cocaine related disorders not otherwise specified (NOS)
Hallucinogen Use Disorders			
304.5 [0-3]	Hallucinogen dependence	304.50	Hallucinogen dependence
305.3 [0-3]	Hallucinogen abuse	305.30	Hallucinogen abuse
Hallucinogen Induced Disorders			
292.89	Other specified drug induced mental disorders	292.89	Hallucinogen intoxication
292.89	Other specified drug induced mental disorders	292.89	Hallucinogen persisting perception disorder (flashbacks)
292.81	Drug induced delirium	292.81	Hallucinogen intoxication delirium

ICD-9		DSM-IV	
292.11	Drug induced psychotic disorder with delusions	292.11	Hallucinogen induced psychotic disorder with delusions
292.12	Drug induced psychotic disorder with hallucinations	292.12	Hallucinogen induced psychotic disorder with hallucinations
292.84	Drug induced mood disorder	292.84	Hallucinogen induced mood disorder
292.89	Drug induced anxiety disorder	292.89	Hallucinogen induced anxiety disorder
292.9	Unspecified drug induced mental disorder	292.9	Hallucinogen related disorders not otherwise specified (NOS)
Inhalant Use Disorders			
304.6 [0-3]	Other specified drug dependence	304.60	Inhalant dependence
305.9 [0-3]	Other, mixed, or unspecified drug abuse	305.90	Inhalant abuse
Inhalant Induced Disorders			
292.89	Other specified drug induced mental disorders	292.89	Inhalant intoxication
292.81	Drug induced delirium	292.81	Inhalant intoxication delirium
292.11	Drug induced psychotic disorder with delusions	292.11	Inhalant induced psychotic disorder with delusions
292.12	Drug induced psychotic disorder with hallucinations	292.12	Inhalant induced psychotic disorder with hallucinations
292.84	Drug induced mood disorder	292.84	Inhalant induced mood disorder
292.89	Drug induced anxiety disorder	292.89	Inhalant induced anxiety disorder
292.9	Unspecified drug induced mental disorder	292.9	Inhalant related disorders not otherwise specified
Opioid Use Disorders			
304.0 [0-3]	Opioid type dependence	304.00	Opioid dependence
305.5 [0-3]	Opioid abuse	305.50	Opioid abuse
Opioid Induced Disorders			
292.89	Other specified drug induced mental disorders	292.89	Opioid intoxication
292.0	Drug withdrawal	292.0	Opioid withdrawal
292.81	Drug induced delirium	292.81	Opioid intoxication delirium
292.11	Drug induced psychotic disorder with delusions	292.11	Opioid induced psychotic disorder with delusions
292.12	Drug induced psychotic disorder with hallucinations	292.12	Opioid induced psychotic disorder with hallucinations
292.84	Drug induced mood disorder	292.84	Opioid induced mood disorder
292.89	Drug induced sexual dysfunction	292.89	Opioid induced sexual dysfunction
292.85	Drug induced sleep disorder	292.85	Opioid induced sleep disorder
292.9	Unspecified drug induced mental disorder	292.9	Opioid related disorders not otherwise specified
Phencyclidine Use Disorders			
304.6 [0-3]	Other specified drug dependence	304.60	Phencyclidine dependence
305.9 [0-3]	Other, mixed, or unspecified drug use	305.90	Phencyclidine abuse

ICD-9		DSM-IV	
Phencyclidine Induced Disorders			
292.89	Other specified drug induced mental disorders	292.89	Phencyclidine intoxication
292.81	Drug intoxication delirium	292.81	Phencyclidine intoxication delirium
292.11	Drug induced psychotic disorder with delusions	292.11	Phencyclidine induced psychotic disorder with delusions
292.12	Drug induced psychotic disorder with hallucinations	292.12	Phencyclidine induced psychotic disorder with hallucinations
292.84	Drug induced mood disorder	292.84	Phencyclidine induced mood disorder
292.89	Drug induced anxiety disorder	292.89	Phencyclidine induced anxiety disorder
292.9	Unspecified drug induced mental disorder	292.9	Phencyclidine related disorders not otherwise specified (NOS)
Sedative-,Hypnotic-,or Anxiolytic Use Disorders			
304.1 [0-3]	Sedative-,hypnotic-,or anxiolytic dependence	304.10	Sedative-,hypnotic-,or anxiolytic dependence
305.4 [0-3]	Sedative-,hypnotic-,or anxiolytic abuse	305.40	Sedative-,hypnotic-,or anxiolytic abuse
Sedative-,Hypnotic-,or Anxiolytic-Induced Disorders			
292.89	Other specified drug induced mental disorders	292.89	Sedative-,hypnotic-,or anxiolytic intoxication
292.0	Drug withdrawal	292.0	Sedative-,hypnotic-,or anxiolytic withdrawal
292.81	Drug induced delirium	292.81	Sedative-,hypnotic-,or anxiolytic intoxication delirium
292.83	Drug induced persisting amnesic disorder	292.83	Sedative-,hypnotic-,or anxiolytic induced persisting amnesic disorder
292.11	Drug induced psychotic disorder with delusions	292.11	Sedative-,hypnotic-,or anxiolytic induced psychotic disorder with
292.12	Drug induced psychotic disorder with hallucinations	292.12	Sedative-,hypnotic-,or anxiolytic induced psychotic disorder with
292.84	Drug induced mood disorder	292.84	Sedative-,hypnotic-,or anxiolytic induced mood disorder
292.89	Drug induced anxiety disorder	292.89	Sedative-,hypnotic-,or anxiolytic induced anxiety disorder
292.89	Drug induced sexual dysfunction	292.89	Sedative-,hypnotic-,or anxiolytic induced sexual dysfunction
292.85	Drug induced sleep disorder	292.85	Sedative-,hypnotic-,or anxiolytic induced sleep disorder
292.9	Unspecified drug induced mental disorder	292.9	Sedative-,hypnotic-,or anxiolytic-related disorder not otherwise specified
304.7 [0-3]	Combinations of opioid type drug with any other	*	Polysubstance dependence
304.8 [0-3]	Combinations of drug dependence excluding opioid type drug	304.80	Polysubstance dependence
Tobacco Use Disorder			
305.1	Tobacco use disorder	305.1	Nicotine Dependence

-No Equivalent DSM IV Code

*Fifth digit sub-classification Subcategories:

[0 unspecified; 1 continuous; 2 episodic; 3 in remission]

II.C. Provider Types

Within community behavioral health (BH), a variety of licensed and non-licensed staff renders behavioral health (BH) services to clients and families. This section defines the various types of providers and their scope(s) of practice. A Mental Health Professional (MHP) is defined by the State of Colorado as:

- “A person licensed to practice medicine or psychology in the State of Colorado, or any person on the staff of a facility designated by the Executive Director of the Colorado Department of Human Services (DHS) for 72-hour treatment and evaluation who is authorized by the facility to do mental health hospital placement pre-screenings under the supervision of a person licensed to practice medicine or psychology in the State of Colorado.”¹⁴
- Specific to services rendered to clients in psychiatric residential treatment facilities (PRTFs) or therapeutic residential child care facilities (RCCFs), a Licensed Mental Health Professional (LMHP) is a Psychologist, Psychiatrist, Clinical Social Worker (CSW), Marriage and Family Therapist, or Professional counselor who is licensed to practice in the State of Colorado, or a Social Worker (SW) licensed by the State of Colorado who is supervised by a Licensed Clinical Social Worker (LCSW).¹⁵

Scope of practice “means the extent of the authorization to provide health services granted to a health practitioner by a license issued to the practitioner in the State in which the principal part of the practitioner’s services are rendered, including any conditions imposed by the licensing authority.”¹⁶ When considering service provision, documentation, reporting and billing, note that under the Colorado Mental Health Practice Act, “no licensee, [psychological candidate] registrant, certificate holder, or unlicensed psychotherapist is authorized to practice outside of or beyond his/her area of training, experience or competence.”¹⁷ According to the American Medical Association (AMA) Current Procedural Terminology (CPT®), “the qualifications of the non-physician healthcare practitioner must be consistent with guidelines or standards established or recognized by a physician society, a non-physician healthcare professional society/association, or other appropriate source.”¹⁸ Refer to Appendix B for a scope of practice algorithm.

In instances where codes are open to both Medicaid and the Office of Behavioral Health, staff requirements listed on the code page directly relate to credentials required to bill Medicaid. The Office of Behavioral Health (OBH) may have different credentialing requirements for staff to provide services under their authority.

II.C.1. Licensed Marriage & Family Therapist (LMFT)

A Licensed Marriage and Family Therapist (LMFT) is a person who possesses a Master’s degree or higher from a graduate program with course study accredited by the Commission on Accreditation for Marriage and Family Therapy Education (CAMFTE), who is licensed by the Colorado Board of Marriage and Family Therapist Examiners.¹⁹

Scope of Practice: The LMFT’s scope of practice involves “the rendering of professional marriage and family therapy services to individuals, couples and families, singly or in groups,” utilizing “established principles that recognize the interrelated nature of individual problems and dysfunctions to assess, understand, diagnose and treat emotional and mental problems, alcohol and substance abuse, and domestic violence, and modify intrapersonal and interpersonal dysfunctions.” Professional marriage and family therapy practice includes, but is not limited to:

- Assessment and testing
- Diagnosis
- Treatment planning and evaluation
- Therapeutic individual, marital, family, group or organizational interventions
- Psychotherapy
- Client education
- Consultation
- Supervision²⁰

II.C.2. Licensed Professional Counselor (LPC)

Licensed Professional Counselor (LPC) is a person who possesses a Master’s degree or higher in professional counseling from an accredited college or university, who is licensed by the Colorado Board of Licensed Professional Counselor Examiners to practice professional counseling or mental health counseling.²¹

Scope of Practice: With regard to professional counseling, the LPC’s scope of practice includes:

- “Activities that assist the client in developing an understanding of personal, emotional, social, educational, alcohol and substance abuse, domestic violence and vocational issues, and in planning and effecting actions to increase functioning or gain control of his/her behavior in such areas, including, but not limited to:
 - Skill-building in communications, decision-making, and problem-solving
 - Clarifying values
 - Promoting adaptation to loss and other life changes
 - Developing social skills
 - Restructuring cognitive patterns
 - Defining educational and career goals
 - Facilitating adjustment to personal crises and conflict”
- “The selecting, administering, scoring and interpreting of instruments designed to measure aptitudes, attitudes, abilities, achievements, interests, emotions and other personal characteristics, including the application of non-standardized methods, such as interviews, to evaluate a client’s personal and social functioning.”
- “A voluntary relationship between the counselor and the client in which the counselor assists the client, group or organization to cope with relationships, conflicts, problem-solving, decision-making and competencies by interpreting, reporting on, or applying counseling theory.”
- “Rendering, or offering to render, counseling services that facilitate effective personal, emotional, social, education and vocational development in individuals, couples, groups and organizations, with an emphasis on the natural aspects of human development and with an educational orientation.”
- “Following a planned procedure of interventions that take place on a regular basis, over time, or in the cases of testing, assessment, and brief professional counseling, as a single intervention.”²²

With regard to clinical mental health counseling the LPC’s scope of practice includes:

- “Assessment, counseling activities, consultation, and referral.”
- “Treatment, diagnosis, testing, assessment, psychotherapy, or counseling in a professional relationship to assist individuals or groups to alleviate mental and emotional disorders, understand unconscious or conscious motivation, resolve emotional, relationship, or attitudinal conflicts, or modify behaviors that interfere with effective emotional, social, or intellectual functioning.”²³

II.C.3. Licensed Psychologist

A Licensed Psychologist is a person with a Doctoral degree (EdD, PhD, PsyD) in clinical or counseling psychology from an accredited program offering psychology courses approved by the American Psychological Association (APA), who is licensed by the Colorado Board of Psychologist Examiners.²⁴

Scope of Practice: The Licensed Psychologist’s scope of practice entails “the observation, description, evaluation, interpretation, treatment or modification of behavior, cognitions or emotions by the application of psychological, behavioral and physical principles, methods or procedures, for the purpose of preventing or eliminating symptomatic, maladaptive or undesired behavior, cognitions or emotions, and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health and mental health. Psychologists use any and all psychological principles, methods and devices to consider the full range of possible causes of patients’ illnesses, and then select and apply the appropriate treatment methods.” Psychological services may be rendered to individuals, families, groups, organizations, institutions, the public, and/or the courts. The practice of psychology includes, but is not limited to:

- “Psychological testing and evaluation or assessment of personal characteristics, such as intelligence, personality, abilities, interests and aptitudes”
- “Neuropsychological tests, assessments, diagnoses and treatment of neuropsychological and brain disorders”
- “Psychotherapy, including psychoanalytic, existential, cognitive and behavioral therapies, hypnosis and biofeedback”
- “Clinical and counseling psychology, including the diagnosis and treatment of mental, neurological, psychophysiological and emotional disorder(s) or disability(ies), alcoholism and substance abuse, behavioral abuse (including dangerousness to self or others) and disorders of habit or conduct”
- “Rehabilitation psychology, dealing with the psychological aspects of physical illness, accident, injury or disability and rehabilitation”
- “Health psychology, dealing with the role of psychological factors in health and illness”
- “Forensic psychology, dealing with the relation and application of psychological research and knowledge to legal issues, including but not limited to, assessments of competency in civil or criminal matters, legal questions of sanity, or civil commitment proceedings”
- “Organizational psychology, including assessment and intervention by an employee within his/her organization or by a consultant retained by the organization”
- “Community psychology, emphasizing prevention and early discovery of potential difficulties, rather than awaiting initiation of therapy by affected individual or groups, which is generally practiced outside of an office setting”
- “Psychological evaluation, therapy, remediation, and consultation”
- “Research psychology, applying research methodologies, statistics and experimental design to psychological data”²⁵

II.C.4. Professional Nurses

II.C.4.A. Advanced Practice Registered Nurse (APRN)

An Advanced Practice Registered Nurse (APRN) is a Professional Nurse licensed by the Colorado Board of Nursing, “who obtains specialized education and/or training,” and who been recognized and included on the Advanced Practice Registry (APR) by the Colorado Board of Nursing. APRN roles recognized by the Colorado Board of Nursing include:

- Nurse Practitioner (NP)
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Clinical Nurse Specialist (CNS)^{26, 27}

Scope of Practice: The APRN’s scope of practice “is founded on the specialized education or training acquired by the Professional Nurse in preparation for advanced practice.” “It is within the independent scope of advanced practice nursing to order diagnostic testing, treatment and other nursing services.”^{28, 29}

II.C.4.B. Advanced Practice Nurse with Prescriptive Authority (RxN)

An Advanced Practice Nurse with Prescriptive Authority (RxN) is a Professional Nurse licensed by the Colorado Board of Nursing, who has been granted recognition on the Advanced Practice Registry (APR) in at least one (1) role and specialty, and who has been granted Prescriptive Authority by the Colorado Board of Nursing.³⁰

Scope of Practice: The RxN’s scope of practice is determined by the Colorado Board of Nursing, and “is limited to prescribing only those prescription medications and controlled substances that are appropriate for treating patients within the RxN’s area of practice.” The RxN works under “a written collaborative agreement with a Physician licensed by the State whose medical education, training, experience and active practice correspond with that of the RxN.” The RxN may accept, possess, administer and dispense medication, including samples, “for routine health maintenance, routine preventive care, an acute self-limiting condition, the care of a chronic condition that has stabilized, or terminal comfort care,” within the limits of his/her prescriptive authority.^{31, 32}

II.C.4.C. Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN)

A Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) is a person who has graduated from an approved program of practical nursing, and holds a license as a Practical Nurse from the Colorado Board of Nursing.³³

Scope of Practice: The LPN/LVN’s scope of practice is the performance, under the supervision of a Physician or Professional Nurse licensed by the State, “of those services requiring the education, training and experience, as evidenced by the knowledge, abilities and skills” required for licensure, “in caring for the ill, injured or infirm, in teaching and promoting preventive health measures, in acting to safeguard life and health, or in administering treatments and medications” prescribed by a legally authorized Physician or Physician Assistant (PA) implementing a medical plan of care.³⁴

II.C.4.D. Registered Nurse/Registered Professional Nurse (RN)

A Registered Nurse (RN) or Registered Professional Nurse (RPN) is a person who has graduated from an approved program of professional nursing, and is licensed as a Professional Nurse by the Colorado Board of Nursing.^{35,36}

Scope of Practice: The RN’s scope of practice entails “the performance of both independent nursing functions and delegated medical functions in accordance with accepted practice standards.”³⁷

- Functions include:
 - “Initiation and performance of nursing care through health promotion”
 - “Supportive or restorative care”
 - “Disease prevention”

- “Diagnosis and treatment of disease, ailment, pain, injury, deformity and physical or mental condition using specialized knowledge, judgment and skill involving the application of biological, physical, social and behavioral science principles”³⁸
- Services include:
 - “Evaluating health status through collection and assessment of health data”
 - “Health teaching and health counseling”
 - “Providing therapy and treatment that is supportive and restorative to life and well-being, either directly to the client or indirectly through consultation with, delegation to, supervision of, or teaching of others”
 - “Executing delegated medical functions”
 - “Referring to medical or community agencies those clients who need further evaluation and/or treatment”
 - “Reviewing and monitoring therapy and treatment plans”³⁹

II.C.5. Peer Specialist (PS)

A peer specialist may also be referred to as a peer support specialist, recovery coach, peer and family recovery support specialist, peer mentor, family advocate or family systems navigator. A peer specialist “is a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency.” A family advocate is a person whose “lived experience” is defined as having a family member who has mental illness or substance use disorder and the knowledge of the behavioral health care system gained through navigation and support of their family member. Peer Specialists perform a wide variety of non-clinical tasks to assist clients “in regaining control over their own lives and recovery process.”^{vi} The following is a useful overview of the four major types of recovery support services: (1) peer mentoring or coaching, (2) recovery resource connecting, (3) facilitating and leading recovery groups, and (4) building community .^{viii} Peer specialists assist clients in navigating treatment systems for mental health and substance use disorders. Peer Specialists “promote self-determination, personal responsibility and the empowerment inherent in self-directed recovery.”¹

Colorado does not require a peer specialist to be certified or licensed by the Colorado Department of Regulatory Agencies but to have formal training in specific content areas as outlined in “Combined Core Competencies for Colorado’s Peer Specialists / Recovery Coaches and Family Advocates / Family Systems Navigators - Updated and Approved by Behavioral Health Transformation Council 01-25-2013) (Attachment - Appendix J,)

II.C.6. Physician Assistant (PA)

A Physician Assistant (PA) is a person who has successfully completed an education program for PAs and the national certifying examination for PAs, and is licensed by the Colorado Board of Medical Examiners.⁴⁰

Scope of Practice: The PA renders delegated medical functions under the direction and supervision of a Physician licensed and practicing in the State of Colorado.⁴¹

II.C.7. Psychiatrist

A Psychiatrist is a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) who is licensed by the Colorado Board of Medical Examiners and renders services within the scope of practice of medicine as defined by State law.⁴²

Scope of Practice: The Psychiatrist's scope of practice includes "diagnosing, treating, prescribing for, palliating or preventing any disease, ailment, pain, injury, deformity, or physical or mental condition, by the use of medications, surgery, manipulation, electricity, telemedicine, interpretation of tests, images or photographs, or any physical, mechanical or other means."⁴³

II.C.8. Qualified Medication Administration Person (QMAP)

A Qualified Medication Administration Person (QMAP) is a person who has successfully completed a State-approved medication administration training course. A QMAP is employed by a licensed facility on a contractual, full- or part-time basis to provide direct care services, including medication administration to residents upon written order of a licensed physician or other licensed authorized practitioner. A QMAP may also be a person employed by a home health agency who functions as permanent direct care staff to licensed facilities, who is trained in medication administration, and who administers medication only to the residents of the licensed facility.⁴⁴

Scope of Practice: Successful completion of a State-approved medication administration course qualifies a QMAP to administer medications in settings authorized by law. Such settings include:

- Correctional facilities under the supervision of the Executive Director of the Department of Corrections (DOC), including but not limited to:
 - Minimum security facilities
 - Jails
 - Community correctional facilities and programs
 - Regimented inmate discipline and treatment program
 - Denver Regional Diagnostic Center (DRDC)
- Institutions for juveniles
- Assisted living residences
- Adult foster care facilities
- Alternative care facilities
- Residential childcare facilities
- Secure residential treatment centers
- Residential facilities providing treatment for persons with mental illnesses, except for facilities that are publicly or privately licensed hospitals
- Services for persons with developmental disabilities (DD) funded and regulated by the Department of Human Services (DHS)
- State certified adult day programs⁴⁵

Successful completion of a State-approved medication course does not lead to certification or licensure," nor does it "allow the person to make any type of judgment, assessment or evaluation of a client." QMAPs may not "administer medication by injection or tube," or "draw insulin or other medication into syringes."⁴⁶ A QMAP may administer medications by the following routes of administration:

- Oral
- Sublingual
- Topical
- Eye
- Ear
- Rectal
- Vaginal
- Inhalant
- Transdermal⁴⁷

II.C.9. Social Worker (SW)

A Social Worker (SW) is a person with a Bachelor’s, Master’s or Doctoral degree in social work from a Council on Social Work Education accredited program, who is practicing within the scope of the Colorado Mental Health Practice Act.⁴⁸

Scope of Practice: The SW’s scope of practice entails “the professional application of social work theory and methods” “for the purpose of prevention, assessment, diagnosis and intervention with individual, family, group, organizational and societal problems, including alcohol and substance abuse and domestic violence, based on the promotion of bio-psychosocial developmental processes, person-in-environment transactions and empowerment of the consumer system.”⁴⁹

II.C.9.A. Licensed Clinical Social Worker/Licensed Social Worker (LCSW/LSW)

A Licensed Clinical Social Worker (LCSW) or Licensed Social Worker (LSW) is a person with a Master’s or Doctoral degree from an accredited program offering full-time course work approved by the CSWE, who is licensed by the Colorado Board of Social Work Examiners.⁵⁰ Clinical social work practice includes “the practice of social work in addition to the explicit practice of psychotherapy as an LSW.”⁵¹ The practice of psychotherapy is “limited to LCSWs or LSWs supervised by LCSWs.”⁵²

Scope of Practice: Professional social work practice takes place in public or private agencies or institutional, educational or independent settings and may include, but is not limited to:

- Assessment
- Differential diagnosis
- Treatment planning and evaluation
- Measurement of psychosocial functioning
- Crisis intervention, outreach, short- and long-term treatment
- Therapeutic individual, marital and family interventions
- Client education
- Case management
- Mediation
- Advocacy
- Discharge, referral and continuity of care planning and implementation
- Consultation
- Supervision
- Research
- Management and administration
- Program evaluation and education
- Social group work
- Community organization and development
- Psychotherapy⁵³
- Consultation, supervision and teaching in higher education⁵⁴

II.C.10. Unlicensed Psychotherapist

An Unlicensed Psychotherapist is “any person whose primary practice is psychotherapy,” “who is not licensed” by the Colorado Board of Psychologist Examiners, the Colorado Board of Social Work Examiners, the Colorado Board of Licensed Professional Counselor Examiners, or the Colorado Board of Marriage and Family Therapist Examiners “to

practice psychotherapy.”⁵⁵ Unlicensed Psychotherapists are not “authorized to practice outside of or beyond his/her area of training, experience or competence.”⁵⁶ However, Unlicensed Psychotherapists who are employees of community mental health centers (CMHCs) are not required to be registered in the State Grievance Board database.⁵⁷

II.C.11. Intern

An intern must be from the clinical program of study that meets minimum credentials for service provided or code billed. Clinical programs of study are Masters, Doctoral, or Prescriber programs. Prescriber programs for APRNs include preceptorships and mentorships. Bachelors-level programs are not clinical programs of study, and students in a bachelors-level program will not be classified as interns under this definition. The intern will perform duties under the direct supervision of appropriate staff, such as a licensed MD.

II.C.12. Certified Addiction Counselor (CAC)

A Certified Addiction Counselor (CAC) is a person who has a certificate to practice addiction counseling pursuant to the Colorado Mental Health Practice Act. CAC’s are certified in Colorado at three levels in ascending order of responsibility and requirements:

II.C.12.A. Certified Assistant Addiction Counselor (CAC I)

A CAC I is an entry-level counselor who may co-facilitate individual or group counseling sessions with a CAC II, CAC III, or LAC; make treatment chart notations co-signed by a CAC II, CAC III, or LAC; and document vital signs in licensed treatment programs. CAC I staff can only account for a maximum of one quarter or 25% of the counseling staff for all licensed programs.

II.C.12.B. Certified Addiction Counselor (CAC II)

A CAC II is a primary counselor who may independently conduct individual and group counseling sessions and engage in the complete range of therapeutic duties, with the exception of clinical supervision.

II.C.12.C. Certified Senior Addiction Counselor (CAC III)

A CAC III is a senior counselor who may perform any of the lower-level functions, as well as provide clinical supervision after successful completion of the required clinical supervision training.

II.C.13. Licensed Addiction Counselor (LAC)

A Licensed Addiction Counselor (LAC) is a senior counselor who holds a Master’s degree in the healing arts and is licensed in addiction counseling by the National Association of Alcohol and Drug Abuse Counselors (NAADAC) or the National Board for Certified Counselors (NBCC). An LAC is able to operate independently, as well as provide clinical supervision after successful completion of the required clinical supervision training. In addition, an LAC may supervise

other licensed and unlicensed behavioral health professionals. The LAC offers a fourth level of credentialing for addiction professionals comparable to that of other mental health professionals.

II.C.14. Certified Prevention Specialist

A Certified Prevention Specialist is credentialed by the Colorado Prevention Certification Board, working under strict guidelines set by the International Certification & Reciprocity Consortium (IC&RC). Certified Prevention Specialist must receive the certification and this program is deal for therapists, social workers, counselors, HR staff, educators, youth service providers, law enforcement, military officers, community advocates, faith based leaders, and prevention specialists for nonprofit organizations.

II.C.15. Treatment Facility

Treatment facilities are licensed by the Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) based on Substance Use Disorder Treatment Rules (2013). These treatment rules govern the provision of treatment to persons with substance-related disorders.

II.D. Place of Service (POS)

Place of service (POS) codes are two-digit codes used on health care professional claims to specify where a service was rendered. The Centers for Medicare & Medicaid Services (CMS) maintain the POS codes used throughout the health care industry. This code set is required for use in the implementation guide adopted as the national standard for electronic transmission of professional health care claims under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).⁵⁸ POS information is often needed to determine the acceptability of direct billing of Medicare, Medicaid and private insurance services rendered by a given provider. The POS codes most commonly used in behavioral health are listed in the table below, while a complete list of POS codes can be found in Appendix C.⁵⁹

Place of Service (POS) Codes		
POS Code	POS Name	POS Description
01	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
02	Unassigned	Not Applicable (N/A)
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
05	Indian Health Service Free-Standing Facility	A facility or location, owned and operated by the Indian Health Service (IHS), which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
06	Indian Health Service Provider-Based Facility	A facility or location, owned and operated by the IHS, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
07	Tribal 638 Free-Standing Facility	A facility or location, owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.
08	Tribal 638 Provider-Based Facility	A facility or location, owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
09	Prison/Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.
10	Unassigned	N/A
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24-hours a day, 7 days a week, with the capacity to deliver or arrange for services, including some health care and other services.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services, such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).

Place of Service (POS) Codes (continued)

POS Code	POS Name	POS Description
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
17-19	Unassigned	N/A
20	Urgent Care Facility	A location, distinct from a hospital emergency room, an office or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A free-standing facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care, as well as immediate care of newborn infants.
26	Military Treatment Facility (MTF)	A medical facility operated by one or more of the Uniformed Services. MTF also refers to certain former US Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
27-30	Unassigned	N/A
31	Skilled Nursing Facility (SNF)	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing or rehabilitative services, but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled or sick persons, or on a regular basis health-related care services above the level of custodial care to other than individuals with mental retardation (MR).
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice ⁶⁰	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
35-40	Unassigned	N/A
41	Ambulance – Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance – Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
43-48	Unassigned	N/A
49	Independent Clinic	A location, not part of a hospital and not described by any other POS code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
50	Federally Qualified Health Center (FQHC)	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility – Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full-time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.

Place of Service (POS) Codes (continued)		
POS Code	POS Code	POS Code
53	Community Mental Health Center (CMHC) ⁶¹	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24-hours a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility – Mentally Retarded (ICF-MR) ⁶²	A facility which primarily provides health-related care and services above the level of custodial care to individuals with MR, but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, medications and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57	Non-Residential Substance Abuse Treatment Center	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, medications and supplies, and psychological testing.
58-59	Unassigned	N/A
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as a public health center, pharmacy or mall, but may include a physician office setting.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
63-64	Unassigned	N/A
65	End-Stage Renal Disease Treatment Facility	A facility, other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
66-70	Unassigned	N/A
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility which is located in a rural medically under-served area that provides ambulatory primary medical care under the general direction of a physician.
73-80	Unassigned	N/A
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
82-98	Unassigned	N/A
99	Other Place of Service	Other place of service (POS) not identified above.

II.E. Procedure Code Modifiers

Procedure code modifiers, when used correctly, allow providers to more accurately document and report the services rendered. The two-digit modifiers are appended to the Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) procedure codes to indicate that a rendered service or procedure has been altered in its delivery by some specific circumstance, but has not changed in its definition or procedure code.⁶³ Modifiers are used when the information provided by a CPT® or HCPCS procedure code descriptor needs to be supplemented to identify specific circumstances, or to provide additional information, that may apply to a service or item, including but not limited to:

- Service/procedure was increased/ reduced
- Mandated service/procedure
- Credentials/training of the provider
- Unusual event(s) occurred

Modifiers may be classified as payment modifiers (e.g., increased procedural services, mandated services, reduced services, [repeat procedure or service](#), etc.), which may affect reimbursement, and informational modifiers (e.g., Clinical Psychologist, Master's degree level, Intern, etc.), which do not affect reimbursement. Up to four (4) modifiers may be used for each procedure code; however, in the behavioral health organization (BHO) encounter data reporting to the Department of Health Care Policy and Financing (HCPF), the first modifier is reserved for the Colorado Community Mental Health Services Program category identifier (Refer to Section VI). CPT® and HCPCS modifiers may be appended to either CPT® or HCPCS procedure codes. As a rule, when there are payment modifiers and information modifiers, the payment modifiers are sequenced first, in order of importance. All payment modifiers are listed before any and all information modifiers.^{lxiv}

BHOs and providers are encouraged, *but not required*, to use procedure code modifiers, *with the following exceptions*:

- ☒ **When a service is rendered for *more time* than is normally provided as described by the procedure code, use modifier 22 (Increased Procedural Services), as described in Section II.E.1.**
- ☒ **When a service is rendered for *less time* than normally provided as described by the procedure code, use modifier 52 (Reduced Services), as described in Section II.E.1.**
- ☒ **To identify the level of care (LOC) for residential procedure codes, use modifier TF (Intermediate Level of Care) or TG (Complex/High-Tech LOC), as described in Sections II.E.2.**
- ☒ **To identify telemedicine (telehealth) services, use modifier GT (via Interactive Audio & Video Telecommunication Systems), as described in Section II.E.2.**

When certain services such as 90853 are rendered more than once per day and billed on separate lines, use modifier 76 (Repeat procedure or service by same physician or other qualified health care professional on the same date), or modifier 77 (Repeat procedure or service by another physician or other qualified health care professional on the same date) to indicate this is a repeat procedure and not a duplicate as described in Section II.E.1.

II.E.1. CPT® Modifiers

CPT® modifiers are two-digit numeric codes listed after a procedure code and separated from the procedure code by a hyphen (e.g., 90832-22). For example, a 52 (Reduced Services) modifier is used when a service is rendered for less time than normally provided as described by the procedure code; a 22 (Increased Procedural Services) modifier is used to indicate the service is rendered for more than is normally provided^{lxv} as described by the procedure code. Thus, psychotherapy, 30 minutes (90832) rendered for 20 minutes is documented and reported as 90832-52; or if rendered for 35 minutes, it is documented and reported as 90832-22.^{lxvi} Not all of the 31 total CPT® modifiers are applicable to behavioral health (BH) services, so only the modifiers that are potentially useful to providers are included in the table below. The appropriate CPT® modifier(s) for each procedure code are identified, as applicable, in Section II.F.

Common Behavioral Health CPT® Modifiers		
Modifier	Description	Definition ^{lxvii}
22	Increased Procedural Services ^{lxviii}	Used when the work necessary to render a service or procedure is substantially greater than typically required. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of client's condition, and/or physical and mental effort required). NOTE: This modifier is <i>not</i> applicable to evaluation and management (E/M) procedure codes. This modifier should <i>not</i> be used for procedure codes with descriptions containing the word "simple;" these procedures are, by definition, uncomplicated. This modifier should <i>not</i> be reported routinely, but only when the service rendered is <i>significantly more extensive</i> than defined by the procedure code. ^{lxix}
52	Reduced Services	Used, in certain circumstances, to signify that a <i>component</i> of a service or procedure has been <i>partially reduced or eliminated</i> , at the provider's discretion. This modifier provides a means for documenting and reporting reduced services or procedures <i>without disturbing the identification of the basic procedure code</i> . Documentation must support the service, and the reduction or elimination of any component, with a brief explanation or clarifying statement.
76	Repeat Services	Repeat procedure or service by same physician or other qualified health care professional on the same date. The modifier should be placed in modifier places 2-4.
77	Repeat Services	Repeat procedure or service by another physician or other qualified health care professional on the same date. The modifier should be placed in modifier places 2-4.

II.E.2. HCPCS Level II Modifiers

HCPCS Level II modifiers are two-digit alpha or alphanumeric codes listed after a procedure code and separated from the procedure code by a hyphen (e.g., 90832-AH). For example, a TF (Intermediate Level of Care) modifier is used when a service requires an intermediate level of care (LOC), which is not adequately described by the procedure code; a TG (Complex/High-Tech LOC) modifier is used to indicate the service requires a complex LOC, which is not adequately described by the procedure code. Thus, behavioral health, short-term residential (non-hospital residential treatment

program), without room and board, per diem (H0018) rendered at an intermediate LOC is documented and reported as H0018-TF. However, the same service or procedure rendered at a complex LOC – for example, a short-term residential facility identified as a hospital alternative or step-down facility, which is not licensed as an acute treatment unit (ATU), but has 24-hour MHP staffing – is documented and reported as H0018-TG. Not all of the 394 total HCPCS Level II modifiers are applicable to behavioral health (BH) services, so only the modifiers that are potentially useful to providers are included in the table below. The appropriate HCPCS modifier(s) for each procedure code are identified, as applicable, in Section II.F.

Common Behavioral Health HCPCS Level II Modifiers		
Modifier	Description	Definition
Specialized Programs		
EP	Service Provided as Part of Medicaid Early Periodic Screening Diagnosis & Treatment (EPSDT) Program	Designates a service/procedure rendered as part of an EPSDT program.
HA	Child/Adolescent (C/A) Program	Designates a service/procedure associated with a program specifically designed for children and/or adolescents; specific age boundaries are not identified to allow for variation among the states.
HB	Adult Program, <i>Non-Geriatric</i>	Designates a service/procedure designed for non-geriatric adults; specific age boundaries are not identified to allow for variation among the states.
HC	Adult Program, <i>Geriatric</i>	Designates a service/procedure designed for older (geriatric) adults; specific age boundaries are not identified to allow for variation among the states.
HD	Pregnant/Parenting Women's Program	Designates a service/procedure associated with a program specifically designed for pregnant women/women with dependent children as a unit in a comprehensive treatment setting.
HE	Mental Health (MH) Program	Designates a service/procedure associated with a program specifically designed to provide MH treatment services.
HF	Substance Abuse (SA) Program	Designates a service/procedure associated with a program specifically designed to provide SA treatment services.
HH	Integrated Mental Health/Substance Abuse (MH/SA) Program	Designates a service/procedure associated with a program specifically designed to provide integrated MH/SA treatment services.
HI	Integrated Mental Health & Mental Retardation/ Developmental Disabilities (MH/MR/DD) Program	Designates a service/procedure associated with a program specifically designed to provide integrated MH/MR/DD treatment services.
HK	Specialized Mental Health (MH) Programs for High-Risk Populations	Designates a service/procedure associated with a program specifically designed to address the MH needs of a high-risk population.
Education Level of Treatment Staff		
AF	Specialty Physician	Designates the person rendering a service/procedure is a physician with a specialty (e.g., psychiatry).
AH	Clinical Psychologist (CP)	Designates the person rendering a service/procedure is a Licensed Clinical Psychologist.
AJ	Clinical Social Worker (LCSW)	Designates the person rendering a service/procedure a Licensed Clinical Social Worker (LCSW).
HM	Less Than Bachelor's Degree Level	Indicates the rendering provider's educational attainment is less than a bachelor's degree.
HN	Bachelor's Degree Level	Indicates the rendering provider's highest educational attainment is a bachelor's degree.
HO	Master's Degree Level	Indicates the rendering provider's highest educational attainment is a master's degree.
HP	Doctoral Level	Indicates the rendering provider's highest educational attainment is a doctoral degree.
PA	Physician Assistant (PA)	Designates the person rendering a service/procedure is a Physician Assistant (PA).
SA	Nurse Practitioner (APRN/RxN) Rendering Service in Collaboration with a Physician (MD/DO)	Designates the person rendering a service/procedure is a Nurse Practitioner (APRN/RxN) collaborating with a physician (MD/DO).
Modifier	Description	Definition
TD	Registered Nurse (RN)	Designates the person rendering a service/procedure is a Registered Nurse (RN).
TE	Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN)	Designates the person rendering a service/procedure is a Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN).

Treatment Context		
HQ	Group Setting	Designates a service/procedure rendered to more than one (1) client during a single treatment encounter/session, such that the clients have no particular relationship during a single treatment encounter.
HR	Family/Couple with Client Present	Designates a service/procedure rendered to more than one (1) client during a single treatment encounter/session, such that the persons served share a familial/significant other relationship.
HS	Family/Couple without Client Present	Designates a service/procedure rendered to more than one (1) client during a single treatment encounter/session, such that the persons served share a familial/significant other relationship.
UK	Services Provided on Behalf of the Client to Someone Other Than the Client (Collateral Relationship)	Designates a service/procedure rendered to collateral of a client (i.e., spouse, child, parent/other person) who is adversely affected by the client's behavioral health (BH) problem(s).
Court-Ordered Treatment		
H9	Court-Ordered	Indicates a court, probation/parole officer ordered a service/ procedure.
Modifier	Description	Definition
Multi-Disciplinary		
AM	Physician, Team Member Service	Designates the person rendering a service/procedure is a medical doctor (MD/DO) acting as part of a team service.
HT	Multi-Disciplinary Team	Designates a service/procedure rendered by multiple providers of different disciplines.
Service Funding/Financing Arrangement		
HU	Funded by Child Welfare Agency	Indicates a service/procedure funded by money appropriated by a child welfare agency.
HX	Funded by County/Local Agency	Indicates a service/procedure funded by money appropriated by a county/local agency.
M2	Medicare Secondary Payer (MSP)	Indicates Medicare is the secondary payer for a service/procedure.
SE	State &/or Federally-Funded Programs/Services	Indicates a service/procedure, or an associated program, funded by money appropriated by a State and/or federal agency.
Level of Care		
TF	Intermediate Level of Care (LOC)	Indicates a service/procedure requiring an intermediate LOC.
TG	Complex/High-Tech Level of Care (LOC)	Indicates a service/procedure requiring a complex/high-tech LOC.
Other Modifiers		
CR	Catastrophe/Disaster-Related	Indicates a service/procedure rendered to a victim of a catastrophe/disaster (e.g., Hurricane Katrina).
ET	Emergency Services	Indicates a rendered emergency service/procedure.
GQ	Via Asynchronous Telecommunications System	Indicates the distant site physician (MD/DO)/Mental Health Professional (MHP) certifies that the asynchronous medical file was collected and transmitted to him/her at his/her distant site from an eligible originating site when the telemedicine (telehealth) service/procedure was rendered.
GT	Via Interactive Audio & Video Telecommunication Systems	Indicates real-time communication between the distant-site physician (MD/DO)/Mental Health Professional (MHP) has taken place with the client present and participating in the telemedicine (telehealth) service/procedure.

II.E.3. Community Behavioral Health Services Program Service Category Identifiers

The Colorado Department of Health Care Policy and Financing (HCPF) has defined identifiers for the Medicaid State Plan and Mental Health Program 1915(b)(3) Waiver program service categories (Refer to Section II.A.). These identifiers are listed below. The appropriate program service category(ies) for each procedure code is identified in Section II.F. The reporting process for these program service category identifiers is described in Section VI.

Colorado Community Mental Health Services Program Identifiers		
Identifier	Program Service Category	Description
HE	State Plan (SP) Services	State Plan (SP) behavioral health (BH) services include inpatient psychiatric hospital services, outpatient services such as psychiatrist, psychosocial rehabilitation, case management (CM), medication management, and emergency services.
HF	Substance Abuse (SA) Program	Substance Abuse services, as determined by the provider. This modifier should be disclosed in the second modifier field .
TG	Other State Plan (SP) Services	Other State Plan (SP) services not identified by HE above.
SC**	Residential Services	Twenty-four (24) hour care, excluding room and board, provided in a non-hospital, non-nursing home setting, appropriate for adults whose mental health issues and symptoms are severe enough to require a 24-hour structured program but do not require hospitalization. Services are provided in the setting where the client is living, in real-time, with immediate interventions available as needed. Clinical interventions are assessment and monitoring of mental and physical health status; assessment and monitoring of safety; assessment of/support for motivation for treatment; assessment of ability to provide for daily living needs; observation and assessment of group interactions; individual, group and family therapy; medication management; and behavioral interventions **
SK**	Intensive Case Management (ICM)	Community-based services averaging more than one hour per week, provided to adults with serious behavioral health disorders who are at risk of a more intensive 24 hour placement and who need extra support to live in the community. Services are assessment, care plan development, multi-system referrals, assistance with wraparound and supportive living services, monitoring and follow-up. **
HK	Assertive Community Treatment (ACT)	Comprehensive, locally-based, individualized treatment for adults with serious behavioral health disorders that is available 24 hours a day, 365 days a year. Services include case management, initial and ongoing behavioral health assessment, psychiatric services, employment and housing assistance, family support and education, and substance use disorders services.
SY	Respite Services	Temporary or short-term care of a child, youth or adult client provided by adults other than the birth parents, foster/adoptive parents, family members or caregivers that the client normally resides with. Respite is designed to give the caregivers some time away from the client to allow them to emotionally recharge and become better prepared to handle normal day-to-day challenges. Respite care providers are specially trained to serve individuals with behavioral health issues.
HJ	Vocational (Voc) Services	Services designed to help adult and adolescent clients who are ineligible for state vocational rehabilitation services to gain employment skills and employment. Services are skill and support development interventions, educational services, vocational assessment, and job coaching.
HB**	Clubhouses & Drop-In Centers	Peer support services for people who have behavioral health disorders, provided in a Clubhouse or Drop-In Center setting. Clubhouse participants may use their skills for clerical work, data input, meal preparation, providing resource information, and outreach to clients. Drop-in Centers offer planned activities and opportunities for individuals to interact socially, promoting, and supporting recovery. **
TS**	Recovery Services	Community-based services that promote self-management of behavioral health symptoms, relapse prevention, treatment choices, mutual support, enrichment, rights protection, social supports. Services are peer counseling and support services, peer-run drop-in centers, peer-run employment services, peer mentoring, consumer and family support groups, warm lines, and advocacy services.**
HT**	Prevention/Early Intervention Activities (Prev/EI)	Proactive efforts to educate and empower individuals to choose and maintain healthy life behaviors and lifestyles that promote positive behavioral health. Services include behavioral health screenings; educational programs promoting safe and stable families; senior workshops related to aging disorders; and parenting skills classes.**

**Effective July 1, 2011 (HT) is no longer a valid Program Service Category for children/youth age 0 to 21. Covered services to children/youth should be identified with the HE program service modifier for State Plan services.

II.F. Behavioral Health Services Program Procedure Codes

This section details the procedure codes that are covered under the Colorado Community Behavioral Health Services Program by HCPF and/or OBH. The procedure codes are listed in numerical and alphanumerical order. Categorization of the procedure codes by service domain can be found in Section II.F.1. Specific procedure codes are defined and described in the following outline:

- **CPT®/HCPCS Procedure Code** – The 5-digit numeric Current Procedural Terminology (CPT®) or alphanumeric Healthcare Common Procedure Coding System (HCPCS) code used to identify, report and/or bill the specific service or procedure rendered.
- **Procedure Code Description** – A brief narrative description of the procedure code based on the definitions from the *2009 Coders' Desk Reference for Procedures*^{lxxx} and/or the Centers for Medicare and Medicaid Services (CMS).^{lxxxi}
- **Service Description** – A brief narrative of the common or generally accepted method(s) of accomplishing the procedure or service indicated by the procedure code description.^{lxxxii}
- **Usage** – Identification of whether the service is used by Medicaid and/or OBH.
- **Minimum Documentation Requirements** – The essential elements that are required in the clinical record to support the service or procedure rendered. [These are listed on the individual codes pages and on page 253 under Technical Documentation Requirements.](#)^{lxxxiii}
- **Notes** – Additional descriptive information regarding the procedure code or service.^{lxxxiv}
- **Applicable Population(s)** – Any limitations on the use of the procedure code or service based on age.^{lxxxv}
- **Unit** – The amount of time for a time-based procedure code (i.e., per 15 minutes, per hour, per diem, per month), or the number of occurrences (i.e., session, encounter) for a non-time based procedure code, which is spent face-to-face with the client.
 - Encounter or Session = One (1) unit, regardless of the duration (e.g., 90832)
 - 15 Minute Unit = Divide the total duration by 15 minutes (refer to Section III.A)
 - Hour Unit = Calculate the number of units by the total number of hours. For example, a “per hour” procedure code (e.g., 96101) rendered for a total of four (4) hours equals four (4) units.
 - Day Unit = One day of service, typically of six (6) to 24 hours, equals one (1) unit of service
 - Month Unit = One (1) month equals one (1) unit of service
- **Duration** – The minimum and maximum time allowed for the service or procedure, as applicable. (Refer to Section III.)^{lxxxvi} For encounter-based procedure codes, the minimum and maximum time allowed should be considered general guidance, unless otherwise specified in the procedure code description.
- **Allowed Mode(s) of Delivery** – The modalities in which the service or procedure may be rendered.^{lxxxvii} The appropriate modifiers are identified in parentheses.
 - Video Conference is based on the current allowable procedure codes for telemedicine (telehealth).^{lxxxviii}
- **Example Activities** – As available, examples of activities that may be reported and/or billed utilizing the specific procedure code. (**Note:** Examples are not all-inclusive.)^{lxxxix}
- **Staff Requirement** – The staff credentials required to render the service or procedure, unless specifically restricted by the procedure code description. (Refer to Section II.C.)^{lxxx} The appropriate modifiers are identified in parentheses.
- **Program Service Category(ies)** – The Medicaid State Plan and/or 1915(b)(3) Waiver category(ies) in which the service or procedure may be reported. (Refer to Sections II.A and II.E.3.)^{lxxxi}
- **Place of Service (POS)** – The actual place(s) or location(s) where the procedure code or service may be rendered (refer to Section II.D). For example, a CMHC outpatient clinic is POS 53, while a CMHC residential facility might be POS 56 (depending on facility type and level of care).^{lxxxii} The appropriate POS codes are identified in parentheses.

Telemedicine (Telehealth)^{lxxxiii}

- ⊗ *Telemedicine (telehealth) is a means of providing specific services approved by the Colorado Medical Assistance Program (MAP) to Medicaid enrollees in areas where access to an appropriate provider is limited or unavailable.*
- ⊗ *Telemedicine (telehealth) services are rendered “live” in real-time via audio-video communications circuits. Telemedicine (telehealth) does not include telephone (interactive audio) or facsimile machines.*
- ⊗ *“The availability of services through telemedicine in no way alters the scope of practice of any health care provider; or authorizes the delivery of health care services in a setting or manner not otherwise authorized by law.”^{lxxxiv}*
- ⊗ *Telemedicine (telehealth) involves an “originating provider/site” where the client is located and a “distance provider” who acts as a consultant to the originating provider, or in some cases, is the only provider involved in the service.*
- ⊗ *Procedure codes that are Medicaid-approved for telemedicine (telehealth) are identified in the following sub-sections under “Allowed Mode(s) of Delivery” as Video Conf (GT).*

Screening		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
80101	Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
This procedure screens for drugs using a single drug class laboratory analyzer, such as an immunoassay technique or an enzyme assay. Drug screening is used to determine the appropriate treatment for an individual at a particular treatment facility prior to administering differential assessments. Personnel collecting and or performing laboratory analysis on collected specimens must follow established laboratory procedures to prevent contamination and ensure chain of custody.	<ul style="list-style-type: none"> • Date of service • Client consent • Screening results • Client's identified treatment plan (if applicable) • Referral for treatment (if applicable) • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
This procedure code is used once per screening for each drug class assessed, but this code is not to be used for drug testing kits that evaluate multiple drug classes in a single procedure. Use code H0048 for collection specimens. If reimbursed by Medicaid, 36 specimen limit per year. Modifier HG only applies for opioid testing.	An immunoassay is a biochemical test that measures the presence and or concentration of a substance in a solution that often contains a complex mixture of substances. Enzyme assays measure either the consumption of a substrate or production of a product over time. An example substance could be an opioid compound.	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)
		<input checked="" type="checkbox"/> CMHC (53)
		<input type="checkbox"/> ICF-MR (54)
		<input type="checkbox"/> RSATF (55)
		<input type="checkbox"/> PRTF (56)
		<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
		<input type="checkbox"/> CIRF (61)
		<input type="checkbox"/> CORF (62)
		<input type="checkbox"/> Public Health Clinic (71)
		<input type="checkbox"/> Rural Health Clinic (72)
		<input checked="" type="checkbox"/> Other POS (99)
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA	<input checked="" type="checkbox"/> Encounter	Minimum: N/A Maximum: N/A
<input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TE	<input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	
<input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TD	<input type="checkbox"/> 15 Minutes <input type="checkbox"/> 3 Hours	
<input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family
<input checked="" type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22	<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Off-Site
		<input type="checkbox"/> Telemedicine
		<input type="checkbox"/> Teleconference
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
<input type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I
<input type="checkbox"/> Bachelor's Level (HN)	<input type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III
<input type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)
<input type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA
		<input checked="" type="checkbox"/> MD/DO (AF)
		<input type="checkbox"/> QMAP
		<input checked="" type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

Screening		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
82075	Alcohol (ethanol); breath	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Alcohol breathalyzer administered to test for evidence or the degree of alcohol intoxication of an individual.	<ul style="list-style-type: none"> • Date of service • Client consent • Screening results • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
Staff performing breathalyzers shall be knowledgeable of collection, handling, recording and storing procedures assuring sample viability for evidentiary and therapeutic purposes.	Breathalyzer administered to test for the degree of alcohol intoxication.	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input checked="" type="checkbox"/> Mobile Unit (15)	<input checked="" type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Temp Lodge (16)	<input checked="" type="checkbox"/> Cust Care (33)
<input checked="" type="checkbox"/> Prison/CF (09)	<input checked="" type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> ER Hosp (23)	<input checked="" type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input checked="" type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input checked="" type="checkbox"/> ALF (13)	<input checked="" type="checkbox"/> MTF (26)	<input checked="" type="checkbox"/> Inpt PF (51)
<input checked="" type="checkbox"/> Group Home (14)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> PF-PHP (52)
		<input checked="" type="checkbox"/> CMHC (53)
		<input checked="" type="checkbox"/> ICF-MR (54)
		<input checked="" type="checkbox"/> RSATF (55)
		<input checked="" type="checkbox"/> PRTF (56)
		<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
		<input checked="" type="checkbox"/> CIRF (61)
		<input checked="" type="checkbox"/> CORF (62)
		<input checked="" type="checkbox"/> Public Health Clinic (71)
		<input checked="" type="checkbox"/> Rural Health Clinic (72)
		<input checked="" type="checkbox"/> Other POS (99)
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF	<input checked="" type="checkbox"/> Encounter	Minimum: N/A Maximum: N/A
<input checked="" type="checkbox"/> AH	<input type="checkbox"/> Day	
<input type="checkbox"/> HA	<input type="checkbox"/> 1 Hour	
<input type="checkbox"/> HB	<input type="checkbox"/> 15 Minutes	<input type="checkbox"/> 3 Hours
ALLOWED MODE(S) OF DELIVERY		
<input type="checkbox"/> HC	<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)
<input type="checkbox"/> HD	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family
<input type="checkbox"/> HG	<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site
<input type="checkbox"/> HH	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Off-Site
		<input type="checkbox"/> Telemedicine
		<input type="checkbox"/> Teleconference
MINIMUM STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input checked="" type="checkbox"/> Cert Prevention Specialist
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II
<input checked="" type="checkbox"/> Psych. Tech	<input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)
<input checked="" type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> PA
		<input checked="" type="checkbox"/> MD/DO (AF)
		<input checked="" type="checkbox"/> QMAP
		<input checked="" type="checkbox"/> Treatment Facility
		<input checked="" type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input checked="" type="checkbox"/> Dentist (only for SBIRT codes)

TREATMENT SERVICES – PSYCHOTHERAPY – INTERACTIVE COMPLEXITY ADD-ON CODE*		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90785* ADD-ON CODE	Interactive complexity (list separately in addition to the code for the primary procedure)	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Code 90785 is an add-on code used to report the interactive complexity. Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. Some common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Patients that require this service are those who have third parties such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care. Appendix I provides further guidance on billing 90785.	<ul style="list-style-type: none"> • Primary Service minimum documentation requirements must be met • Means of interactive complexity should be clearly defined 	
NOTES	EXAMPLE ACTIVITIES	
This code is to be reported in conjunction with codes for diagnostic psychiatric evaluation (90791, 90792), psychotherapy (90832-90834-90837), psychotherapy when performed with an evaluation and management service (90833, 90836, 90838, 99201-99255, 99304-99337, 99341-99350), and group psychotherapy (90853).		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: NA Maximum: NA
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input checked="" type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

ASSESSMENT SERVICES – ASSESSMENT/DIAGNOSIS					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
90791		Psychiatric diagnostic evaluation		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Psychiatric diagnostic evaluation is an integrated biophysical assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies.</p> <p>The MHP interviews the client in a culturally and age-relevant initial diagnostic examination, which includes taking the client's history and assessing his/her mental status, as well as disposition. The MHP may spend time communicating with family, friends, co-workers, or other sources as part of this examination, and may even perform the diagnostic interview on the client through other informative sources.</p> <p>* BA-level MHPs use procedure code H0031. * Prescribers use procedure code 90792.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source 3. Psychiatric diagnostic interview examination elements 4. Review of psychosocial and family history 5. Complete mental status exam 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition 		
NOTES			EXAMPLE ACTIVITIES		
<p>In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the client. Codes 90791 may be reported more than once, but not on the same day, for the patient, when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances. Codes 90791 may be reported once per day and not on the same day as an evaluation and management service performed by the same provider for the same patient.</p> <p>The psychiatric diagnostic evaluation may include interactive complexity services when factors exist that complicate the delivery of the psychiatric procedure. These services should be reported with add-on code 90785 used in conjunction with the appropriate diagnostic service code 90791. 90791 are used for assessment(s) and re-assessment (s), if required, and do not include psychotherapeutic services. Psychotherapy services including crisis, may not be reported on the same day by the same health care professional.</p> <p>Psychotherapy provided to a client in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed on the same day as 90791, if services are by the same health care professional.</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> /LCSW (AJ)/LSW/ <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern LMFT/ LPC <input type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO(AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)					

ASSESSMENT SERVICES – ASSESSMENT/DIAGNOSIS					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
90792		Psychiatric diagnostic evaluation with medical services		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
<p>Psychiatric diagnostic evaluation is an integrated biophysical and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.</p> <p>* This code is for Prescribers (or prescriber interns) only.</p>		<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source 3. Psychiatric diagnostic interview examination elements 4. Review of psychosocial and family history 5. Complete mental status exam 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition 			
NOTES		EXAMPLE ACTIVITIES			
<p>In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the client. Codes 90792 may be reported more than once for the patient, but not on the same day by the same provider when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances. Codes 90792 may be reported once per day and not on the same day as an evaluation and management service performed by the same provider for the same patient. The psychiatric diagnostic evaluation may include interactive complexity services when factors exist that complicate the delivery of the psychiatric procedure. These services should be reported with add-on code 90785 used in conjunction with the appropriate diagnostic service code 90792. 90792 is used for assessment(s) and re-assessment (s), if required, and do not include psychotherapeutic services. Psychotherapy services including crisis, may not be reported on the same day by the same provider</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>					
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input checked="" type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)					

TREATMENT SERVICES – PSYCHOTHERAPY

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION		USAGE
90832	Psychotherapy, 30 minutes with the patient and/or family member		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
The MHP renders face-to-face psychotherapy with the client and/or family member. The focus of the session should be on the client. The client must be present for all or some of the service. If a family member is present, the focus of the session is still on the client and not on the family unit.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES	EXAMPLE ACTIVITIES		
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a client in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed in addition to psychotherapy by the same health care professional on the same day. Use add-on code 90785 for interactive complexity as appropriate. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.			
APPLICABLE POPULATION(S)	UNIT	DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 16 Minutes Maximum: 37 Minutes	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS			
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)			
PLACE OF SERVICE (POS)			
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> PF-PHP (52)			

TREATMENT SERVICES – PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
90833-ADD-ON		Psychotherapy, 30 minutes with the patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary service)		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
Face-to-face psychotherapy with the client and/or family member provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. The client must be present for all or some of the service. If a family member is present, the focus of the session is still on the client and not on the family unit.			Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES			EXAMPLE ACTIVITIES		
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a client in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed in addition to psychotherapy on the same day by the same health care professional. Use add-on code 90785 for interactive complexity as appropriate.					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 16 Minutes Maximum: 37 Minutes
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)		<input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)					

TREATMENT SERVICES – PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90834	Psychotherapy, 45 minutes with the patient and/or family member	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
The MHP renders face-to-face psychotherapy with the client and/or family member. The client must be present for all or some of the service. If a family member is present, the focus of the session is still on the client and not on the family unit.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 	
NOTES	EXAMPLE ACTIVITIES	
<p>Incidental telephone conversations and consultations are not reportable as psychotherapy.</p> <p>If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.</p> <p>Psychotherapy provided to a client in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed in addition to psychotherapy on the same day by the same health care professional.</p> <p>Use add-on code 90785 for interactive complexity as appropriate.</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 38 Minutes Maximum: 52 Minutes
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern	<input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES – PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
90836-ADD-ON		Psychotherapy, 45 minutes with the patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary service)		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Face-to-face psychotherapy with the client and/or family member provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. The client must be present for all or some of the service. If a family member is present, the focus of the session is still on the client and not on the family unit.		Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES		EXAMPLE ACTIVITIES			
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a client in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed in addition to psychotherapy on the same day by the same health care professional. Use add-on code 90785 for interactive complexity as appropriate.					
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 38 Minutes Maximum: 52 Minutes	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> LCSW (AJ)/LSW/ <input type="checkbox"/> LMFT/ LPC <input type="checkbox"/> Licensed EdD/ <input type="checkbox"/> PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)					

TREATMENT SERVICES – PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90837	Psychotherapy, 60 minutes with the patient and/or family member	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
The MHP renders face-to-face psychotherapy with the client and/or family member. The client must be present for all or some of the service. If a family member is present, the focus of the session is still on the client and not on the family unit.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 	
NOTES	EXAMPLE ACTIVITIES	
<p>Incidental telephone conversations and consultations are not reportable as psychotherapy.</p> <p>If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.</p> <p>Psychotherapy provided to a client in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed in addition to psychotherapy by the same health care professional on the same day.</p> <p>Use add-on code 90785 for interactive complexity as appropriate.</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 53 Minutes Maximum: no max
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES – PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90838 -ADD-ON	Psychotherapy, 60 minutes with the patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary service)	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Face-to-face psychotherapy with the client and/or family member provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. The client must be present for all or some of the service. If a family member is present, the focus of the session is still on the client and not on the family unit.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 	
NOTES	EXAMPLE ACTIVITIES	
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a client in crisis state is reported with codes 90839 and 90840. 90839/90840 cannot be reported in addition to the psychotherapy codes 90832-90838, if provided by the same health care professional on the same day. Use add-on code 90785 for interactive complexity as appropriate.		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 53 Minutes Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)	<input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)
<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)		

TREATMENT SERVICES – PSYCHOTHERAPY for CRISIS		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90839	Psychotherapy for Crisis, first 60 min	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. Use 90840 for each additional 30 minutes of service.	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) 3. BH history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties	
NOTES	EXAMPLE ACTIVITIES	
Please note that this code cannot be used with CPT codes 90791, 90792, psychotherapy codes 90832-90838 or other psychiatric services, or 90785-90899 if services are by the same health care professional on the same day. This code should be used only once per date even if the time spent by the physician or other healthcare provider is not continuous on that date. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 30 Minutes* Maximum: 74 Minutes *Less than 30 minutes should be billed as 90832 or 90833
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input checked="" type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)		

TREATMENT SERVICES – PSYCHOTHERAPY for CRISIS		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90840 (add-on code)	Psychotherapy for Crisis, each additional 30 minutes (List separately in addition to code 90839 for primary service)	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 75 minutes.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) BH history Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available Other problems identified (mental health, substance abuse, medical, etc.) Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 	
NOTES	EXAMPLE ACTIVITIES	
*90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 74 minutes. 90840 can only be used if 90839 is also reported and the entire crisis session (including time reported using 90839) is over 74 minutes. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour <input checked="" type="checkbox"/> 30 Minutes	Minimum: 75+ Minutes, in 30 min increments Maximum: none
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES – PSYCHOTHERAPY – FAMILY PSYCHOTHERAPY					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
90846		Family psychotherapy (without the patient present)		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
<p>The MHP meets with the client's family to evaluate and treat the client's condition. Family dynamics as they relate to the client's mental status and behavior are a focus of the session. Attention is also given to the impact the client's condition has on the family, with therapy aimed at improving the interaction between the client and family members.</p>		<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the response to the intervention(s). Emphasis on family dynamics 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES		EXAMPLE ACTIVITIES			
<p>When the client is not present, the service remains focused on the benefit of attaining the goals identified by the client in his/her individual treatment/service plan. Family psychotherapy sessions are generally from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the client's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90846.</p> <p>All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>		<ul style="list-style-type: none"> • Observing and correcting, through psychotherapeutic techniques, a client's interaction(s) with family members • Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing client • Providing parents specific feedback and strategies for managing child's behavior 			
APPLICABLE POPULATION(S)		UNIT		DURATION*	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 30 minutes Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> QMAP Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> LAC/LCSW(AJ)/ <input checked="" type="checkbox"/> Licensed EdD/ <input type="checkbox"/> CAC II <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) LSW/ LMFT/ LPC PhD/PsyD (AH) <input type="checkbox"/> CAC III <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)			
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input checked="" type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)					

TREATMENT SERVICES – PSYCHOTHERAPY – FAMILY PSYCHOTHERAPY					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
90847		Family psychotherapy (conjoint psychotherapy) (with patient present)		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
<p>The MHP meets with the client’s family to evaluate and treat the client’s condition. Family dynamics as they relate to the client’s mental status and behavior are a focus of the session. Attention is also given to the impact the client’s condition has on the family, with therapy aimed at improving the interaction between the client and family members.</p>		<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided 3. The therapeutic interventions(s) utilized and the response to the interventions(s) with a focus on family dynamics 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES		EXAMPLE ACTIVITIES			
<p>When the client is not present, the service remains focused on the benefit of attaining the goals identified by the client in his/her individual treatment/service plan. Family psychotherapy sessions are from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the client’s family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90847. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.</p>		<ul style="list-style-type: none"> • Conjoint psychotherapy in the office with a married couple in their mid-40s, for marital issues related to the wife’s symptoms of moderate depression with vegetative signs, which is gradually improving with antidepressant medication (focus is on treatment of wife’s condition) • Observing and correcting, through psychotherapeutic techniques, a child’s interaction(s) with parents during session • Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing client 			
APPLICABLE POPULATION(S)		UNIT		DURATION*	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 30 minutes Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor’s Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master’s Level (HO) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> CAC I <input type="checkbox"/> CAC II <input type="checkbox"/> CAC III <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> MD/DO (AF)			
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input checked="" type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)					

TREATMENT SERVICES – PSYCHOTHERAPY – GROUP PSYCHOTHERAPY		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90849	Multiple-family group therapy	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
The MHP meets with several clients' families together to address similar issues of the clients' treatment. Attention is also given to the impact the clients' conditions have on the families.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided including number members present. 3. The therapeutic intervention(s) utilized and response to the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 6. If the identified client is not present for the group the progress note for the group session needs to describe why the client was not present. The explanation should include the clinical reasoning as to why the client was not part of the group and how therapy group is necessary for the covered diagnosis. 	
NOTES	EXAMPLE ACTIVITIES	
90849 is reported once for each family group present. 90849 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one family group is present, document as family therapy. While group psychotherapy is not a time-based service, the average session length is 1.5 hours. Document and report 90849 for each identified family group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Multi-family groups that are not therapeutic but provide psycho-education, prevention or earlier intervention services use code H0025.	An example would be a multi-family therapy group where the child is not present in the therapy group.	
APPLICABLE POPULATION(S)	UNIT	DURATION*
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 30 minutes Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> Intern	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	<input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC	<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> PF-PHP (52)

TREATMENT SERVICES – PSYCHOTHERAPY – GROUP PSYCHOTHERAPY					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
90853		Group psychotherapy (other than of a multiple-family group)		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>The MHP facilitates emotional and rational cognitive interactions in a group setting with 2/more clients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchanges. The group may include clients with separate, distinct, maladaptive disorders, or share some facet of a disorder with other people in the group (e.g., drug abuse, victims of violence). Goals relate to BH treatment, including the development of insight/affective understanding, the use of behavior modification techniques, the use of supportive interactions, the use of cognitive discussion of reality/any combination thereof to provide therapeutic change.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided including number of clients present. 3. The therapeutic intervention(s) utilized and the response to the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES			EXAMPLE ACTIVITIES		
<p>90853 is used for group psychotherapy involving clients other than the clients' families. 90853 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one group member is present, document as individual therapy. While group psychotherapy is not a time-based service, the average session length is 1.5 hours. Recommended minimum is 45 minutes for adults and 30 minutes for children/youth. Document and report 90853 for each identified client within the group.</p> <p>All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>			<ul style="list-style-type: none"> • Serving special client populations with a particular theoretical framework/addressing a specific problem, such as low self-esteem, poor impulse control, depression, etc., through cognitive behavioral therapy (CBT), motivational enhancement therapy, trauma counseling, anger management, and/or sexual offender (SO) treatment • Personal dynamics of a client may be discussed by group and dynamics of group may be explored at same time • Interpersonal interactions, support, emotional catharsis, and reminiscing 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult(21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 45 min. (adult); 30 min. (children) Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP	
				<input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outpt Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	
				<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)	

TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – BIOFEEDBACK TRAINING					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
90875		Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 20 – 30 minutes		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
The MHP renders individual psychophysiological therapy by utilizing biofeedback training combined with psychotherapy (i.e., supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, and reassurance) to modify behavior.			Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES			EXAMPLE ACTIVITIES		
Biofeedback training may not be suitable for some clients, including those with a pacemaker/other implantable electrical devices; those who wish to gain insight into their symptoms (biofeedback focuses on behavioral change); those with cognitive impairments (e.g., organic brain disease/TBI), depending on levels of functioning; those with specific pain symptoms of unknown origin.					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 20 Minutes Maximum: 30 Minutes
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LCSW (AJ)/ LSW/ LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)					

TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – BIOFEEDBACK TRAINING

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 45 – 50 minutes	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
The MHP renders individual psychophysiological therapy by utilizing biofeedback training combined with psychotherapy (i.e., supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, and reassurance) to modify behavior.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? Description of the service provided The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 	
NOTES	EXAMPLE ACTIVITIES	
Biofeedback training may not be suitable for some clients, including those with a pacemaker/other implantable electrical devices; those who wish to gain insight into their symptoms (biofeedback focuses on behavioral change); those with cognitive impairments (e.g., organic brain disease/TBI), depending on levels of functioning; those with specific pain symptoms of unknown origin.		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 45 Minutes Maximum: 50 Minutes
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor's Level Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) (HN) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ <input checked="" type="checkbox"/> Licensed EdD/ <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern LMFT/ LPC PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)		

ASSESSMENT SERVICES – PSYCHOLOGICAL TESTING

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist client	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
The treatment of the client requires explanation(s) to the family, employer(s), or other involved persons to obtain their support and/or participation in the therapy/treatment process. The MHP interprets the results of any psychiatric and medical examinations and procedures, as well as any other pertinent recorded data, and spends time explaining the client’s condition. Advice is also given as to how the family and other involved persons can best assist the client.	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? What is the clinical need for specific testing? 2. Description of the service 3. Summary of test results, interpretation of test results, discussion with individual about results 4. Treatment recommendations	
NOTES	EXAMPLE ACTIVITIES	
The services provided for procedure code 90887 are considered separate and distinct from the work involved in psychotherapy (see psychotherapy procedure codes) as they have to do with explaining results of testing or an exam to family or other responsible person	<ul style="list-style-type: none"> • Interpretation of results of exam or testing • Discussion regarding results of exam or testing • Discussion of assistance family members can give client 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family/collateral (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor’s Level (HN) Master’s Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ <input checked="" type="checkbox"/> Licensed EdD/ <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) LMFT/ LPC PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input type="checkbox"/> FQHC <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

ASSESSMENT SERVICES – PSYCHOLOGICAL TESTING					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
96101		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology; e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
The Licensed Psychologist administers and interprets the results of psychological testing. The testing, in written, oral, or combined formats, measures personality, emotions, intellectual functioning, and psychopathology in culturally relevant ways. Information obtained through the testing is interpreted and a written report is generated. Both face-to-face time administering the tests to the client, as well as interpretation and report preparation are included.			Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? What is the clinical need for specific testing? 2. Description of the service (Specific test(s) administered) 3. Summary of test results 4. Treatment recommendations		
NOTES			EXAMPLE ACTIVITIES		
A Licensed Psychologist supervises diagnostic psychological and neuropsychological tests. An NP, CNS or PA may perform diagnostic psychological and neuropsychological tests under their scope of practice. The testing is administered under the Licensed Psychologist's overall direction and control, but his/her presence is not required during administration. The Licensed Psychologist ensures that the testing environment offers adequate privacy and confidentiality, and does not interfere with the examinee's performance.			<ul style="list-style-type: none"> • Testing when treatment interventions are ineffective • Question(s) about appropriateness of client's diagnosis 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input checked="" type="checkbox"/> 1 Hour		Minimum: ≥ 31 mins Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/LPC		<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	
				<input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	
				<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC <input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)	

ASSESSMENT SERVICES – PSYCHOLOGICAL TESTING										
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			USAGE					
96102		Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology; e.g., MMPI, WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.			<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH					
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS								
The Technician, supervised by a Licensed Psychologist, administers the psychological test, which is interpreted and reported by a Licensed Psychologist. The testing, in written, oral, or combined formats, measures personality, emotions, intellectual functioning, and psychopathology in culturally relevant ways. Information obtained through the testing is interpreted and a written report is generated by a Licensed Psychologist. The Technician's face-to-face time administering the tests to the client, as well as the Licensed Psychologist's time for interpreting the test results and creating the report is included.		Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? What is the clinical need for specific testing? Description of the service (Specific test(s) administered) Summary of test results Treatment recommendations 								
NOTES		EXAMPLE ACTIVITIES								
A Licensed Psychologist supervises diagnostic psychological and neuropsychological tests. An NP, CNS or PA may perform diagnostic psychological and neuropsychological tests under their scope of practice. The testing is administered under the Licensed Psychologist's overall direction and control, but his/her presence is not required during administration. The Licensed Psychologist ensures that the testing environment offers adequate privacy and confidentiality, and does not interfere with the examinee's performance.		<ul style="list-style-type: none"> Testing when treatment interventions are ineffective Question(s) about appropriateness of client's diagnosis 								
APPLICABLE POPULATION(S)		UNIT		DURATION						
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input checked="" type="checkbox"/> 1 Hour		Minimum: ≥ 31 mins Maximum: N/A						
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)								
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family(HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)								
STAFF REQUIREMENTS										
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC		<input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)		<input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)				
PLACE OF SERVICE (POS)										
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)		<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC <input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)		<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)		

ASSESSMENT SERVICES – PSYCHOLOGICAL TESTING		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), administered by a computer, with qualified health care professional interpretation and report.	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
The Licensed Psychologist administers and interprets the results of psychological testing. The testing in computer format measures personality, emotions, intellectual functioning, and psychopathology. The test is administered by computer; results are interpreted and reported by a qualified health care professional.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? What is the clinical need for specific testing? Description of the service (Specific test(s) administered) Summary of test results Treatment recommendations 	
NOTES	EXAMPLE ACTIVITIES	
A Licensed Psychologist supervises diagnostic psychological tests. An NP, CNS or PA may perform diagnostic psychological tests under their scope of practice. Testing is administered under the Licensed Psychologist's overall direction and control, but his/her presence is not required during administration. The Licensed Psychologist ensures that the testing environment offers adequate privacy and confidentiality, and does not interfere with the examinee's performance.	<ul style="list-style-type: none"> Testing when treatment interventions are ineffective Question(s) about appropriateness of client's diagnosis 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input checked="" type="checkbox"/> 1 Hour	Minimum: ≥ 31 mins Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Less Than Bachelor's Level (HM) <input checked="" type="checkbox"/> Intern	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)	<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input type="checkbox"/> PRTF (56)
	<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC	<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)
		<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)

ASSESSMENT SERVICES – PSYCHOLOGICAL TESTING					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
96116		Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the Licensed Psychologist's time, both face-to-face time with the patient and time interpreting test results and preparing the report		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
The Licensed Psychologist evaluates aspects of thinking, reasoning, and judgment, to evaluate a client's neurocognitive abilities. Information obtained through the examination is interpreted and a written report is generated. Both face-to-face time with the client and time spent interpreting test results and preparing a report is included.		Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? What is the clinical need for specific testing? 2. Description of the service (Specific test(s) administered) 3. Mini mental status exam – presentation/ appearance, attitude toward examiner, affect and mood, speech, intellectual/cognitive functioning, thought process/content, insight, judgment, high risk factors (danger to self/others) 4. Summary of test results in a formal report 5. Treatment recommendations			
NOTES		EXAMPLE ACTIVITIES			
The exam includes an initial clinical assessment and evaluation of the client's mental status. In this regard, the neurobehavioral status exam is similar to the psychiatric diagnostic interview exam (90791, 90792). Although the descriptor does not specify use of standardized instruments, both standardized interview instruments and expanded interviews with the client and family/significant other(s), if appropriate, are used.		<ul style="list-style-type: none"> Differential diagnosis between psychogenic and neurogenic syndromes Delineation of neurocognitive effects of central nervous system (CNS) disorders 			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input checked="" type="checkbox"/> 1 Hour		Minimum: \geq 31 mins Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input checked="" type="checkbox"/> Intern		<input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RN (TD) <input type="checkbox"/> APRN (SA) <input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> MD/DO (AF)			
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)			

ASSESSMENT SERVICES – PSYCHOLOGICAL TESTING					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
96119		Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), with qualified health care professional interpretation and report, administered by a technician, per hour of technician time, face-to-face		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Testing measures thinking, reasoning, judgment, and memory to evaluate the client’s neurocognitive abilities in culturally relevant ways. The Technician, under supervision of a Licensed Psychologist, administers the neuropsychological test, which is interpreted and reported by a Licensed Psychologist. Information obtained through the testing is interpreted and a written report is generated by a Licensed Psychologist. The Technician’s face-to-face time administering the tests to the client, as well as the Licensed Psychologist’s time for interpreting the test results and creating the report is included.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content:</p> <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. What is the clinical need for specific testing? 3. Description of the service (Specific test(s) administered) 4. Summary of test results 		
NOTES			EXAMPLE ACTIVITIES		
<p>A Licensed Psychologist supervises diagnostic psychological and neuropsychological tests. An NP, CNS or PA may perform diagnostic psychological and neuropsychological tests under their scope of practice. The testing is administered under the Licensed Psychologist’s overall direction and control, but his/her presence is not required during administration. The Licensed Psychologist ensures that the testing environment offers adequate privacy and confidentiality, and does not interfere with the examinee’s performance.</p>			<ul style="list-style-type: none"> • Differential diagnosis between psychogenic and neurogenic syndromes • Delineation of neurocognitive effects of central nervous system (CNS) disorders 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input checked="" type="checkbox"/> 1 Hour		Minimum: ≥ 31 mins Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor’s Level (HN) <input checked="" type="checkbox"/> Intern		<input type="checkbox"/> Unlicensed Master’s Level (HO) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC		<input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
				<input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN(SA) <input type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	
				<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)	
				<input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)	

ASSESSMENT SERVICES – PSYCHOLOGICAL TESTING		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
The test is administered by computer, which is interpreted and reported by a qualified health care professional.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? What is the clinical need for specific testing? Description of the service (Specific test(s) administered) Summary of test results Treatment recommendations 	
NOTES	EXAMPLE ACTIVITIES	
A Licensed Psychologist supervises neuropsychological tests. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice. The testing is administered under the Licensed Psychologist's overall direction and control, but his/her presence is not required during administration. The Licensed Psychologist ensures that the testing environment offers adequate privacy and confidentiality, and does not interfere with the examinee's performance.	<ul style="list-style-type: none"> Computer based testing with a child/adolescent to assess neurocognitive abilities. Testing when treatment interventions are ineffective and neuropsychological deficits are expected. 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input checked="" type="checkbox"/> 1 Hour	Minimum: ≥ 31 mins Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input checked="" type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Less Than Bachelor's <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ <input checked="" type="checkbox"/> Licensed EdD/ <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) Level (HM) LMFT/ LPC PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Intern		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES – PSYCHIATRIC/MEDICATION MANAGEMENT SERVICES		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A therapeutic, prophylactic/diagnostic injection for the administration of medications. Written physician order (required) Actual injectable medication reported/billed separately.	Technical Documentation Requirements See Page 253 Service Content 1. Documentation supports injection of medication ordered 2. Injection site 3. Medication administered 4. Client response to medication, e.g. is the client tolerating medication well or are there complaints of side effects. If not tolerating medication actions taken	
NOTES	EXAMPLE ACTIVITIES	
This code may be used in a clinic/CMHC, even if client brings in the medication to be administered. Pharmacies cannot bill for the administration of drugs in a practitioner’s office/clinic. Injectable drugs intended for self-administration/use in the client’s home/ administration for a client in a LTC facility may be billed by a pharmacy.		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)	
STAFF REQUIREMENTS	<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor’s Level (HN) Master’s Level (HO) PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> LAC/LCSW <input type="checkbox"/> Licensed EdD/ <input type="checkbox"/> CAC II <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF) (AJ)/LSW/ LMFT/ LPC PhD/PsyD (AH) <input type="checkbox"/> CAC III	
PLACE OF SERVICE (POS)	<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input checked="" type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)	

TREATMENT SERVICES – REHABILITATION SERVICES – OTHER		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
97535	Self-care/home management training (e.g., activities of daily living (ADLs) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Direct one-on-one contact in which the provider instructs and trains a client in the performance of essential self-care and home management activities related to his/her ability to function in the community. Activities are designed to address the specific needs of the client, including but not limited to ADLs and compensatory training for impairments, meal preparation, safety procedures, and use of assistive technology devices/adaptive equipment.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service and how service increases ADLs and ability to function in the community and client response to service 3. How did the service impact progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 	
NOTES	EXAMPLE ACTIVITIES	
Client requires supervised training to help perform his/her normal ADLs, due to impairment resulting from DD, injury, physical/mental illness, or surgery. There is reasonable expectation that the client's functional level will improve as a result of this service.		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 8 mins Maximum: 8 hours
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)	
STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input checked="" type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ <input checked="" type="checkbox"/> Licensed EdD/ <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) LMFT/ LPC PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES – REHABILITATION SERVICES – OTHER					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
97537		Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
Direct one-on-one contact in which the provider instructs and trains a client in the performance of essential ADLs related to his/her ability to function in the community and to reintegrate into the work environment. Activities are designed to address the specific needs of the client including but not limited to shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, and use of assistive technology devices/adaptive equipment.			Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service and how the service is designed to increase community/work functioning and client response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES			EXAMPLE ACTIVITIES		
Client requires supervised training to help perform essential ADLs related to his/her ability to function in the community and to reintegrate into the work environment, due to impairment resulting from DD, injury, physical/mental illness, or surgery. There is reasonable expectation that the client's functional level will improve as a result of this service.					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 8 mins Maximum: 8 hours
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)		
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input checked="" type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ <input type="checkbox"/> LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/ <input type="checkbox"/> PhD/PsyD (AH) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input type="checkbox"/> <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)					

ASSESSMENT SERVICES – ASSESSMENT/MANAGEMENT		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
98966 This code is not recommended; if used, please follow CPT guidelines.	Telephone assessment and management provided by qualified non-physician health care professional.	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5 - 10 minutes of medical discussion.	Technical Documentation Requirements See Page 253 Service Content 1. Presenting concern(s)/problem(s) 2. History – physical health status, medical (including evaluation of medical conditions producing psychiatric signs and symptoms); mental illness and treatment with dates, locations and provider name(s), if available; psychosocial (interpersonal and peer relationships, cultural and communication variables [age, linguistic/ communication needs, gender, sexual orientation, relational role, race, cultural resources and strengths], vocational/school/military service, physical/sexual abuse/perpetration and current risk, legal status/problems, violence, family history); problems and strengths in areas of emotional, behavioral, vocational and social needs; growth and development (for child/adolescent); strengths and vulnerabilities/needs of client (and family, as appropriate) 3. Disposition – need for BH services, referral, etc.	
OPTIONAL DOCUMENTATION REQUIREMENTS		
<ul style="list-style-type: none"> DSM-5 diagnosis 		
NOTES	EXAMPLE ACTIVITIES	
	<ul style="list-style-type: none"> Contact by telephone with the client in order to assess his/her needs Telephone conversation with the client/client’s family to collect social history information With the client’s permission, face-to-face meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.) Administering acceptable instruments to the client to document substantial impairment in role functioning 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 8 mins Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master’s Level (HO) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Rxn (SA) <input checked="" type="checkbox"/> Bachelor’s Level (HN) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

ASSESSMENT SERVICES – ASSESSMENT/MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			USAGE
98967 This code is not recommended; if used, please follow CPT guidelines.		Telephone assessment and management provided by qualified non-physician health care professional.			<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.		Technical Documentation Requirements See Page 253 Service Content 1. Presenting concern(s)/problem(s) 2. History – physical health status, medical (including evaluation of medical conditions producing psychiatric signs and symptoms); mental illness and treatment with dates, locations and provider name(s), if available; psychosocial (interpersonal and peer relationships, cultural and communication variables [age, linguistic/ communication needs, gender, sexual orientation, relational role, race, cultural resources and strengths], vocational/school/military service, physical/sexual abuse/perpetration and current risk, legal status/problems, violence, family history); problems and strengths in areas of emotional, behavioral, vocational and social needs; growth and development (for child/adolescent); strengths and vulnerabilities/needs of client (and family, as appropriate) 3. Disposition – need for BH services, referral, etc.			
OPTIONAL DOCUMENTATION REQUIREMENTS					
<ul style="list-style-type: none"> DSM-5 diagnosis 					
NOTES		EXAMPLE ACTIVITIES			
		<ul style="list-style-type: none"> Contact by telephone with the client in order to assess his/her needs Telephone conversation with the client/client’s family to collect social history information With the client’s permission, face-to-face meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.) Administering acceptable instruments to the client to document substantial impairment in role functioning 			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 8 mins Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master’s Level (HO) <input checked="" type="checkbox"/> Bachelor’s Level (HN) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)			
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56)		<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> School (03) <input type="checkbox"/> Other POS (99)			

ASSESSMENT SERVICES – ASSESSMENT/MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
98968 This code is not recommended; if used, please follow CPT guidelines.		Telephone assessment and management provided by qualified non-physician health care professional.		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.		Technical Documentation Requirements See Page 253 Service Content 1. Presenting concern(s)/problem(s) 2. History – physical health status, medical (including evaluation of medical conditions producing psychiatric signs and symptoms); mental illness and treatment with dates, locations and provider name(s), if available; psychosocial (interpersonal and peer relationships, cultural and communication variables [age, linguistic/ communication needs, gender, sexual orientation, relational role, race, cultural resources and strengths], vocational/school/military service, physical/sexual abuse/perpetration and current risk, legal status/problems, violence, family history); problems and strengths in areas of emotional, behavioral, vocational and social needs; growth and development (for child/adolescent); strengths and vulnerabilities/needs of client (and family, as appropriate) 3. Disposition – need for BH services, referral, etc.			
OPTIONAL DOCUMENTATION REQUIREMENTS					
<ul style="list-style-type: none"> DSM-5 diagnosis 					
NOTES		EXAMPLE ACTIVITIES			
		<ul style="list-style-type: none"> Contact by telephone with the client in order to assess his/her needs Telephone conversation with the client/client's family to collect social history information With the client's permission, face-to-face meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.) Administering acceptable instruments to the client to document substantial impairment in role functioning 			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 8 mins Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)		<input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)					

EVALUATION AND MANAGEMENT – OFFICE OR OTHER OUTPATIENT SERVICES

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
<p><u>New Patient</u> 99201 requires problem focused history, problem focused examination, and straight forward medical decision making. Typical time spent is 10 minutes. 99202 requires expanded problem focused history, expanded problem focused examination, and straightforward medical decision making. Typical time spent is 20 minutes. 99203 requires detailed history, detailed examination, and low complexity medical decision making. Typical time spent is 30 minutes. 99204 requires comprehensive history, comprehensive examination, and moderate complexity medical decision making. Typical time spent is 45 minutes. 99205 requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 60 minutes.</p> <p><u>Established patient</u> 99212 requires problem focused history, problem focused examination, and straightforward medical decision making. Typical time spent is 10 minutes. 99213 requires expanded problem focused history, expanded problem focused examination, and low complexity medical decision making. Typical time spent is 15 minutes. 99214 requires detailed history, detailed examination, and moderate complexity medical decision making. Typical time spent is 25 minutes. 99215 requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 40 minutes.</p>	Office or Other Outpatient Services.	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
These codes are used for face to face services in an office or other outpatient setting for the evaluation and management of an individual with presenting problem(s) of varying severity. A client is considered outpatient until inpatient admission to a hospital occurs.	Please refer to Section II.G.1. for details about documentation.	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> QMAP <input type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> LAC/LCSW <input type="checkbox"/> Licensed EdD/ <input type="checkbox"/> CAC II <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) (AJ)/LSW/ LMFT/ LPC PhD/PsyD (AH) <input type="checkbox"/> CAC III <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outpt Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> Other POS (99)		

EVALUATION AND MANAGEMENT SERVICES – OFFICE OR OTHER OUTPATIENT SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
99211		Office or other outpatient office visit that may not require the presence of a physician. Usually presenting problems are minimal.		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>This service is an “incident to” service and can only be provided if the patient is an established patient and the physician or qualified NPP is in the office suite and available to provide direct supervision.</p> <p>The service code is used when an individual sees a nurse or other trained nurse’s aide or medical technician for services that do not require the physician to perform the service, e.g. blood pressure or weight checks, medication counseling, follow-up on side effects, etc.</p> <p>The code is generally not used by physicians or NPPs. Typically 5 minutes or less, presenting problems are minimal</p>			<p>The service does not require any of the key components required by other E&M services. It is not billed based on time spent.</p> <p>The progress note needs to include sufficient information to support the reason for the encounter and E/M service and any relevant history, physical assessment and plan of care.</p>		
NOTES			EXAMPLE ACTIVITIES		
<p>The service must be medically necessary</p> <p>If another E&M service (including Psychotherapy plus E&M codes) is provided on the same day, the work of the both providers is combined for one higher code that is billed under the prescriber.</p> <p>If another service code more accurately describes the service provided it should be used in place of the 99211, for example, injection codes.</p>			<p>An individual is seen by the nurse for a blood pressure check and to discuss any concerns about medications.</p> <p>An individual appears requesting a blood pressure check because they were in the area. No symptoms are reported. This would not meet medical necessity and should not be billed.</p> <p>An individual follows-up with the nurse post a TB test for reading results.</p>		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Typical time spent: 5 minutes or less
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor’s Level (HN) <input checked="" type="checkbox"/> Intern		<input type="checkbox"/> Unlicensed Master’s Level (HO) <input type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC		<input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> QMAP	
<input checked="" type="checkbox"/> Certified Medical Asst/NA <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input type="checkbox"/> CAC II <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> CAC III					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> Other POS (99)					

EVALUATION AND MANAGEMENT – HOSPITAL OBSERVATION SERVICES-OBSERVATION CARE DISCHARGE		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99217	Observation Care discharge day management when provided on a day other than day of admission.	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
This code is to be utilized to report all services provided to a client on discharge from Observation status if discharged on a day other than the initial date of Observation status. To report services to a client designated as Observation status or inpatient status admitted and discharged on the same date use code range 99234-99236.	The final examination of the client, discussion of the stay, instructions for continuing care and preparation of discharge records.	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR) <input type="checkbox"/> Family HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC	<input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	<input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> Outpt Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56)	<input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> School (03) <input type="checkbox"/> Other POS (99)

EVALUATION AND MANAGEMENT – HOSPITAL OBSERVATION SERVICES-INITIAL OBSERVATION CARE					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
99218 requires detailed or comprehensive history, detailed or comprehensive exam, and straight forward or low complexity medical decision making, Typical time is 30 minutes 99219 requires comprehensive history, comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes 99220 requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes		Initial observation care, per day, for the evaluation and management of a client		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>The following codes are used to report the encounter(s) by the supervising physician or other qualified health care professional with the client when designated as “observation status.” This refers to the initiation of observation status, supervision of the care plan for observation and performance of periodic reassessments. This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) first provides the inpatient hospital care, regardless of the number of days since admission.</p> <p>The physician who is the admitting physician must append modifier AI to all claims.</p> <p>The physician/NPP may only bill for one E&M code per day. Services provided in multiple locations, e.g. ER or office should be included in the single code.</p>			Please refer to Section II.G.1. for details about documentation.		
NOTES			EXAMPLE ACTIVITIES		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR) <input type="checkbox"/> <input type="checkbox"/> Family (HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor’s Level (HN) Master’s Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)					

TREATMENT SERVICES – INPATIENT SERVICES – INITIAL HOSPITAL CARE		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99221	Initial hospital care, per day, for the evaluation and management of a patient (low severity)	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>The initial inpatient/partial hospital encounter with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are low severity. Three key components are required:</p> <ul style="list-style-type: none"> • Detailed/comprehensive history • Detailed/comprehensive examination • Medical decision-making that is straightforward/low complexity <p>When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.</p>	<p>Technical Documentation Requirements See Page 253</p> <p>Service Content Documentation for each patient encounter includes:</p> <ol style="list-style-type: none"> 1. Reason for encounter and relevant history, physical examination findings and prior diagnostic tests 2. Assessment, clinical impression/diagnosis 3. Plan for care 4. Date and identity of provider 5. Past and present diagnoses 6. Appropriate health risk factors 7. Patient’s progress, response to and changes in treatment, and revision in diagnosis if applicable 8. Counseling and/or activities performed to coordinate patient care <ul style="list-style-type: none"> ○ Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required ○ Time spent must also be documented (e.g., “20 minutes of the 30 minute encounter was used counseling/ coordinating care”) 	
NOTES	EXAMPLE ACTIVITIES	
This procedure code represents all services rendered on the DOS. Only one 99221 should be rendered per admission. MD/DO typically spends 30 minutes at the patient’s bedside.		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master’s Level (HO) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor’s Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES – INPATIENT SERVICES – INITIAL HOSPITAL CARE		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99222	Initial hospital care, per day, for the evaluation and management of a patient (moderate severity)	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>The initial inpatient/partial hospital encounter with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are moderate severity. Three key components are required:</p> <ul style="list-style-type: none"> • Comprehensive history • Comprehensive examination • Medical decision-making of moderate complexity <p>When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.</p>	<p>Technical Documentation Requirements See Page 253</p> <p>Service Content Documentation for each patient encounter includes:</p> <ol style="list-style-type: none"> 1. Reason for encounter and relevant history, physical examination findings and prior diagnostic tests 2. Assessment, clinical impression/diagnosis 3. Plan for care 4. Date and identity of provider 5. Past and present diagnoses 6. Appropriate health risk factors 7. Patient’s progress, response to and changes in treatment, and revision in diagnosis if applicable 8. Counseling and/or activities performed to coordinate patient care <ul style="list-style-type: none"> ○ Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required ○ Time spent must also be documented (e.g., “30 minutes of the 50 minute encounter was used counseling/ coordinating care”) 	
NOTES	EXAMPLE ACTIVITIES	
This procedure code represents all services rendered on the DOS. Only one 99222 should be rendered per admission. MD/DO typically spends 50 minutes at the patient’s bedside.	<ul style="list-style-type: none"> • Partial hospital admission for an adolescent patient from chaotic blended family, transferred from inpatient setting, for continued treatment to control symptomatic expressions of hostility and depression. 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master’s Level (HO) <input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor’s Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES – INPATIENT SERVICES – INITIAL HOSPITAL CARE		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99223	Initial hospital care, per day, for the evaluation and management of a patient (high severity)	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>The initial inpatient/partial hospital encounter with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are acute/high severity. Three key components are required:</p> <ul style="list-style-type: none"> • Comprehensive history • Comprehensive examination • Medical decision-making of high complexity <p>When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.</p>	<p>Technical Documentation Requirements See Page 253</p> <p>Service Content Documentation for each patient encounter includes:</p> <ol style="list-style-type: none"> 1. Reason for encounter and relevant history, physical examination findings and prior diagnostic tests 2. Assessment, clinical impression/diagnosis 3. Plan for care 4. Date and identity of provider 5. Past and present diagnoses 6. Appropriate health risk factors 7. Patient’s progress, response to and changes in treatment, and revision in diagnosis if applicable 8. Counseling and/or activities performed to coordinate patient care <ul style="list-style-type: none"> o Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required o The time spent must also be documented (e.g., “50 minutes of the 70 minute encounter was used counseling/coordinating care”) 	
NOTES	EXAMPLE ACTIVITIES	
This procedure code represents all services rendered on the DOS. Only one 99223 should be rendered per admission. MD/DO typically spends 70 minutes at the patient’s bedside.	<ul style="list-style-type: none"> • Initial hospital visit for 55-year-old female in chronic pain who has attempted suicide. • Initial partial hospital admission for 16-year-old male, sullen and subdued, with 6-month history of declining school performance, increasing self-endangerment, and resistance to parental expectations. 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master’s Level (HO) <input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor’s Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

EVALUATION AND MANAGEMENT – HOSPITAL OBSERVATION SERVICES-SUBSEQUENT OBSERVATION CARE					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
99224 requires problem focused interval history, problem focused exam, and straight forward or low complexity medical decision making. Typical time is 15 minutes. 99225 expanded problem focused interval history, expanded problem focused exam, and moderate complexity medical decision making. Typical time is 25 minutes. 99226 requires detailed interval history, detailed exam, high complexity medical decision making Typical time is 35 minutes.		Subsequent hospital care, per day, for the evaluation and management of a client.		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
All levels of subsequent observation care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the client’s status (i.e., changes in history, physical condition, and response to management) since the last assessment. This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) first provides the Observation care, regardless of the number of days since admission. The physician who is the admitting physician must append modifier AI to all claims. The physician/NPP may only bill for one E&M code per day. Services provided in multiple locations, e.g. ER or office should be included in the single code. Services provided subsequent to the initial hospital care should be billed using one of the subsequent care codes. Choose the code based on the whether the service is initial or subsequent care and by the level of code.			Please refer to Section II.G.1. for details about documentation.		
NOTES			EXAMPLE ACTIVITIES		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR) <input type="checkbox"/> <input type="checkbox"/> Family (HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor’s Level (HN) Master’s Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> LCSW (AJ)/LSW/ <input type="checkbox"/> LMFT/ LPC <input type="checkbox"/> Licensed EdD/ <input type="checkbox"/> PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input type="checkbox"/> <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outpt Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)					

TREATMENT SERVICES – INPATIENT SERVICES – SUBSEQUENT HOSPITAL CARE		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99231	Subsequent hospital care, per day (stable, recovering or improving patient)	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in patient's status (i.e., changes in history, physical condition and response to management) since the last assessment by MD/DO. Requires at least 2 of these 3 components: <ul style="list-style-type: none"> • A problem-focused interval history • A problem-focused examination • Medical decision-making that is straightforward/low complexity When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.	Technical Documentation Requirements See Page 253 Service Content Documentation for each patient encounter includes: <ol style="list-style-type: none"> 1. Reason for encounter (i.e., follow-up on condition) 2. Condition being followed 3. Any changes in relevant history, physical examination findings, and/or prior diagnostic tests 4. Assessment, clinical impression/diagnosis 5. Plan for care 6. Date and identity of provider 7. Past and present diagnoses 8. Appropriate health risk factors 9. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable 10. Counseling and/or activities performed to coordinate patient care <ul style="list-style-type: none"> ○ Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required ○ Time spent must also be documented (e.g., "10 minutes of the 15 minute encounter was used counseling/ coordinating care") 	
NOTES	EXAMPLE ACTIVITIES	
Usually, the patient is stable, recovering/improving. The MD/DO typically spends 15 minutes at the patient's bedside.	<ul style="list-style-type: none"> • Subsequent hospital visit for 14-year-old female in middle phase of inpatient treatment; now behaviorally stable and making satisfactory progress in treatment. 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES – INPATIENT SERVICES – SUBSEQUENT HOSPITAL CARE		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99232	Subsequent hospital care, per day (patient responding inadequately to therapy or has developed a minor complication)	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in patient's status (i.e., changes in history, physical condition and response to management) since the last assessment by MD/DO. Requires at least 2 of these 3 components:</p> <ul style="list-style-type: none"> • An expanded problem-focused interval history • An expanded problem-focused examination • Medical decision-making of moderate complexity <p>When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (face-to-face time on the floor/unit or hospital), time is considered the key or controlling factor to qualify for the level of service.</p>	<p>Technical Documentation Requirements See Page 253</p> <p>Service Content Documentation for each patient encounter includes:</p> <ol style="list-style-type: none"> 1. Reason for encounter (i.e., follow-up on condition) 2. Condition being followed 3. Any changes in relevant history, physical examination findings, and/or prior diagnostic tests 4. Assessment, clinical impression/diagnosis 5. Plan for care 6. Date and identity of provider 7. Past and present diagnoses 8. Appropriate health risk factors 9. Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable 10. Counseling and/or activities performed to coordinate patient care <ul style="list-style-type: none"> o Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required o Time spent must also be documented (e.g., "15 minutes of the 25 minute encounter was used counseling/ coordinating care") 	
NOTES	EXAMPLE ACTIVITIES	
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO typically spends 25 minutes at the patient's bedside.	<ul style="list-style-type: none"> • Subsequent hospital visit for a 46-year-old male who complains of symptoms related to recent adjustments to psychotropic medications. 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES – INPATIENT SERVICES – SUBSEQUENT HOSPITAL CARE		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99233	Subsequent hospital care, per day (unstable patient or the development of significant complications or problems)	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in patient's status (i.e., changes in history, physical condition and response to management) since the last assessment by MD/DO. Requires at least 2 of these 3 components: <ul style="list-style-type: none"> • A detailed interval history • A detailed examination • Medical decision-making of high complexity When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.	Technical Documentation Requirements See Page 253 Service Content Documentation for each patient encounter includes: <ul style="list-style-type: none"> • Reason for encounter (i.e., follow-up on condition) • Condition being followed • Any changes in relevant history, physical examination findings, and/or prior diagnostic tests • Assessment, clinical impression/diagnosis • Plan for care • Date and identity of provider • Past and present diagnoses • Appropriate health risk factors • Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable • Counseling and/or activities performed to coordinate patient care <ul style="list-style-type: none"> ○ Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required ○ Time spent must also be documented (e.g., "20 minutes of the 35 minute encounter was used counseling/ coordinating care") 	
NOTES	EXAMPLE ACTIVITIES	
Usually, the patient is unstable/has developed a significant complication/new problem. The MD/DO typically spends 35 minutes at the patient's bedside.	<ul style="list-style-type: none"> • Subsequent hospital visit for an adolescent patient who is violent, unsafe, and noncompliant with multiple expectations for participation in treatment plan and behavior on unit. 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

**EVALUATION AND MANAGEMENT – HOSPITAL INPATIENT SERVICES – SUBSEQUENT HOSPITAL CARE – SAME DAY
ADMIT/DISCHARGE OBSERVATION/INPATIENT E/M SERVICES**

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99234 requires detailed or comprehensive history, detailed or comprehensive exam, straight forward or low complexity med decision making, Typical time 40 minutes 99235 requires comprehensive history, comprehensive exam, moderate complexity med decision making, Typical time 50 minutes 99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55 minutes	Same day admit/discharge Observation/inpatient E&M services	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>The following codes are used to report evaluation and management services provided to hospital inpatient clients. Hospital inpatient services include those services provided to clients in a “partial hospital” setting. These codes are to be used to report these partial hospitalization services. See also psychiatry notes in the full text of the CPT code set. The following codes are used to report observation or inpatient hospital care services provided to clients admitted and discharged on the same date of service.</p> <p>This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) first provides the inpatient hospital care, regardless of the number of days since admission.</p> <p>The physician who is the admitting physician must append modifier AI to all claims.</p> <p>The physician/NPP may only bill for one E&M code per day. Services provided in multiple locations (e.g. ER or office) should be included in the single code.</p> <p>Services provided subsequent to the initial observation care should be billed using one of the subsequent observation care codes.</p>	Please refer to Section II.G.1. for details about documentation.	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR) <input type="checkbox"/> <input type="checkbox"/> Family (HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor’s Level (HN) Master’s Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outpt Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES – INPATIENT SERVICES – HOSPITAL DISCHARGE SERVICES		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99238	Discharge day management; 30 minutes or less	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
The total duration of MD/DO time spent (even if not continuous) for hospital discharge of a patient, including as appropriate, final examination of the patient, discussion of the hospital stay, instructions for continuing care to all relevant caregivers, and preparation of discharge records, prescriptions and referral forms.	Technical Documentation Requirements See Page 253 Service Content 1. Examination of patient 2. Continuing care instructions 3. Prescriptions 4. Referrals	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: N/A Maximum: 30 Minutes
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input type="checkbox"/> APRN (SA) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern	<input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)		
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES – INPATIENT SERVICES – HOSPITAL DISCHARGE SERVICES					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
99239	Discharge day management; more than 30 minutes	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
The total duration of MD/DO time spent (even if not continuous) for hospital discharge of a patient, including as appropriate, final examination of the patient, discussion of the hospital stay, instructions for continuing care to all relevant caregivers, and preparation of discharge records, prescriptions and referral forms.	Technical Documentation Requirements See Page 253 Service Content 1. Examination of patient 2. Continuing care instructions 3. Prescriptions 4. Referrals				
NOTES	EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)	UNIT	DURATION			
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 30 minutes Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)	<input type="checkbox"/> ICM (SK) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Respite (SY)	<input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Recovery (TS) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern	<input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC	<input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	<input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RN (TD) <input type="checkbox"/> APRN (SA)	<input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Outp Hospital(22)	<input type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> Home (12)	<input type="checkbox"/> Hospice (34) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> NF (32) <input type="checkbox"/> PRTF (56)	<input type="checkbox"/> Shelter (04) <input type="checkbox"/> SNF (31) <input type="checkbox"/> FQHC (50)	<input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> School (03) <input type="checkbox"/> Other POS (99)

EVALUATION AND MANAGEMENT – CONSULTATIONS – OFFICE OR OTHER OUTPATIENT CONSULTATIONS												
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			USAGE							
99241 This consultation code only may be utilized as telephonic prescriber to prescriber consultation regarding a patient. This consultation code may not be used if a patient is present.		Office or other outpatient consultation for a new or established patient. Requires problem focused history, problem focused exam straight forward med decision making, Typical time 15 minutes.			<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH							
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS										
A consultation is a service rendered by an MD/DO/prescribing Nurse whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO/prescribing Nurse consultant utilizes this code for the purposes of providing direct consultation services to another MD/DO/prescribing Nurse for the purposes of “counseling and/or coordination of care with other physicians/qualified health care professionals....consistent with the nature of the problem(s) and the patient’s and/or family’s needs”.		1. Documentation of written, verbal/shared medical records request in client record: <ul style="list-style-type: none"> o Request for consultation from attending MD/DO o Reason for consultation o Services and supplies performed/ordered by consultant o Total length of time of encounter (face-to-face or floor time, whichever is appropriate) 2. Counseling and/or activities performed to coordinate client care <ul style="list-style-type: none"> o Time spent must also be documented (e.g., “15 minutes of the 20 minute encounter was used counseling/coordinating care”) 3. Copy of written report sent by consultant to referring MD/DO 4. Formal report/copy of consultant’s note 5. Referring MD/DO’s name 6. Evidence that referring MD/DO requested both consultation and consultant’s opinion 7. Advice and/or opinion regarding client’s condition Please refer to Section II.G.1. for details about documentation.										
NOTES		EXAMPLE ACTIVITIES										
Only one consultation is reported by the consultant for the day of service. Please refer to Section II.G.1. for details about documentation.		An RN sees a client to follow-up on side effects per order of the physician. The client does not see the physician on that day. BILL 99211 –SEE SEPARATE GUIDANCE FOR THIS CODE.										
APPLICABLE POPULATION(S)		UNIT		DURATION								
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Min: 8 min Max: N/A								
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)										
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)										
STAFF REQUIREMENTS												
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor’s Level (HN) <input checked="" type="checkbox"/> Intern		<input type="checkbox"/> Unlicensed Master’s Level (HO) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC		<input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)		<input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)						
PLACE OF SERVICE (POS)												
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outpt Hospital(22)		<input type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input type="checkbox"/> PRTC (56)		<input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Independent Clinic (49)		<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)		<input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> School (03) <input checked="" type="checkbox"/> NRSATF (57) <input type="checkbox"/> Other POS (99)		

EVALUATION AND MANAGEMENT – CONSULTATIONS – OFFICE OR OTHER OUTPATIENT CONSULTATIONS					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
99242 requires expanded problem focused history, expanded problem focused exam straight forward med decision making, Typical time 30 minutes 99243 requires detailed history, detailed exam low complexity med decision making, Typical time 40 minutes 99244 requires comprehensive history, comprehensive exam moderate complexity med decision making, Typical time 60 minutes 99245 requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80 minutes		Office or other Outpatient Consultations Evaluation and Management Services		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Please refer to Section II.G.1. for details about documentation.			1. Documentation of written, verbal/shared medical records request in client record: <ul style="list-style-type: none"> o Request for consultation from attending MD/DO o Reason for consultation o Services and supplies performed/ordered by consultant o Total length of time of encounter (face-to-face or floor time, whichever is appropriate) 2. Counseling and/or activities performed to coordinate client care <ul style="list-style-type: none"> o Time spent must also be documented (e.g., “15 minutes of the 20 minute encounter was used counseling/coordinating care”) 3. Copy of written report sent by consultant to referring MD/DO 4. Formal report/copy of consultant’s note 5. Referring MD/DO’s name 6. Evidence that referring MD/DO requested both consultation and consultant’s opinion 7. Advice and/or opinion regarding client’s condition 8. Results of tests/procedures ordered/performed		
NOTES			EXAMPLE ACTIVITIES		
Only one consultation is reported by the consultant. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the client’s condition(s), the appropriate E/M procedure code is used in lieu of 99251. The services of the billing prescriber must be face to face.			An RN sees a client to follow-up on side effects per order of the physician. The client does not see the physician on that day. BILL 99211 –SEE SEPARATE GUIDANCE FOR THIS CODE.		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor’s Level (HN) <input checked="" type="checkbox"/> Intern		<input type="checkbox"/> Unlicensed Master’s Level (HO) <input type="checkbox"/> LCSW (AJ)/LSW/ <input type="checkbox"/> LMFT/ LPC		<input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> PhD/PsyD (HP) <input type="checkbox"/> Licensed EdD/ <input type="checkbox"/> PhD/PsyD (AH)	
		<input type="checkbox"/> QMAP		<input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outpt Hospital(22)		<input type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input type="checkbox"/> PRTC (56)	
		<input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Independent Clinic (49)		<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> School (03) <input checked="" type="checkbox"/> NRSATF (57) <input type="checkbox"/> Other POS (99)	

TREATMENT SERVICES – INPATIENT SERVICES – CONSULTATIONS			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
99251	Inpatient consultation for a new or established patient; the presenting problem(s) are self-limited or minor	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
<p>A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required:</p> <ul style="list-style-type: none"> • Problem-focused history • Problem-focused examination • Straightforward medical decision-making <p>When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.</p>	<p>Technical Documentation Requirements See Page 253</p> <p>Service Content Documentation of written, verbal/shared medical records request in patient record:</p> <ol style="list-style-type: none"> 1. Request for consultation from attending MD/DO 2. Reason for consultation 3. Services and supplies performed/ordered by consultant 4. Total length of time of encounter (face-to-face or floor time, whichever is appropriate) 5. Counseling and/or activities performed to coordinate patient care <ul style="list-style-type: none"> ■ Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required ■ Time spent must also be documented (e.g., “15 minutes of the 20 minute encounter was used counseling/coordinating care”) 6. Copy of written report sent by consultant to referring MD/DO <ul style="list-style-type: none"> ■ Formal report/copy of consultant’s note ■ Referring MD/DO’s name ■ Evidence that referring MD/DO requested both consultation and consultant’s opinion ■ Advice and/or opinion regarding patient’s condition ■ Results of tests/procedures ordered/performed 		
NOTES	EXAMPLE ACTIVITIES		
Only one consultation is reported by the consultant per admission. For 99251, the presenting problem(s) are usually self-limited/minor. The consultant typically spends 20 minutes at the patient’s bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient’s condition(s), the appropriate E/M procedure code is used in lieu of 99251.			
APPLICABLE POPULATION(S)	UNIT	DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 20 Minutes Maximum: 20 Minutes	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)	<input type="checkbox"/> ICM (SK) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Respite (SY)	<input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Recovery (TS) <input type="checkbox"/> Prev/EI (HT)
STAFF REQUIREMENTS			
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor’s Level (HN) Master’s Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)			
PLACE OF SERVICE (POS)			
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56)	<input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> FQHC (50)	<input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> School (03) <input type="checkbox"/> Other POS (99)

TREATMENT SERVICES – INPATIENT SERVICES – CONSULTATIONS					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
99252		Inpatient consultation for a new or established patient; the presenting problem(s) are of low severity		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required:</p> <ul style="list-style-type: none"> • Expanded problem-focused history • Expanded problem-focused examination • Straightforward medical decision-making <p>When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content Documentation of written, verbal/shared medical records request in patient record:</p> <ol style="list-style-type: none"> 1. Request for consultation from attending MD/DO 2. Reason for consultation 3. Services and supplies performed/ordered by consultant 4. Total length of time of encounter (face-to-face/floor time, whichever is appropriate) 5. Counseling and/or activities performed to coordinate patient care <ul style="list-style-type: none"> ○ Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required ○ Time spent must also be documented (e.g., “30 minutes of the 40 minute encounter was used counseling/coordinating care”) 6. Copy of written report sent by consultant to referring MD/DO <ul style="list-style-type: none"> ○ Formal report/copy of consultant’s note ○ Referring MD/DO’s name ○ Evidence that referring MD/DO requested both consultation and consultant’s opinion ○ Advice and/or opinion regarding the patient’s condition ○ Results of tests/procedures ordered/performed 		
NOTES			EXAMPLE ACTIVITIES		
<p>Only one consultation is reported by the consultant per admission. For 99252, the presenting problem(s) are usually of low severity. The consultant typically spends 40 minutes at the patient’s bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient’s condition(s), the appropriate E/M procedure code is used in lieu of 99252.</p>			<ul style="list-style-type: none"> • Initial hospital consultation for a 53-year-old male patient, previously abstinent alcoholic, who relapsed and was admitted for management of gastritis; patient readily accepts the need for further treatment. 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 40 Minutes Maximum: 40 Minutes
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor’s Level (HN) <input checked="" type="checkbox"/> Intern		<input type="checkbox"/> Unlicensed Master’s Level (HO) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC		<input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
		<input type="checkbox"/> QMAP		<input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Outp Hospital(22)		<input type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input type="checkbox"/> PRTC (56)	
		<input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> FQHC (50)		<input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> School (03) <input type="checkbox"/> Other POS (99)	

TREATMENT SERVICES – INPATIENT SERVICES – CONSULTATIONS			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
99253	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate severity	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
<p>A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/or other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required:</p> <ul style="list-style-type: none"> • Detailed history • Detailed examination • Medical decision-making of low complexity <p>When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (face-to-face time on the floor/unit or hospital), time is considered the key/controlling factor to qualify for the level of service.</p>	<p>Technical Documentation Requirements See Page 253</p> <p>Service Content Documentation of written, verbal/shared medical records request in patient record:</p> <ol style="list-style-type: none"> 1. Request for consultation from attending MD/DO 2. Reason for consultation 3. Services and supplies performed/ordered by consultant 4. Total length of time of encounter (face-to-face/floor time, whichever is appropriate) 5. Counseling and/or activities performed to coordinate patient care <ul style="list-style-type: none"> ▪ Where time is significant to encounter, documentation that more than 50% of the time spent with patient was used counseling and coordinating care is required ▪ Time spent must also be documented (e.g., “40 minutes of the 55 minute encounter was used counseling/coordinating care”) 6. Copy of written report sent by consultant to referring MD/DO <ul style="list-style-type: none"> ▪ Formal report/copy of consultant’s note ▪ Referring MD/DO’s name ▪ Evidence that referring physician requested both consultation and consultant’s opinion ▪ Advice and/or opinion regarding patient’s condition ▪ Results of tests/procedures ordered/performed 		
NOTES	EXAMPLE ACTIVITIES		
Only one consultation is reported by the consultant per admission. For 99253, the presenting problem(s) are usually of moderate severity. The consultant typically spends 55 minutes at the patient’s bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient’s condition(s), the appropriate E/M procedure code is used in lieu of 99253.			
APPLICABLE POPULATION(S)	UNIT	DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) Adult (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 55 Minutes Maximum: 55 Minutes	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)	<input type="checkbox"/> ICM (SK) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Respite (SY)	<input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Recovery (TS) <input type="checkbox"/> Prev/EI (HT)
STAFF REQUIREMENTS			
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master’s Level (HO) <input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor’s Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> MD/DO (AF)			
PLACE OF SERVICE (POS)			
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)			

TREATMENT SERVICES – INPATIENT SERVICES – CONSULTATIONS			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
99254	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
<p>A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required:</p> <ul style="list-style-type: none"> • Comprehensive history • comprehensive examination • Medical decision-making of moderate complexity <p>When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.</p>	<p>Technical Documentation Requirements See Page 253</p> <p>Service Content Documentation of written, verbal/shared medical records request in patient record:</p> <ul style="list-style-type: none"> ○ Request for consultation from attending MD/DO ○ Reason for consultation ○ Services and supplies performed/ordered by consultant ○ Total length of time of encounter (face-to-face/floor time, whichever is appropriate) ○ Counseling and/or activities performed to coordinate patient care <ul style="list-style-type: none"> ■ Where time is significant to encounter, documentation that more than 50% of the time spent with patient was used counseling and coordinating care is required ■ Time spent must also be documented (e.g., “50 minutes of the 80 minute encounter was used counseling/coordinating care”) ○ Copy of written report sent by consultant to referring MD/DO <ul style="list-style-type: none"> ■ Formal report/copy of consultant’s note ■ Referring MD/DO’s name ■ Evidence that referring MD/DO requested both consultation and consultant’s opinion ■ Advice and/or opinion regarding patient’s condition ■ Results of tests/procedures ordered/performed 		
NOTES	EXAMPLE ACTIVITIES		
Only one consultation is reported by the consultant per admission. For 99254, the presenting problem(s) are usually of moderate to high severity. The consultant typically spends 80 minutes at the patient’s bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient’s condition(s), the appropriate E/M procedure code is used in lieu of 99254.	<ul style="list-style-type: none"> • Initial hospital consultation for a 27-year-old female patient with a diffusely positive medical review of systems and a history of multiple surgeries. 		
APPLICABLE POPULATION(S)	UNIT	DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) Adult (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 80 Minutes Maximum: 80 Minutes	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)	<input type="checkbox"/> ICM (SK) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Respite (SY)	<input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Recovery (TS) <input type="checkbox"/> Prev/EI (HT)
STAFF REQUIREMENTS	<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor’s Level (HN) Master’s Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)	<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES – INPATIENT SERVICES – CONSULTATIONS			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
99255	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
<p>A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required:</p> <ul style="list-style-type: none"> • Comprehensive history • Comprehensive examination • Medical decision-making of high complexity <p>When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.</p> <p>Not a Covered Benefit Under Medicare</p>	<p>Technical Documentation Requirements See Page 253</p> <p>Service Content Documentation of written, verbal/shared medical records request in patient record:</p> <ul style="list-style-type: none"> ○ Request for consultation from attending MD/DO ○ Reason for consultation ○ Services and supplies performed/ordered by consultant ○ Total length of time of encounter (face-to-face/floor time, whichever is appropriate) ○ Counseling and/or activities performed to coordinate patient care <ul style="list-style-type: none"> ■ Where time is significant to encounter, documentation that more than 50% of the time spent with patient was used counseling and coordinating care is required ■ Time spent must also be documented (e.g., “75 minutes of the 110 minute encounter was used counseling/coordinating care”) ○ Copy of written report sent by consultant to referring MD/DO <ul style="list-style-type: none"> ■ Formal report/copy of consultant’s note ■ Referring MD/DO’s name ■ Evidence that referring MD/DO requested both consultation and consultant’s opinion ■ Advice and/or opinion regarding patient’s condition ■ Results of tests/procedures ordered/performed 		
NOTES	EXAMPLE ACTIVITIES		
Only one consultation is reported by the consultant per admission. For 99255, the presenting problem(s) are usually of moderate to high severity. The consultant typically spends 110 minutes at the patient’s bedside and on the patient’s hospital floor or unit. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the patient’s condition(s), the appropriate E/M procedure code is used in lieu of 99255.	<ul style="list-style-type: none"> • Initial hospital consultation for a 27-year-old female patient with a diffusely positive medical review of systems and a history of multiple surgeries. 		
APPLICABLE POPULATION(S)	UNIT	DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Adult (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: N/A Maximum: N/A See Chart for typical times for billing as a time bases code	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)	<input type="checkbox"/> ICM (SK) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Respite (SY)	<input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Recovery (TS) <input type="checkbox"/> Prev/EI (HT)
STAFF REQUIREMENTS	<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master’s Level (HO) <input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor’s Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)	<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outpt Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99281 requires problem focused history, problem focused examination straight forward medical decision making 99282 requires expanded problem focused history, expanded problem focused examination low complexity medical decision making 99283 requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making 99284 requires detailed history, detailed examination moderate complexity medical decision making 99285 requires comprehensive history, comprehensive examination high complexity medical decision making.	Emergency Department Services.	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
These codes are used for face to face services in an emergency department for the evaluation and management of an individual with presenting problem(s) of varying severity. No distinction is made between new and established clients in the emergency department.	Please refer to Section II.G.1. for details about documentation.	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 min <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)	<input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input type="checkbox"/> Prev/EI (HT)
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input checked="" type="checkbox"/> Intern <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA)	<input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)		
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> Outpt Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56)	<input type="checkbox"/> Shelter (04) <input type="checkbox"/> SNF (31) <input type="checkbox"/> FQHC (50)	<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)
		<input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> School (03) <input type="checkbox"/> Other POS (99)

EVALUATION AND MANAGEMENT – NURSING FACILITY SERVICES – INITIAL NURSING FACILITY SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
99304 requires detailed or comprehensive history, detailed or comprehensive examination straight forward or low complexity medical decision making, Typical time is 25 minutes 99305 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time is 35 minutes 99306 requires comprehensive history, comprehensive examination high complexity medical decision making Typical time is 45 minutes		Initial Nursing Facility Services		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
These codes are used for face to face services in nursing facilities, Intermediate Care Facilities, or Long Term Care Facilities for the evaluation and management of an individual with presenting problem(s) of varying severity.			Please refer to Section II.G.1. for details about documentation.		
NOTES		EXAMPLE ACTIVITIES			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Young Adult (18-20)	<input checked="" type="checkbox"/> Adult (21-64)	<input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter	<input type="checkbox"/> 15 Minutes
				<input type="checkbox"/> Day	<input type="checkbox"/> 1 Hour
		See chart for typical times for billing as a time-based code			
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face	<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> SP (HE)	<input type="checkbox"/> ICM (SK)	<input type="checkbox"/> Voc (HJ)	
<input checked="" type="checkbox"/> Video Conf (GT)	<input type="checkbox"/> Group (HQ)	<input type="checkbox"/> Other SP (TG)	<input type="checkbox"/> ACT (HK)	<input type="checkbox"/> Clubhouse (HB)	
<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> Family (HR/HS)	<input type="checkbox"/> Residential (SC)	<input type="checkbox"/> Respite (SY)	<input type="checkbox"/> Recovery (TS)	
		<input checked="" type="checkbox"/> HF (2 nd modifier-SUD)		<input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist	<input type="checkbox"/> Unlicensed Master’s Level (HO)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> QMAP	<input type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> RxN (SA)
<input type="checkbox"/> Bachelor’s Level (HN)	<input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC	<input type="checkbox"/> Licensed EdD/PhD/PsyD (AH)		<input type="checkbox"/> RN (TD)	<input checked="" type="checkbox"/> PA (PA)
<input checked="" type="checkbox"/> Intern				<input checked="" type="checkbox"/> APRN (SA)	<input checked="" type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)					
<input type="checkbox"/> CMHC (53)	<input type="checkbox"/> ACF (13)	<input type="checkbox"/> Hospice (34)	<input type="checkbox"/> Shelter (04)	<input type="checkbox"/> Inpt Hosp (21)	<input type="checkbox"/> Prison/CF (09)
<input type="checkbox"/> Office (11)	<input type="checkbox"/> Cust Care (33)	<input type="checkbox"/> ICF-MR (54)	<input checked="" type="checkbox"/> SNF (31)	<input type="checkbox"/> Inpt PF (51)	<input type="checkbox"/> School (03)
<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> Grp Home (14)	<input checked="" type="checkbox"/> NF (32)	<input type="checkbox"/> FQHC (50)	<input type="checkbox"/> ER (23)	<input type="checkbox"/> Other POS (99)
<input type="checkbox"/> Outpt Hospital(22)	<input type="checkbox"/> Home (12)	<input type="checkbox"/> PRTF (56)		<input type="checkbox"/> PF-PHP (52)	

EVALUATION AND MANAGEMENT – NURSING FACILITY SERVICES – SUBSEQUENT NURSING FACILITY SERVICES		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99307 requires problem focused interval history, problem focused examination, straight forward medical decision making, Typical time 10 minutes	Subsequent Nursing Facility	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
99308 requires expanded problem focused interval history, expanded problem focused examination, low complexity medical decision making, Typical time 15 minutes		
99309 requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time is 25 minutes		
99310 requires comp interval history, comprehensive examination high complexity medical decision making, Typical time is 35 minutes		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>These codes are used for face to face services in nursing facilities, Intermediate Care Facilities, or Long Term Care Facilities for the evaluation and management of an individual with presenting problem(s) of varying severity.</p> <p>All levels of subsequent nursing facility care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the client's status (i.e., changes in history, physical condition, and response to management) since the last assessment by the physician or other qualified health are professional.</p>	Please refer to Section II.G.1. for details about documentation.	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outpt Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)		

EVALUATION AND MANAGEMENT – NURSING FACILITY SERVICES – NURSING FACILITY DISCHARGE SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
99315 nursing facility discharge day management; 30 minutes or less		Nursing Facility discharge services		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
99316 nursing facility discharge day management; more than 30 minutes					
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Used to report total duration of time spent by physician or other qualified health care professional for the final nursing facility discharge of a client, the codes include as appropriate final examination of the client, discussion of the nursing facility stay even if the time spent on that date is not continuous. Instructions are given for continuing care to all relevant care givers, the preparation of discharge records, prescriptions and referral forms.					
NOTES		EXAMPLE ACTIVITIES			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		See chart for typical times for billing as a time-based code	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC		<input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
				<input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Outpt Hospital(22)		<input type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input type="checkbox"/> PRTF (56)	
				<input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> FQHC (50)	
				<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> School (03) <input type="checkbox"/> Other POS (99)	

OUTPATIENT EVALUATION AND MANAGEMENT SERVICES –OTHER NURSING FACILITY SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
99318 require detailed interval history, comprehensive examination, low to moderate complexity medical decision making. Typical time is 30 minutes		Annual Nursing Facility Assessment		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
This is an annual Nursing Facility Assessment.		Please refer to Section II.G.1. for details about documentation.			
NOTES		EXAMPLE ACTIVITIES			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		See chart for typical times for billing as a time-based code	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)					

EVALUATION AND MANAGEMENT SERVICES – DOMICILIARY, REST HOME, CUSTODIAL CARE SERVICES		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
<p>New Patient 99324 requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes 99325 requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes 99326 requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes 99327 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes 99328 requires comprehensive history, comprehensive examination high complexity medical decision making, Typical time 75 minutes</p> <p>Established patient 99334 requires problem focused interval history, problem focused examination straight forward medical decision making, Typical time 15 minutes 99335 requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making Typical time 25 minutes 99336 requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time 40 minutes 99337 requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes</p>	Domiciliary, rest home, custodial care services	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
These codes are used to report E/M services in a facility which provides room, board and other personal assistance services, generally on a long term basis. They are also used to report E/M services in an assisted living facility. The facility services do not include a medical component.	Please refer to Section II.G.1. for details about documentation.	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	See chart for typical times for billing as a time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)		

EVALUATION AND MANAGEMENT – HOME					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
<p>New Patient 99341 requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes 99342 requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes 99343 requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes 99344 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes 99345 requires comprehensive history, comprehensive examination high complexity medical decision making, Typical time 75 minutes</p> <p>Established patient 99347 requires problem focused interval history, problem focused examination straight forward medical decision making, average time 15 minutes 99348 requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making average time 25 minutes 99349 requires detailed interval history, detailed examination moderate complexity medical decision making, average time 40 minutes 99350 requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, average time 60 minutes</p>		Home care services		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
These codes are used for face to face services in a private for the evaluation and management of an individual with presenting problem(s) of varying severity.		Please refer to Section II.G.1. for details about documentation.			
NOTES		EXAMPLE ACTIVITIES			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		See chart for typical times for billing as a time-based code	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input checked="" type="checkbox"/> Intern		<input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)		<input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56)		<input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> PF-PHP (52)			

TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – MEDICAL TEAM CONFERENCE					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
99366		Medical team conference with interdisciplinary team, face-to-face with patient and/or family, 30 minutes or more, participation by a non-physician qualified health care professional		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
Face-to-face participation by a minimum of 3 MHPs from different specialties/disciplines, each of whom provide direct care to the client, with the client and/or family member(s), community agencies, surrogate decision maker(s) (e.g., legal guardians and/or care givers). MHP participants are actively involved in the development, revision, coordination, and implementation of the BH treatment services provided to the client. *Not to be used for supervision			Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided. Participation in team conference 3. Summary of contributed information and treatment recommendations 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES			EXAMPLE ACTIVITIES		
Reporting/billing MHP participants have rendered face-to-face evaluation(s)/treatment(s) to the client, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting MHP participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. Team conference services by a physician with the client and/or family present are reported with an appropriate E/M procedure code. No more than one individual from the same specialty may report 99366 at the same encounter.					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 30 Minutes + Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family/collateral (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LCSW (AJ)/ LSW/ LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
				<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	
				<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)	
				<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)	

TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – MEDICAL TEAM CONFERENCE					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
99367		Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by physician		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Face-to-face participation by a minimum of 3 MHPs, including a Psychiatrist, from different specialties/disciplines, each of whom provide direct care to the client, without the client and/or family member(s), community agencies, surrogate decision maker(s) (e.g., legal guardians and/or care givers). The MHP participants are actively involved in the development, revision, coordination, and implementation of the BH treatment services provided to the client.</p> <p>*This is not to be used for supervision</p> <p>This code is for physician/prescriber services only. All others use 99366 or 99368 as applicable.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided. Participation in team conference 3. Summary of contributed information and treatment recommendations 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES			EXAMPLE ACTIVITIES		
<p>Reporting/billing MHP participants have rendered face-to-face evaluation(s)/treatment(s) to the client, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting MHP participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. Team conference services by a physician with the client and/or family present are reported with an appropriate E/M procedure code. No more than one individual from the same specialty may report 99366 at the same encounter.</p>					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 30 Minutes + Maximum:
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
				<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	
				<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)	
				<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)	

TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – MEDICAL TEAM CONFERENCE					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
99368		Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by non-physician qualified health care professional		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Face-to-face participation by a minimum of 3 MHPs from different specialties/disciplines, each of whom provide direct care to the client, with the client and/or family member(s), community agencies, surrogate decision maker(s) (e.g., legal guardians and/or care givers). MHP participants are actively involved in the development, revision, coordination, and implementation of the BH treatment services provided to the client. *This is not to be used for supervision		Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided. Participation in team conference 3. Summary of contributed information and treatment recommendations 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES		EXAMPLE ACTIVITIES			
Reporting/billing MHP participants have rendered face-to-face evaluation(s)/treatment(s) to the client, independent of any team conference, within the previous 60 days. The team conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record keeping and generating a report is not reported/billed. The reporting MHP participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. Team conference services by a physician with the client and/or family present are reported with an appropriate E/M procedure code. No more than one individual from the same specialty may report 99366 at the same encounter.					
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> Day	
<input checked="" type="checkbox"/> Young Adult (18-20)		<input type="checkbox"/> 15 Minutes <input type="checkbox"/> 1 Hour		Minimum: 30 Minutes + Maximum:	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Telephone		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)			
<input type="checkbox"/> Individual <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Family (HR/HS)		<input type="checkbox"/> ICM (SK) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Recovery (TS) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	
				<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA)	
				<input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA (PA) <input type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	
				<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> FQHC (50)	
				<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)	

TREATMENT SERVICES – PSYCHIATRIC/MEDICATION MANAGEMENT SERVICES		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99441 This code is not recommended; if used, please follow CPT guidelines.	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5 – 10 minutes of medical discussion	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Non-face-to-face E/M services provided by a Psychiatrist to a client using the telephone, upon initiation by an established patient (i.e., client, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit.	Technical Documentation Requirements See Page 253 Service Content 1. Nature of service rendered and pertinent details 2. Disposition	
NOTES	EXAMPLE ACTIVITIES	
99441 may be reported only for established patients. The client/client's parent/guardian must initiate the contact; 99441 may not be used for calls initiated by a Psychiatrist. Calls resulting in a face-to-face encounter for the same problem within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. If the call relates to and occurs within 7 days of another E/M service performed and reported by the same provider for the same problem, the call is not reportable; a telephone call related to a previous call within 7 days is not reportable, since these codes are themselves an E/M service.		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 5 Minutes Maximum: 10 Minutes
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input checked="" type="checkbox"/> Intern	<input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	<input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)

TREATMENT SERVICES – PSYCHIATRIC/MEDICATION MANAGEMENT SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
99442 This code is not recommended; if used, please follow CPT guidelines.		Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11 – 20 minutes of medical discussion		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
Non-face-to-face E/M services provided by a Psychiatrist to a client using the telephone, upon initiation by an established patient (i.e., client, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit.			Technical Documentation Requirements See Page 253 Service Content 1. Nature of service rendered and pertinent details 2. Disposition		
NOTES			EXAMPLE ACTIVITIES		
99442 may be reported only for established patients. The client/client's parent/guardian must initiate the contact; 99442 may not be used for calls initiated by a Psychiatrist. Calls resulting in a face-to-face encounter for the same problem within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. If the call relates to and occurs within 7 days of another E/M service performed and reported by the same provider for the same problem, the call is not reportable; a telephone call related to a previous call within 7 days is not reportable, since these codes are themselves an E/M service.					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 11 Minutes Maximum: 20 Minutes
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> LCSW (AJ)/LSW/ <input type="checkbox"/> LMFT/ LPC <input type="checkbox"/> Licensed EdD/ <input type="checkbox"/> PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)					

TREATMENT SERVICES – PSYCHIATRIC/MEDICATION MANAGEMENT SERVICES

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99443 This code is not recommended; if used, please follow CPT guidelines.	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21 – 30 minutes of medical discussion	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Non-face-to-face E/M services provided by a Psychiatrist to a client using the telephone, upon initiation by an established patient (i.e., client, parent or guardian), who is seeking advice/treatment for a problem that does not require a face-to-face visit.	Technical Documentation Requirements See Page 253 Service Content 1. Nature of service rendered and pertinent details 2. Disposition	
NOTES	EXAMPLE ACTIVITIES	
99443 may be reported only for established patients. The client or client’s parent/guardian must initiate the contact; 99443 may not be used for calls initiated by a Psychiatrist. Calls resulting in a face-to-face encounter for the same problem within 24 hours/soonest available urgent appointment are not reportable; consider the call part of the pre-service work for the billable E/M service. If the call relates to and occurs within 7 days of another E/M service performed and reported by the same provider for the same problem, the call is not reportable; a telephone call related to a previous call within 7 days is not reportable, since these codes are themselves an E/M service.		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young <input checked="" type="checkbox"/> Adult(21-64) <input checked="" type="checkbox"/> Adol (12-17) Adult (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 21 Minutes Maximum: 30 Minutes
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor’s Level (HN) Master’s Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES – INTENSIVE TREATMENT SERVICES – PARTIAL HOSPITALIZATION (PHP)								
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			USAGE			
G0176		Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and treatment of patient's disabling mental health problems per session (45 minutes or more)			<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS						
<p>Therapeutic activities designed to improve social functioning, promote community integration and reduce symptoms in areas important to maintaining/re-establishing residency in the community (e.g., home, work, school, peer group). Activities are delivered to more than one person and are designed to promote skill development in areas such as stress management, conflict resolution, coping skills, problem solving, money management, nutrition, and community mobility.</p>		<p>Technical Documentation Requirements See Page 253</p> <p>Service Content:</p> <ol style="list-style-type: none"> Initial/intake history/exam documenting symptoms or problems necessitating treatment Individualized treatment/service plan <ul style="list-style-type: none"> Services must be prescribed by an MD/DO and provided under an individualized written plan of treatment established by an MD/DO after any needed consultation with appropriate staff members Plan must state type, amount, frequency, and duration of services to be furnished and indicate diagnoses and anticipated goals Target symptoms, goals of therapy and methods of monitoring outcome <ul style="list-style-type: none"> Why chosen therapy is appropriate treatment modality either in lieu of/in addition to another form of psychiatric treatment Specify estimated duration of treatment, in terms of number of sessions <ul style="list-style-type: none"> For an acute problem, document treatment is expected to improve health status/function of client For chronic problems, document stabilization/ maintenance of health status/function is expected 						
NOTES		EXAMPLE ACTIVITIES						
<p>Interventions cannot be purely recreational/diversionary in nature. Interventions must be individualized and based on the goals specified in the client's treatment/service plan. <i>Per CMS, this procedure code is only used for partial hospitalization programs (PHPs).</i></p>								
APPLICABLE POPULATION(S)		UNIT		DURATION				
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 45 Minutes Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)						
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)						
STAFF REQUIREMENTS								
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)		<input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)								
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)								

TREATMENT SERVICES – INTENSIVE TREATMENT SERVICES – PARTIAL HOSPITALIZATION (PHP)					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
G0177		Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
<p>Psychosocial skills development and rehabilitation services to improve social functioning in areas important to maintaining/re-establishing residency in the community. Interventions are delivered on an individual basis and are individualized to meet specific goals and measurable objectives in the treatment/ service plan. Interventions focus on developing and strengthening competencies in areas such as anger management, stress management, conflict resolution, money management, community mobility, symptom management and reduction.</p>		<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. Initial/intake history/exam documenting symptoms/problems necessitating treatment 2. Individualized treatment/service plan <ul style="list-style-type: none"> o Services must be prescribed by an MD/DO and provided under an individualized written plan of treatment established by an MD/DO after any needed consultation with appropriate staff members o Plan must state type, amount, frequency, and duration of services to be furnished and indicate diagnoses and anticipated goals 3. Target symptoms, goals of therapy and methods of monitoring outcome <ul style="list-style-type: none"> o Why chosen therapy is appropriate treatment modality either in lieu of/in addition to another form of psychiatric treatment 4. Specify estimated duration of treatment, in terms of number of sessions <ul style="list-style-type: none"> o For an acute problem, document that treatment is expected to improve health status/function of client o For chronic problems, document that stabilization/maintenance of health status/function is expected 5. Indicate time spent in training and educational services and relevance to care and treatment of client's MH condition 			
NOTES		EXAMPLE ACTIVITIES			
This is an individual skills training service. <i>Per CMS, this procedure code is only used for partial hospitalization programs (PHPs).</i>					
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult(21-64) <input type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 45 Minutes Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
		<input type="checkbox"/> QMAP		<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA)	
				<input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)					

ASSESSMENT SERVICES – ASSESSMENT/DIAGNOSIS							
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE			
H0001		Alcohol and/or Drug (AOD) Assessment		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS					
<p>The evaluation of an individual to determine the presence, nature and extent of the individual's abuse, misuse and/or addiction to AOD, with the goal of formulating a SUD diagnosis and plan for services or appropriate referral. The assessment includes AOD history, mental status and diagnosis formulation specific to SUD, appropriate family and social history, cultural issues, relevant physical and mental health history and treatment and recommendations. The evaluation may include communication with family or other sources.</p> <p>* Use procedure code 90791 for an assessment of a primary mental health diagnostic evaluation</p>		<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source 3. Diagnostic interview examination elements specific to SUD 4. Review of psychosocial and family history 5. Mental status exam appropriate to determine SUD diagnosis 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition 					
NOTES		EXAMPLE ACTIVITIES					
<p>For assessment of a primary mental health diagnosis use the 90791 procedure code. H0001 is used for assessment(s) and re-assessment (s), if required, and does not include psychotherapeutic services.</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>							
APPLICABLE POPULATION(S)		UNIT		DURATION			
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)					
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)					
STAFF REQUIREMENTS							
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)		<input type="checkbox"/> QMAP <input type="checkbox"/> CAC I <input type="checkbox"/> CAC II <input checked="" type="checkbox"/> CAC III	
				<input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO(AF)			
PLACE OF SERVICE (POS)							
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)		<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Independent Clinic (49)	
				<input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)			

ASSESSMENT SERVICES – SCREENING

ASSESSMENT SERVICES – SCREENING		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0002	Behavioral health screening to determine eligibility for admission to treatment program	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A preliminary procedure limited in nature and intended to merely indicate whether there is a probability that a MH and/or SA-related problem is present. Screening may be accomplished using a structured interview or a formal standardized screening tool that is culturally and age-relevant.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source and reason(s) for referral 3. Description of the service 4. Review of psychosocial and family history, identified risks, assessment of treatment program appropriateness 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition – need for BH services, referral, etc. 	
NOTES	EXAMPLE ACTIVITIES	
<p>Screening may require not only the evaluation of a client’s treatment needs, but also an evaluation of available treatment options.</p> <p>If there is a documented diagnosis, it can be used. If there isn’t an existing diagnosis, it needs to be listed as deferred (799.9) unless the screener has actually confirmed the diagnosis.</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>	Screening to determine eligibility, treatment needs and treatment options.	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> Respite (SY) <input checked="" type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> <input checked="" type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor’s Level (HN) <input checked="" type="checkbox"/> Intern	<input checked="" type="checkbox"/> Unlicensed Master’s Level (HO) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)
<input type="checkbox"/> QMAP <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> CAC III	<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA)	<input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)	<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)
<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Independent Clinic (49)	<input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Other POS (99)

Screening		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
An alcohol and/or drug screening occurs when specific instruments or procedures are used to detect the presence of an alcohol and/ or drug problem. The screening should determine the appropriateness for treatment at a specific treatment agency and should occur prior to administering differential assessments.	<ul style="list-style-type: none"> • Date of service • Screening results • Referral for treatment (if applicable) • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
Screening is limited to two occurrences per State Fiscal Year	Screening questionnaire	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) (57) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input checked="" type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input checked="" type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA		

TREATMENT SERVICES – PSYCHOTHERAPY – GROUP PSYCHOTHERAPY			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
H0005	Alcohol and/or drug services; group counseling	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
A planned therapeutic or counseling activity conducted by the behavioral health clinician in a group setting with 2/more clients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchange. Group services are designed to assist clients with a primary SUD in achieving their AOD treatment goals. *Use 90853 procedure code for group psychotherapy for clients with a primary mental health diagnosis	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided including number of clients present. 3. The therapeutic intervention(s) utilized and the response to the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES	EXAMPLE ACTIVITIES		
H0005 is used for group psychotherapy involving clients other than the clients' families. H0005 does not include socialization, music therapy, recreational activities, art classes, excursions, or group meals. If only one group member is present, document as individual therapy or H0004.			
APPLICABLE POPULATION(S)	UNIT	DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult(21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input checked="" type="checkbox"/> 1 Hour	Minimum: ≥ 31 mins Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)	<input checked="" type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Respite (SY)	<input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Recovery (TS) <input type="checkbox"/> Prev/EI (HT)
STAFF REQUIREMENTS	<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> CAC I <input type="checkbox"/> CAC II <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> CAC III <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)	<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outpt Hospital(22) <input type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input checked="" type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)		

CASE MANAGEMENT SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H0006		Alcohol and/or drug services; case management		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Services designed to assist and support a client to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services. Case management includes:</p> <ul style="list-style-type: none"> • Assessing service needs – client history, identifying client needs, completing related documents, gathering information from other sources; • Service plan development – specifying goals and actions to address client needs, ensuring client participation, identifying a course of action; includes transition plan development with client • Referral and related activities to obtain needed services – arranging initial appointments for client with service providers/informing client of services available, addresses and telephone numbers of agencies providing services; working with client/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and • Monitoring and follow-up – contacting client/others to ensure client is following the agreed upon service or transition plan and monitoring progress and impact of plan. <p><i>*Use T1017 procedure code for case management for clients with a primary mental health diagnosis</i></p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) 3. The services utilized and the individual’s response to the services (includes assessing service needs, service plan development, referral, and monitoring/follow-up, which includes care coordination) 4. How did the service impact the individual’s progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES			EXAMPLE ACTIVITIES		
<p><i>Case management involves linking the client to the direct delivery of needed services, but is not itself the direct delivery of a service to which the client has been referred.</i> Case management does not include time spent transporting the client to required services/time spent waiting while the client attends a scheduled appointment. However, it includes time spent participating in an appointment with the client for purposes of referral and/or monitoring and follow-up.</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>			<ul style="list-style-type: none"> • Assessing the need for service, identifying and investigating available resources, explaining options to client and assisting in application process • Contact with client’s family members for assistance helping client access services • Care Coordination between other service agencies, healthcare providers 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> Respite (SY) <input checked="" type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input checked="" type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Bachelor’s Level (HN) Master’s Level (HO) PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LAC/LCSW (AJ)/ <input checked="" type="checkbox"/> Licensed EdD/ <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF) LSW/ LMFT/ LPC PhD/PsyD (AH) <input checked="" type="checkbox"/> CAC III					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input checked="" type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> NRSATF (57)					

Intervention		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A planned alcohol and/or drug crisis intervention used to assist a person to abstain from alcohol and or drug usage.	<ul style="list-style-type: none"> • Date of service • Client demographic information • Specific intervention service used • Clients response • Referral for treatment (if necessary) • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> PA <input checked="" type="checkbox"/> RxN (SA)		

Social Ambulatory Detoxification Services			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION		USAGE
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)		<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
Medically monitored inpatient sub-acute detoxification for alcohol and or drug services conducted in a licensed health care or addiction treatment facility. Individuals receive face-to-face interactions to medically manage and monitor withdrawal symptoms (including severe physical and psychological symptoms) that require medical management with medications and 24 hour medical care from medical professionals. The program shall be staffed with the appropriate personnel to meet the needs of residents 24 hours per day.	<ul style="list-style-type: none"> • Date of service • Start and stop time (Duration) • Admission criteria • Patient informed consent • Medical evaluations and monitoring activities • Protocols for usual and customary detoxification (individualized detoxification plan) • Discharge planning • Signed with 1st initial, last name & credentials 		
NOTES	EXAMPLE ACTIVITIES		
Service should be provided for a minimum of 24 Hours. A treatment Facility providing this service should have a maximum of 25% of its staff with, or working towards, a CAC I certification.	<ul style="list-style-type: none"> • Admission documentation • Monitor and manage withdrawal • Referral for treatment • Additional service planning, as required, for managing clients with medical conditions, suicidal ideation, pregnancy, psychiatric conditions, and other conditions, which place clients at additional risk during detoxification.¹ • Assessment(s) of client readiness for treatment • All detox monitoring (including vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge) • Routine monitoring of physical and mental status 		
APPLICABLE POPULATION(S)			
<input type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20)	<input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)			
<input type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)	<input type="checkbox"/> CMHC (53)
<input type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)	<input type="checkbox"/> ICF-MR (54)
<input type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)	<input checked="" type="checkbox"/> RSATF (55)
<input type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)	<input type="checkbox"/> PRTF (56)
<input type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input type="checkbox"/> FQHC (50)	<input type="checkbox"/> Non-Residential SA
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)	Treatment Cntr (57)
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> CIRF (61)
<input checked="" type="checkbox"/> CORF (62)			<input type="checkbox"/> Public Health Clinic (71)
			<input type="checkbox"/> Rural Health Clinic (72)
			<input type="checkbox"/> Other POS (99)
MODIFIER	UNIT		DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA	<input type="checkbox"/> Encounter	<input type="checkbox"/> 1 Hour	Minimum: 24 Hours Maximum: 7 Days
<input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD	<input checked="" type="checkbox"/> Day	<input type="checkbox"/> 3 Hours	
<input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes		
<input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY		
<input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family	<input type="checkbox"/> Teleconference
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22	<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site	
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Off-Site	
MINIMUM STAFF REQUIREMENTS			
<input type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist	<input checked="" type="checkbox"/> MD/DO (AF)
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I	<input checked="" type="checkbox"/> Treatment Facility
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II	<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III	<input type="checkbox"/> Dentist (only for SBIRT codes)
<input checked="" type="checkbox"/> RN (TD)	<input type="checkbox"/> PA	<input checked="" type="checkbox"/> NP (SA)	
		<input type="checkbox"/> RxN (SA)	

Social Ambulatory Detoxification Services		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
This service requires face-to-face interactions with an individual for the purpose of alcohol and/or drug detoxification in an alcohol and drug addiction residential program certified by the State Substance Abuse Authority that provides detoxification services and is staffed with an employee who is a registered nurse and/or licensed practical nurse (working at the direction of a licensed physician or registered nurse) on the premises 24 hours per day, with a licensed physician on call 24 hours per day, and the detoxification services component of the program supervised by a licensed physician.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Documentation of all monitoring activities • Log of vital signs (taken every two (2) hours until the patient remains in a normal range for at least four (4) hours, then taken every eight (8) hours thereafter until discharged. • At discharge, documentation procedures (information shall be communicated to the patient about the effects of alcohol and drugs; risk factors associated with alcohol and drug abuse such as acquiring or transmitting HIV/AIDS; availability of testing and counseling for HIV/AIDS, TB, Hepatitis C, other infectious diseases, and pregnancy; availability of alcohol and drug abuse treatment services). • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
Service should be provided for a minimum of 24 Hours. A treatment Facility providing this service should have maximum of 25% of its staff with, or working towards, a CAC I certification. This code is for non Medicaid eligible clients.	Administer medications Medical evaluations All other detox activities that do not necessarily require medical personnel to complete	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)
<input type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)
<input type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)
<input type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input type="checkbox"/> FQHC (50)
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)
<input type="checkbox"/> CMHC (53)	<input type="checkbox"/> ICF-MR (54)	<input checked="" type="checkbox"/> RSATF (55)
<input type="checkbox"/> CORF (62)	<input type="checkbox"/> PRTF (56)	<input type="checkbox"/> Non-Residential SA Treatment Cntr (57)
<input type="checkbox"/> Public Health Clinic (71)	<input type="checkbox"/> Other POS (99)	<input type="checkbox"/> CIRF (61)
<input type="checkbox"/> Rural Health Clinic (72)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour	Minimum: 24 Hours Maximum: N/A
<input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD	<input checked="" type="checkbox"/> Day <input type="checkbox"/> 3 Hours	
<input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ)	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK	<input type="checkbox"/> Video Conference <input type="checkbox"/> Family	<input type="checkbox"/> Teleconference
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site	
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Individual <input type="checkbox"/> Off-Site	
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III
<input checked="" type="checkbox"/> RN (TD)		<input type="checkbox"/> NP (SA)
<input type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA
		<input type="checkbox"/> MD/DO (AF)
		<input type="checkbox"/> QMAP
		<input checked="" type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

Social Ambulatory Detoxification Services		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Provided through face-to-face interactions with an individual for the purpose of medically managing and monitoring withdrawal symptoms from alcohol and/or drug intoxication as an outpatient through a residential addiction program with appropriate accreditation, certification, and licensure. The program shall be staffed with a sufficient number of personnel on a 24-hour per day basis to meet the health care needs of the residents served by personnel trained, authorized, and credentialed (where applicable) to carry out assigned job responsibilities consistent with scopes of practice, resident population characteristics and the resident's individual plan of care/treatment.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Admission criteria • Patient informed consent including date and time • Medical evaluations • Protocols for usual and customary detoxification (individualized detoxification plan) • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
A treatment Facility providing this service should have a maximum of 25% of its staff with, or working towards, a CAC I certification. Non- hospital environments: require a client/staff ratio that does not exceed 10 to one (10:1) and each shift requires a minimum of (2) staff members. This code is for non Medicaid eligible clients.	<p>Unless staffed with medical personnel – Medical evaluations cannot be completed.</p> <ul style="list-style-type: none"> • Admission documentation • Safe withdrawal • Motivational counseling • Referral for treatment • Additional service planning, as required, for managing clients with medical conditions, suicidal ideation, pregnancy, psychiatric conditions, and other conditions, which place clients at additional risk during detoxification.¹ • All detox monitoring (including vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge) • Routine monitoring of physical and mental status 	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input checked="" type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> PA <input type="checkbox"/> RxN (SA)		

Social Ambulatory Detoxification Services		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Medically monitored outpatient acute detoxification for alcohol and or drug services conducted in a licensed health care or addiction treatment facility. Individuals receive face-to-face interactions to medically manage and monitor withdrawal symptoms (including severe physical and psychological symptoms) that require medical management with medications and 24 hour medical care from medical professionals. The goal of acute outpatient detoxification services is to stabilize the patient. The program shall be staffed with the appropriate personnel to meet the needs of residents 24 hours per day.	<ul style="list-style-type: none"> • Date of service • Start and Stop time (duration¹) • Documentation of all monitoring activities and evaluations • Log of vital signs (taken every two (2) hours until the patient remains in a normal range for at least four (4) hours, then taken every eight (8) hours thereafter until discharged. • Documentation of discharge procedures (information shall be communicated to the patient about the effects of alcohol and drugs; risk factors associated with alcohol and drug abuse such as acquiring or transmitting HIV/AIDS; availability of testing and counseling for HIV/AIDS, TB, Hepatitis C, other infectious diseases, and pregnancy; availability of alcohol and drug abuse treatment services). • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
Service should be provided for a minimum of 24 Hours. A treatment Facility providing this service should have a maximum of 25% of its staff with, or working towards, a CAC I certification. Social ambulatory detoxification services are limited to seven (7) days per state fiscal year. This code is for non Medicaid eligible clients.	<ul style="list-style-type: none"> • Safe withdrawal • Motivational counseling • Referral for treatment • Additional service planning, as required, for managing clients with medical conditions, suicidal ideation, pregnancy, psychiatric conditions, and other conditions, which place clients at additional risk during detoxification.¹ • Clinical interventions based on service plan • Admission documentation • All detox monitoring (including vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge) • Routine monitoring of physical and mental status 	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HH <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HM <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input checked="" type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: 24 Hours Maximum: 7 Days per state fiscal year
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> PA <input type="checkbox"/> RxN (SA)		

Social Ambulatory Detoxification Services		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0014	Alcohol and/or drug services; ambulatory detoxification	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>The face-to-face medical monitoring of the physical process of withdrawal from AOD for those clients with an appropriate level of readiness for behavioral change and level of community/social support. Indicated when the client experiences physiological dysfunctions during withdrawal, but life or significant bodily functions are not threatened (i.e., mild to moderate withdrawal symptoms). Services are supervised by an MD/DO in a residential setting. The focus is on rapid stabilization and entry into the appropriate level of care/treatment.</p> <p>Social/Ambulatory Detoxification includes supervision, observation and support for individuals whose intoxication/withdrawal signs and symptoms are severe enough to require a 24 hour structured program but do not require hospitalization.</p>	<ul style="list-style-type: none"> • Admission documentation • Date of service • Start and stop time (duration) • Safe withdrawal • Motivational counseling • Referral for treatment • Additional service planning, as required, for managing clients with medical conditions, suicidal ideation, pregnancy, psychiatric conditions, and other conditions, which place clients at additional risk during detoxification.¹ • Clinical interventions based on service plan • All detox monitoring (including vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge) • Routine monitoring of physical and mental status • Discharge information communicated to client (effects of AOD, risk factors associated with AOD abuse for HIV/AIDS, TB and other infectious diseases, and pregnancy; information about availability of testing and pre-/post-test counseling for HIV/AIDS, TB, Hep C and other infectious diseases, and pregnancy; and the availability of AOD treatment services) • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
<p>Social/Ambulatory Detox services must be ordered by an MD/DO or NP. Other rehabilitative substance abuse treatment services are not reimbursed on the same DOS. Client/staff ratios are not to exceed 10:1.</p> <p>This code is for non Medicaid eligible clients.</p>		
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA Treatment Cntr (57) <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input checked="" type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: 12 hour
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> PA <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA		

TREATMENT					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H0015		Alcohol and/or drug services; intensive outpatient program		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>A structured substance abuse treatment program focusing on assisting clients to develop skills to regain stability in their lives and to build a foundation based upon recovery. Services are based on a comprehensive and coordinated individualized and recovery-oriented treatment/service plan, utilizing multiple concurrent services and treatment modalities rendered by a multidisciplinary treatment team.</p>			<p>Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties. 6. Daily log of attendance and time duration 7. Weekly note re: Client and/or family specific progress notes (if daily notes do not meet full minimum documentation requirements)</p>		
NOTES			EXAMPLE ACTIVITIES		
<p>Intensive outpatient programming for substance abuse treatment must be in accordance with CCR 502-1 ASAM level II.1 criteria (minimum of 9 treatment hours per week for adults, 6 hours per week for adolescents).</p>			<ul style="list-style-type: none"> Sessions focus on reducing/eliminating problematic substance use by providing recovery oriented multimodal therapy and education 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 180 minutes Maximum: NA
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> LAC/LCSW <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input checked="" type="checkbox"/> CAC I <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input checked="" type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)					

RESIDENTIAL SERVICES – ACUTE TREATMENT UNIT (ATU)					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H0017		Behavioral health; residential (hospital residential treatment program), without room and board, per diem		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
24-hour per day hospital facility (licensed by the State Hospital Authority) without room and board, at an LOC where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with behavioral health disorders occurs.			Technical Documentation Requirements See Page 253 Service Content Shift Notes or Daily Note (summary of shift notes) <ol style="list-style-type: none"> 1. Clients current clinical status, e.g. symptoms or pertinent mental status and functioning status 2. Participation in treatment 3. Pertinent physical health status information 4. Progress toward treatment plan goals and/or discharge 5. Any other client activities or client general behaviors in milieu 6. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) <p>All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services, although included in the per diem, should be identified separately. These services can be all included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate service procedure code minimum documentation for each service.</p>		
NOTES			EXAMPLE ACTIVITIES		
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017.					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: 24 hours
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE)* <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) *young adult <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Less Than Bachelor's Level (HM) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Intern <input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> RCCF (56) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> FQHC (50)					

RESIDENTIAL SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H0018		Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>A short-term residential treatment program offering 24-hour intensive residential treatment, habilitative, and rehabilitative services for up to 30 days in a highly structured, community-oriented environment. This type of program is appropriate for clients who need concentrated therapeutic services prior to community residence. The focus of services is to stabilize the client and provide a safe and supportive living environment.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content Shift Notes or Daily Note (summary of shift notes)</p> <ol style="list-style-type: none"> 1. Clients current clinical status, e.g. symptoms or pertinent mental status and functioning status 2. Participation in treatment 3. Pertinent physical health status information 4. Progress toward treatment plan goals and/or discharge 5. Any other client activities or client general behaviors in milieu <p>All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services, although included in the per diem, should be identified separately. These can be all included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate service procedure code for required minimum documentation for each service.</p>		
NOTES			EXAMPLE ACTIVITIES		
<p>All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) by external professionals (non-residential staff) are documented, and reported or billed separately from H0018. This does not include services for children who are in custody of the Department of Human Services.</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: 24 Hours
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE)* <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Recovery (TS) * For child/adol/ <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Prev/EI (HT) young adult		
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input checked="" type="checkbox"/> Less Than Bachelor's Master's Level (HO) PhD/PsyD (HP) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) Level (HM) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ <input checked="" type="checkbox"/> Bachelor's Level (HN) LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/ <input checked="" type="checkbox"/> Intern PhD/PsyD (AH) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> RCCF (56) <input type="checkbox"/> ER (23) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> SATF (55) *OBH <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> FQHC (50)					

RESIDENTIAL SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H0019		Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>A residential treatment program offering 24-hour supervised residential treatment, habilitative, and rehabilitative services in a structured, community-oriented environment. Also called “transitional living,” services include organized rehabilitation services as well as assistance in obtaining appropriate long-term living arrangements. Services are designed for individuals who have the potential and motivation to ameliorate some skills deficits through a moderately structured rehabilitation program that stresses normalization and maximum community involvement and integration, including daily living and socialization skills training; case management and benefit attainment (community supports); recreational activities; educational and support activities; and access to therapeutic interventions as necessary.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content Shift Notes or Daily Note (summary of shift notes)</p> <ol style="list-style-type: none"> 1. Clients current clinical status, e.g. symptoms or pertinent mental status and functioning status 2. Participation in treatment 3. Pertinent physical health status information 4. Progress toward treatment plan goals and/or discharge 5. Any other client activities or client general behaviors in milieu <p>All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services, although included in the per diem, should be identified separately. These can be all included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate service procedure code for required minimum documentation for each service.</p>		
NOTES			EXAMPLE ACTIVITIES		
<p>All services provided by internal professionals in the residential settings are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) by external professionals (non-residential staff) are documented, and reported or billed separately from H0019. This does not include services for children who are in custody of the Department of Human Services.</p>					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: 24 Hours
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE)* <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) * child/adol/ young adult <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input checked="" type="checkbox"/> Less Than Bachelor’s Master’s Level (HO) PhD/PsyD (HP) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) Level (HM) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ <input checked="" type="checkbox"/> Bachelor’s Level (HN) LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/ <input checked="" type="checkbox"/> Intern PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> RCCF (56) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> SATF (55) *OBH <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> FQHC (50)					

SUBSTANCE USE TREATMENT SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H0020		Alcohol and/or drug services; Methadone administration and/or service (provisions of the drug by a licensed program)		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>This service includes the acquisition and cost of the Methadone and administration of the drug by an alcohol and/or other drug program for the purpose of decreasing or eliminating dependence on opiate substances.</p> <p>Note: Methadone administration is considered only one service of an array /set of services, including SUD group and individual therapy, and other outpatient services that should be established as the treatment protocol and carefully monitored for adherence by the treatment facility.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. Medication take-home agreements (when applicable) 2. Daily dosage 3. Induction notes (when applicable) 4. Daily acknowledgement form signed by client 5. Daily observation by a medical professional 6. Take home documentation can be completed in one note; include dates doses are to be taken and each dose amount should be included in the single note. 		
NOTES			EXAMPLE ACTIVITIES		
<p>Methadone administration must be provided by a facility with a controlled substance license from the Office of Behavioral Health (OBH), be registered with the Drug Enforcement Administration (DEA) and have a designated medical director to authorize and oversee Opioid Treatment Program (OTP) physicians. Staff must be licensed through the Office of Behavioral Health and be certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as opioid medication assisted treatment providers. The methadone is ordered from the manufacturer by the OTP physician and delivered to the facility. Take-home doses permitted in accordance with OBH Rule 21.320 and reported in claims with one unit H0020 per claim line, per date the dose given for, with POS "home" for dates when a dose was provided to take at home, and POS "office" or "outpatient facility" etc. for date take-home doses physically handed to the client.</p>			<ul style="list-style-type: none"> • The measuring, diluting and/or mixing of Methadone into a dosage that is appropriate for the client's plan of care, administered by a qualified physician, physician assistant, or nurse practitioner, which is subsequently delivered to the client for oral ingestion. • Note: this code includes the acquisition of the Methadone used for treatment as a pre-requisite to the actual administration of the drugs. 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17)* (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> packaged for take home <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> PreV/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> LAC/LCSW (AJ)/LSW/LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> CAC II <input type="checkbox"/> CAC III <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input checked="" type="checkbox"/> PF-PHP (52) <input type="checkbox"/> Other POS (99)					

*For clients 17 and under, Federal regulations must be followed for this service.

Prevention				
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE
H0021		Alcohol and/or drug training service (for staff and personnel not employed by providers)		<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
Training provided to support staff and personnel (not directly employed by a provider) on topics related to alcohol, tobacco and or other drug services of which that person could be directly involved with providing to a client.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Number of participants • Type of service 		
NOTES		EXAMPLE ACTIVITIES		
		Training could include educating personnel on any of the following: <ul style="list-style-type: none"> • Infectious diseases (AIDS/HIV, Hepatitis C, TB), including universal precautions against becoming infected • Monitoring vital signs • Conducting assessment and triage, including identifying suicidal ideation • Emergency procedures and their implementation • Collecting urine, and breath samples • Cultural factors that impact detoxification • Clinical ethics and confidentiality • Clinical records systems • De-escalating potentially dangerous situations • Basic counseling and motivational interviewing skills • Additional skills or services needed to treat alcohol, tobacco, and other drug disorders 		
APPLICABLE POPULATION(S)				
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)				
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input checked="" type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independnt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)				
MODIFIER			UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52			<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY				
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input checked="" type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site				
MINIMUM STAFF REQUIREMENTS				
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/Psy (HP) <input type="checkbox"/> (AH) <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC I <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> CAC III <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA				

Intervention		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0022	Alcohol and/or drug intervention service (planned facilitation)	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A planned alcohol and/or drug intervention service (often an early intervention) used to assist a person with abstaining from alcohol and or drug usage.	<ul style="list-style-type: none"> • Date of service • Client demographic information • Specific intervention service used • Clients response • Referral for treatment (if necessary) • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
	Staff time spent talking to involuntary commitment manager involving involuntary commitment clients.	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA		

PREVENTION/EARLY INTERVENTION SERVICES – OUTREACH AND DROP-IN SERVICES		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0023	Behavioral health outreach service (planned approach to reach a population)	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>A planned approach to reach a population within their environment for the purpose of preventing and/or addressing BH issues and problems. Services may include</p> <ul style="list-style-type: none"> • Developing an alliance with a consumer to bring him/her into ongoing treatment • Re-engagement effort including utilizing drop-in center services • Prevention/Intervention activities delivered to individuals and family <p>These individuals may or may not have currently consented to receive services.</p> <p>Drop-in centers are a form of outreach where a safe environment for outreach to and engagement of adolescents or adults with mental illness is provided. Such sites may be peer driven and may be operated independently of other behavioral health services. Education about mental health systems are provided at these sites.</p>	<p>Technical Documentation Requirements See Page 253</p> <p>Service Content for Outreach Service</p> <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? 2. Description of the service 3. Outreach services provided and the individual's response 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties, if applicable <p>Service Content for Drop-in Center</p> <ol style="list-style-type: none"> 1. Screening initially and every 6 months to determine probable behavioral health diagnosis 2. Daily Sign-in/Sign out with time (for unit calculation) 3. Name, DOB, or SS#/Medicaid ID # 4. Once/month self-eval by member on benefits of drop-in service, progress toward their recovery goals, or other information about their participation 	
NOTES	EXAMPLE ACTIVITIES	
<p>Activities occur primarily off-site (e.g., food bank, public shelter, etc.), by telephone or at drop-in centers</p> <p>Drop-in centers:</p> <ul style="list-style-type: none"> • Promote ongoing recovery through peer support, advocacy, empowerment and social skills dev. • Confirmed diagnosis not needed • If in treatment inform provider of attendance • Clinical consultation by MA level staff available during hours of operation and for peer supervision 	<ul style="list-style-type: none"> • Initiating non-threatening conversation and informally identifying need for BH services, with repeat contact over time in an effort to engage an individual into services • Respond to referrals as requested by police, landlords, etc., of individuals suspected of having an SMI/SPMI/SED and in need of BH services • Outreach to re-engage individuals who are at risk for disengaging from services • Activities at drop-in centers include: infor and referral, action plan groups, mental illness education, support groups, etc 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11)* <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adol (12-17)	<input type="checkbox"/> Encounter <input type="checkbox"/> Day	<input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> 1 Hour Minimum: 8 min Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Telephone	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> State Plan (HE)* <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) * child/adol/young adult
		<input type="checkbox"/> Voc (HJ) <input checked="" type="checkbox"/> Clubhouse (HB) drop-in center only <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> Prev/EI (HT) adult outreach service only
STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Less Than Bachelor's Level (HM) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
		<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA)
		<input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53)** <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)	<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)
		<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)
		<input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)
		<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)**

**Drop-In Centers use place of service codes 53 or 99.

Prevention		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0024	Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with Service Audiences to Affect Knowledge and Attitude)	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Services delivered to target audiences with the intent of affecting knowledge, attitude and/or behavior through one-way direct communication education and information dissemination.	<ul style="list-style-type: none"> Number of participants Type of service 	
NOTES	EXAMPLE ACTIVITIES	
Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities.	<ul style="list-style-type: none"> Pamphlets, educational presentations, Billboards 	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input checked="" type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input checked="" type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA		

PREVENTION/EARLY INTERVENTION SERVICES – EDUCATION SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H0025		Behavioral health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
Code H0025 includes the delivery of services to individuals on issues of behavioral health education, to affect knowledge, attitude and behavior. It may include screenings to assist individuals in obtaining appropriate treatment. Causes and symptoms of disorders are discussed to encourage early intervention and reduce severity of mental illness. Education involves two-way communication and is distinguished from information dissemination by the fact that interaction between educator/facilitator and participants is the basis of the activities.			Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? 2. Description of the service 3. Prevention education provided and individual's response to the information 4. Plan for next contact(s), if applicable		
NOTES			EXAMPLE ACTIVITIES		
Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities.			<ul style="list-style-type: none"> Classroom educational activities Education services/programs for youth on substance use Parenting/family management services Peer leader/helper programs Small group sessions Nurturing Parent Program Educational programs (safe and stable families) "Love and Logic" (healthy parenting skills) 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE)* <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT) * child/adol/young adult		
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SE) <input checked="" type="checkbox"/> Less Than Bachelor's Level (HM) Master's Level (HO) PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> LAC/LCSW <input checked="" type="checkbox"/> Licensed EdD/ <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> APRN (SE) <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Intern (AJ)/LSW/ LMFT/ LPC PhD/PsyD (AH) <input checked="" type="checkbox"/> CAC III					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)					

Prevention		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
This service is provided through a community-based process that enhances the community's ability to provide prevention services. Community activities may include procurement or funding strategies, community organizing, community planning, collaboration, coalition building, coordination between organizations, and or networking.	<ul style="list-style-type: none"> • Number of participants • Type of service 	
NOTES	EXAMPLE ACTIVITIES	
	<ul style="list-style-type: none"> • Systematic planning • Community or volunteer training • Community team building • Organizational collaboration or coordination • Coalition building • Networking 	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input checked="" type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA		

Prevention				
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE
H0027		Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)		<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
Environmental strategies use a broad range of external activities in order to mainstream prevention through policies and law. These strategies establish or change community standards, codes, and attitudes, which decreases the prevalence of alcohol and other drugs within the community.		<ul style="list-style-type: none"> • Number of participants • Type of service 		
NOTES		EXAMPLE ACTIVITIES		
		<ul style="list-style-type: none"> • Review of school policies • Community technical assistance • Revised advertising practices • Pricing strategies • Setting minimum age requirements • Product use restrictions • Workplace substance abuse policies • New or revised environmental codes • New or revised ordinances, regulations, or legislation 		
APPLICABLE POPULATION(S)				
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)				
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input checked="" type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independnt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)				
MODIFIER			UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY				
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input checked="" type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site				
MINIMUM STAFF REQUIREMENTS				
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input checked="" type="checkbox"/> NP (SA) <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> PA <input checked="" type="checkbox"/> RxN (SA)				

Prevention				
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE
H0028		Alcohol and/or drug prevention problem identification and referral service (e.g. student assistance and employee assistance programs), does not include assessment		<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS		
Alcohol and/or drug prevention problem identification and referral services include screening for tendencies toward substance abuse and referral for preventive treatment for curbing such tendencies if indicated. This service is provided to address the following risk factors: individual attitudes towards substance use, and perceived risks for substance use. Identification and referral programs look at the relationship between substance use and a variety of other problems such as mental health problems, family problems, sexually transmitted diseases, school or employment failures and delinquency.		<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Number of participants • Type of service • Referral to treatment if necessary 		
NOTES		EXAMPLE ACTIVITIES		
APPLICABLE POPULATION(S)				
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)				
PLACE OF SERVICE (POS)				
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input checked="" type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independnt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)				
MODIFIER			UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52			<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY				
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input checked="" type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site				
MINIMUM STAFF REQUIREMENTS				
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input checked="" type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA				

Prevention			
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION	USAGE
H0029		Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g. alcohol free social events)	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS	
Alternative services provide opportunities for recognition and organized leisure activities that exclude alcohol and drugs. The goal of these alternative services is to halt or reduce risk taking behaviors. Alternative programs include a wide range of social, recreational, cultural and community service activities that would appeal to populations of all ages.		<ul style="list-style-type: none"> • Number of participants • Type of service 	
NOTES		EXAMPLE ACTIVITIES	
		<ul style="list-style-type: none"> • Alcohol/tobacco/drug free social and or recreational events • Community drop in centers • Community services • Leadership functions • Activities involving athletics, art, music, movies, etc. 	
APPLICABLE POPULATION(S)			
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)			
PLACE OF SERVICE (POS)			
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input checked="" type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)			
MODIFIER		UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site			
MINIMUM STAFF REQUIREMENTS			
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input checked="" type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> PA <input checked="" type="checkbox"/> RxN (SA)			

Intervention		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0030	Hotline Services	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Hotline Services are provided through a program with telephone support services that are available twenty-four (24) hours per day, seven (7) days per week. Callers often call a hotline anonymously during a crisis situation. There is no requirement for the caller to become a client of the hotline program.	<ul style="list-style-type: none"> • Date of service • Intervention or support services provided • Clients response • Referral for treatment (if necessary) • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> On-Site <input type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input checked="" type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA		

ASSESSMENT SERVICES – ASSESSMENT/DIAGNOSIS					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H0031		Mental health assessment, by a non-physician		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>A face-to-face clinical assessment that identifies factors of mental illness, functional capacity, and other additional information used for the treatment of mental illness. Information may be obtained from collaterals. This assessment results in the identification of the client's BH service needs and recommendations for treatment.</p> <p>The service can also be used by any MHP when an update of the assessment is necessary, for example a referral to a different Level of Care or program.</p> <p>* Licensed MHPs, when completing a full assessment with mental status and diagnosis should use procedure code 90791.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) Description of the service Review of psychosocial and family history, client functioning and other assessment information Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition – need for BH services, referral, etc. 		
OPTIONAL DOCUMENTATION REQUIREMENTS					
If a Mental Status Exam and Diagnosis evaluation is completed, it needs to be completed by staff with at least the minimum requirements for a 90791. Otherwise a deferred diagnosis should be used.					
NOTES			EXAMPLE ACTIVITIES		
<p>H0031 is used in lieu of individual psychotherapy procedure codes when the focus of the session is on assessment and not psychotherapy (insight-oriented, behavior modifying and/or supportive) has occurred during the session. (See psychotherapy procedure codes.) Outside assessment information may be used in lieu of some assessment criteria/new assessment, with a corresponding statement as to what information/documentation was reviewed with the client and is still current.</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>			<ul style="list-style-type: none"> Face-to-face meeting with the client in order to assess his/her needs Face-to-face meeting with the client/client's family to collect social history information With the client's permission, face-to-face meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.) Administering acceptable instruments to the client to document substantial impairment in role functioning 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input checked="" type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ <input type="checkbox"/> LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/ <input type="checkbox"/> PhD/PsyD (AH) <input type="checkbox"/> APRN (SA) RN (TD) <input type="checkbox"/> PA (PA) <input type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)					

ASSESSMENT SERVICES – TREATMENT/SERVICE PLANNING					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H0032		Mental health service plan development by non-physician		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Activities to develop, evaluate, or modify a client’s treatment/service plan, including the statement of individualized treatment/service goals, clinical interventions designed to achieve goals, and an evaluation of progress toward goals. The treatment/service plan is reviewed by the clinician and clinical supervisor, and revised with the client as necessary or when a major change in the client’s condition/service needs occurs.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? 2. Description of the service (should include discussion of service plan development) 3. Completion of or substantial progress toward plan development including required signatures according to agency policies 4. Treatment plan revisions should include progress and/or completion of goals 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES			EXAMPLE ACTIVITIES		
<p>H0032 is used in lieu of individual psychotherapy procedure codes (see psychotherapy procedure codes) when the focus of the session is on treatment/service planning and no psychotherapy occurs during the session. Use a psychotherapy code if more than 50% of the session is psychotherapy.</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> Respite (SY) <input checked="" type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input checked="" type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input checked="" type="checkbox"/> Bachelor’s Level (HN) Master’s Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ <input type="checkbox"/> LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/ <input type="checkbox"/> PhD/PsyD (AH) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)					

TREATMENT SERVICES – PSYCHIATRIC/MEDICATION MANAGEMENT SERVICES						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			USAGE	
H0033		Oral medication administration, direct observation			<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
<p>Observing client taking oral prescribed medication(s) to ensure adequate maintenance of medication regimen to deter/prevent deterioration of client's condition.</p> <p>This service includes the administration of Buprenorphine products, within a methadone clinic site, for the purpose of decreasing or eliminating dependence on opiate substances. Administration of Buprenorphine products is only conducted by a qualified physician, physician assistant, or nurse practitioner in a licensed methadone facility.</p>		<p>Technical Documentation Requirements See Page 253</p> <p>Service Content:</p> <ol style="list-style-type: none"> 1. Documentation that supports observation of medications administered, including name and dosage 2. Client response to medications, e.g. is the client tolerating the medication well or are there complaints of side effects, problems sleeping; is there improvement or not in symptoms. If not tolerating the medication actions taken. 3. Every encounter should have its own notation. 4. For suboxone induction notes (when applicable) & daily acknowledgement form signed by client is present 				
NOTES		EXAMPLE ACTIVITIES				
<p>This service is designed to facilitate medication compliance and positive outcomes. Clients with low medication compliance history/clients newly on medication are most likely to receive this service.</p> <p>Administration of Buprenorphine products must be provided within a facility with a controlled substance license from the Office of Behavioral Health (OBH), registration with the Drug Enforcement Administration (DEA) and certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as an opioid medication assisted treatment provider. The cost of the Buprenorphine products is paid through Medicaid fee-for-service. Physicians, administering Buprenorphine products, through the DATA Waive provider's office are reimbursed through FFS.</p> <p>Cannot be billed if the service is part of the E&M service by the same provider on the same day.</p>		<ul style="list-style-type: none"> • Face-to-face, one-on-one cueing/encouraging and observing client taking prescribed medications • Reporting back to MHPs licensed to perform medication management services for direct benefit of client • The administration of Buprenorphine products appropriate to a client's plan of care to the client for oral ingestion, conducted by a qualified physician, physician assistant, or nurse practitioner or within a licensed methadone facility. 				
APPLICABLE POPULATION(S)			UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE)* <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input checked="" type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input checked="" type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) * children/ adolescent and young adult <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS						
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> LAC/LCSW (AJ)/LSW/LMFT/ LPC <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> CAC II <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)						
PLACE OF SERVICE (POS)						
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input checked="" type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)						

*For clients 17 years and under, Federal regulations must be followed for administering Suboxone

TREATMENT SERVICES – PSYCHIATRIC/MEDICATION MANAGEMENT SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H0034		Medication training and support, per 15 minutes		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
Activities to instruct, prompt, guide, remind and/or educate clients, families, and/or significant others, based on an understanding of the nature of an adult client's SPMI or a child/adolescent's SED, including understanding the role of specific prescribed medication(s), reducing symptoms, identifying potential side effects and contraindications, self-administration training, and overdose precautions.			Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. The training/instructions provided and the individual's response to the training and support 3. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties		
NOTES			EXAMPLE ACTIVITIES		
Generally face-to-face, but may include telephone contact as needed.			<ul style="list-style-type: none"> Understanding nature of adult client's SPMI or child/ adolescent's SED Understanding role of prescribed medications in reducing symptoms and increasing/maintain functioning Identifying and managing symptoms and potential side effects of medication(s) Learning contraindications of medication(s) Understanding overdose precautions of medication(s) Learning self-administration of medication(s) 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young <input checked="" type="checkbox"/> Adult(21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Adult (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 8 Minutes Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)					

TREATMENT SERVICES – INTENSIVE TREATMENT SERVICES – PARTIAL HOSPITALIZATION (PHP)		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0035	Mental health partial hospitalization, treatment, less than 24 hours	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A treatment alternative to inpatient psychiatric hospitalization, which includes comprehensive, structured BH services of a nature and intensity (including medical and nursing care) generally provided in an inpatient setting, as a step toward community reintegration. Services include assessment; psychological testing; family, group and individual psychotherapy; medical and nursing support; medication management; skill development; psychosocial education and training; and expressive and activity therapies.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> Initial/intake documenting symptoms/problems necessitating treatment Individualized treatment/service plan <ul style="list-style-type: none"> Services must be prescribed by an MD/DO and provided under plan of treatment established by an MD/DO after consultation with appropriate staff Plan must state type, amount, frequency, and duration of services to be furnished and indicate goals Describes coordination of services wrapped around particular needs of client Target symptoms, goals of therapy and methods of monitoring outcome <ul style="list-style-type: none"> Why chosen therapy is appropriate modality either in lieu of/in addition to another form of treatment Progress notes document services rendered, client's response and relation to treatment plan goals Specify estimated duration of treatment, in sessions <ul style="list-style-type: none"> For an acute problem, document that treatment is expected to improve health status/function of client For chronic problems, document that stabilization/maintenance of health status/function is expected 	
NOTES	EXAMPLE ACTIVITIES	
The use of PHP as a setting of care presumes that client does not meet medical necessity criteria for inpatient psychiatric treatment; at the same time, it implies that routine outpatient treatment is of insufficient intensity to meet the client's present treatment needs. Discrete services (e.g., family, group and individual psychotherapy, psychiatric services) are documented, and reported/billed separately from H0035.		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult(21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: + 4 hrs/day, 5 days/week
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LCSW (AJ)/ LSW/ LMFT/ LPC	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)	<input type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> Home (12)	<input type="checkbox"/> Hospice (34) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> NF (32) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> SNF (31) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> School (03) <input type="checkbox"/> Other POS (99)
TREATMENT SERVICES – REHABILITATION SERVICES – COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)		

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Comprehensive Psychiatric Support Treatment (CPST) services consist of mental health rehabilitation/resiliency services. A team-based approach to the provision of treatment, rehabilitation/resiliency and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the consumer's ability to cope and relate to others and enhancing the highest level of functioning in the community.</p> <p>This code can be used as an alternative to H0039 for individuals enrolled in a program not overseen by an ACT fidelity review process.</p>	<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service and how activity is designed to increase functioning in the community 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES	EXAMPLE ACTIVITIES		
<p>This is an intensive community rehabilitation/resiliency service that provides treatment and restorative interventions to:</p> <ul style="list-style-type: none"> • Assist individuals to gain access to necessary services • Reduce psychiatric symptoms • Develop optimal community living skills <p>Individuals will experience decreased crisis episodes, and increased community tenure, time working, in school or with social contacts, and personal satisfaction and independence.</p> <p>* This code is not to be used for children under age 6.</p>	<ul style="list-style-type: none"> • Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) • Supportive counseling and psychotherapy on a planned and as-needed basis • Support of age appropriate daily living skills • Encourage engagement with peer support services • Development of discharge/transition goals and related planning • Advocating on behalf of clients • Crisis intervention • Medication training and monitoring • Educating regarding symptom management • Facilitating access to health care • Helping with transportation needs • Help finding and keeping safe, affordable housing • Home visits 		
APPLICABLE POPULATION(S)	UNIT	DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 8 mins Maximum: 4 hrs 7 mins	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)	<input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Respite (SY)	<input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Recovery (TS) <input type="checkbox"/> Prev/EI (HT)
STAFF REQUIREMENTS			
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) LCSW (AJ)/LSW/ LMFT/ LPC	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)			
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)	<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)

TREATMENT SERVICES – REHABILITATION SERVICES – COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H0037		Community psychiatric supportive treatment, face-to-face, per diem		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
<p>Comprehensive Psychiatric Support Treatment (CPST) services consist of mental health rehabilitation/resiliency services. A team-based approach to the provision of treatment, rehabilitation/resiliency and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the consumer's ability to cope and relate to others and enhancing the highest level of functioning in the community.</p> <p>This code can be used as an alternative to H0039 for individuals enrolled in a program not overseen by an ACT fidelity review process.</p>		<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service and how activity is designed to increase functioning in the community 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES		EXAMPLE ACTIVITIES			
<p>This is an intensive community rehabilitation/resiliency service that provides treatment and restorative interventions to:</p> <ul style="list-style-type: none"> • Assist individuals to gain access to necessary services • Reduce psychiatric symptoms • Develop optimal community living skills <p>Individuals will experience decreased crisis episodes, and increased community tenure, time working, in school or with social contacts, and personal satisfaction and independence. CPST up to 4 hours is reported/billed under H0036; CPST over 4 hours, report/bill H0037. Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from H0036.</p> <p>* This code is not to be used for children under age 6.</p>		<ul style="list-style-type: none"> • Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) • Supportive counseling and psychotherapy on a planned and as-needed basis • Support of age appropriate daily living skills • Encourage engagement with peer support services • Development of discharge/transition goals and related planning • Advocating on behalf of clients • Crisis intervention • Medication training and monitoring • Educating regarding symptom management • Facilitating access to health care • Helping with transportation needs • Help finding and keeping safe, affordable housing • Home visits 			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 4 hrs 8 mins Maximum: 8 hours	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> PreV/EI (HT)			
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)	

PEER SUPPORT/RECOVERY SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H0038		Self-help/peer services, per 15 minutes		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
<p>Client services (individual/group) provided by a trained, self-identified person with lived experience mental health or substance use disorder issues. Activities are client-motivated, initiated and/or managed, encourage socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills by:</p> <ul style="list-style-type: none"> • Exploring client purposes beyond the identified MI or substance use disorder and the possibilities of recovery • Tapping into client strengths related to illness self-management (including developing skills and resources and using tools related to communicating recovery strengths and health needs/concerns, and self-monitoring progress) • Emphasizing hope and wellness • Helping clients develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired) • Assisting clients with relapse prevention planning 		<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided 3. Client response to services and, where appropriate, how service affects the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES		EXAMPLE ACTIVITIES			
<p>H0038 is the primary code to be used for services rendered by a Peer/Mentor/Specialist/Recovery Coach. When provided in conjunction with specific programs, including psychosocial rehab, ACT, Community-Based Wraparound, Clubhouse, Supported Employment and a prevention class, documentation of services provided should be tied to the program/class goals and the program/class procedure code should be used.</p>		<ul style="list-style-type: none"> • Peer support services • Peer-run employment services • Peer mentoring for children/adolescents • Recovery groups • Warm lines • Advocacy services 			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 8 Minutes Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE)* <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Respite (SY) <input checked="" type="checkbox"/> Recovery (TS) *child/adolescent and young adult <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Intern		<input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC		<input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
		<input type="checkbox"/> QMAP <input type="checkbox"/> CAC I <input type="checkbox"/> CAC II <input type="checkbox"/> CAC III		<input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RN (TD) <input type="checkbox"/> APRN (SA)	
				<input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA (PA) <input type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	
		<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Independent Clinic (49)		<input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Other POS (99)	

TREATMENT SERVICES – REHABILITATION SERVICES – ASSERTIVE COMMUNITY TREATMENT (ACT)					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H0039		Assertive community treatment, face-to-face, per 15 minutes		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>A team-based approach to the provision of treatment, rehabilitation and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the client's ability to cope and relate to others and enhancing the highest level of functioning in the community.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES			EXAMPLE ACTIVITIES		
<p>Interventions address adaptive and recovery skill areas, such as housing, school and training opportunities, daily activities, health and safety, medication support, harm reduction, money management and entitlements, and service planning and coordination; it should include <i>all</i> services delivered to the individual when the individual is enrolled in an ACT program. Note that the ACT code should only be used for individuals enrolled in a program overseen by an ACT fidelity review process. SAMHSA standards for ACT: http://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4345</p>			<ul style="list-style-type: none"> • Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) • Supportive counseling and psychotherapy on a planned and as-needed basis • Medication prescription, administration, monitoring and documentation • Dual diagnosis services, including assessment and intervention • Support of ADLs • Encourage engagement with peer support services • Development of discharge/transition goals and related planning 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult(21-64) <input type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 8 mins Maximum: 4 hrs 7 mins
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE)* <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Respite (SY) *For young adult only		
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)					

TREATMENT SERVICES – REHABILITATION SERVICES – ASSERTIVE COMMUNITY TREATMENT (ACT)						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			USAGE	
H0040		Assertive community treatment program, per diem			<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
A team-based approach to the provision of treatment, rehabilitation and support services. Therapeutic interventions are strengths-based and focus on promoting symptom stability, increasing the client's ability to cope and relate to others and enhancing the highest level of functioning in the community.		Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES		EXAMPLE ACTIVITIES				
Interventions address adaptive and recovery skill areas, such as housing, school and training opportunities, daily activities, health and safety, medication support, harm reduction, money management and entitlements, and service planning and coordination; it should include <i>all</i> services delivered to the individual when the individual in enrolled in an ACT program. Note that the ACT code should only be used for individuals enrolled in a program overseen by an ACT fidelity review process. SAMHSA standards for ACT: http://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4345 . For ACT up to 4 hours, report/bill using H0039; for ACT more than 4 hours, report/bill using H0040.		<ul style="list-style-type: none"> • Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) • Supportive counseling and psychotherapy on a planned and as-needed basis • Medication prescription, administration, monitoring and documentation • Dual diagnosis services, including assessment and intervention • Support of ADLs • Encourage engagement with peer support services • Development of discharge/transition goals and related planning 				
APPLICABLE POPULATION(S)		UNIT		DURATION		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult(21-64) <input type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 4 hrs 8 mins Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE)* <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input type="checkbox"/> Prev/EI (HT)				
STAFF REQUIREMENTS						
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)		<input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)						
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54)		<input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23)		<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)		
<input type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56)						

RESIDENTIAL SERVICES – SUPPORTED HOUSING					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H0043		Supported housing, per diem		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>In-home behavioral health support for clients living in a residence, either alone or with others, to foster the client's development of independence and eventually move to independent living. The client has the opportunity to live in a less restrictive living situation while continuing to receive BH treatment, training, support, and a limited amount of supervision. The service cannot be provided in a group home as the place of service.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided/Shift note describing services 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES			EXAMPLE ACTIVITIES		
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0043.					
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Adult(21-64) <input type="checkbox"/> <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: 8 Hours	
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE)* <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) *For young adult only <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
				<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Outp Hospital(22)		<input type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> NF (32) <input type="checkbox"/> PRTF (56)	
				<input type="checkbox"/> Shelter (04) <input type="checkbox"/> SNF (31) <input type="checkbox"/> FQHC <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)	

RESIDENTIAL SERVICES – SUPPORTED HOUSING		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0044	Supported housing, per month	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
In-home behavioral health support for clients living in a residence, either alone or with others, to foster the client's development of independence and eventually move to independent living. The client has the opportunity to live in a less restrictive living situation while continuing to receive BH treatment, training, support, and a limited amount of supervision. The service cannot be provided in a group home as the place of service.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided/Shift note describing services 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 	
NOTES	EXAMPLE ACTIVITIES	
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0044.		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> Month <input type="checkbox"/> 15 Mins <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: N/A Maximum: 30 Days
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE)* <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) *For young adult only <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern	<input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)		

RESPITE CARE SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H0045		Respite care services, not in the home, per diem		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Overnight services provided in a properly licensed 24-hour facility by medical professionals within their scope(s) of practice. Services must be reasonably expected to improve/maintain the condition and functional level of the client and prevent relapse/hospitalization. Services include assessment, supervision, structure and support, and care coordination. Respite care should be flexible to ensure that the client's daily routine is maintained.		Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Client's response 5. Progress toward treatment/service plan goals and objectives 			
NOTES		EXAMPLE ACTIVITIES			
Unlike respite procedure codes S5150 – S5151, H0045 requires practical/professional nursing care to meet the health and physical needs of the client for over 4 hours (per diem). Respite care over 4 hours is reported as H0045 (per diem); respite care up to 4 hours (16 units) is reported as T1005. Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from H0045. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.		<ul style="list-style-type: none"> • Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc. • Assistance with monitoring health status and physical condition • Assistance with medication and other medical needs • Cueing and prompting for preparation and eating of meals • Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.) • Support to assure the safety of client • Accompanying the client to appointments/ meetings when supervision is required • Assistance/supervision needed by client to participate in social, recreational/community activities 			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 4.25 Hours Maximum: 24 Hours	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC		<input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
				<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input type="checkbox"/> Home (12)		<input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	
				<input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)	
				<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> School (03) <input type="checkbox"/> Other POS (99)	

Treatment		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0047	Alcohol and/or other drug abuse services; not otherwise specified	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Services provided to persons with alcohol and/or other drug problems in outpatient settings, not elsewhere classified.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input checked="" type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input checked="" type="checkbox"/> NP (SA) <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA <input type="checkbox"/> PA		

Screening		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0048	Alcohol and/or other drug testing; collection of handling only, specimens other than blood	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>“Specimen Collection” means the collection and handling of hair, saliva, or urine for the purposes of analysis for the presence of alcohol and/or other drugs, and does not include the laboratory analysis of such specimens.</p> <p>Appropriate and approved samples for drug testing shall be collected and analyzed in accordance with applicable state and federal statutes and regulations, and OBH rules, policies and procedures.</p>	<ul style="list-style-type: none"> • Date of service • Screening results • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
Staff collecting urine, breath, and blood samples shall be knowledgeable of collection, handling, recording and storing procedures assuring sample viability for evidentiary and therapeutic purposes. If reimbursed by Medicaid screening is limited to thirty-six (36) specimens per State FY. Modifier HG only applies for opioid testing.	Collection of hair, saliva, or urine for the purpose of testing for the presence of alcohol or drugs.	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input checked="" type="checkbox"/> Mobile Unit (15)	<input checked="" type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Temp Lodge (16)	<input checked="" type="checkbox"/> Cust Care (33)
<input checked="" type="checkbox"/> Prison/CF (09)	<input checked="" type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> ER Hosp (23)	<input checked="" type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input checked="" type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input checked="" type="checkbox"/> ALF (13)	<input checked="" type="checkbox"/> MTF (26)	<input checked="" type="checkbox"/> Inpt PF (51)
<input checked="" type="checkbox"/> Group Home (14)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> PF-PHP (52)
<input checked="" type="checkbox"/> CMHC (53)	<input checked="" type="checkbox"/> ICF-MR (54)	<input checked="" type="checkbox"/> RSATF (55)
<input checked="" type="checkbox"/> CORF (62)	<input checked="" type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
<input checked="" type="checkbox"/> Public Health Clinic (71)	<input checked="" type="checkbox"/> Other POS (99)	<input checked="" type="checkbox"/> CIRF (61)
<input checked="" type="checkbox"/> Rural Health Clinic (72)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour	Minimum: N/A
<input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD	<input type="checkbox"/> Day <input type="checkbox"/> 3 Hours	Maximum: 36 specimens per State FY
<input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ)	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK	<input type="checkbox"/> Video Conference <input type="checkbox"/> Family	<input type="checkbox"/> Teleconference
<input checked="" type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site	
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site	
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input checked="" type="checkbox"/> Cert Prevention Specialist
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II
<input checked="" type="checkbox"/> Psych. Tech	<input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)
<input checked="" type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> PA
		<input checked="" type="checkbox"/> MD/DO (AF)
		<input checked="" type="checkbox"/> QMAP
		<input checked="" type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

Assessment		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H1000	Prenatal Care, At Risk Assessment	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Prenatal assessment that is designed to determine the level of drug/alcohol abuse or dependence and the comprehensive treatment needs of a drug/alcohol abusing pregnant client.	<ul style="list-style-type: none"> • Date of service • Start and stop time (Duration) • Pregnancy verification and documentation of issues • Documentation of prenatal care • Clinical notes <ul style="list-style-type: none"> ○ Type of session ○ Duration or start/stop time ○ Progress towards treatment goals ○ Goal attainment • Treatment plan goals and objectives • Service plan • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
	Face to face risk assessment	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input checked="" type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA		

Case Management		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H1002	Care coordination prenatal/case management	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Case management means services provided by a certified drug/alcohol treatment counselor to include service planning, linkage to other service agencies and monitoring. Case management means medically necessary coordination and planning services provided with or on behalf of a client with a substance use disorder.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Clinical notes <ul style="list-style-type: none"> ○ Type of session ○ Duration or start/stop time ○ Progress towards treatment goals ○ Goal Attainment • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
	Referring a current client to a residential treatment program (making sure she gets there) and obtaining benefits on behalf of the client.	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> PA <input type="checkbox"/> RxN (SA)		

Support Service		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H1003	Prenatal Care, at risk enhanced service, education	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Services facilitated by a certified drug/alcohol treatment counselor to help a client develop health and life management skills.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Attendance documentation • Documentation of topics covered • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
	HIV Prevention class delivered with the context of a substance user disorder treatment program.	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Webinar <input type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> PA <input type="checkbox"/> RxN (SA)		

All staff must operate within an OBH-licensed treatment agency

Treatment		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H1004	Prenatal follow up home visit	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Prenatal Care Coordination follow-up visits provided in the home	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Description of service rendered • Recommendations • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
Use procedure code H1004 for follow-up visits provided in the home. The only valid POS (place of service) for H1004 is "12" (home).		
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independnt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> PA <input checked="" type="checkbox"/> PA		

Treatment		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H1010	Non-medical family planning	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Family planning services include sexuality education, the prevention and management of sexually transmitted infections, pre-conception counseling and management, and infertility management.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Description of service rendered • Recommendations • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)
<input checked="" type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)
		<input checked="" type="checkbox"/> CMHC (53)
		<input type="checkbox"/> ICF-MR (54)
		<input type="checkbox"/> RSATF (55)
		<input checked="" type="checkbox"/> PRTF (56)
		<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
		<input type="checkbox"/> CIRF (61)
		<input type="checkbox"/> CORF (62)
		<input type="checkbox"/> Public Health Clinic (71)
		<input type="checkbox"/> Rural Health Clinic (72)
		<input checked="" type="checkbox"/> Other POS (99)
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF	<input checked="" type="checkbox"/> Encounter	Minimum: N/A
<input checked="" type="checkbox"/> AH	<input type="checkbox"/> Day	Maximum: N/A
<input type="checkbox"/> HA	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB		
<input type="checkbox"/> HC		
<input type="checkbox"/> HD		
<input type="checkbox"/> HG		
<input type="checkbox"/> HH		
<input checked="" type="checkbox"/> HM	<input type="checkbox"/> 1 Hour	
<input checked="" type="checkbox"/> HN	<input type="checkbox"/> 3 Hours	
<input type="checkbox"/> SA		
<input type="checkbox"/> TD		
<input type="checkbox"/> TE		
<input type="checkbox"/> TF		
<input type="checkbox"/> TG		
<input type="checkbox"/> UK		
<input type="checkbox"/> 22		
<input type="checkbox"/> 52		
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family	<input type="checkbox"/> Teleconference
<input type="checkbox"/> Telephone	<input type="checkbox"/> On-Site	
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Off-Site	
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist	<input type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
<input type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II
<input checked="" type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III
<input type="checkbox"/> RN (TD)		<input type="checkbox"/> NP (SA)
<input type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA
		<input type="checkbox"/> MD/DO (AF)
		<input type="checkbox"/> QMAP
		<input checked="" type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

ASSESSMENT SERVICES – ASSESSMENT/DIAGNOSIS					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H1011		Family assessment by a licensed behavioral health professional for State defined purposes		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
<p>A non-medical educational visit with a client's family conducted by a health professional other than a physician (e.g., RN/a trained medical, psychiatric/SW), for a State-defined purpose.</p> <p>Do not submit this code until a State-defined purpose is determined.</p>		<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. Family's presenting concern(s)/problem(s) 2. Family history – physical health status, medical (including evaluation of medical conditions producing psychiatric signs and symptoms); mental illness and treatment with dates, locations and provider name(s), if available; psychosocial (interpersonal and peer relationships, cultural and communication variables [age, linguistic/ communication needs, gender, sexual orientation, relational role, race, cultural resources and strengths], vocational/school/military service, physical/sexual abuse/perpetration and current risk, legal status/ problems, violence, family history); family problems and strengths in areas of emotional, behavioral, vocational and social needs; growth and development (for child/ adolescent); family's strengths and vulnerabilities/ needs (i.e., resource utilization, personal strengths and adaptive skills, communication skills, family roles and relationships, interpersonal skills, coping mechanisms) 3. Mental status exam – presentation/ appearance, attitude toward examiner, affect and mood, speech, intellectual/ cognitive functioning, thought process/content, insight, judgment, high risk factors (danger to self/others) 4. DSM-5 diagnosis 5. Disposition – need for BH services, referral, etc. 			
NOTES		EXAMPLE ACTIVITIES			
Functional/risk assessments, genograms, and/or ecomaps may be utilized as part of the family assessment.					
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LAC/LCSW <input checked="" type="checkbox"/> Licensed EdD/ (AJ)/LSW/ LMFT/ LPC PhD/PsyD (AH) <input type="checkbox"/> CAC III		<input type="checkbox"/> CAC I <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> CAC II <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input type="checkbox"/> CAC III <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)			
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input checked="" type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)					

ASSESSMENT SERVICES – ASSESSMENT/DIAGNOSIS					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H2000		Comprehensive multidisciplinary evaluation		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>A multidisciplinary evaluation and assessment of a client's needs and strengths for individuals with high risk and high acuity and a multidisciplinary intervention is necessary for the purpose of development of a multi-disciplinary and/or community treatment plan which may include providers outside of the agency for purposes of collaborative delivery of care, in such areas as psychiatric, physical, psychosocial, family, recreational and occupational therapy (OT).</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Description of the service 3. Review of psychosocial and family history 4. List of other professionals present and agency affiliation 5. Identified risks 6. DSM-5 diagnosis 7. Conclusions of the Multidisciplinary team 8. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition – need for BH services, referral, etc. 		
NOTES			EXAMPLE ACTIVITIES		
<p>A multidisciplinary team is comprised of family members/ significant others, service providers representing 3 or more disciplines/professions, and others deemed appropriate by the client, involved in the provision of integrated and coordinated services, including evaluation and assessment activities and development of an individualized treatment/service plan. If multiple MHPs from the same agency are present, one note for service written and signed by writer only (usually facilitator).</p> <p>The consumer does not have to be present. Family and/or other involvement as requested by the consumer.</p> <p>At least 3 or more disciplines or professions must be present, face to face. All 3 do not need to be from one agency. The facilitator must be from agency.</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>			<ul style="list-style-type: none"> • Complex case reviews • To review level of care 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> PreV/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input checked="" type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LAC/LCSW <input checked="" type="checkbox"/> Licensed EdD/ (AJ)/LSW/ LMFT/ LPC PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)					

TREATMENT SERVICES – REHABILITATION SERVICES – REHABILITATION PROGRAM					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H2001		Rehabilitation program, per ½ day		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>A facility-based, structured rehabilitative skills-building program; treatment interventions include problem-solving and coping skills development, and skill building to facilitate independent living and adaptation.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 6. Specific service needs identified in treatment/service plan (i.e., household management, nutrition, hygiene, money management, parenting skills, etc.) 7. Daily attendance log showing number of hours in attendance for reporting/billing purposes 		
NOTES			EXAMPLE ACTIVITIES		
<p>Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2001. Services are available at least 20 – 25 hours/week, at least 4 days/week.</p> <p>* This code is not to be used for children under age 6.</p>			<ul style="list-style-type: none"> • Individual/group skill-building activities focused on development of skills used by clients in living, learning, working and social environments • Interventions address co-occurring psychiatric disabilities and SA • Promotion of self-directed engagement in leisure, recreational and community social activities • Engaging client to have input into service delivery programming • Client participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: ½ Day (4 Hrs)
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input checked="" type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
				<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)		<input type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> NF (32) <input type="checkbox"/> PRTF (56)	
				<input type="checkbox"/> Shelter (04) <input type="checkbox"/> SNF (31) <input type="checkbox"/> FQHC (50)	
				<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> School (03) <input type="checkbox"/> Other POS (99)	

TREATMENT SERVICES – CRISIS/EMERGENCY SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H2011		Crisis intervention service, per 15 minutes		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Unscheduled activities rendered in the process of resolving a client crisis requiring immediate attention that could result in the client requiring a higher LOC without intervention, including crisis response, crisis line, assessment, referral and therapy. If the client has developed a Wellness Recovery Action Plan (WRAP) and/or advance directive, the plan is followed with the client’s permission.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual’s response to the intervention(s) 3. BH history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES			EXAMPLE ACTIVITIES		
<p>Available on a 24-hour, 7-day a week basis. Services are provided by a mobile team/crisis program in a facility/clinic. May be provided by more than one direct care staff if needed to address the situation (e.g., for safety); all staff involved and their activities are identified and documented. H2011 is used in lieu of individual psychotherapy procedure codes when the session is unscheduled (e.g., client walk-in), focused on a client crisis, and involves immediate and/or special interventions in response.</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>			<ul style="list-style-type: none"> • Face-to-face/telephone contact to provide immediate, short-term crisis-specific therapy/counseling with client and, as necessary, with client’s caretakers/ family members • Referral to other applicable BH services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff • Face-to-face/telephone consultation with physician/ hospital staff, regarding need for psychiatric consultation • Face-to-face/telephone contact with another provider to help that provider deal with a specific client’s crisis • Consultation with one’s own provider staff to address the crisis 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 8 mins Maximum: 4 hrs 7 mins
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Bachelor’s Level (HN) Master’s Level (HO) PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LAC/LCSW <input checked="" type="checkbox"/> Licensed EdD/ <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF) (AJ)/LSW/ LMFT/ LPC PhD/PsyD (AH) <input checked="" type="checkbox"/> CAC III					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input checked="" type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)					

TREATMENT SERVICES – INTENSIVE TREATMENT SERVICES – BEHAVIORAL HEALTH DAY TREATMENT					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H2012		Behavioral health day treatment, per hour		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Services rendered by appropriately licensed child and adolescent community-based psychiatric day treatment facilities to children and/or adolescents and their families. A range of professional expertise and individualized treatment services are provided and integrated with an accredited education program.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES			EXAMPLE ACTIVITIES		
<p>Services provide a minimum of 1 hour for a child/adolescent transitioning back to a traditional classroom setting; 4 hours (preschool – 5th grade) to 5 hours (6th – 12th grade) of structured programming per day, 2 – 5 days per week, based on the documented acuity and clinical needs of the child/adolescent and his/her family.</p>					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input checked="" type="checkbox"/> 1 Hour		Minimum: ≥ 31 mins Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	
				<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)		<input type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	
				<input type="checkbox"/> Shelter (04) <input type="checkbox"/> SNF (31) <input type="checkbox"/> FQHC (50)	
				<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)	

TREATMENT SERVICES – REHABILITATION SERVICES – OTHER		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2014	Skills training and development, per 15 minutes	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Therapeutic activities designed to reduce/resolve identified barriers and improve social functioning in areas essential to establishing and maintaining a client in the community (e.g., home, peer group, work/school). Activities address the specific needs of the client by promoting skill development and training, which reduces symptomatology and promotes community integration and job readiness.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service and how service is designed to increase functioning in the community 3. The therapeutic activities utilized and the individual's response 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 	
NOTES	EXAMPLE ACTIVITIES	
*This code is not to be used for children under age 6.	<ul style="list-style-type: none"> • Development and maintenance of necessary community and daily living skills (i.e., grooming, personal hygiene, cooking, nutrition, health and MH education, money management and maintenance of living environment) • Development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal • Development of basic language skills necessary to enable client to function independently • Training in appropriate use of community services 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 8 mins Maximum: 8 hours
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input checked="" type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) <input checked="" type="checkbox"/> Less Than Bachelor's <input checked="" type="checkbox"/> LAC/LCSW Level (HM) (AJ)/LSW/ LMFT/ <input checked="" type="checkbox"/> Intern LPC	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> FQHC <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)

PEER SUPPORT/RECOVERY SERVICES					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H2015	Comprehensive community support services, per 15 minutes	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Treatment services rendered to community-based children and adolescents and collaterals by trained BH staff in accordance with an approved treatment/service plan for the purpose of ensuring the young person's stability and continued community placement. Monitoring and providing medically necessary interventions to assist him/her to manage the symptoms of his/her MI and deal with his/her overall life situation, including accessing needed medical, social, educational and other services necessary to meet basic human needs.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES	EXAMPLE ACTIVITIES				
	<ul style="list-style-type: none"> • Assist with identifying existing natural supports for developing a natural support team • Assist with identifying individual strengths, resources, preferences and choices • Assist in development and coordination of recovery/resiliency plan, crisis management plan. • Skill building to assist client in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by client's MI 				
APPLICABLE POPULATION(S)	UNIT	DURATION			
<input checked="" type="checkbox"/> Child (0-11) <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult(21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 8 mins Maximum: 4 hrs 7 mins			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)	<input type="checkbox"/> ICM (SK) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Respite (SY)	<input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Recovery (TS) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	<input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA)	<input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA (PA) <input type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)	<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)	<input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)

PEER SUPPORT/RECOVERY SERVICES											
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE							
H2016		Comprehensive community support services, per diem		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH							
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS									
Treatment services rendered to community-based children and adolescents and collaterals by trained BH staff in accordance with an approved treatment/service plan for the purpose of ensuring the young person's stability and continued community placement. Monitoring and providing medically necessary interventions to assist him/her to manage the symptoms of his/her MI and deal with his/her overall life situation, including accessing needed medical, social, educational and other services necessary to meet basic human needs.		Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 									
NOTES		EXAMPLE ACTIVITIES									
CCSS up to 4 hours (16 units) is reported/billed as H2015; CCSS over 4 hours is reported/billed as H2016 (per diem).		<ul style="list-style-type: none"> • Assist with identifying existing natural supports for developing a natural support team • Assist with identifying individual strengths, resources, preferences and choices • Assist in development and coordination of recovery/resiliency plan, crisis management plan, and/or advance directives (i.e., WRAP) • Skill building to assist client in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by client's MI 									
APPLICABLE POPULATION(S)		UNIT		DURATION							
<input checked="" type="checkbox"/> Child (0-11) <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult(21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 4 hrs 8 mins Maximum: N/A							
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)									
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family HR/HS		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)									
STAFF REQUIREMENTS											
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LAC/ LCSW <input type="checkbox"/> (AJ)/LSW/ LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)		<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)											
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)		<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)		<input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)		<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)	

TREATMENT SERVICES – REHABILITATION SERVICES – PSYCHOSOCIAL REHABILITATION (PSR)		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2017	Psychosocial rehabilitation services, per 15 minutes	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>An array of services, rendered in a variety of settings, designed to help clients capitalize on personal strengths, to develop coping strategies and skills to deal with deficits, and to develop a supportive environment in which to function as independently as possible.</p> <p>PSR differs from counseling and psychotherapy in that it focuses less on ameliorating symptoms and more on restoring functional capabilities. The focus is on developing: Community living competencies (e.g., self-care, cooking, money management, personal grooming, maintenance of living environment)</p>	<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 	
NOTES	EXAMPLE ACTIVITIES	
<p>Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships)</p> <p>Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as stress management, leisure time, and symptoms of mental illness)</p> <p>Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn)</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>	<ul style="list-style-type: none"> • Identification and management of situations and symptoms to reduce the frequency, duration, and severity of relapses • Gaining competence regarding how to respond to a psychiatric crisis • Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being • Development of a crisis plan • Identification of existing natural supports for addressing personal needs (e.g., families, employers, and friends) • Identification and development of organizational support, including such areas as sustaining personal entitlements, locating and using community resources or other supportive programs 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 8 mins Maximum: 4 hrs 7 mins
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input checked="" type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Master's Level (HO) <input checked="" type="checkbox"/> Less Than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> Intern	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES – REHABILITATION SERVICES – PSYCHOSOCIAL REHABILITATION (PSR)		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2018	Psychosocial rehabilitation services, per diem	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>An array of services, rendered in a variety of settings, designed to help a client capitalize on personal strengths, to develop coping strategies and skills to deal with deficits, and to develop a supportive environment in which to function as independently as possible.</p> <p>PSR differs from counseling and psychotherapy in that it focuses less on ameliorating symptoms and more on restoring functional capabilities. The focus is on developing: Community living competencies (e.g., self-care, cooking, money management, personal grooming, maintenance of living environment)</p>	<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 	
NOTES	EXAMPLE ACTIVITIES	
<p>Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships)</p> <p>Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as stress management, leisure time, and symptoms of mental illness)</p> <p>Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn).</p> <p>PSR up to 4 hours (16 units) is reported/billed as H2017; PSR over 4 hours is reported/billed as H2018 (per diem).</p>	<ul style="list-style-type: none"> • Identification and management of situations and symptoms to reduce the frequency, duration, and severity of relapses • Gaining competence regarding how to respond to a psychiatric crisis • Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being • Development of a crisis plan • Identification of existing natural supports for addressing personal needs (e.g., families, employers, and friends) • Identification and development of organizational support, including such areas as sustaining personal entitlements, locating and using community resources or other supportive programs 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 4 hrs 8 mins Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input checked="" type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)	
STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input checked="" type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Less Than Bachelor's <input checked="" type="checkbox"/> LAC/LCSW <input checked="" type="checkbox"/> Licensed EdD/ <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) Level (HM) (AJ)/LSW/ LMFT/ LPC PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Intern		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – COMMUNITY-BASED WRAP-AROUND SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H2021		Community-based wrap-around services, per 15 minutes		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
Individualized, community-based non-clinical interventions, delivered as an alternative/adjunct to traditional services. Services may include informal, natural supports and resources provided to a child/adolescent and family members to promote, maintain/restore successful community living. Services are delivered in non-traditional manners/places based on a collaborative planning process. Services are intended to help stabilize and strengthen the placement of the child/adolescent.			Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service and how activity is designed to increase functioning in the community 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES			EXAMPLE ACTIVITIES		
Community-based wrap-around services up to 8 hours. Discrete therapy services (e.g., family, group and individual psychotherapy, psychiatric services) are documented, and reported or billed separately from H2021.					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 8 mins Maximum: 4 hrs 7 mins
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LAC/LCSW (AJ)/ <input checked="" type="checkbox"/> Licensed EdD/ <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF) LSW/ LMFT/ LPC PhD/PsyD (AH) <input checked="" type="checkbox"/> CAC III					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)					

TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – COMMUNITY-BASED WRAP-AROUND SERVICES		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2022	Community-based wrap-around services, per diem	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Individualized, community-based non -clinical interventions, delivered as an alternative/adjunct to traditional services. Services may include informal, natural supports and resources provided to a child/adolescent and family members to promote, maintain/restore successful community living. Services are delivered in non-traditional manners/places based on a collaborative planning process. Services are intended to help stabilize and strengthen the placement of the child/adolescent.	Technical Documentation Requirements See Page 253 Service Content <ul style="list-style-type: none"> The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? Description of the service and how activity is designed to increase functioning in the community The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 	
NOTES	EXAMPLE ACTIVITIES	
Community-based wrap-around services up to 4 hours (16 units) is reported/billed as H2021; over 4 hours is reported/billed as H2022 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2022.		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 4 hrs 8 mins Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)	
STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> LAC/LCSW <input checked="" type="checkbox"/> Licensed EdD/ <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) (AJ)/LSW/ LMFT/ LPC PhD/PsyD (AH) <input checked="" type="checkbox"/> CAC III <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)		

VOCATIONAL SERVICES											
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE							
H2023		Supported employment, per 15 minutes		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH							
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS								
Employment services, provided by an employment specialist, to assist clients, requiring intensive supportive employment services, in gaining and maintaining competitive employment. Services include assessment, job placement, job coaching, and follow-along supports which are often provided in the community. The scope and intensive of support may change over time, based on the needs of the client.			Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 								
NOTES			EXAMPLE ACTIVITIES								
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service.			<ul style="list-style-type: none"> • Assessing client's work history, skills, training, education and personal career goals • Providing client with information regarding how employment affects disability income and benefits • Preparation skills (i.e., resume development, interview skills) • Assisting client to create and revise individualized job and career development plans, including client strengths, abilities, preferences and desired outcomes • Assisting client in locating employment opportunities that are consistent with client's strengths, abilities, preferences and desired outcomes • Outreach/ job coaching and support in a normalized/integrated work site, as appropriate 								
APPLICABLE POPULATION(S)			UNIT		DURATION						
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 8 mins Maximum: 4 hrs 7 mins						
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)								
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)								
STAFF REQUIREMENTS											
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LAC/LCSW <input type="checkbox"/> (AJ)/LSW/ LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RN (TD) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> APRN (SA) <input type="checkbox"/> PA (PA) <input type="checkbox"/> MD/DO (AF)							
PLACE OF SERVICE (POS)											
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> NF (32) <input type="checkbox"/> PRTF (56)		<input type="checkbox"/> Shelter (04) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)		<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)		<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)	

VOCATIONAL SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H2024		Supported employment, per diem		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Employment services, provided by an employment specialist, to assist clients, requiring intensive supportive employment services, in gaining and maintaining competitive employment. Services include assessment, job placement, job coaching, and follow-along supports which are often provided in the community. The scope and intensive of support may change over time, based on the needs of the client.		Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES		EXAMPLE ACTIVITIES			
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).		<ul style="list-style-type: none"> Assessing client's work history, skills, training, education and personal career goals Providing client with information regarding how employment affects disability income and benefits Preparation skills (i.e., resume development, interview skills) Assisting client to create and revise individualized job and career development plans, including client strengths, abilities, preferences and desired outcomes Assisting client in locating employment opportunities that are consistent with client's strengths, abilities, preferences and desired outcomes Integrated supported employment, including outreach/ job coaching and support in a normalized/integrated work site, as needed 			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 4 hrs 8 mins Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LAC/ LCSW (AJ)/LSW/ LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> QMAP	
<input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RN (TD) <input type="checkbox"/> APRN (SA)		<input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA (PA) <input type="checkbox"/> MD/DO (AF)			
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> NF (32) <input type="checkbox"/> PRTF (56)	
<input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)		<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)			
<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)					

VOCATIONAL SERVICES		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2025	Ongoing support to maintain employment, per 15 minutes	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Ongoing or episodic support to maintain employment are utilized prior to or following successful employment placement, including pre-vocational skills training in non-competitive employment placements, development of natural on-the-job supports for a client. This service is intended to provide those supports necessary to ensure placement, continued employment, advancement in employment as evidenced by salary increases, increased length of employment, and job promotion.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal? How does the service relate to the treatment plan? 2. Description of the service provide 3. Intervention utilized and client response 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact including any follow-up or coordination needed with 3rd parties 	
NOTES	EXAMPLE ACTIVITIES	
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training.	<ul style="list-style-type: none"> • Talking with client about changes in health, work environment/personal environment to identify needed support changes and avoid crises • Helping client identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position • Visiting client at job site to identify and address issues pertinent to job retention • Working with client and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance • Contacting client's family/significant other to monitor support network and/or resolve issues 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 8 mins Maximum: 4 hrs 7 mins
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)	
STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Less Than Bachelor's Level (HM) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)

VOCATIONAL SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H2026		Ongoing support to maintain employment, per diem		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Ongoing or episodic support to maintain employment are utilized prior to or following successful employment placement, including pre-vocational skills training in non-competitive employment placements, development of natural on-the-job supports for a client. This service is intended to provide those supports necessary to ensure placement, continued employment, advancement in employment as evidenced by salary increases, increased length of employment, and job promotion.		Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal? How does the service relate to the treatment plan? 2. Description of the service provide 3. Intervention utilized and client response 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact including any follow-up or coordination needed with 3rd parties 			
NOTES		EXAMPLE ACTIVITIES			
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).		<ul style="list-style-type: none"> • Talking with client about changes in health, work environment/personal environment to identify needed support changes and avoid crises • Helping client identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position • Visiting client at job site to identify and address issues pertinent to job retention • Working with client and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance • Contacting client's family/significant other to monitor support network and/or resolve issues 			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 4 hrs 8 mins Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Less Than Bachelor's Level (HM) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
				<input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	
				<input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)	
				<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)	

TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – PSYCHOEDUCATIONAL SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H2027		Psychoeducational service, per 15 minutes		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Activities rendered by a trained MHP, excluding physician, to provide information and education to clients, families, and significant others regarding mental illness, including co-occurring disorders, and treatment specific to the clients.		Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service; education provided 3. How did the client/family education impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES		EXAMPLE ACTIVITIES			
This service acknowledges the importance of involving family and/or significant others who may be essential in assisting a client to maintain treatment and to recover. This code requires the individual to have an active treatment plan. It is not the same as outreach and engagement. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.		<ul style="list-style-type: none"> • Information, education and training to assist clients, families and significant others in managing psychiatric conditions (e.g., symptoms, crisis “triggers,” decompensation, medication actions and interactions) • Increasing knowledge of MI and client-specific diagnoses (e.g., latest research on causes and treatments, brain chemistry and functioning) • Understanding importance of clients’ individualized treatment/service plans • Information, education and training to assist clients, families and significant others in accessing community resources (e.g., first responders with crisis intervention training [CIT], client advocacy groups) • Information, education and training to assist clients, families and significant others with medication management, symptom management, behavior management, stress management, and/or crisis management 			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 8 Minutes Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> Respite (SY) <input checked="" type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input checked="" type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Bachelor’s Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master’s Level (HO) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
				<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	
				<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)	
				<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)	

TREATMENT SERVICES – REHABILITATION SERVICES – CLUBHOUSE					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
H2030		Mental health clubhouse services, per 15 minutes		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Structured, community-based services designed to strengthen and/or regain the client’s interpersonal skills, provide psychosocial support toward rehabilitation, develop environmental supports to help the client thrive in the community and meet employment and other life goals, and promote recovery from mental illness.</p> <p>Services are provided with staff and members working as teams to address client’s life goals and to perform the tasks necessary for clubhouse operations (i.e., clerical work, data input, meal preparation, and providing resource information or reaching out to fellow members). The clubhouse must be open to a CMHC or independent Provider Network (IPN).</p> <p>Clinical consultation by a master’s level person should be available during hours of operation.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. Must be on the treatment plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. 2. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day’s activities (can be a checklist); description of extraordinary events; any individual interventions; individual’s self-evaluation of day. 3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. This note must be signed or written by program staff with at least a bachelor’s degree. 		
NOTES			EXAMPLE ACTIVITIES		
<ul style="list-style-type: none"> • Should have a written schedule of its activities and expected outcomes that allow the Individual to make informed choices about their participation. • For Clubhouses based on a work-ordered day there should be a description of the work unit’s activities and a description of the opportunities to learn social, vocational, and other skills and gain expertise. • The skill building and psycho-education groups should be curriculum-based. • The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered. • Should have recent assessment and current treatment plan or access through an EHR. • The Clubhouse may develop a program- specific plan 			<ul style="list-style-type: none"> • Vocational and educational services • Leisure activities, • Peer support • Skills training • Self-help • Recovery groups • Outreach 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) <input type="checkbox"/> Adult (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 8 mins Maximum: 4 hrs 7 mins
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE)* <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Respite <input type="checkbox"/> Recovery (TS) *For adol/ young adult only (SY) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input checked="" type="checkbox"/> Bachelor’s Level (HN) Master’s Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Less Than Bachelor’s <input checked="" type="checkbox"/> LAC/ LCSW <input checked="" type="checkbox"/> Licensed EdD/ <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) Level (HM) (AJ)/LSW/ LMFT/ LPC PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)					

TREATMENT SERVICES – REHABILITATION SERVICES – CLUBHOUSE						
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION		USAGE	
H2031			Mental health clubhouse services, per diem		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS			
<p>Structured, community-based services designed to strengthen and/or regain the client’s interpersonal skills, provide psychosocial support toward rehabilitation, develop environmental supports to help the client thrive in the community and meet employment and other life goals, and promote recovery from mental illness.</p> <p>Services are provided with staff and members working as teams to address client’s life goals and to perform the tasks necessary for clubhouse operations (i.e., clerical work, data input, meal preparation, and providing resource information or reaching out to fellow members). The clubhouse must be open to a CMHC or independent Provider Network (IPN).</p> <p>Clinical consultation by a master’s level person should be available during hours of operation.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. Must be on the treatment plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. 2. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day’s activities (can be a checklist); description of extraordinary events; any individual interventions; individual’s self-evaluation of day. 3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. This note must be signed or written by program staff with at least a bachelor’s degree. 			
NOTES			EXAMPLE ACTIVITIES			
<ul style="list-style-type: none"> • Should have a written schedule of its activities and expected outcomes that allow the Individual to make informed choices about their participation. • For Clubhouses based on a work-ordered day there should be a description of the work unit’s activities and a description of the opportunities to learn social, vocational, and other skills and gain expertise. • The skill building and psycho-education groups should be curriculum-based. • The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered. • Should have recent assessment and current treatment plan or access through an EHR • The Clubhouse may develop a program- specific plan 			<ul style="list-style-type: none"> • Vocational and educational services • Leisure activities, • Peer support • Skills training • Self-help • Recovery groups • Outreach 			
APPLICABLE POPULATION(S)			UNIT		DURATION	
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 4 hrs 8 mins Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE)* <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input type="checkbox"/> Prevl/EI (HT)			
*For adol/ young adult only						
STAFF REQUIREMENTS						
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input checked="" type="checkbox"/> Bachelor’s Level (HN) Master’s Level (HO) PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Less Than Bachelor’s <input checked="" type="checkbox"/> LAC/LCSW <input checked="" type="checkbox"/> Licensed EdD/ <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) Level (HM) (AJ)/LSW/ LMFT/ LPC PhD/PsyD (AH) <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)						
PLACE OF SERVICE (POS)						
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)						

TREATMENT SERVICES – REHABILITATION SERVICES – OTHER		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2032	Activity therapy, per 15 minutes	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Activity therapy includes the use of music, dance, creative art or any type of play, not for recreation , but related to the care and treatment of the patient’s disabling mental health problems. These are therapeutic activities in a structured setting designed to improve social functioning, promote community integration and reduce symptoms in areas important to maintaining/re-establishing residency in the community. Activities may be delivered on an individual/group basis and are designed to promote skill development and meet specific goals and measurable objectives in the treatment/service plan.	Technical Documentation Requirements See Page 253 Service Content 1. Reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of activity 3. How did the service impact the individual’s progress towards goals/objectives. 4. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties	
NOTES	EXAMPLE ACTIVITIES	
“Structured setting” does not preclude community POS.	<ul style="list-style-type: none"> Playing basketball with group of adolescents to facilitate prosocial behavior and passing/taking turns. Hiking in community to help a client with depressive symptoms reinforce the connection between healthy mind and body with exercise. 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 8 mins Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input checked="" type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prevl/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master’s Level (HO) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor’s Level (HN) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input type="checkbox"/> Less Than Bachelor’s Level (HM) <input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Intern		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input type="checkbox"/> Outpt Hospital(22) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)		

TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – MULTI-SYSTEMIC THERAPY (MST)			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
H2033	Multi-systemic therapy for juveniles, per 15 minutes	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
An intensive, home-, family- and community-based treatment focusing on factors in an adolescent's environment that contribute to his/her anti-social behavior, including adolescent characteristics, family relations, peer relations, and school performance.	Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the individual's/family's response to the intervention(s) 4. How did the service impact the individual's/family's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES	EXAMPLE ACTIVITIES		
Usual duration of MST treatment is approximately 4 months. MST is provided using a home-based model of service delivery. Providers of MST must meet the specific training and supervision requirements.	<ul style="list-style-type: none"> • Strategic family therapy • Structural family therapy • Behavioral parent training • Cognitive behavior therapies 		
APPLICABLE POPULATION(S)	UNIT	DURATION	
<input type="checkbox"/> Child (0-11) <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 8 mins Maximum: 8 hrs	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)	<input checked="" type="checkbox"/> ICM (SK) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Respite (SY)	<input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Recovery (TS) <input type="checkbox"/> Prev/EI (HT)
STAFF REQUIREMENTS			
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level(HN) <input checked="" type="checkbox"/> Intern	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	<input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> CAC I <input type="checkbox"/> RN (TD) <input type="checkbox"/> CAC II <input type="checkbox"/> APRN (SA) <input type="checkbox"/> CAC III
PLACE OF SERVICE (POS)			
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Outp Hospital(22)	<input type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Hospice (34) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> NF (32) <input type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> SNF (31) <input type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Independent Clinic (49)
		<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Other POS (99)

Room and Board		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2034	Halfway house	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
In-home behavioral health support for clients living in a halfway house to foster the client's development of independence and eventually move to independent living. The client has the opportunity to live in a less restrictive living situation while continuing to receive BH treatment, training, support, and a limited amount of supervision.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Client demographic information • Shift notes • Consent for emergency medical treatment • Client program orientation form • Sign with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2034.		
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input checked="" type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: 8 hours
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA		

Treatment		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2035	Alcohol and/or drug treatment program, per hour	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
The planned treatment of a client's problem(s) as identified by an assessment and listed in the treatment/service plan. The intended outcome is the management, reduction, or resolution of the identified problem(s).	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Client demographic information • Client's response • Progress toward treatment/service plan goals and objectives • Client program orientation form • Document all physician contacts (i.e., medication prescription/administration) • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input checked="" type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)
<input checked="" type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)
		<input checked="" type="checkbox"/> CMHC (53)
		<input type="checkbox"/> ICF-MR (54)
		<input checked="" type="checkbox"/> RSATF (55)
		<input checked="" type="checkbox"/> PRTF (56)
		<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
		<input type="checkbox"/> CIRF (61)
		<input type="checkbox"/> CORF (62)
		<input type="checkbox"/> Public Health Clinic (71)
		<input type="checkbox"/> Rural Health Clinic (72)
		<input checked="" type="checkbox"/> Other POS (99)
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 1 Hour	Minimum: N/A
<input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD	<input type="checkbox"/> Day <input type="checkbox"/> 3 Hours	Maximum: N/A
<input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ)	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK	<input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Teleconference
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site	
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site	
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II
<input checked="" type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III
<input checked="" type="checkbox"/> RN (TD)		<input type="checkbox"/> NP (SA)
<input checked="" type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> PA
		<input checked="" type="checkbox"/> MD/DO (AF)
		<input type="checkbox"/> QMAP
		<input checked="" type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

Treatment		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2036	Alcohol and/or drug treatment program, per diem	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Structured alcohol and/or drug treatment program to provide therapy and treatment toward rehabilitation. A planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and/or drug addiction disorders.	<ul style="list-style-type: none"> • Date of service • Clinical notes <ul style="list-style-type: none"> ○ Type of session ○ Start and stop time (duration) ○ Progress towards treatment goals ○ Goal Attainment • Treatment plan goals and objectives • Service plan • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input checked="" type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA		

All staff must operate within an OBH-licensed treatment agency

Treatment		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A visit with a client's dependent child conducted by a health professional to provide developmental delay prevention activities. These may include: occupational and physical therapy, speech/language therapy, or psychotherapy and psychiatric therapy.	<ul style="list-style-type: none"> Date of service Start and stop time (duration) Client/family demographic information Family's presenting concern(s)/problem(s) Family history – physical health status, medical; mental illness and treatment with dates, locations and provider name(s), if available; psychosocial (interpersonal and peer relationships, cultural and communication, vocational/school/military service, physical/sexual abuse/perpetration and current risk, legal status/ problems, violence, family history); family problems and strengths in areas of emotional, behavioral, vocational and social needs; growth and development (for child/ adolescent); family's strengths and needs (only required on the initial visit) Mental status exam – presentation/ appearance, attitude toward examiner, affect and mood, speech, intellectual/ cognitive functioning, thought process/content, insight, judgment, high risk factors (danger to self/others) DSM-5 diagnosis Disposition – need for BH services, referral, etc. Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input type="checkbox"/> Young Adult (18-20) <input type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input checked="" type="checkbox"/> Mobile Unit (15)	<input checked="" type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Temp Lodge (16)	<input checked="" type="checkbox"/> Cust Care (33)
<input checked="" type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input checked="" type="checkbox"/> ALF (13)	<input checked="" type="checkbox"/> MTF (26)	<input checked="" type="checkbox"/> Inpt PF (51)
<input checked="" type="checkbox"/> Group Home (14)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> PF-PHP (52)
		<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62)
		<input checked="" type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71)
		<input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72)
		<input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99)
		<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
		<input type="checkbox"/> CIRF (61)
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour	Minimum: 8 Minutes
<input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input checked="" type="checkbox"/> TD	<input type="checkbox"/> Day <input type="checkbox"/> 3 Hours	Maximum: N/A
<input type="checkbox"/> HA <input type="checkbox"/> HO <input checked="" type="checkbox"/> TE	<input checked="" type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine	
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK	<input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference	
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site	
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site	
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist
<input type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input type="checkbox"/> CAC I
<input type="checkbox"/> Bachelor's Level (HN)	<input type="checkbox"/> Unlicensed Master's Level (HO)	<input type="checkbox"/> CAC II
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input type="checkbox"/> CAC III
<input checked="" type="checkbox"/> RN (TD)	<input checked="" type="checkbox"/> RxN (SA)	<input checked="" type="checkbox"/> NP (SA)
		<input checked="" type="checkbox"/> PA
		<input checked="" type="checkbox"/> MD/DO (AF)
		<input type="checkbox"/> QMAP
		<input checked="" type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

TREATMENT SERVICES – PSYCHIATRIC/MEDICATION MANAGEMENT SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
M0064 (No Longer Used as of 7/1/2015 – Use Code 99212)		A brief office visit for the sole purpose of monitoring or changing drug prescriptions used in treatment of mental, psychoneurotic, and personality disorders. This code should be used for a lesser level of drug monitoring such as simple dosage adjustment.		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
M0064 describes a prescriber service and cannot be billed by a non-physician or “incident to” a physician’s service. No Longer Used as of 7/1/2015 – Use 99212 Instead			Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. Diagnosis 4. Pertinent signs and symptoms 5. Medication(s) prescribed and managed, including dosage(s) 6. Rationale for maintaining/changing drug regimen 7. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties Suggested additional documentation 1. Interval history, including pertinent changes since last encounter (e.g., medication side effects, drug interactions, drug allergies) 2. Management of any interactions between general medical conditions and psychotropic medications 3. Ordering/reviewing pertinent laboratory studies 4. Client/family education		
NOTES			EXAMPLE ACTIVITIES		
No Longer Used as of 7/1/2015 – Use 99212 Instead			<ul style="list-style-type: none"> • Face-to-face interview with client reviewing response to psychotropic medications • Review of laboratory results with client that are related to client’s psychotropic medications • Prescriber manages pharmacological therapy for a client whose psychotherapy is being managed by a non-physician MHP (e.g., psychologist, LCSW, LPC, etc.). 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input type="checkbox"/> Bachelor’s Level (HN) Master’s Level (HO) PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern <input type="checkbox"/> LAC/LCSW <input type="checkbox"/> Licensed EdD/ <input type="checkbox"/> CAC II <input type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF) (AJ)/LSW/ LMFT/ LPC PhD/PsyD (AH) <input type="checkbox"/> CAC III					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent Clinic (49) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> Other POS (99)					

SOCIAL/AMBULATORY DETOXIFICATION SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
S3005		Performance measurement, evaluation of patient self-assessment, depression		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Safety screening, including Suicidal Ideation and other Behavioral Health Issues		Technical Documentation Requirements See Page 253 Service Content: <ol style="list-style-type: none"> 1. Result(s) of client self-assessment(s) or screening including suicidal ideation or homicidal ideation and other behavioral health issues 2. Clinical interventions based on client self-assessment results 3. Routine monitoring of physical and mental status 			
NOTES		EXAMPLE ACTIVITIES			
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider. Only one encounter per day should be billed, per CMS regulations.		Checking in with client to ask about safety level to assess for danger to self or others.			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		Program Service Category			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conference (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd Modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> Less than Bachelor's Level (HM) Master's Level (HO) PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> LAC/LCSW <input checked="" type="checkbox"/> Licensed <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO(AF) <input checked="" type="checkbox"/> Intern (AJ)/LSW/ LMFT/ LPC EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> CAC III					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent clinic (49) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> Other POS (99)					

RESPITE CARE SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
S5150		Unskilled respite care, not hospice; per 15 minutes		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
<p>Services rendered in the client's home, community or other place of service as a temporary substitute for the primary caregivers, to maintain the client in an outpatient setting. Services include observation, support, direct assistance with, or monitoring of the physical, emotional, social and behaviora; health needs of the client by someone other than the primary caregivers. Respite care should be flexible to ensure that the client's daily routine is maintained.</p>		<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Client's response 5. Progress toward treatment/service plan goals and objectives 			
NOTES		EXAMPLE ACTIVITIES			
<p>S5150 does not include practical/professional nursing services; clients who need that level of monitoring should receive respite care under H0045/T1005. Unskilled respite care up to 4 hours (16 units) is reported as S5150; respite care over 4 hours is reported as S5151 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from S5150.</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.</p>		<ul style="list-style-type: none"> • Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc. • Assistance with monitoring health status and physical condition • Assistance with medication and other medical needs • Cueing and prompting for preparation and eating of meals • Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.) • Support to assure the safety of client • Accompanying the client to appointments/ meetings when supervision is required • Assistance/supervision needed by client to participate in social, recreational/community activities 			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 8 Minutes Maximum: 4 Hrs (16 Units)	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
		<input checked="" type="checkbox"/> QMAP		<input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12)* <input checked="" type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)					

* Refers to either the Respite Worker's home/setting or the client's home, for this procedure code.

RESPITE CARE SERVICES		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
S5151	Unskilled respite care, not hospice; per diem	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Services rendered in the client's home, community or other place of service as a temporary substitute for the primary caregivers, to maintain the client in an outpatient setting. Services include observation, support, direct assistance with, or monitoring of the physical, emotional, social and behaviora; health needs of the client by someone other than the primary caregivers. Respite care should be flexible to ensure that the client's daily routine is maintained.	Technical Documentation Requirements See Page 253 Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Client's response 5. Progress toward treatment/service plan goals and objectives	
NOTES	EXAMPLE ACTIVITIES	
S5151 does not include practical or professional nursing services; clients who need that level of monitoring should receive respite care under H0045/T1005. Unskilled respite care up to 4 hours (16 units) is reported as S5150; respite care over 4 hours is reported as S5151 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from S5151. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.	<ul style="list-style-type: none"> Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc. Assistance with monitoring health status and physical condition Assistance with medication and other medical needs Cueing and prompting for preparation and eating of meals Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.) Support to assure the safety of client Accompanying the client to appointments/ meetings when supervision is required Assistance/supervision needed by client to participate in social, recreational/community activities 	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 4.25 Hours Maximum: 24 Hours
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input checked="" type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RN (TD) <input type="checkbox"/> APRN (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA (PA) <input type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Outp Hospital(22)	<input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)*	<input type="checkbox"/> Hospice (34) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)
<input type="checkbox"/> Shelter (04) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)	<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)

* Refers to *either* the Respite Worker's home/setting or the client's home, for this procedure code.

SUBSTANCE USE TREATMENT SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
S9445		Patient education, not otherwise classified, non-physician provider, individual		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
<p>A brief one-on-one session in which concerns about a client's AOD (Alcohol or drug) use are expressed, and recommendations regarding behavior change are given. The intervention should follow as soon as possible after a client has been screened for the presence of AOD. Feedback is given on AOD use patterns. The intervention focuses on increasing motivation for behavior change. Intervention strategies include education, brief counseling, continued monitoring, or referral to more intensive substance abuse treatment services.</p> <p>This procedure code covers the collection of a specimen (for analysis) in conjunction with the counseling of the screening results. If the counseling/education doesn't occur then the procedure code cannot be billed. The urine analysis is billed separately to fee-for-service (FFS) by the laboratory. There is no separate code solely for sample collection.</p>		Technical Documentation Requirements See Page 253 Service Content: <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided, including results of AOD screening, the education provided, strategies used, and the individual's response to the education 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES		EXAMPLE ACTIVITIES			
Substance abuse counseling/education services shall be provided along with screening to discuss results with client. The laboratory analysis needed as a prerequisite for this code should be submitted as a claim to FFS by the laboratory, if covered by Medicaid. This counseling/education service should occur only once per drug screening.					
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
		<input type="checkbox"/> QMAP <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> CAC III		<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA)	
				<input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	
		<input type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Independent clinic (49)		<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Other POS (99)	

PREVENTION/EARLY INTERVENTION SERVICES – EDUCATION SERVICES		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
S9453	Smoking cessation classes, non-physician provider, per session	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Structured classes rendered for the treatment of tobacco dependence.	Technical Documentation Requirements See Page 253 Service Content 1. What was the intended class goal or agenda? 2. Description of the class material reviewed/presented and individual's response to class	
NOTES	EXAMPLE ACTIVITIES	
This service is for clients with a diagnosis of tobacco dependence or a history of tobacco dependence.		
APPLICABLE POPULATION(S)	UNIT	DURATION
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> SP (HE)* <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> *For adol/young adult only <input checked="" type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Less Than Bachelor's Level (HM) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)
	<input type="checkbox"/> QMAP <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> CAC III	<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA (PA) <input type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)	<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input type="checkbox"/> Home (12)	<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)
	<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)	<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)
		<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Other POS (99)

PREVENTION/EARLY INTERVENTION SERVICES – EDUCATION SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
S9454		Stress management classes, non-physician provider, per session		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Structured classes designed to educate clients on the management of stress.		Technical Documentation Requirements See Page 253 Service Content <ol style="list-style-type: none"> 1. What was the intended class goal or agenda? 2. Description of the class material reviewed/presented and individual's response to class 			
NOTES		EXAMPLE ACTIVITIES			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE)* <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) * child/adol/young adult <input type="checkbox"/> Prevl/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Less Than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> PF-PHP (52)					

Room and Board		
CPT [®] /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
S9976	Lodging, per diem, not otherwise specified	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Room and board costs per day	<ul style="list-style-type: none"> Date of service Start and stop time (duration) Sign with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
	Room and board provided to client.	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input checked="" type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: 24 hours Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA		

RESPITE CARE SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
T1005		Respite care services, up to 15 minutes		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Services to temporarily substitute for primary caregivers to maintain clients in outpatient setting. Services include assistance with/monitoring of personal hygiene, nutritional support, safety, and environmental maintenance. Respite care should be flexible to ensure that the client's daily routine is maintained.		Technical Documentation Requirements See Page 253 Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Client's response 5. Progress toward treatment/service plan goals and objectives			
NOTES		EXAMPLE ACTIVITIES			
Unlike respite procedure codes S5150 – S5151, T1005 requires practical or professional nursing care to meet the health and physical needs of the client. Respite care up to 4 hours (16 units) is reported as T1005; respite care over 4 hours is reported as H0045 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from T1005.		<ul style="list-style-type: none"> Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc. Assistance with monitoring health status and physical condition Assistance with medication and other medical needs Cueing and prompting for preparation and eating of meals Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.) Support to assure the safety of client Accompanying the client to appointments/ meetings when supervision is required Assistance/supervision needed by client to participate in social, recreational/community activities 			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) Adult (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 8 Minutes Maximum: 4 Hrs (16 Units)	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> Unlicensed <input type="checkbox"/> Bachelor's Level (HN) Master's Level (HO)		<input type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)		<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09)		<input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03)		<input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99)	
<input type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12)* <input checked="" type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)					

*Refers to *either* the Respite Worker's home or the client's home, for this procedure code.

Treatment		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
T1006	Alcohol and/or substance abuse services, family/couple counseling	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Utilization of special skills in sessions with individuals and their family members and/or significant others under the guidance of a counselor to address family and relationship issues related to alcohol and other drug abuse and/or dependence for the purpose of promoting recovery from addiction.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Focus of session • Progress toward treatment/service plan goals and objectives • Intervention strategies utilized • Client response • Outcome/plan • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
Use HR modifier for family/couple when client is present. Use HS modifier for family/couple without client present.		
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input checked="" type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input checked="" type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA		

SOCIAL/AMBULATORY DETOXIFICATION SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
T1007		Alcohol and/or substance abuse services, treatment plan development and/or modification, including vital sign monitoring		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Initial detox plan for member may be more generally focused on assessment of detox progression, maintaining member safety. As member progresses in detox and is able to participate in planning, a more specific treatment plan, focused on aftercare and treatment, as needed, may be developed. This may be the initial plan for a client beginning treatment or the modification of a plan for a client already in treatment. It is typically a scheduled service that is not necessarily delivered in conjunction with another treatment. This service may require the participation of clinicians and specialists in addition to those usually providing treatment.</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content:</p> <ol style="list-style-type: none"> Assessment of detox progression <ul style="list-style-type: none"> Degree of Alcohol or Drug into as evidenced by breathalyzer, UA, self-report, observation or other accepted means Initial vital signs Need for emergency medical and/or psychiatric services Substance use disorder history and degree of personal and social dysfunction, as soon as clinically feasible Pregnancy screen Clinical Institute Withdrawal Assessment of Alcohol – Revised (CIWA-AR) or comparable instrument Detox monitoring <ul style="list-style-type: none"> All monitoring activities Vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge Routine monitoring of physical and mental status Medical interventions based on assessment and monitoring Service plan modification or, as appropriate development of a treatment plan for aftercare based on assessment and monitoring 		
NOTES			EXAMPLE ACTIVITIES		
<p>Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider. Detox plan must be provided in accordance with OBH licensure</p>			<p>Another example of the services provided in a social model detox</p>		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 8 minutes Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			Program Service Category		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conference (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd Modifier-SUD) <input type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> CAC I <input type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Intern <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> CAC III <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital (22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent clinic (49) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> Other POS (99)					

Support Services		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
T1009	Child sitting services for the children of the individual receiving alcohol and/or substance abuse services	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Care of the children of clients undergoing treatment for alcoholism or drug abuse while the client is in treatment	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input type="checkbox"/> Young Adult (18-20) <input type="checkbox"/> Adult (21-64) <input type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)
<input type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)
<input type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)
		<input checked="" type="checkbox"/> CMHC (53)
		<input type="checkbox"/> ICF-MR (54)
		<input type="checkbox"/> RSATF (55)
		<input type="checkbox"/> PRTF (56)
		<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
		<input type="checkbox"/> CIRF (61)
		<input type="checkbox"/> CORF (62)
		<input type="checkbox"/> Public Health Clinic (71)
		<input type="checkbox"/> Rural Health Clinic (72)
		<input checked="" type="checkbox"/> Other POS (99)
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour	Minimum: N/A
<input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD	<input type="checkbox"/> Day <input type="checkbox"/> 3 Hours	Maximum: N/A
<input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE	<input checked="" type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG	<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ)	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK	<input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Teleconference
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site	
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site	
MINIMUM STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II
<input checked="" type="checkbox"/> Psych. Tech	<input checked="" type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)
<input checked="" type="checkbox"/> RxN (SA)		<input checked="" type="checkbox"/> PA
		<input checked="" type="checkbox"/> MD/DO (AF)
		<input checked="" type="checkbox"/> QMAP
		<input checked="" type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

Support Services		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
T1010	Meals for individuals receiving alcohol and/or substance abuse services	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
For those receiving alcohol and/or substance abuse services who arrive at their schedule times hungry. For example, lunch is sometimes provided to pregnant women who come to treatment hungry.	<ul style="list-style-type: none"> • Date of service • Description of service rendered • Type of food provided • Explanation as to why food was needed / had been un-consumed until this point. • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
	Offering and preparing meals or snacks.	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Indepndt Clinic (49) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> 1 meal	Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA) <input type="checkbox"/> PA <input checked="" type="checkbox"/> RxN (SA)		

Treatment		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
T1012	Alcohol and/or substance abuse services, skills development	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
For those involved in Alcohol and/or substance treatment, this component helps facilitate their management of day to day activities. The skills development is aimed at fostering self-sufficiency and independence.	<ul style="list-style-type: none"> • Date of service • Start and stop times (duration) • Description of service rendered • Recommendations • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
	<ul style="list-style-type: none"> • Development and maintenance of necessary community and daily living skills (i.e., grooming, personal hygiene, cooking, nutrition, health and MH education, money management and maintenance of living environment) • Development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal • Development of basic language skills necessary to enable client to function independently 	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input checked="" type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes	Minimum: 15 minutes Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input checked="" type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> PA <input checked="" type="checkbox"/> RxN (SA)		

Support Services		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
T1013	Sign language or oral interpreter for alcohol and/or substance abuse services	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
An additional service to assure the treatment for behavioral health clients is understood or received for clients who require sign language or oral interpretation, including but limited to those services required by the Americans with Disabilities Act.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
	Sign language or oral interpretation provided to a client to assure they understand the treatment or services being provided to them in relation to alcohol and/or drug abuse services	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input type="checkbox"/> PRTF (56) <input type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input type="checkbox"/> HM <input type="checkbox"/> SA <input type="checkbox"/> AH <input type="checkbox"/> HN <input type="checkbox"/> TD <input type="checkbox"/> HA <input type="checkbox"/> HO <input type="checkbox"/> TE <input type="checkbox"/> HB <input type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes	Minimum: 15 minutes Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telemedicine <input checked="" type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Unlicensed Master's Level (HO) <input type="checkbox"/> CAC II <input checked="" type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input type="checkbox"/> RN (TD) <input type="checkbox"/> NP (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA		

CASE MANAGEMENT SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
T1016*		Case management, each 15 minutes		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Services designed to assist and support a client to gain access to needed medical, social, educational, and other services. Case management includes:</p> <ul style="list-style-type: none"> • Assessing service needs – client history, identifying client needs, completing related documents, gathering information from other sources; • Service plan development – specifying goals and actions to address client needs, ensuring client participation, identifying a course of action; • Referral and related activities to obtain needed services – arranging initial appointments for client with service providers/informing client of services available, addresses and telephone numbers of agencies providing services; working with client/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and • Monitoring and follow-up – contacting client/others to ensure client is following the agreed upon service plan and monitoring progress and impact of plan. <p>* Please do not use until further direction from the State</p>			<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) 3. The services utilized and the individual's response to the services (includes assessing service needs, service plan development, referral, and monitoring/follow-up, which includes care coordination) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 		
NOTES		EXAMPLE ACTIVITIES			
<p>Case management involves linking the client to the direct delivery of needed services, but is not itself the direct delivery of a service to which the client has been referred.</p> <p>Case management does not include time spent transporting the client to required services/time spent waiting while the client attends a scheduled appointment. However, it includes time spent participating in an appointment with the client for purposes of referral and/or monitoring and follow-up.</p>		<ul style="list-style-type: none"> • Assessing the need for service, identifying and investigating available resources, explaining options to client and assisting in application process • Contact with client's family members for assistance helping client access services • Care Coordination between other service agencies, healthcare providers 			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adol (12-17) (18-20)		<input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> Respite (SY) <input checked="" type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input checked="" type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/ LSW/ LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
		<input type="checkbox"/> QMAP		<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	
		<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)		<input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)	

CASE MANAGEMENT SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
T1017		Targeted case management, each 15 minutes		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
<p>Services designed to assist and support a client, identified as eligible (“targeted”) under the State Medicaid Plan, to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services. Case management includes:</p> <ul style="list-style-type: none"> • Assessing service needs – client history, identifying client needs, completing related documents, gathering information from other sources; • Service plan development – specifying goals and actions to address client needs, ensuring client participation, identifying a course of action; includes transition plan development • Referral and related activities to obtain needed services – arranging initial appointments for client with service providers/informing client of services available, addresses and telephone numbers of agencies providing services; working with client/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and • Monitoring and follow-up – contacting client/others to ensure client is following the agreed upon service or transition plan and monitoring progress and impact of plan. 		<p>Technical Documentation Requirements See Page 253</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) 3. The services utilized and the individual’s response to the services (includes assessing service needs, service plan development, referral, and monitoring/follow-up, which includes care coordination) 4. How did the service impact the individual’s progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES		EXAMPLE ACTIVITIES			
<p><i>Case management involves linking the client to the direct delivery of needed services, but is not itself the direct delivery of a service to which the client has been referred.</i></p> <p>Case management does not include time spent transporting the client to required services/time spent waiting while the client attends a scheduled appointment. However, it includes time spent participating in an appointment with the client for purposes of referral and/or monitoring and follow-up.</p> <p>For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4. See Appendix I for examples of Case Management</p>		<ul style="list-style-type: none"> • Assessing the need for service, identifying and investigating available resources, explaining options to client and assisting in application process • Contact with client’s family members for assistance helping client access services • Care Coordination between other service agencies, healthcare providers • Development and follow-up of a transition plan from the hospital to outpatient services 			
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input checked="" type="checkbox"/> ICM (SK) <input checked="" type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input checked="" type="checkbox"/> ACT (HK) <input checked="" type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input checked="" type="checkbox"/> Respite (SY) <input checked="" type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd modifier-SUD) <input checked="" type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor’s Level (HN) <input checked="" type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master’s Level (HO) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)		<input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> MD/DO (AF)	
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)		<input checked="" type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	
		<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)		<input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> ER (23) <input checked="" type="checkbox"/> PF-PHP (52)	
				<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)	

SOCIAL/AMBULATORY DETOXIFICATION SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
T1019		Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualize plan of treatment (code may not be used to identify services provided by home health aide or CNA)		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Provision of daily living needs including hydration, nutrition, cleanliness and toiletries for client. Services designed to maintain the safety and health of the client, which will generally be similar for all clients.		Technical Documentation Requirements See Page 253 1. Service Content: Client's identified personal care service needs, as reflected in the service plan 2. Outcome/plan, indicating any changes in personal care services needed, based on client's presentation/needs.			
NOTES		EXAMPLE ACTIVITIES			
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.					
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		Program Service Category			
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conference (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd Modifier-SUD) <input type="checkbox"/> Prev/EI (HT)			
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> Less than Bachelor's Master's Level (HO) PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) Level (HM) <input checked="" type="checkbox"/> LAC/LCSW <input checked="" type="checkbox"/> Licensed <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Bachelor's Level (HN) (AJ)/LSW/ LMFT/ LPC EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> CAC III <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO(AF) <input checked="" type="checkbox"/> Intern					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent clinic (49) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> Other POS (99)					

SOCIAL/AMBULATORY DETOXIFICATION SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
T1023		Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>A preliminary screening procedure limited in nature and intended to merely indicate whether there is a probability that a mental health and/or substance use related problem is present. Screening may be accomplished using a structured interview or a formal standardized screening tool that is culturally and age relevant. Considers client's motivation and need for further treatment and notes steps taken to connect them to appropriate services upon discharge.</p>			<p>Technical Documentation Requirements See Page 253 Service Content:</p> <ol style="list-style-type: none"> Screening addresses, at minimum: <ul style="list-style-type: none"> Safe withdrawal Motivational counseling Referral for treatment Additional service planning, as required: <ul style="list-style-type: none"> Medical conditions/Pregnancy SI/Psychiatric conditions Other conditions placing client at additional risk Assessment(s) of client readiness for treatment Clinical interventions based on level of motivation assessment. Client response 		
NOTES			EXAMPLE ACTIVITIES		
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.					
APPLICABLE POPULATION(S)		UNIT		DURATION	
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)		<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY			Program Service Category		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conference (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> SP (HE) <input type="checkbox"/> ICM (SK) <input type="checkbox"/> Voc (HJ) <input type="checkbox"/> Other SP (TG) <input type="checkbox"/> ACT (HK) <input type="checkbox"/> Clubhouse (HB) <input type="checkbox"/> Residential (SC) <input type="checkbox"/> Respite (SY) <input type="checkbox"/> Recovery (TS) <input checked="" type="checkbox"/> HF (2 nd Modifie-SUD)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed <input checked="" type="checkbox"/> Unlicensed EdD/ <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> Less than Bachelor's Level (HM) Master's Level (HO) PhD/PsyD (HP) <input checked="" type="checkbox"/> CAC I <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> LAC/LCSW <input checked="" type="checkbox"/> Licensed <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> APRN (SA) <input checked="" type="checkbox"/> MD/DO(AF) <input checked="" type="checkbox"/> Intern (AJ)/LSW/ LMFT/ LPC EdD/PhD/PsyD (AH) <input checked="" type="checkbox"/> CAC III					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Office (11) <input type="checkbox"/> Cust Care (33) <input type="checkbox"/> ICF-MR (54) <input type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> Grp Home (14) <input type="checkbox"/> NF (32) <input type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input type="checkbox"/> Home (12) <input type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Independent clinic (49) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> Other POS (99)					

Support Services		
CPT ®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
T1027	Family Training and counseling for child development / per 15 minutes	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A non-medical educational visit with family members, either as a group, pair or individually, conducted by a health professional to provide skill enhancement linked to the care and development of children.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Description of service rendered • Description of development skill needed and type of suggestion/training provided. • Recommendations • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
	Providing child caregivers with educational concepts of benefit to children, including such things as motor skills, behavior, training, learning tools and social skills	
APPLICABLE POPULATION(S)		
<input type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)		
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input type="checkbox"/> NF (32) <input checked="" type="checkbox"/> CMHC (53) <input type="checkbox"/> CORF (62) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> Temp Lodge (16) <input type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input type="checkbox"/> Public Health Clinic (71) <input type="checkbox"/> Prison/CF (09) <input type="checkbox"/> Urgent Care (20) <input type="checkbox"/> Hospice (34) <input type="checkbox"/> RSATF (55) <input type="checkbox"/> Rural Health Clinic (72) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> ER Hosp (23) <input type="checkbox"/> Independt Clinic (49) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Home (12) <input type="checkbox"/> Amb Surg Ctr (24) <input checked="" type="checkbox"/> FQHC (50) <input checked="" type="checkbox"/> Non-Residential SA <input checked="" type="checkbox"/> ALF (13) <input type="checkbox"/> MTF (26) <input checked="" type="checkbox"/> Inpt PF (51) Treatment Cntr (57) <input checked="" type="checkbox"/> Group Home (14) <input type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> PF-PHP (52) <input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF <input type="checkbox"/> HM <input checked="" type="checkbox"/> SA <input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD <input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE <input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF <input type="checkbox"/> HC <input checked="" type="checkbox"/> HQ <input type="checkbox"/> TG <input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK <input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22 <input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour <input type="checkbox"/> Day <input type="checkbox"/> 3 Hours <input checked="" type="checkbox"/> 15 Minutes	Minimum: 15 Minutes Maximum: N/A
ALLOWED MODE(S) OF DELIVERY		
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Video Conference <input checked="" type="checkbox"/> Family <input type="checkbox"/> Teleconference <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> On-Site <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Off-Site		
MINIMUM STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> Cert Prevention Specialist <input checked="" type="checkbox"/> MD/DO (AF) <input type="checkbox"/> Less than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> Treatment Facility <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> CAC II <input type="checkbox"/> Interpreter for Deaf and Hard Hearing <input type="checkbox"/> Psych. Tech <input type="checkbox"/> Licensed non-physician practitioner (NPP) <input checked="" type="checkbox"/> CAC III <input type="checkbox"/> Dentist (only for SBIRT codes) <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> NP (SA) <input type="checkbox"/> PA <input checked="" type="checkbox"/> RxN (SA)		

Support Services		
CPT [®] /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
T1999	Miscellaneous therapeutic items and supplies (initiatives)	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Providing nominal items to aid in the treatment and development of the patient, as related to making the rehabilitation experience more seamless and less stressful.	<ul style="list-style-type: none"> Date of service Description of service rendered Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
	Such items could include journals and writing tools for patients to log their development and concerns, literature of an educational nature to cope with anxiety or inspirational literature for overcoming challenging situations.	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> School (03)	<input checked="" type="checkbox"/> Mobile Unit (15)	<input checked="" type="checkbox"/> NF (32)
<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Temp Lodge (16)	<input checked="" type="checkbox"/> Cust Care (33)
<input type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input checked="" type="checkbox"/> Hospice (34)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input checked="" type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input checked="" type="checkbox"/> FQHC (50)
<input checked="" type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input checked="" type="checkbox"/> Inpt PF (51)
<input checked="" type="checkbox"/> Group Home (14)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> PF-PHP (52)
		<input checked="" type="checkbox"/> CMHC (53)
		<input checked="" type="checkbox"/> ICF-MR (54)
		<input type="checkbox"/> RSATF (55)
		<input checked="" type="checkbox"/> PRTF (56)
		<input checked="" type="checkbox"/> Non-Residential SA Treatment Cntr (57)
		<input type="checkbox"/> CIRF (61)
		<input type="checkbox"/> CORF (62)
		<input type="checkbox"/> Public Health Clinic (71)
		<input type="checkbox"/> Rural Health Clinic (72)
		<input checked="" type="checkbox"/> Other POS (99)
MODIFIER	UNIT	DURATION
<input checked="" type="checkbox"/> AF	<input checked="" type="checkbox"/> Encounter	Minimum: N/A
<input checked="" type="checkbox"/> HM	<input type="checkbox"/> 1 Hour	Maximum: N/A
<input checked="" type="checkbox"/> AH	<input type="checkbox"/> Day	
<input checked="" type="checkbox"/> HA	<input type="checkbox"/> 3 Hours	
<input type="checkbox"/> HB	<input type="checkbox"/> 15 Minutes	
<input type="checkbox"/> HC	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HD	<input checked="" type="checkbox"/> Face-to-Face	<input type="checkbox"/> Group (HQ)
<input type="checkbox"/> HG	<input type="checkbox"/> Video Conference	<input type="checkbox"/> Family
<input type="checkbox"/> HH	<input type="checkbox"/> Telephone	<input checked="" type="checkbox"/> On-Site
	<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Off-Site
		<input type="checkbox"/> Telemedicine
		<input type="checkbox"/> Teleconference
MINIMUM STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II
<input type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III
<input checked="" type="checkbox"/> RN (TD)		<input checked="" type="checkbox"/> NP (SA)
<input checked="" type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA
		<input checked="" type="checkbox"/> MD/DO (AF)
		<input type="checkbox"/> QMAP
		<input checked="" type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

Support Services		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
T2001	Non-emergency transportation	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Providing transportation service for those who are not able to reach their destination independently, be it for competency issues, age of patient, or unavailability of means to reach destination.	<ul style="list-style-type: none"> • Date of service • Start and stop time (duration) • Description of service rendered • Reason for transportation • Origin of pick up and destination • Purpose of transportation to destination • Signed with 1st initial, last name & credentials 	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)		
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Adol (12-17)	<input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Geriatric (65+)
PLACE OF SERVICE (POS)		
<input type="checkbox"/> School (03)	<input type="checkbox"/> Mobile Unit (15)	<input type="checkbox"/> NF (32)
<input type="checkbox"/> Shelter (04)	<input type="checkbox"/> Temp Lodge (16)	<input type="checkbox"/> Cust Care (33)
<input type="checkbox"/> Prison/CF (09)	<input type="checkbox"/> Urgent Care (20)	<input type="checkbox"/> Hospice (34)
<input type="checkbox"/> Office (11)	<input type="checkbox"/> ER Hosp (23)	<input type="checkbox"/> Indepndt Clinic (49)
<input type="checkbox"/> Home (12)	<input type="checkbox"/> Amb Surg Ctr (24)	<input type="checkbox"/> FQHC (50)
<input type="checkbox"/> ALF (13)	<input type="checkbox"/> MTF (26)	<input type="checkbox"/> Inpt PF (51)
<input type="checkbox"/> Group Home (14)	<input type="checkbox"/> SNF (31)	<input type="checkbox"/> PF-PHP (52)
<input type="checkbox"/> CMHC (53)	<input type="checkbox"/> CORF (62)	<input type="checkbox"/> Public Health Clinic (71)
<input type="checkbox"/> ICF-MR (54)	<input type="checkbox"/> RSATF (55)	<input type="checkbox"/> Rural Health Clinic (72)
<input type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Other POS (99)	
<input type="checkbox"/> Non-Residential SA Treatment Cntr (57)		
<input type="checkbox"/> CIRF (61)		
MODIFIER	UNIT	DURATION
<input type="checkbox"/> AF <input checked="" type="checkbox"/> HM <input checked="" type="checkbox"/> SA	<input type="checkbox"/> Encounter <input type="checkbox"/> 1 Hour	1 trip, length necessary to destination and/or from destination
<input checked="" type="checkbox"/> AH <input checked="" type="checkbox"/> HN <input checked="" type="checkbox"/> TD	<input type="checkbox"/> Day <input type="checkbox"/> 3 Hours	
<input type="checkbox"/> HA <input checked="" type="checkbox"/> HO <input checked="" type="checkbox"/> TE	<input type="checkbox"/> 15 Minutes <input checked="" type="checkbox"/> 1 ride	
<input type="checkbox"/> HB <input checked="" type="checkbox"/> HP <input type="checkbox"/> TF	ALLOWED MODE(S) OF DELIVERY	
<input type="checkbox"/> HC <input type="checkbox"/> HQ <input type="checkbox"/> TG	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Group (HQ)	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> HD <input type="checkbox"/> HR <input type="checkbox"/> UK	<input type="checkbox"/> Video Conference <input type="checkbox"/> Family	<input type="checkbox"/> Teleconference
<input type="checkbox"/> HG <input type="checkbox"/> HS <input type="checkbox"/> 22	<input type="checkbox"/> Telephone <input type="checkbox"/> On-Site	<input checked="" type="checkbox"/> Mechanized and non-mechanized vehicles
<input type="checkbox"/> HH <input type="checkbox"/> HT <input type="checkbox"/> 52	<input type="checkbox"/> Individual <input type="checkbox"/> Off-Site	
MINIMUM STAFF REQUIREMENTS		
<input checked="" type="checkbox"/> Peer Specialist	<input checked="" type="checkbox"/> APRN (SA)	<input type="checkbox"/> Cert Prevention Specialist
<input checked="" type="checkbox"/> Less than Bachelor's Level (HM)	<input checked="" type="checkbox"/> LAC/LCSW (AJ)/LMFT/LPC	<input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD(AH)
<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP)	<input checked="" type="checkbox"/> CAC I
<input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO)	<input checked="" type="checkbox"/> CAC II
<input checked="" type="checkbox"/> Psych. Tech	<input type="checkbox"/> Licensed non-physician practitioner (NPP)	<input checked="" type="checkbox"/> CAC III
<input checked="" type="checkbox"/> RN (TD)		<input type="checkbox"/> NP (SA)
<input checked="" type="checkbox"/> RxN (SA)		<input type="checkbox"/> PA
		<input type="checkbox"/> MD/DO (AF)
		<input checked="" type="checkbox"/> QMAP
		<input type="checkbox"/> Treatment Facility
		<input type="checkbox"/> Interpreter for Deaf and Hard Hearing
		<input type="checkbox"/> Dentist (only for SBIRT codes)

II.F.1. Assessment Services

Assessment Services are the process, both initial and ongoing, of collecting and evaluating information about a client for developing a profile on which to base service planning and referral.⁸⁵ An Assessment is also a diagnostic tool for gathering the information necessary in the Assessment Services process.

For Assessment Services (with the exception of Treatment Planning), *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* diagnosis codes that are *not* covered under the Colorado Medicaid Community Behavioral Health Services Program may be reported when those services have been rendered to a Medicaid enrollee for the purpose of evaluating and assessing to determine the presence of and/or diagnose a behavioral health (BH) disorder(s). The following ICD-9-CM diagnosis codes should be reported for Assessment Services, Crisis/Emergency and Prevention/Early Intervention services only:

Non-Covered Diagnosis Codes for Assessment, Crisis/Emergency and Prevention/Early Intervention Services Only

Code	Description
799.9	Undiagnosed disease, not specified as to site or system involved
V71.09	Observation for other suspected mental condition

^a Used when persons without a diagnosis are suspected of having an abnormal condition, without signs or symptoms, which requires study, but after examination and observation, is found not to exist.⁸⁶

II.F.1.A. Assessment/Diagnosis

A behavioral health (BH) assessment is an evaluation of a client’s medical, psychological, psychiatric, and/or social condition to determine the presence of and/or diagnose a mental illness (MI) and/or substance-related disorder, and to establish a treatment/service plan for all medically necessary behavioral health (BH) treatment services.

Assessment Services –Assessment/Diagnosis		
Procedure Code	Procedure Code Description	Usage
90791	Psychiatric diagnostic evaluation	Medicaid/OBH
90792	Psychiatric diagnostic evaluation with medical services	Medicaid/OBH
H0001	Alcohol and/or Drug Assessment	Medicaid/OBH
H0031	Mental health assessment, by a non–physician	Medicaid/OBH
H1000	Prenatal Care, At Risk Assessment	OBH
H1011	Family assessment by a licensed behavioral health professional for State defined purposes	Medicaid/OBH
H2000	Comprehensive multidisciplinary evaluation	Medicaid/OBH

II.F.1.B. Assessment/Management

A behavioral health (BH) assessment is an evaluation of a client’s medical, psychological, psychiatric, and/or social condition to determine the presence of and/or diagnose a mental illness (MI) and/or substance-related disorder, and to establish a treatment/service plan for all medically necessary behavioral health (BH) treatment.

Assessment Services – Assessment/Management		
Procedure Code	Procedure Code Description	Usage
98966	Telephone assessment and management provided by qualified non-physician health care professional.	Medicaid/OBH
98967	Telephone assessment and management provided by qualified non-physician health care professional.	Medicaid/OBH
98968	Telephone assessment and management provided by qualified non-physician health care professional.	Medicaid/OBH

II.F.1.C. Psychological Testing

Psychological Testing is the assessment of a client’s cognitive and/or neuropsychological, intellectual, academic, behavioral, emotional and personality functioning for evaluation, diagnostic or therapeutic purposes, using standardized psychological tests and measures, including interpretation of results and report preparation. A Licensed Psychologist, or a Technician under the supervision of a Licensed Psychologist, administers psychological and/or neuropsychological testing. Testing includes the use of a wide range of reliable and valid, standardized, projective and objective measures for the assessment of personality, psychopathology, affect, behavior, intelligence, abilities and disabilities, etc. Individuals licensed, registered or regulated by the State must meet minimum professional preparation standards (i.e., education and experience) set forth in the Colorado Mental Health Practice Act⁸⁷ to administer, score or interpret psychometric or electrodiagnostic testing:

- Standardized personnel selection, achievement, general aptitude or proficiency tests
- Tests of general intelligence, special aptitudes, temperament, values, interests and personality inventories
- Projective testing, neuropsychological testing, or a battery of three or more tests to determine the presence, nature, causation or extent of psychosis, dementia, amnesia, cognitive impairment, influence of deficits on competence, and ability to function adaptively; determine the etiology or causative factors contributing to psychological dysfunction, criminal behavior, vocational disability, neurocognitive dysfunction, or competence; or predict psychological response(s) to specific medical, surgical and behavioral interventions
- Staff performing the testing needs to meet the qualifications and training necessary to administer and interpret the results: generally, this includes licensed or unlicensed PhD/PsyD or interns in doctoral psychology programs.

Assessment Services – Psychological Testing		
Procedure Code	Procedure Code Description	Usage
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology; e.g., MMPI, Rorschach, WAIS), per hour of the licensed psychologist’s time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Medicaid/OBH
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology; e.g., MMPI, WAIS), with	Medicaid/OBH

	qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.	
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), administered by a computer, with qualified health care professional interpretation and report.	Medicaid/OBH
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.	Medicaid/OBH
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the licensed psychologist's time, both face-to-face time with the patient and time interpreting test results and preparing the report	Medicaid/OBH
96118	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), per hour of the licensed psychologist's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Medicaid/OBH
96119	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), with qualified health care professional interpretation and report, administered by a technician, per hour of technician time, face-to-face	Medicaid/OBH
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist client	Medicaid/OBH

II.F.1.D. Screening

II.F.1.D.1. Behavioral Health Screening

Behavioral health screening is provided to address the needs of those seeking behavioral health (BH) treatment services (typically via telephone) in a timely manner. This brief assessment involves an initial appraisal of an individual's need for services. If there are sufficient indications of a mental illness (MI) and/or substance-related disorder, further diagnostic assessment is warranted to determine the individual's eligibility for admission to behavioral health (BH) treatment services, as well as appropriate referrals and preliminary recommendations.

Assessment Services – Behavioral Health Screening		
Procedure Code	Procedure Code Description	Usage
H0002	Behavioral health screening to determine eligibility for admission to treatment program	Medicaid/OBH

II.F.1.D.2 Substance Use Screening

Substance use screening can consist of two separate activities, depending upon its purpose. When used as a part of treatment, screening services are often performed through specimen collection to test for the presence of alcohol and/or drugs. Results are discussed with the client during a substance abuse counseling session. Screening is also used to identify individuals whose substance use may put them at increased risk for health problems or other substance use related problems. Providers use a screening tool to obtain information about a client's substance use behaviors, which assists providers in identifying people who may need further assessment of their substance use and related issues. Screenings often provide patients with personal feedback about their increased risks due to substance use and may identify problems that can prompt individuals to change their substance use behavior.

Assessment Services – Substance Use Screening		
Procedure Code	Procedure Code Description	Usage
80101	Drug Screen, Qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class	OBH
82075	Alcohol (ethanol); Breathalyzer	
H0003	Alcohol and/or Drug Screening; laboratory analysis of specimens for presence of alcohol and/or drugs	OBH
H0048	Alcohol and/or Other Drug Testing; collection and handling only, specimens other than blood	OBH

II.F.1.E. Treatment/Service Planning

Treatment/Service Planning is the formulation and implementation of an individualized, integrated, comprehensive written treatment/service plan designed with the purpose of promoting the client's highest possible level of independent functioning and to reduce the likelihood of hospitalization/re-hospitalization or restrictive confinement.⁸⁸

Assessment Services – Treatment/Service Planning		
Procedure Code	Procedure Code Description	Usage
H0032	Mental health service plan development by non-physician	Medicaid/OBH

II.F.2. Case Management (CM) Services

Case Management (CM) Services are defined as “services provided through a licensed community mental health center (CMHC) or clinic by a licensed/qualified non-physician practitioner or physician.” The term “case management service” means services which will assist individuals eligible under the state Medicaid Plan in gaining access to needed (medically necessary) medical, social, educational, and other services’. Case Management services are designed to:

- Assessment of an eligible individual for the purposes of medically necessary services.
- Service Plan development and coordinate the efforts of all services and supports to address client needs, identification of a course of action and ensuring client participation in the achievement of goals.
- Refer and link the individual to necessary medical, social, educational, and other services.
- Monitor and provide follow-up to evaluate the impact of services and supports in assisting the Individual to reach their recovery goal and/or the objectives that are the steps towards achieving the goal(s).

Case management services are person-centered meaning they are designed to assist the Individual to plan their life and supports, to increase their personal self-determination, and improve their own independence. Case management services must include one or more of the following four services in order to be Medicaid eligible: (See Appendix I for further examples.)

Assessment of service needs:

- Activities/Interventions to gather/confirm information coming from the Individual, family and other sources in order to develop a comprehensive assessment of the Individual’s need for services and natural or community supports.
- Determining with the Individual /Family /Supports their ability to access and effectively link to these services and supports on their own and what type of help they will need , including how intensely and for how long case management services will be needed.
- Assisting the Individual and their Family/Supports in understanding what case management services are including their limitations so that they can better participate in the case management assessment and service planning process.

Service plan development:

- Prioritizing with the Individual and their Family/Supports the referrals and linkages needed so the service plan reflects the case management assessment. As a result of the assessment, the case management plan will have a timeline for referral and linkage as well as the expected outcomes of the interventions.
- Developing, in conjunction with the Individual, a list of agreed upon case management interventions that will be used to help the Individual successfully link to services and supports.
- Develop with the Individual and Family/Supports the role of the persons providing case management services in coordinating care among treatment providers, other services, and natural/community supports.
- Develop with the Individual an agreed upon structure for regular meetings with the person(s) providing case management services to review progress and determine necessary changes to the service plan.

Referral and related activities to obtain needed services:

- Ensuring where necessary that all treatment providers to whom the client will be linked are aware of the Individual's recovery goal and objectives and agree to support the recovery goals in delivering their services or supports.
- Arranging initial and subsequent appointments for services and supports listed in the service plan.
- Assisting the Individual in getting ready for appointments so that they are effective and promote progress toward the agreed upon recovery goal.
- Assisting the Individual in arranging transportation to appointments and where necessary, supports to accompany the Individual. However, providing transportation itself is not considered Case Management.
- Ensuring that the Provider/Support has the information needed to effectively conduct the appointment or to conduct the support and to link with the Individual for follow-up and coordination of care.
- Follow-up post appointments to ensure that the person providing case management services understands any changes or recommendations to treatment or to the content of the supports that will be provided and that this information is also understood and able to be acted on effectively by the Individual/Family/ Supports.

Monitoring and follow-up:

- Meeting via phone or face to face (all services can take place face-to-face or via phone) on a regularly scheduled basis with the individual and their Family/Supports to ensure that services are being provided according to the treatment plan, that the individual believes they are effective, and wishes to continue according to the current service plan to insure the client is getting the services they need.
- Talking/meeting with Providers and Supports, with or without the Individual present, to coordinate care, assess the effectiveness of service, progress of the Individual towards goals and objectives on any treatment plan, and soliciting ideas for changes that will allow for more rapid progress towards the Individual's recovery goals. Again, the overall purpose of these activities is to insure the client is getting the services they need.

Case Management does not include the following:

- Case management activities that are an integral component of another covered Medicaid service.
- Direct delivery of medical, educational, social or other services to which a Medicaid eligible client has been referred.
- Activities integral to the administration of foster care programs.
- Activities, for which a Medicaid eligible client may be eligible, but are integral to the administration of another non-medical program.

Case Management Services		
Procedure Code	Procedure Code Description	Usage
H0006	Alcohol and/or Drug Services; Case Management	Medicaid/OBH
H1002	Care Coordination Prenatal/Case Management	OBH
T1016	Case management, each 15 minutes (Do not use per State)	Medicaid/OBH
T1017	Targeted case management, each 15 minutes	Medicaid/OBH

II.F. 3. Peer Support/Recovery Services

Peer Support/Recovery Services are “designed to provide choices and opportunities for adults with serious mental illnesses (SMIs), youth with serious emotional disturbances (SEDs), or individuals with substance use disorders. Recovery-oriented services promote self-management of psychiatric symptoms, relapse prevention, treatment choices, mutual support, enrichment, and rights protection. Peer Support/Recovery Services also provide social supports and a lifeline for individuals who have difficulties developing and maintaining relationships. These services can be provided at schools, churches or other community locations. Most recovery services are provided by behavioral health (BH) peers or family members, whose qualifications are having a diagnosis of mental illness (MI) or substance use or being a family member of a person with mental illness (MI) and/or substance use.”⁸⁹ Peer Support/Recovery Services include:

- Peer counseling and support services
- Peer-run drop-in centers
- Peer-run employment services
- Peer mentoring for children and adolescents
- Bipolar Education and Skills Training (BEST) courses
- National Alliance on Mental Illness (NAMI) courses
- Wellness Recovery Action Plan (WRAP) groups
- Client and family support groups
- Warm lines
- Advocacy services

Peer Support / Recovery Services		
Procedure Code	Procedure Code Description	Usage
H0038	Self-help/peer services, per 15 minutes	Medicaid/OBH
H1003	Prenatal Care, at Risk Enhanced Service, Education	OBH
H2015	Comprehensive community support services, per 15 minutes	Medicaid/OBH
H2016	Comprehensive community support services, per diem	Medicaid/OBH
T1009	Child Sitting Services for the children of the individual receiving Alcohol and/or Substance Abuse Services	OBH
T1010	Meals for Individuals receiving Alcohol and/or Substance Abuse Services	OBH
T1013	Sign Language or Oral Interpreter for Alcohol and/or Substance Abuse Services	OBH
T1027	Family Training and Counseling for Child Development /per 15 minutes	OBH
T1999	Miscellaneous Therapeutic Items and Supplies	OBH
T2001	Non-emergency Transportation	OBH

II.F.4. Prevention/Early Intervention Services

Prevention and Early Intervention Services include “screening and outreach to identify at-risk populations, proactive efforts to educate and empower Members to choose and maintain healthy life behaviors and lifestyles that promote mental and behavioral health (BH). Services can be population-based, including proven media, written, peer, and group interventions, and are not restricted to face-to-face interventions.”⁹⁰ Prevention and Early Intervention Services include:

- Mental health (MH) screenings
- Nurturing Parent Program
- Educational programs (safe and stable families)
- Senior workshops (common aging disorders)
- “Love and Logic” (healthy parenting skills)
- CASASTART (children at high risk for substance abuse (SA), delinquency, and academic failure)

For Prevention and Early Intervention services, *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis codes that are *not* covered under the Colorado Medicaid Community Behavioral Health Services Program may be reported when those services have been rendered to a Medicaid enrollee for the purpose of evaluating and assessing to determine the presence of and/or diagnose a behavioral health (BH) disorder(s). The following ICD-9-CM diagnosis codes should be reported for Assessment Services, Crisis/Emergency and Prevention/Early Intervention services only:

Non-Covered Diagnosis Codes for Assessment, Crisis/Emergency and Prevention/Early Intervention Services Only

Code	Description
799.9	Undiagnosed disease, not specified as to site or system involved
V71.09	Observation for other suspected mental condition

^a Used when persons without a diagnosis are suspected of having an abnormal condition, without signs or symptoms, which requires study, but after examination and observation, is found not to exist.⁹¹

II.F.4.A. Outreach Services

Prevention/Early Intervention Services – Outreach Services		
Procedure Code	Procedure Code Description	Usage
H0023	Behavioral health outreach service (planned approach to reach a population)	Medicaid/OBH

II.F.4.B. Education Services

Prevention/Early Intervention Services – Education Services		
Procedure Code	Procedure Code Description	Usage
H0025	Behavioral health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)	Medicaid/OBH
S9453	Smoking cessation classes, non-physician provider, per session	Medicaid/OBH
S9454	Stress management classes, non-physician provider, per session	Medicaid/OBH

II.F.4.C. Substance Use Prevention Services

Substance use prevention services are targeted towards individuals before they develop an alcohol and/or drug use disorder. Prevention programs promote constructive lifestyles and norms that discourage alcohol and/or drug usage.

Prevention/Early Intervention - Substance Use Prevention Services		
Procedure Code	Procedure Code Description	Usage
H0021	Alcohol and/or Drug Training Service (for staff and personnel not employed by providers)	OBH
H0024	Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with service audiences to affect knowledge and attitude)	OBH
H0026	Alcohol and/or Drug Prevention Process Service, Community-based (delivery of services to develop skills of impactors)	OBH
H0027	Alcohol and/or Drug Prevention Environmental Service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)	OBH
H0028	Alcohol and/or Drug Prevention Problem Identification and Referral Service (e.g. student assistance and employee assistance programs), does not include assessment	OBH
H0029	Alcohol and/or Drug Prevention Alternatives Service (services for populations that exclude alcohol and other drug use e.g. alcohol free social events)	OBH

II.F.4.D. Substance Use Intervention Services

Substance use intervention services provide advice or counseling to individuals with minor or risky substance use disorders, and are also used to encourage individuals with a serious dependence problem to seek or accept a more intensive treatment regimen. Brief interventions can be provided within a primary care setting or screeners can refer someone to a specialized alcohol and / or drug treatment program. An intervention is an activity used to assist patients with recognizing that substance use is putting them at risk and to encourage them to change their behavior in order to reduce or discontinue their substance use.

Prevention/Early Intervention – Substance Use Intervention Services		
Procedure Code	Procedure Code Description	Usage
H0007	Alcohol and/or Drug Services; Crisis Intervention (outpatient)	OBH
H0022	Alcohol and/or Drug Intervention Service (planned facilitation)	OBH
H0030	Hotline Services	OBH

II.F.5. Residential Services

Residential Services are 24-hour care, excluding room and board, provided in a non-hospital, non-nursing home (NH) setting.” Residential Services are “appropriate for children, youth, adults and older adults whose mental health (MH) issues and symptoms are severe enough to require a 24-hour structured program, but do not require hospitalization.”⁹²

Clinical interventions provided in residential settings include:

- Assessment and monitoring of mental and physical health status
- Assessment and monitoring of safety, including suicidal ideation and other behavioral health (BH) issues
- Assessment of level and quality of social interactions
- Assessment of/support for motivation for treatment
- Assessment of ability to provide for daily living needs
- Observation and assessment of group interactions
- Behavioral interventions to build effective social behaviors and coping strategies
- Behavioral interventions to reduce social withdrawal and inappropriate behavior or thought processes
- Individual psychotherapy
- Group psychotherapy
- Family psychotherapy
- Medication management

OBH allows for all services identified above. In addition, OBH provides for room and board for the “indigent population.” In order for room and board services to be provided, all contractual indigent criteria must be met.

To identify the level of care for residential services, the following HCPCS procedure code(s) and modifier(s) are required:

Residential Procedure Codes & Modifiers				
Residential Service	HCPCS Modifier	LOC Modifier Description	Procedure Code	HCPCS Procedure Code Description
Acute Treatment Unit (ATU)	--	(Acute LOC)	H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
All Other Residential Facilities	--	--	H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem
	TF	Intermediate LOC	H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem
	TG	Complex/High-Tech LOC	H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem
	--	--	H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
	TF	Intermediate LOC	H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
	TG	Complex/High-Tech LOC	H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem

II.F.5.A. Acute Treatment Unit (ATU)

Acute Treatment Units (ATUs) provide short-term psychiatric care (an average of three to seven days, but generally no longer than 30 days) to persons (age 18 and over) who do not require inpatient hospitalization but need intense and individualized services, such as crisis management and stabilization. ATUs provide 24-hour care in a therapeutically planned and professionally staffed environment consisting of a locked unit serving a maximum of 16 persons.⁹³ ATUs are licensed by the Colorado Department of Public Health and Environment (CDPHE), Health Facilities and Emergency Medical Services Division, and granted a “27-10” designation by the Colorado Department of Human Services, Office of Behavioral Health (DHS-OBH).⁹⁴

Residential Services – Acute Treatment Unit (ATU)		
Procedure Code	Procedure Code Description	Usage
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	Medicaid/OBH

II.F.5.B. Alternative Care Facility (ACF)

Alternative care facility (ACF) is an assisted living residence (ALR) certified by the Colorado Department of Health Care Policy and Financing (HCPF) to receive Medicaid reimbursement for the services provided by the facility.⁹⁵

II.F.5.C. Assisted Living Residence (ALR)

Assisted Living Residence (ALR) is a residential facility that makes available to three (3) or more adults not related to the owner of such facility, either directly or indirectly through a resident agreement with the resident, room and board and at least the following services:

- Personal services
- Protective oversight
- Social care due to impaired capacity to live independently
- Regular supervision that is available on a 24-hour basis, but not to the extent that regular 24-hour medical or nursing care is required.⁹⁶

II.F.5.D. Group Home

Group Home is a 24-hour facility that provides behavioral health (BH) treatment for extended periods. Group Homes are licensed by the Colorado Department of Public Health and Environment (CDPHE) as personal care boarding homes, are associated with a community mental health center (CMHC), and are approved by the Colorado Department of Human Services, Office of Behavioral Health (DHS-OBH) as residential treatment facilities (RTF).

II.F.5.E. Psychiatric Residential Treatment Facility (PRTF)

Psychiatric Residential Treatment Facility (PRTF) is a licensed residential childcare facility (RCCF),⁹⁷ which is a facility other than a hospital that provides inpatient psychiatric services for clients under age 21, under the direction of a physician licensed by the State Board of Medical Examiners, in a residential setting. PRTFs must be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Commission on Accreditation of Rehabilitation

Facilities (CARF) or the Council on Accreditation of Services for Families and Children (COA), and have a current provider agreement with the Colorado Department of Health Care Policy and Financing (HCPF).^{98, 99, 100}

II.F.5.F. Residential Treatment Facility (RTF)

Residential Treatment Facility (RTF) is an assisted living residence (ALR) for adults with severe and persistent mental illness (SPMI) that is operated and maintained for no more than 16 residents, and provides treatment commensurate to the residents' psychiatric needs. Individuals are often admitted for medication management and the need for protective oversight and supervision. RTFs are operated by community mental health centers (CMHCs) and licensed by the Colorado Department of Public Health and Environment (CDPHE). RTFs provide the following services on a 24-hour basis:

- Personal services, including a physically safe environment, regular supervision, assistance with activities of daily living (ADLs) (e.g., medication administration, laundry, recreational activities, transportation arrangements)
- Protective oversight, including monitoring needs to ensure residents receive services and care necessary to protect their health, well-being and safety.¹⁰¹

II.F.5.G. Residential Child Care Facility (RCCF)

Residential Child Care Facility (formerly TRCCF) is a licensed residential child care facility (RCCF)¹⁰² that provides 24-hour care for five (5) or more children ages three (3) to 18 years of age. Youth in the custody of a County Department of Social/Human Services (DSS/DHS) who are in need of mental health treatment in a structured environment may be placed in a RCCF by court order prior to their 18th birthday; youth in the custody of the Division of Youth Corrections (DYC) may be placed in an RCCF by court order past their 18th birthday but prior to their 21st birthday.¹⁰³

Residential Services		
Procedure Code	Procedure Code Description	Usage
H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	Medicaid/OBH
H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	Medicaid/OBH

II.F.5.H. Supported Housing

Supported Housing is a specific program model in which a client lives in a house, apartment, or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from behavioral health (BH) provider(s) or family for the purpose of monitoring and/or assisting with residential responsibilities. Criteria identified for supported housing include: affordability, right to tenure, service choice, individualization and availability, Integration (with persons who do not have mental illness), and functional separation of housing from service provision.

Residential Services - Supported Housing		
Procedure Code	Procedure Code Description	Usage
H0043	Supported housing, per diem	Medicaid/OBH
H0044	Supported housing, per month	Medicaid/OBH

II.F.6. Social Ambulatory Detoxification

Social Ambulatory Detoxification services are rendered to clients whose intoxication or withdrawal signs and / or symptoms are severe enough to require a 24-hour structured program. These services are not provided to clients that require hospitalization for their intoxication or withdrawal symptoms. Medicaid reimbursed services are provided by a facility that is licensed by the Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) based on the American Society of Addiction Medicine (ASAM) criteria. These services do not include room and board. Social/Ambulatory Detoxification Services may include any of the following: a physical assessment of detoxification progression (i.e., vital signs monitoring); a safety assessment (i.e., suicidal ideation [SI] and other behavioral health [BH] issues); a level of motivation assessment for treatment evaluation; or the provision of daily living needs (i.e., hydration, nutrition, cleanliness, and toiletry). Detoxification in a non-Medicaid reimbursed facility can be provided in a facility greater than 16 beds.

Social Ambulatory Detoxification Codes		
Procedure Code	Procedure Code Description	Usage
H0010	Alcohol and/or Drug Services; Sub-acute Detoxification (residential addiction program inpatient)	OBH
H0011	Alcohol and/or Drug Services; Acute Detoxification (residential addiction program inpatient)	OBH
H0012	Alcohol and/or Drug Services; Sub-acute Detoxification (residential addiction program outpatient)	OBH
H0013	Alcohol and/or Drug Services; Acute Detoxification (residential addiction program outpatient)	OBH
H0014	Alcohol and/or Drug Services; Ambulatory Detoxification	OBH
S3005	Performance Measurement, Evaluation of Patient Self-assessment, Depression	Medicaid/OBH
T1007	Physical Assessment of Detoxification Progression including Vital Signs Monitoring	Medicaid/OBH
T1019	Personal Care Services, per 15 minutes, (not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment- code may not be used to identify services provided by home health aide or CNA)	Medicaid/OBH
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Medicaid/OBH

II.F.7. Room and Board

Room and Board Services are provided to patients residing in a facility. Patients must reside in the facility for at least 24 hours while they are provided with lodging and meals.

Room and Board Codes		
Procedure Code	Procedure Code Description	Usage
H2034	Halfway House	OBH
S9976	Lodging, Per Diem, Not Otherwise Specified (NOS)	OBH

II.F.8. Respite Care Services

Respite Care Services are Temporary or short-term care of a child, adolescent or adult provided by adults other than the birth parents, foster parents, adoptive parents, family members or caregivers with whom the Member normally resides,

designed to give the usual caregivers some time away from the Member to allow them to emotionally recharge and become better prepared to handle the normal day-to-day challenges.”¹⁰⁴ This service acknowledges that, while the services of primary caregivers may keep a client out of more intensive levels of care (i.e., inpatient hospital), there are occasional needs to substitute for these caregivers. Respite Care Services may be rendered when:

- The client’s primary caregivers are unable to provide the necessary illness-management support and thus the client is in need of additional support or relief
- The client and his/her primary caregivers experience the need for therapeutic relief from the stresses of their mutual cohabitation
- The client is experiencing a behavioral crisis and needs structured, short-term support
- Relief care giving is necessitated by unavoidable circumstances, such as a family emergency

Respite Care Services		
Procedure Code	Procedure Code Description	Usage
H0045	Respite care services, not in the home, per diem	Medicaid/OBH
S5150	Unskilled respite care, not hospice; per 15 minutes	Medicaid/OBH
S5151	Unskilled respite care, not hospice; per diem	Medicaid/OBH
T1005	Respite care services, up to 15 minutes	Medicaid/OBH

II.F.9. Treatment Services

Behavioral Health (BH) Treatment Services use a variety of methods for the treatment of mental disorders and behavioral disturbances, in an attempt to alleviate emotional disturbances, reverse, or change maladaptive patterns of behavior and encourage personality growth and development.

II.F.9.A. Crisis/Emergency Services

Crisis/Emergency Services are “provided during a mental health (MH) emergency, which involves unscheduled, immediate, or special interventions in response to a crisis with a client, including associated laboratory services, as indicated.”¹⁰⁵ Services are designed to:

- Improve or minimize an acute crisis episode
- Assist the client in maintaining or recovering his/her level of functioning (LOF) by providing immediate intervention and/or treatment in a location most appropriate to the needs of the client and in the least restrictive environment available
- Prevent further exacerbation or deterioration and/or inpatient hospitalization, where possible
- Prevent injury to the client and/or others

Stabilization is emphasized so that the client can actively participate in needs assessment and treatment/service planning. Services are characterized by the need for highly coordinated services across a range of service systems. Crisis/Emergency Services are available on a 24-hour, 7-day a week basis.

For Crisis/Emergency services, *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* diagnosis codes that are *not* covered under the Colorado Medicaid Community Behavioral Health Services Program may be reported when those services have been rendered to a Medicaid enrollee for the purpose of evaluating and assessing to determine the presence of and/or diagnose a behavioral health (BH) disorder(s). The following ICD-9-CM diagnosis codes should be reported for Assessment Services, Crisis/Emergency and Prevention/Early Intervention services only:

Non-Covered Diagnosis Codes for Assessment, Crisis/Emergency and Prevention/Early Intervention Services Only

Code	Description
799.9	Undiagnosed disease, not specified as to site or system involved
V71.09	Observation for other suspected mental condition
^a Used when persons without a diagnosis are suspected of having an abnormal condition, without signs or symptoms, which requires study, but after examination and observation, is found not to exist. ¹⁰⁶	

Treatment Services – Crisis/Emergency Services

Procedure Code	Procedure Code Description	Usage
H2011	Crisis intervention service, per 15 minutes	Medicaid/OBH
S9485	Crisis intervention mental health services, per diem	Medicaid/OBH

II.F.9.B. Inpatient Services

Inpatient Services are rendered in an Inpatient Hospital or Inpatient Psychiatric Facility, which is a program of medically structured and supervised psychiatric care in which the client remains 24-hours a day in a facility licensed as a hospital by the State.

- ⊗ **The procedure codes found in this section are also used for psychiatric services in Partial Hospital (PHP) settings. (Refer to Section II.F.7.C.3.)**
- ⊗ **Treatment in an inpatient hospital setting should be reported or billed using the evaluation and management (E/M) procedure codes (99221 – 99233).**
- ⊗ **The modifier 22 may be appropriate when there is an increased service; modifier 52 may be appropriate when there is a reduced service.**

II.F.9.B.1. Consultation

A Consultation is rendered by a physician whose opinion or advice is requested by another appropriate practitioner (e.g., treating physician or other qualified health care professional) for the further evaluation and management (E/M) of the patient. A Consultation includes a report of findings, opinion and advice or recommendations that is provided to the referring provider for his/her use in the treatment of the patient. A consultant interviews and examines the patient, and may initiate diagnostic and/or therapeutic services. While the consultant has a wide degree of latitude in providing services, he/she does not typically assume care or provide treatment plans. When more than 50% of the consultant’s time is spent in providing counseling,¹⁰⁷ coordination of care or both, the service is coded based upon the length of time spent with the patient and/or family.¹⁰⁸

☒ Consultation procedure codes (99251 – 99255) may also be used for psychiatric consultations rendered in Nursing Facilities (NF).

Treatment Services – Inpatient Services - Consultations		
Procedure Code	Procedure Code Description	Usage
99251	Inpatient consultation for a new or established patient; the presenting problem(s) are self-limited or minor	Medicaid/OBH
99252	Inpatient consultation for a new or established patient; the presenting problem(s) are of low severity	Medicaid/OBH
99253	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate severity	Medicaid/OBH
99254	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.	Medicaid/OBH
99255	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.	Medicaid/OBH

II.F.9.B.2. Initial Hospital Care

Treatment Services – Inpatient Services – Initial Hospital Care		
Procedure Code	Procedure Code Description	Usage
99221	Initial hospital care, per day, for the evaluation and management of a patient (low severity)	Medicaid/OBH
99222	Initial hospital care, per day, for the evaluation and management of a patient (moderate severity)	Medicaid/OBH
99223	Initial hospital care, per day, for the evaluation and management of a patient (high severity)	Medicaid/OBH

II.F.9.B.3. Subsequent Hospital Care

Treatment Services – Inpatient Services – Subsequent Hospital Care		
Procedure Code	Procedure Code Description	Usage
99231	Subsequent hospital care, per day (stable, recovering or improving patient)	Medicaid/OBH
99232	Subsequent hospital care, per day (patient responding inadequately to therapy or has developed a minor complication)	Medicaid/OBH
99233	Subsequent hospital care, per day (unstable patient or the development of significant complications or problems)	Medicaid/OBH

II.F.9.B.4. Hospital Discharge Services

Treatment Services – Inpatient Services – Hospital Discharge Services		
Procedure Code	Procedure Code Description	Usage
99238	Discharge day management; 30 minutes or less	Medicaid/OBH
99239	Discharge day management; more than 30 minutes	Medicaid/OBH

II.F.9.C. Intensive Treatment Services

II.F.9.C.1. Behavioral Health (BH) Day Treatment

Behavioral Health (BH) Day Treatment is a non-residential treatment program designed for children and adolescents under the age of 21 who have emotional, behavioral, and neurobiological/substance abuse (SA) problems and may be at high-risk for out-of-home placement. Day Treatment services include psychotherapy (family, group, individual); parent-client education; skill and socialization training focused on improving functional and behavioral deficits, and intensive coordination with schools and/or other child service agencies.

Treatment Services – Intensive Treatment Services – Behavioral Health Day Treatment		
Procedure Code	Procedure Code Description	Usage
H2012	Behavioral health day treatment, per hour	Medicaid/OBH

II.F.9.C.2. Intensive Outpatient Psychiatric (IOP) Services

Intensive Outpatient Psychiatric (IOP) Services focus on maintaining and improving functional abilities for the client through a time-limited, multi-faceted approach to treatment. A multidisciplinary treatment team renders services consisting of, but not limited to

- Individual, group and family psychotherapy
- Medication management and education
- Psychological assessment
- Therapeutic psycho-education
- Crisis intervention

IOP Services are based on a comprehensive and coordinated individualized and recovery-oriented treatment/service plan, involving the use of multiple concurrent services and treatment modalities. Treatment focuses on symptom reduction, safety reinforcement, promoting stability and independent living in the community, relapse prevention, restoration to a higher level of functioning (LOF), and reducing the need for a more acute level of care (LOC).

Treatment Services – Intensive Treatment Services – Intensive Outpatient Psychiatric Services		
Procedure Code	Procedure Code Description	Usage
S9480	Intensive outpatient psychiatric services, per diem	Medicaid/OBH

II.F.9.C.3. Partial Hospitalization (PHP)

Partial Hospitalization (PHP) is a non-residential, medically directed treatment program for clients who require intensive, highly coordinated, structured, multi-modal ambulatory treatment within a stable therapeutic milieu. The use of PHP as a setting of care presumes that the client does not currently meet medical necessity criteria for inpatient psychiatric treatment; at the same time, it implies that routine outpatient treatment is of insufficient intensity to meet the client's present treatment needs. The client requires a minimum of 20 hours/week of therapeutic services as evidenced in his/her treatment/service plan. The client is likely to benefit from a coordinated program of services and requires more than isolated sessions of outpatient treatment. The client has an adequate support system while not actively engaged in the program. The client has a covered mental health (MH) diagnosis, is not judged to be dangerous to self/others, has the cognitive and emotional capacity to participate in the active treatment process and can tolerate the intensity of the PHP. PHP entails programmatically-linked (i.e., a separate and distinct, identifiable, organized program representing a significant component within the continuum of comprehensive behavioral health (BH) services) ambulatory treatment, which is prescribed, supervised and reviewed by a Psychiatrist, and provided at a properly licensed/certified facility by a multidisciplinary team of mental health professionals (MHPs) within their scope(s) of practice. PHP must be:

- Reasonable and necessary for the diagnosis and active treatment of a client's mental health (MH) condition (i.e., SMI/SPMI and/or co-occurring Substance-Related Disorder)
- Reasonably expected to improve or maintain the client's condition and level of functioning (LOF)
- Reasonably expected to prevent relapse or hospitalization

The treatment program of a PHP closely resembles that of a highly structured, short-term hospital inpatient program, with treatment at a more intensive level than outpatient day treatment or psychosocial rehabilitation. PHP services may include assessment; psychological testing; family, group and individual psychotherapy; medical and nursing support; medication management; skill development; psychosocial education and training; and expressive and activity therapies.^{109,110}

Treatment Services – Intensive Treatment Services – Partial Hospitalization (PHP)		
Procedure Code	Procedure Code Description	Usage
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and treatment of patient's disabling mental health problems per session (45 minutes or more)	Medicaid/OBH
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	Medicaid/OBH
H0035	Mental health partial hospitalization, treatment, less than 24 hours	Medicaid/OBH

II.F.9.D. Psychiatric/Medication Management Services

Psychiatric Services are “provided within the scope of practice of psychiatric medicine as defined by State law.”¹¹¹

Medication Management Services include the “monitoring of medications prescribed and consultation provided to Members by a Physician or other Medical Practitioner authorized to prescribe medications as defined by State law, including associated laboratory services, as indicated.”¹¹²

Treatment Services – Psychiatric/Medication Management Services		
Procedure Code	Procedure Code Description	Usage
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular	Medicaid/OBH
M0064 (Use Code 99212)	A brief office visit for the sole purpose of monitoring or changing drug prescriptions used in treatment of mental, psychoneurotic, and personality disorders. This code should be used for a lesser level of drug monitoring such as simple dosage adjustment.	Medicaid/OBH
99441	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5 – 10 minutes of medical discussion.	Medicaid/OBH
99442	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11 – 20 minutes of medical discussion.	Medicaid/OBH
99443	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21 – 30 minutes of medical discussion.	Medicaid/OBH
H0033	Oral medication administration, direct observation	Medicaid/OBH
H0034	Medication training and support, per 15 minutes	Medicaid/OBH

II.F.9.E. Psychotherapy

Psychotherapy is the treatment of a mental illness and behavioral disturbances in which the physician or other qualified healthcare professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. Psychotherapy codes 90832-90838 include ongoing assessment and adjustment of psychotherapeutic intervention, and may include involvement of family member(s) or others in the treatment process. To report or bill Psychotherapy only, the appropriate procedure code is selected based on the face-to-face time spent with the client and/or family member. When evaluation and management (E/M) services are included with Psychotherapy, the appropriate procedure code is selected based on E/M criteria in addition to the above criteria for Psychotherapy. E/M services rendered in addition to psychotherapy may include:

- Physical examinations, medical diagnostic evaluations, and evaluation of comorbid medical conditions
- Medication management and evaluation of drug interactions
- Physician orders, interpretation of laboratory studies, and other medical diagnostic studies and observations

Treatment Services – Psychotherapy – Interactive Complexity Add-On Code		
Procedure Code	Procedure Code Description	Usage
90785 (Add-on)	Interactive complexity (list separately in addition to the code for the primary procedure)	Medicaid/OBH

II.F.9.E.1. Individual Psychotherapy

Individual Psychotherapy procedure codes are separated into two (2) broad categories:

- Interactive psychotherapy
- Insight-oriented, behavior-modifying and/or supportive psychotherapy

☒ **CPT states - The psychotherapy codes 90832-90838 include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of family member(s) or other in the treatment process**

☒ **To report psychotherapy, choose the code closest to the actual time (ie, 16-37 minutes for 90832, 38-52 minutes for 90834, and 53 or more minutes for 90837. Do not report psychotherapy for less than 16 minutes duration.**

Treatment Services – Psychotherapy		
Procedure Code	Procedure Code Description	Usage
90832	Psychotherapy, 30 minutes with the patient and/or family member	Medicaid/OBH
90833 (Add-on)	Psychotherapy, 30 minutes with the patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary service)	Medicaid/OBH
90834	Psychotherapy, 45 minutes with the patient and/or family member	Medicaid/OBH
90836 (Add-on)	Psychotherapy, 45 minutes with the patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary service)	Medicaid/OBH
90837	Psychotherapy, 60 minutes with the patient and/or family member	Medicaid/OBH
90838 (Add-on)	Psychotherapy, 60 minutes with the patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary service)	Medicaid/OBH
H0004	Behavioral health counseling and therapy, per 15 minutes	Medicaid/OBH

II.F.9.E.2. Psychotherapy for Crisis

Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high stress. 90839 and 90840 are used to report the total duration of face-to-face with the patient and/or family spent by the physician or other qualified healthcare professional providing psychotherapy for crisis, even if the time spent on that date is not continuous. For any period of time spent providing psychotherapy for crisis state, the provider must devote his or her full, attention to the patient and therefore, cannot provide services to another patient during the same time period. The patient must be present for all or some of the services.

Treatment Services – Psychotherapy - Psychotherapy for Crisis		
Procedure Code	Procedure Code Description	Usage
98039	Psychotherapy for Crisis, first 60 min	Medicaid/OBH
90840 (Add-on)	Psychotherapy for Crisis, each additional 30 minutes (List separately in addition to code 90839 for primary service).	Medicaid/OBH

II.F.9.E.3. Family Psychotherapy

Family Psychotherapy is face-to-face therapeutic contact with a client and family member(s), or other person(s) significant to the client, for improving client-family functioning. Family Psychotherapy is appropriate when intervention in the family interactions would be expected to improve the client’s emotional/behavioral disturbance. The primary purpose of family psychotherapy is the treatment of the client.

Treatment Services – Psychotherapy - Family Psychotherapy		
Procedure Code	Procedure Code Description	Usage
90846	Family psychotherapy (without the patient present)	Medicaid/OBH
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	Medicaid/OBH

II.F.9.E.4. Group Psychotherapy

Group Psychotherapy is “therapeutic contact of up to and including two (2) hours, facilitated by a qualified mental health professional (MHP) in a group setting with two (2) or more clients who are typically not family members. The MHP facilitates structured group interactions in an effort to change individual behavior of each person in the group and assist group members in meeting individual recovery goals.”

Treatment Services –Psychotherapy – Group Psychotherapy		
Procedure Code	Procedure Code Description	Usage
90849	Multiple-family group therapy	Medicaid/OBH
90853	Group psychotherapy (other than of a multiple-family group)	Medicaid/OBH

II.F.9.F. Substance Use Treatment Services

Treatment services utilize a variety of methods to treat mental, behavioral, and substance use disorders. The goal is to alleviate emotional disturbances and reverse or change maladaptive patterns of behavior in order to encourage a client's personal growth and development. Treatment services often utilize assessments to formulate and implement an individualized comprehensive written treatment plan that is used to promote the client's highest possible level of independent functioning. Treatment can include relapse planning, information about the process of addiction, and assist clients to understand some of the underlying issues that lead them to use substances.

Substance Use Treatment Services		
Procedure Code	Procedure Code Description	Usage
H0005	Alcohol and/or Drug Services; group counseling by a clinician	Medicaid/OBH
H0015	Alcohol and/or Drug Services; intensive outpatient program	Medicaid/OBH
H0020	Alcohol and/ or Drug Services; methadone administration and/ or service (provisions of the drug by a licensed program)	Medicaid/OBH
H0047	Alcohol and/ or Other Drug Abuse Services; Not Otherwise Specified (NOS)	OBH
H1004	Prenatal Follow-up Home Visit	OBH
H1010	Non-medical Family Planning	OBH
H2035	Alcohol and/or Drug Treatment Program, per hour	OBH
H2036	Alcohol and/or Drug Treatment Program, per diem	OBH
H2037	Developmental Delay Prevention Activities, dependent child of client per 15 minutes	OBH
S9445	Drug Screening and Monitoring	Medicaid/OBH
T1006	Alcohol and/or Substance Abuse Services, Family/Couple Counseling	OBH
T1012	Alcohol and/or Substance Abuse Services, Skills Development	OBH

II.F.9.G. Rehabilitation Services

“Rehabilitative services include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law, for maximum reduction of mental disability and restoration of a consumer to his/her best possible level of functioning (LOF).”^{113,114}

II.F.9.G.1. Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT) is “a service-delivery model that provides comprehensive, locally-based treatment to adults with serious mental illnesses (SMIs). ACT Services are highly individualized and are available 24 hours a day, seven (7) days a week, 365 days a year, to clients who need significant assistance and support to overcome the barriers and obstacles that confront them because of their mental illnesses. ACT teams provide:

- Case management
- Initial and ongoing mental health assessments
- Psychiatric services
- Employment and housing assistance
- Family support and education
- Substance abuse services (individuals with co-occurring substance abuse/mental illness)

ACT models are built around a self-contained multi-disciplinary team (i.e., psychiatrist, SW, RN/APRN/RxN/LPN/LVN, etc.) that serves as the fixed point of responsibility for all client care for a specific group of clients. In this approach, normally used with clients with the most serious and intractable symptoms of severe and persistent mental illness (SPMI), the treatment team typically provides all client services using a highly integrated approach to care. The treatment team delivers an integrated array of treatment, support and rehabilitation services to clients, with the majority of services being rendered in clients’ own homes, work settings, or any other place in the community where support might be needed. Assessment and treatment planning are done in a collaborative manner, and result in a plan that is customized for each individual client.

Treatment Services –Rehabilitation Services – Assertive Community Treatment (ACT)		
Procedure Code	Procedure Code Description	Usage
H0039	Assertive community treatment, face-to-face, per 15 minutes	Medicaid/OBH
H0040	Assertive community treatment program, per diem	Medicaid/OBH

II.F.9.G.2. Clubhouse/Drop-In Center

Clubhouses and Drop-In Centers provide “peer support services for people who have mental illnesses (MIs).” In Clubhouses, “individuals (members) utilize their skills for clerical work, data input, meal preparation, providing resource information or reaching out to fellow members. Staff and members work side by side, in a unique partnership.” In drop-in centers, “individuals with mental illnesses plan and conduct programs and activities in a club-like setting. There are planned activities and opportunities for individuals to interact with social groups.” The International Center for Clubhouse Development (ICCD) Clubhouse Model is recognized as an Evidenced-Based Practice by SAMHSA. ICCD Certified Clubhouse programs are identified as following the EBP.

Treatment Services –Rehabilitation Services – ClubHouse/Drop-In Center		
Procedure Code	Procedure Code Description	Usage
H2030	Mental health clubhouse services, per 15 minutes	Medicaid/OBH
H2031	Mental health clubhouse services, per diem	Medicaid/OBH
H0023	Behavioral Health Outreach Service (Drop-In Center)	Medicaid/OBH

II.F.9.G.3. Community Psychiatric Support Treatment Services (CPST)

Community Psychiatric Support Treatment (CPST) coordinates and provides services and resources to clients and families necessary to promote recovery, rehabilitation, and resiliency. CPST identifies and addresses the barriers impeding the client’s development of the skills necessary for independent functioning in the community, as well as the strengths, which may aid the client and family in the recovery/resiliency processes. CPST addresses client and family goals for independent living.

Treatment Services –Rehabilitation Services – Community Psychiatric Support Treatment (CPST)		
Procedure Code	Procedure Code Description	Usage
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	Medicaid/OBH
H0037	Community psychiatric supportive treatment, face-to-face, per diem	Medicaid/OBH

II.F.9.G.4. Psychosocial Rehabilitation (PSR) Services

Psychosocial Rehabilitation (PSR) Services are “an array of therapeutic services designed to help individuals with long-term psychiatric disabilities increase their functioning so that they are successful and satisfied in the environments of their choice with the least amount of ongoing professional intervention. These services are designed to capitalize on personal strengths, to develop coping strategies and skills to deal with deficits, and to develop a supportive environment in which to function as independently as possible. PSR Services are provided in clinic or community-based settings and include:

- Individual or group skill-building activities
- Development of problem-solving techniques
- Development of self-medication skills
- Activities to increase cognitive and psychosocial functioning
- Illness management strategies
- Wellness activities

Treatment Services –Rehabilitation Services – Rehabilitation Program		
Procedure Code	Procedure Code Description	Usage
H2001	Rehabilitation program, per ½ day	Medicaid/OBH
H2017	Psychosocial rehabilitation services, per 15 minutes	Medicaid/OBH
H2018	Psychosocial rehabilitation services, per diem	Medicaid/OBH

II.F.9.G.5. Other Rehabilitation Services

Treatment Services –Rehabilitation Services – Other		
Procedure Code	Procedure Code Description	Usage
97535	Self-care/home management training (e.g., activities of daily living (ADLs) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	Medicaid/OBH
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes	Medicaid/OBH
H2014	Skills training and development, per 15 minutes	Medicaid/OBH
H2032	Activity therapy, per 15 minutes	Medicaid/OBH

II.F.9.H. Other Professional Services

II.F.9.H.1. Biofeedback Training

Biofeedback Training involves monitoring a client’s bodily functions (i.e., blood pressure, heart rate, skin temperature, breathing rate, sweat gland activity and muscle tension) through the use of surface electrodes (sensors), which convey information (i.e., “feedback”) to the client in real-time. The client is taught how certain thought processes, stimuli, and actions affect these physiological responses. The client learns to recognize and manipulate these responses to control maladapted physiological functions, through relaxation and awareness techniques. Biofeedback Training requires specialized training on the part of the mental health professional (MHP), and involves both assessment and treatment using biofeedback equipment.

Treatment Services –Other Professional Services – Biofeedback Training		
Procedure Code	Procedure Code Description	Usage
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 20 – 30 minutes	Medicaid/OBH
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 45 – 50 minutes	Medicaid/OBH

II.F.9.H.2. Community-Based Wrap-Around Services

Community-Based Wrap-Around Services for children and adolescents utilizes a treatment team consisting of members determined by the family, often representing multiple agencies and/or informal supports. The treatment team creates a highly individualized treatment/service plan for the child/adolescent that consists of behavioral health (BH) treatment services, as well as other services and supports that are secured from, and funded by, other community agencies. The wrap-around plan is the result of a collaborative team planning process that focuses on the identified strengths, values, preferences, needs, strategies and outcomes of the child/youth and family, and is developed in partnership with other community agencies. The individualized, community-based clinical interventions identified in the individualized treatment/service plan are delivered as an alternative or adjunct to traditional behavioral health (BH) treatment services.

Treatment Services –Other Professional Services – Community-Based Wrap Around Services		
Procedure Code	Procedure Code Description	Usage
H2021	Community-based wrap-around services, per 15 minutes	Medicaid/OBH
H2022	Community-based wrap-around services, per diem	Medicaid/OBH

II.F.9.H.3. Medical Team Conference

Medical Team Conference is a face-to-face collaboration of at least three (3) qualified mental health professionals (MHPs) from different specialties/disciplines who are actively involved in the development, revision, coordination, and implementation of behavioral health (BH) services for the client. Individuals do not report these procedure codes when their participation in the conference is part of a service that is contractually provide by the organizational or facility provider.¹¹⁵

Treatment Services –Other Professional Services – Medical Team Conference		
Procedure Code	Procedure Code Description	Usage
99366	Medical team conference with interdisciplinary team, face-to-face with patient and/or family, 30 minutes or more, participation by a non-physician qualified health care professional	Medicaid/OBH
99367	Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by physician	Medicaid/OBH
99368	Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by non-physician qualified health care professional	Medicaid/OBH

II.F.9.H.4. Multi-Systemic Therapy (MST) for Juveniles

Multi-Systemic Therapy (MST) is an intensive family- and community-based treatment targeting chronic, violent or substance abusing juvenile offenders at high risk of out-of-home placement and their families. MST strives to promote behavior change in the youth's natural environment, using the strengths of the systems with which the youth is involved (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate change. Within a context of support and skill building, the mental health professional (MHP) places developmentally appropriate demands on the adolescent and family for responsible behavior. Intervention strategies include strategic/structural family therapy (SFT), behavioral parent training, and cognitive behavior therapies (CBTs). A home-based model of service delivery aids in overcoming barriers to service access, increasing family retention in treatment, allowing for the provision of intensive services (i.e., MHPs have low caseloads), and enhancing the maintenance of treatment gains. The primary goals of MST are to reduce anti-social behavior, reduce out-of-home placement, and empower families to resolve future difficulties. The usual duration of MST treatment is approximately four (4) months.

Treatment Services –Other Professional Services – Multi-Systemic Therapy (MST)		
Procedure Code	Procedure Code Description	Usage
H2033	Multi-systemic therapy for juveniles, per 15 minutes	Medicaid/OBH

II.F.9.H.5. Psychoeducational Services

Psychoeducational Services are an adjunct treatment modality that focus on educating clients, families and significant others in subject areas that support the goals of treatment, recovery and rehabilitation, specific to the clients' behavioral health (BH) needs.

Treatment Services –Other Professional Services – Psychoeducational Services		
Procedure Code	Procedure Code Description	Usage
H2027	Psychoeducational service, per 15 minutes	Medicaid/OBH

II.F.9.I. Vocational Services

Vocational Services are “services designed to assist adults and adolescents who are ineligible for State Vocational Rehabilitation services and require long-term services and supports in developing skills consistent with employment and/or in obtaining employment.”¹¹⁶ Vocational Services include:

- Skill and support development interventions
- Educational services (GED, college prep skills)
- Vocational assessment
- Job coaching

Vocational Services		
Procedure Code	Procedure Code Description	Usage
H2023	Supported employment, per 15 minutes	Medicaid/OBH
H2024	Supported employment, per diem	Medicaid/OBH
H2025	Ongoing support to maintain employment, per 15 minutes	Medicaid/OBH
H2026	Ongoing support to maintain employment, per diem	Medicaid/OBH

II.G. Evaluation and Management

The following evaluation and management codes are covered by the BHOs when they are billed in conjunction with a psychotherapy add-on or when used for the purposes of medication management with minimal psychotherapy provided by a prescriber from the BHO network.

The evaluation and management (E/M) codes were introduced in the 1992 update to the fourth edition of Physicians' Current Procedural Terminology (CPT). These codes cover a broad range of services for patients in both inpatient and outpatient settings. In 1995 and again in 1997, the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services, or CMS) published documentation guidelines to support the selection of appropriate E/M codes for services provided to Medicare beneficiaries. **Please refer to the CMS website for the 1995 and 1997 versions.**

The major difference between the two sets of guidelines is that the 1997 set includes a single-system psychiatry examination (mental status examination) that can be fully substituted for the comprehensive, multisystem physical examination required by the 1995 guideline. Because of this, it clearly makes the most sense for mental health practitioners to use the 1997 guidelines. Clinicians currently have the option of using the 1995 or 1997 CMS documentation guidelines for E/M services, although for mental health providers the 1997 version is the obvious choice.

The E/M codes are generic in the sense that they are intended to be used by all physicians, nurse-practitioners, and physician assistants and to be used in primary and specialty care alike. The decision to use one set of codes over another should be based on which code most accurately describes the services provided to the client.

DEFINITIONS:

New patient/client: A new patient/client is defined as one who has not received any professional services from the prescriber or another prescriber of the exact same specialty and subspecialty who belongs to the same group within the past 3 years.

Established patient/client: An established patient/client is one who has received professional services from the prescriber or another prescriber of the exact same specialty and subspecialty who belongs to the same group within the past 3 years.

In the instance where a prescriber is on call covering for another prescriber, the patient's/client's service will be classified as it would have been by the prescriber who is not available. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and exact same subspecialties as the physician.

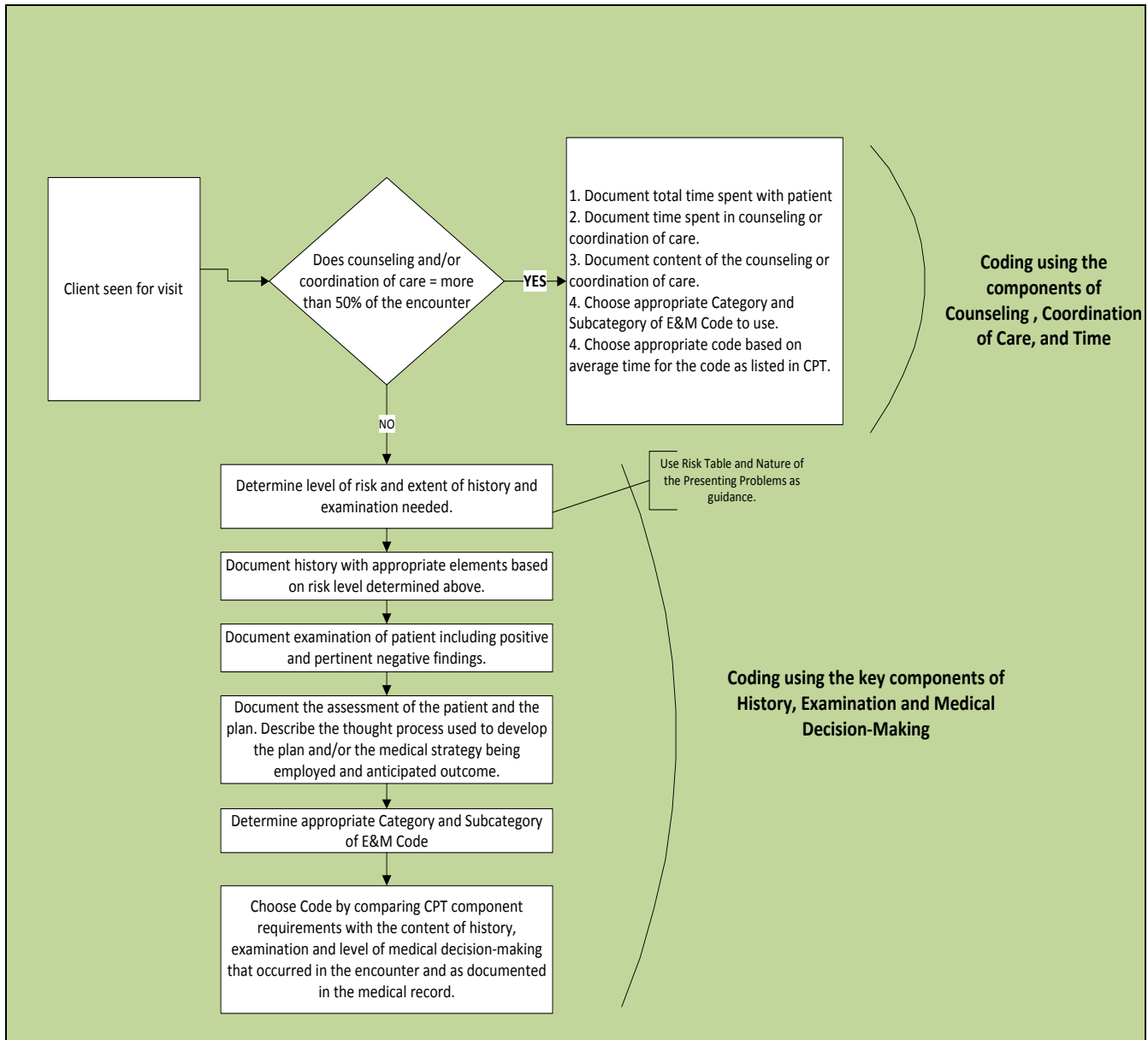
There is no distinction made between new and established patients in the emergency department.

II.G.1. Documenting Evaluation and Management Services

II.G.1.A. Service Description, Minimum Documentation Requirements, and Notes

EVALUATION AND MANAGEMENT	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>These codes are used for face to face services for the evaluation and management of an individual with presenting problem(s) of varying severity.</p> <p>The physician/NPP may usually bill for one E&M code per day. In some circumstances another E&M code for the day may be appropriate but will be subject to review by the payer.</p> <p>Some locations for E&M services include codes for new patient and established patient. See Section II.G.1.B. For a decision tree on how to identify new vs. established patients.</p> <ul style="list-style-type: none"> In general new patients require that the prescriber provide and document all 3 key components that meet the criteria for the code selected. Established patients generally require that only 2 of the 3 key components provided and documented meet the criteria for the code selected. Emergency room E&M codes do not distinguish between new and established patients. All 3 key components provided and documented must meet criteria for the code selected for every visit. Also time based coding which is allowed for other E&M codes is not allowed for Emergency Room visits. <p>Once the location and new vs. established has been determined, choosing the level of code can be done in one of two ways:</p> <p>OPTION 1: The amount of work of the physician/qualified NPP.</p> <p>OPTION 2: If more than 50% of the billing prescriber's time with the individual and family is spent in counseling and coordination of care, then the service is coded by time spent. This Option requires specific documentation that X minutes of the session lasting Y amount of time was spent on counseling/coordination of care.</p>	<p>CMS has issued two sets of documentation guidelines for E&M Coding. These guidelines provide detailed information on requirements and level of detail expected. These guidelines should be used by all providers and billing staff to determine the level of code. See Section II.G.1.C. for a chart that lists key components and average times for each inpatient code. The following is a brief summary of requirements only and should not be used as the sole reference for coding:</p> <p>All visits must include documentation of the chief complaint or reason for visit.</p> <p>OPTION 1: Documenting services based on the work of the provider:</p> <ul style="list-style-type: none"> History: see chart in Section II.G.1.D. for determining level of history Examination (this can be a single system psychiatric examination – see CMS E&M Guidelines 1997 or Section II.G.1.C.) Medical decision-making: see chart in Section II.G.1.D. for determining level of medical decision-making. <p>Once the level of each is determined, see Chart in Section II.G.1.E. for code selection.</p> <p><u>Outpatient and nursing facility:</u> All 3 Key Components must be documented for new patients. 2 out of 3 key components must be documented for established patients.</p> <p><u>Emergency Room:</u> 3 of 3 key components must be documented at each visit.</p> <p>OPTION 2: Documenting and coding services based on time spent in counseling and coordination of care.</p> <ul style="list-style-type: none"> Document all work completed and: <ul style="list-style-type: none"> Total time of the service Time spent in counseling and coordination of care Content of discussion and medical decision-making <p>See chart in Section II.G.1.E. for code selection based on Average Time.</p> <p>Option 2 is not available for Emergency Room services.</p>
NOTES	EXAMPLE ACTIVITIES
<p>The services of the billing prescriber must be face to face</p> <p>Shared/split visit rules may apply depending on the setting and whether or not certain rules regarding supervision are met. CMS transmittal 178 or any successors.</p> <p>Portions of the history – the Review of Systems (ROS) and Past Family and Social History (PSFH) may be completed by the nurse, other trained medical office staff, or the individual. The billing prescriber must document that they both reviewed and agreed with the information provided.</p> <p>ROS and PSFH obtained at an earlier visit does not need to be re-recorded. The billing prescriber should only document changes and/or state that there have been no changes and note the date and location of the earlier ROS and PSFH information.</p> <p>Portions of the examination, specifically the vital signs and weight may be completed by nursing or trained medical office staff but the remainder of the examination must be completed by the prescribing physician.</p>	

II.G.1.B. Evaluation and Management Decision Tree



II.G.1.C. Single System Evaluation-Psychiatric

CONTENT AND DOCUMENTATION REQUIREMENTS	
<p>To choose level of exam, perform and document as follows: Problem Focused - One to five elements identified by a bullet. Expanded Problem Focused - At least six elements identified by a bullet. Detailed - At least nine elements identified by a bullet. Comprehensive - Perform all elements identified by a bullet; document every element in each shaded box and at least one element in each un-shaded box.</p>	
SYSTEM/BODY AREA	ELEMENTS OF EXAMINATION
Constitutional	<ul style="list-style-type: none"> • Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured and recorded by ancillary staff) • General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming)
Head and Face	
Eyes	
Ears, Nose, Mouth and Throat	
Neck	
Respiratory	
Cardiovascular	
Chest (Breasts)	
Gastrointestinal (Abdomen)	
Genitourinary	
Lymphatic	
Musculoskeletal	<ul style="list-style-type: none"> • Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) with notation of any atrophy and abnormal movements • Examination of gait and station
Extremities	
Skin	
Neurological	
Psychiatric	<ul style="list-style-type: none"> • Description of speech including: rate; volume; articulation; coherence; and spontaneity with notation of abnormalities (e.g., perseveration, paucity of language) • Description of thought processes including: rate of thoughts; content of thoughts (e.g., logical vs. illogical, tangential); abstract reasoning; and computation • Description of associations (e.g., loose, tangential, circumstantial, intact) • Description of abnormal or psychotic thoughts including: hallucinations; delusions; preoccupation with violence; homicidal or suicidal ideation; and obsessions • Description of the patient's judgment (e.g., concerning everyday activities and social situations) and insight (e.g., concerning psychiatric condition) <p style="text-align: center;">Complete mental status examination including:</p> <ul style="list-style-type: none"> • Orientation to time, place and person • Recent and remote memory • Attention span and concentration • Language (e.g., naming objects, repeating phrases) • Fund of knowledge (e.g., awareness of current events, past history, vocabulary) • Mood and affect (e.g., depression, anxiety, agitation, hypomania, lability)

II.G.1.D Evaluation and Management Components

COMPONENT	SIGNIFICANCE OF COMPONENT TO CODING DECISION	# AND TYPES OR LEVELS OF EACH COMPONENT	DESCRIPTION	COMMENT
History	Key	4 Types: 1. Problem-focused 2. Expanded Problem-focused 3. Detailed 4. Comprehensive	Includes the chief complaint, history of the present illness, a review of systems, and a review of past medical or social history of client and their family.	The 1995 and 1997 CMS guidelines on documentation are essentially the same for this component. Under – documentation of this component is a frequent reason for audit failures. CMS has stated that it expects the provider to record or take the history of the present illness. If other ancillary staff responsible for this – provider should reference and discuss positive or supportive findings in their own documentation. Stating simply: “client here for follow-up” is not sufficient.
Examination	Key	4 Types: 1. Problem-focused 2. Expanded Problem-focused 3. Detailed 4. Comprehensive	Examination of the body areas or organ systems.	The 1997 guidelines outline a single system specialty exam for psychiatry at all levels of examination. The 1995 guidelines allow for a single specialty exam only at the Comprehensive level.
Medical Decision-Making	Key	4 Types: 1. Straightforward 2. Low Complexity 3. Moderate Complexity 4. High Complexity	Consideration of the number of diagnoses or management options, along with the amount and complexity of data that must be reviewed to develop the diagnosis, assessment and plan, and the risk of morbidity, mortality, and/or complications.	Providers should consider the complexity of the medical decision-making early in the encounter. The nature and severity of the presenting problem can often act as a guide. Use this guesstimate of medical decision-making complexity to guide or drive the extent of the history taking and examination.
Nature of Presenting Problem	Contributory	5 Types: 1. Minimal: likely straightforward level of medical decision-making 2. Self-limited or minor: likely straightforward level of medical decision-making 3. Low severity: likely low to moderate complexity of medical decision-making – although this depends on work-up needed to get to rule in DX 4. Moderate severity: likely moderate to high complexity of medical decision-making depending on outcome and work-up needed to get to DX. 5. High severity: likely moderate to high-risk medical decision-making.	Characteristics of the presenting problem such as numbers of problems, acuity, severity, chronicity, known or unknown, stable, unstable status, prognosis etc.	This component is built into the Risk Tables developed by both CMS and the AMA and assists in the determination of the level of medical decision-making, which is a key component for determining code choice. The level of severity of the presenting problem may change as the visit progresses and differential diagnoses are explored, ruled in or out. The thought process of the provider should be documented as a support for the medical necessity of the diagnostic or therapeutic services.

COMPONENT	SIGNIFICANCE OF COMPONENT TO CODING DECISION	# AND TYPES OR LEVELS OF EACH COMPONENT	DESCRIPTION	COMMENT
Counseling	Contributory	Not applicable	Interaction with client (and family) to discuss: diagnosis or recommended further work-up, prognosis, alternative management plans and associated risk or potential outcomes, instructions for management or follow-up, education including need for compliance, and risk factor reduction.	Counseling is only used to determine the level of E&M code (although it should always be documented) when it (along with coordination of care) consists of more than 50% of the time spent in the encounter. Medicare usually requires a face-to-face interaction that includes the client. Documentation should include a description of the content, time spent counseling and total time of the encounter.
Coordination of Care	Contributory	Not applicable	Contact with other physicians or caregivers on behalf of the client in the management of their treatment.	Coordination of care is only used to determine the level of E&M code (although it should always be documented) when it (along with counseling) consists of more than 50% of the time spent in the encounter. Outpatient coordination of care must occur with the client present. Inpatient coordination of care does not need to be face to face with the client. It does include time spent reviewing records and time spent with other practitioners. Documentation should include a description of the content of the service; time spent coordinating care and total time of the encounter.
Time	Contributory	Not applicable	Outpatient services: time spent face to face with client. Inpatient: time spent on at bedside and on the floor or unit with client or family or other caregivers.	This is the controlling factor when more than 50% of the service is spent in counseling or coordination of care. Documentation must include total time and time spent in counseling and coordination of care as well as content of the encounter. This is the controlling factor in critical care and prolonged services as well.

II.G.1.E. Evaluation and Management Code Selection Chart

***Shows the number of the three key components: Exam, History, and Medical decision making needed to bill the code**

	Code	Type	History				Exam				Medical Decision-Making				Time
			Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Straightforward	Low complexity	Moderate Complexity	High Complexity	Avg. Time
OFFICE OR OTHER OUTPATIENT	99201	New Patient Office or other outpatient Visit *Requires 3 of 3	X				X				X				10 MIN
	99202	New Patient Office or other outpatient Visit *Requires 3 of 3		X				X			X				20 MIN
	99203	New Patient Office or other outpatient Visit *Requires 3 of 3			X				X			X			30 MIN
	99204	New Patient Office or other outpatient Visit *Requires 3 of 3				X				X			X		45 MIN
	99205	New Patient Office or other outpatient Visit *Requires 3 of 3				X				X				X	60 MIN
	99211	N/A													5
	99212	Established Patient Office or Outpatient Visit *Requires 2 of 3	X				X				X				10 MIN
	99213	Established Patient Office or Outpatient Visit *Requires 2 of 3		X				X				X			15 MIN
	99214	Established Patient Office or Outpatient Visit *Requires 2 of 3			X				X				X		25 MIN
	99215	Established Patient Office or Outpatient Visit *Requires 2 of 3				X				X				X	40 MIN
EMERGENCY DEPARTMENT	99281	Emergency Department Visit *Requires 3	X				X				X				N/A
	99282	Emergency Department visit *Requires 3		X				X				X			N/A
	99283	Emergency Department Visit *Requires 3		X				X					X		N/A
	99284	Emergency Department Visit *Requires 3			X				X				X		N/A
	99285	Emergency Department Visit *Requires 3				X				X				X	N/A

NURSING FACILITY	INITIAL NURSING HOME CARE	99304	Initial Nursing Facility Care. New or established patient. *Requires 3 of 3.			X	X			X	X	X	X			25 MIN	
		99305	Initial Nursing Facility Care. New or established patient. *Requires 3 of 3.				X				X				X		35 MIN
		99306	Initial Nursing Facility Care. New or established patient. *Requires 3 of 3.				X				X					X	45 MIN
	SUBSEQUENT NURSING HOME CARE	99307	Subsequent Nursing Facility Care. New or established patient. *Requires 2 of 3.	X					X				X				10 MIN
		99308	Subsequent Nursing Facility Care. New or established patient. *Requires 2 of 3.		X					X				X			15 MIN
		99309	Subsequent Nursing Facility Care. New or established patient. *Requires 2 of 3.			X				X					X		25 MIN
		99310	Subsequent Nursing Facility Care. New or established patient. *Requires 2 of 3.				X				X					X	35 MIN
	NURSING HOME DISCHARGE OR ANNUAL REVIEW	99315	Nursing Facility Discharge 30 minutes or less														30 or <30 MIN
		99316	Nursing Facility Discharge >30 minutes														>30 MIN
		99318	Annual Nursing Facility Assessment *Requires 3 of 3.			X					X		X	X			30 MIN
DOMICILIARY, REST HOME (e.g., BOARDING HOME), CUSTODIAL CARE		99324	Domiciliary, Rest Home, Custodial Care. New patient. *Requires 3 of 3.	X				X				X				20 MIN	
		99325	Domiciliary, Rest Home, Custodial Care. New patient. *Requires 3 of 3.		X				X				X			30 MIN	
		99326	Domiciliary, Rest Home, Custodial Care. New patient. *Requires 3 of 3.			X				X					X	45 MIN	
		99327	Domiciliary, Rest Home, Custodial Care. New patient. *Requires 3 of 3.				X				X				X	60 MIN	
		99328	Domiciliary, Rest Home, Custodial Care. New patient. *Requires 3 of 3.				X				X					X	75 MIN
		99334	Domiciliary, Rest Home, Custodial Care. Established patient. *Requires 3 of 3.	X					X				X				15 MIN

		99335	Domiciliary, Rest Home, Custodial Care. Established patient. *Requires 3 of 3.		X				X			X			25 MIN	
		99336	Domiciliary, Rest Home, Custodial Care. Established patient. *Requires 3 of 3.			X			X				X		40 MIN	
		99337	Domiciliary, Rest Home, Custodial Care. Established patient. *Requires 3 of 3.				X			X			X	X	60 MIN	
HOME SERVICES		99341	Home visit. New Patient *Requires 3	X				X			X				20	
		99342	Home visit. New Patient *Requires 3		X				X				X		30	
		99343	Home visit . New Patient *Requires 3			X				X				X	45	
		99344	Home visit. New Patient *Requires 3				X			X				X	60	
		99345	Home visit. New Patient *Requires 3				X			X				X	75	
		99347	Home visit. Established Patient *Requires 2 of 3	X				X			X				15	
		99348	Home visit. Established Patient *Requires 2 of 3		X				X				X		25	
		99349	Home visit. Established Patient *Requires 2 of 3			X				X				X	40	
		99350	Home visit. Established Patient *Requires 2 of 3				X			X				X	X	60
		HOSPITAL INPATIENT SERVICES	INITIAL HOSPITAL CARE	99221	Initial Inpatient Hospital Care. New or established patient. * Requires 3 of 3			X			X		X	X		30 MIN
99222	Initial Inpatient Hospital Care. New or established patient. * Requires 3 of 3						X			X			X	50 MIN		
99223	Initial Inpatient Hospital Care. New or established patient. * Requires 3 of 3						X			X				X	70 MIN	
SUBSEQUENT HOSPITAL CARE, SUBSEQUENT HOSPITAL CARE	99231		Subsequent Hospital Care. New or established patient. *Requires 2 of 3	X				X			X	X			15 MIN	
	99232		Subsequent Hospital Care. New or established patient. *Requires 2 of 3		X				X					X	25 MIN	
	99233		Subsequent Hospital Care. New or established patient. *Requires 2 of 3			X				X					X	35 MIN

SUBSEQUENT HOSPITAL CARE, SAME DAY ADMIT & DC OBSERVATION	99234	Same Day Admit/Discharge Observation/Inpatient. New or established patient. *Requires 3 of 3			X	X				X	X	X	X			40	
	99235	Same Day Admit/Discharge Observation/Inpatient. New or established patient. *Requires 3 of 3				X					X			X		50	
	99236	Same Day Admit/Discharge Observation/Inpatient. New or established patient. *Requires 3 of 3				X					X				X	55	
	SUBSEQUENT HOSPITAL CARE, DISCHARGE	99238	Hospital Discharge Day Management 30 minutes or less														30 or <30 MIN
		99239	Hospital Discharge Day Management >30 minutes														>30 MIN
HOSPITAL OBSERVATION	DIS-CHARGE	99217	N/A														
	INITIAL OBSERVATION CARE	99218	Initial Observation Care. New or established patient. * Requires 3 of 3			X	X			X	X	X	X				30
		99219	Initial Observation Care. New or established patient. * Requires 3 of 3				X				X				X		50
		99220	Initial Observation Care. New or established patient. * Requires 3 of 3				X				X					X	70
	SUBSEQUENT OBSERVATION CARE	99224	Subsequent Observation Care. New or established patient. *Requires 2 of 3.	X					X				X	X			15
		99225	Subsequent Observation Care. New or established patient. *Requires 2 of 3.		X					X						X	25
		99226	Subsequent Observation Care. New or established patient. *Requires 2 of 3.			X					X					X	35

CONSULTATIONS	OFFICE OR OTHER OUTPATIENT CONSULTATIONS	99241	Office or Outpatient Consultation Established Patient *Requires 3	X				X				X				15	
		99242	Office or Outpatient Consultation Established Patient *Requires 3		X				X				X				30
		99243	Office or Outpatient Consultation Established Patient *Requires 3			X				X				X			40
		99244	Office or Outpatient Consultation Established Patient *Requires 3				X			X					X		60
		99245	Office or Outpatient Consultation Established Patient *Requires 3				X				X					X	80
	INPATIENT CONSULTATIONS	99251	Inpatient Consultation New or Established Patient *Requires 3	X					X				X				20
		99252	Inpatient Consultation New or Established Patient *Requires 3		X					X			X				40
		99253	Inpatient Consultation New or Established Patient *Requires 3			X				X				X			55
		99254	Inpatient Consultation New or Established Patient *Requires 3				X				X				X		80
		99255	Inpatient Consultation New or Established Patient *Requires 3				X				X					X	110

II.G.1.F. *References for Evaluation and Management Services*

1. 1995 Documentation Guidelines for Evaluation and Management Services, download at the CMS Website
2. 1997 Documentation Guidelines for Evaluation and Management Services, download at the CMS Website
3. The “Medicare Benefit Policy Manual” (Pub. 100-02) and the “Medicare Claims Processing Manual” (Pub. 100-04), download at the CMS Website
4. Evaluation and Management Services Guide, Department of Health and Human Services, Medicare Learning Network, December 2010, ICN: 006764
5. CPT Codes Book, American Medical Association, 2012
6. Procedure Coding Handbook for Psychiatrists, 4th Edition. Chester W. Schmidt, Rebecca K. Yowell, Ellen Jaffee.

II.G.2. *Evaluation and Management Procedure codes*

II.G.2.A. *Office or Other Outpatient Services*

Evaluation and Management Services – Office or Other Outpatient Services		
Procedure Code	Procedure Code Description	Usage
99201	New Patient – Requires problem focused history, problem focused examination, and straight forward medical decision making. Typical time spent is 10 minutes.	Medicaid/OBH
99202	New Patient – Requires expanded problem focused history, expanded problem focused examination, and straightforward medical decision making. Typical time spent is 20 minutes.	Medicaid/OBH
99203	New Patient – Requires detailed history, detailed examination, and low complexity medical decision making. Typical time spent is 30 minutes.	Medicaid/OBH
99204	New Patient – Requires comprehensive history, comprehensive examination, and moderate complexity medical decision making. Typical time spent is 45 minutes.	Medicaid/OBH
99205	New Patient – Requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 60 minutes.	Medicaid/OBH
99211	Office or other outpatient office visit that may not require the presence of a physician. Usually presenting problems are minimal.	Medicaid/OBH
99212	Established Patient – Requires problem focused history, problem focused examination, and straightforward medical decision making. Typical time spent is 10 minutes.	Medicaid/OBH
99213	Established Patient – Requires expanded problem focused history, expanded problem focused examination, and low complexity medical decision making. Typical time spent is 15 minutes.	Medicaid/OBH
99214	Established Patient – Requires detailed history, detailed examination, and moderate complexity medical decision making. Typical time spent is 25 minutes.	Medicaid/OBH
99215	Established Patient – Requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 40 minutes.	Medicaid/OBH

II.G.2.B. Emergency Department Services

The following codes are used to report Evaluation and Management services provided in the Emergency Department. No distinction is made between new and established patients. For Evaluation and Management services provided to a client in an observation area of a hospital see 99217 to 99220.

Evaluation and Management Services – Emergency Department		
Procedure Code	Procedure Code Description	Usage
99281	Requires problem focused history, problem focused examination straight forward medical decision making	Medicaid/OBH
99282	Requires expanded problem focused history, expanded problem focused examination low complexity medical decision making	Medicaid/OBH
99283	Requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making	Medicaid/OBH
99284	Requires detailed history, detailed examination moderate complexity medical decision making	Medicaid/OBH
99285	Requires comprehensive history, comprehensive examination high complexity medical decision making	Medicaid/OBH

II.G.2.C. Nursing Facility Services

II.G.2.C.1. Initial Nursing Facility Services

Evaluation and Management Services – Nursing Facility Services – Initial Nursing Facility Services		
Procedure Code	Procedure Code Description	Usage
99304	Requires detailed or comprehensive history, detailed or comprehensive examination straight forward or low complexity medical decision making, Typical time is 25 minutes	Medicaid/OBH
99305	Requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time is 35 minutes	Medicaid/OBH
99306	Requires comprehensive history, comprehensive examination high complexity medical decision making Typical time is 45 minutes	Medicaid/OBH

II.G.2.C.2. Subsequent Nursing Facility Services

Evaluation and Management Services – Nursing Facility Services – Subsequent Nursing Facility Services		
Procedure Code	Procedure Code Description	Usage
99307	Requires problem focused interval history, problem focused examination, straight forward medical decision making, Typical time 10 minutes	Medicaid/OBH
99308	Requires expanded problem focused interval history, expanded problem focused examination, low complexity medical decision making, Typical time 15 minutes	Medicaid/OBH
99309	Requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time is 25 minutes	Medicaid/OBH
99310	Requires comp interval history, comprehensive examination high complexity medical decision making, Typical time is 35 minutes	Medicaid/OBH

II.G.2.C.3. Nursing Facility Discharge Services

Evaluation and Management Services – Nursing Facility Services – Nursing Facility Discharge Services		
Procedure Code	Procedure Code Description	Usage
99315	Nursing Facility Discharge Day Management Services: 30 minutes or less	Medicaid/OBH
99316	Nursing Facility Discharge Day Management Services: more than 30 minutes	Medicaid/OBH

II.G.2.C.4. Other Nursing Facility Services

Outpatient Evaluation and Management Services – Other Nursing Facility Services		
Procedure Code	Procedure Code Description	Usage
99318	Annual Nursing Facility Assessment: Requires detailed interval history, comprehensive examination, low to moderate complexity medical decision making. Typical time is 30 minutes	Medicaid/OBH

II.G.2.D. Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services

Evaluation and Management Services – Domiciliary, Rest Home, Custodial Services		
Procedure Code	Procedure Code Description	Usage
99324	New Patient - Requires problem focused history, problem focused examination, straight forward medical decision making, Typical time 20 minutes	Medicaid/OBH
99325	New Patient - Requires expanded problem focused history, expanded problem focused examination, low complexity medical decision making Typical time 30 minutes	Medicaid/OBH
99326	New Patient - Requires detailed history, detailed examination, moderate complexity medical decision making, Typical time 45 minutes	Medicaid/OBH
99327	New Patient - Requires comprehensive history, comprehensive examination, moderate complexity medical decision making, Typical time 60 minutes	Medicaid/OBH
99328	New Patient - Requires comprehensive history, comprehensive examination, high complexity medical decision making, Typical time 75 minutes	Medicaid/OBH
99334	Established Patient - Requires problem focused interval history, problem focused examination straight forward medical decision making, Typical time 15 minutes	Medicaid/OBH
99335	Established Patient - Requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making Typical time 25 minutes	Medicaid/OBH
99336	Established Patient - Requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time 40 minutes	Medicaid/OBH
99337	Established Patient - Requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes	Medicaid/OBH

II.G.2.E. Home

Evaluation and Management Services – Home		
Procedure Code	Procedure Code Description	Usage
99341	New Patient - Requires problem focused history, problem focused examination, straight forward medical decision making, Typical time 20 minutes	Medicaid/OBH
99342	New Patient - Requires expanded problem focused history, expanded problem focused examination, low complexity medical decision making Typical time 30 minutes	Medicaid/OBH
99343	New Patient - Requires detailed history, detailed examination, moderate complexity medical decision making, Typical time 45 minutes	Medicaid/OBH
99344	New Patient - Requires comprehensive history, comprehensive examination, moderate complexity medical decision making, Typical time 60 minutes	Medicaid/OBH
99345	New Patient - Requires comprehensive history, comprehensive examination, high complexity medical decision making, Typical time 75 minutes	Medicaid/OBH
99347	Established Patient - Requires problem focused interval history, problem focused examination straight forward medical decision making, Typical time 15 minutes	Medicaid/OBH
99348	Established Patient - Requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making Typical time 25 minutes	Medicaid/OBH
99349	Established Patient - Requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time 40 minutes	Medicaid/OBH
99350	Established Patient - Requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes	Medicaid/OBH

II.G.2.G. Hospital Observation Services

II.G.2.G.1. Observation Care Discharge Services

The following codes are used to report evaluation and management services to patients designated/admitted as “observation status” in a hospital.

Evaluation and Management Services – Hospital Observation Services – Observation Care Discharge		
Procedure Code	Procedure Code Description	Usage
99217	Observation Care Discharge Day Management – provided on a day other than day of admission	Medicaid/OBH

II.G.2.G.2. Initial Observation Care

Evaluation and Management Services – Hospital Observation Services – Initial Observation Care		
Procedure Code	Procedure Code Description	Usage
99218	Requires detailed or comprehensive history, detailed or comprehensive exam, and straight forward or low complexity medical decision making, Typical time is 30 minutes	Medicaid/OBH
99219	Requires comprehensive history, comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes	Medicaid/OBH
99220	Requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes	Medicaid/OBH

II.G.2.G.3. Subsequent Observation Care

Evaluation and Management Services – Hospital Observation Services – Subsequent Observation Care		
Procedure Code	Procedure Code Description	Usage
99224	Requires problem focused interval history, problem focused exam, and straight forward or low complexity medical decision making. Typical time is 15 minutes.	Medicaid/OBH
99225	Expanded problem focused interval history, expanded problem focused exam, and moderate complexity medical decision making. Typical time is 25 minutes.	Medicaid/OBH
99226	Requires detailed interval history, detailed exam, high complexity medical decision making Typical time is 35 minutes.	Medicaid/OBH

II.G.2.H. Consultations

II.G.2.H.1. Office or other Outpatient Consultations

The following codes are applicable to new or established patients and are used to report consultations provided in the office or in an outpatient or other ambulatory facility, including hospital observation services, home services, domiciliary, rest home, or emergency department. Follow up visits in the consultant's office or other outpatient facility that is initiated by the consultant or client is reported using the appropriate codes for established patients, office visits (99211-99215). Domiciliary, rest home (99334-99337), or home (99347-99350). If an additional requests for an opinion or advice regarding the same or a new problem is received from another physician or other appropriate source and documented in the medical record, the office consultation codes may be used again. Service that constitutes transfer of care is reported with the appropriate new or established client codes for office or other outpatient services.

Evaluation and Management Services – Consultations – Office or Other Outpatient Consultations		
Procedure Code	Procedure Code Description	Usage
99241	Requires problem focused history, problem focused exam straight forward med decision making, Typical time 15 minutes.	Medicaid/OBH
99242	Requires expanded problem focused history, expanded problem focused exam straight forward med decision making, Typical time 30 minutes	Medicaid/OBH
99243	Requires detailed history, detailed exam low complexity med decision making, Typical time 40 minutes	Medicaid/OBH
99244	Requires comprehensive history, comprehensive exam moderate complexity med decision making, Typical time 60 minutes	Medicaid/OBH
99245	Requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80 minutes	Medicaid/OBH

II.G.2.H.2. Inpatient Consultations

Consultations that are medically necessary and performed by physicians are covered services. However, to bill for these services providers should use the inpatient evaluation and management code that most closely represents the level of the service provided.

The CMS guidelines for documenting E&M services should be followed. It is expected that the referring and receiving providers will each document the request for the consultation in their respective medical records. Also it is expected that the referring and consulting providers will communicate with each other on the results of the evaluation, however, it is no longer required that a formal post evaluation report be completed.

Initial consultations should be billed using an initial hospital care code regardless of how many days the client has been in the hospital or partial hospital program. Subsequent consultations that are medically necessary should be billed using the subsequent hospital care codes. Consultations are distinguished from attending physician services through the use of an AI modifier on all attending physician services.

Consultation procedure codes (99251-99255) may also be used for psychiatric consultations rendered in Nursing Facilities (NF).

The code pages for inpatient consultation E&M codes 99251 – 99255 are listed in Section F. Please see pages 95-98 for guidance on billing E&M codes 99251 – 99255. Code 99255 follows the same guidelines as codes 99251 – 99254, except the medical decision making is of high complexity and typically 110 minutes are spent at the patient’s bedside.

III. Time Documentation Rules/Standards

When documenting, reporting and/or billing Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) procedure codes, the units of service should be consistent with the time component defined in the procedure code description. CPT® and HCPCS procedure codes include both “timed” and “untimed” procedure codes.

- “Timed” procedure codes specify a direct (i.e., face-to-face) time increment in the procedure code description. The direct time component is only that time spent with the client and/or family. Non-face-to-face time (i.e., pre- and post-encounter time) is not included in the calculation of the time component. Examples of time-specific services are psychological testing (1 hour), psychotherapy (from 20 – 30 minutes up to 70 – 80 minutes), and case management (15 minutes).¹¹⁷
- “Untimed” procedure codes do not include specific direct (i.e., face-to-face) time increments in the procedure code description. These procedure codes represent a service or procedure without regard to the length of the encounter. If there is no designated time in the procedure code description, the procedure code is reported or billed as one (1) unit (i.e., session, encounter),¹¹⁸ regardless of the number of minutes spent rendering the service. Examples of “untimed” services are psychiatric diagnostic interview exam, medication management, and outreach.
- A unit of time is attained when the mid-point is passed. For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and sixty minutes). A second hour is attained when a total of 91 minutes have elapsed.

III.A. Fifteen (15) Minute Time-Based Procedure Codes

Some CPT® and HCPCS procedure codes specify that the direct (i.e., face-to-face) time spent in client contact is 15 minutes. The provider reports or bills these procedure codes with the appropriate number of 15-minute units of service using the following time intervals:

Determining Billing Units for 15 Minute Timed Procedure Codes	
# of 15 Minute Units	Duration
1 unit	Greater than or equal to (≥) 8 minutes and less than (<) 23 minutes*
2 units	≥ 23 minutes to < 38 minutes
3 units	≥ 38 minutes to < 53 minutes
4 units	≥ 53 minutes to < 68 minutes
5 units	≥ 68 minutes to < 83 minutes
6 units	≥ 83 minutes to < 98 minutes
7 units	≥ 98 minutes to < 113 minutes
8 units	≥ 113 minutes to < 127 minutes

The pattern continues in the same way for service times in excess of two (2) hours. For all services, providers should not report or bill services rendered for less than eight (8) minutes. For case management services (T1017) providers may **not** bill services rendered for less than eight (8) minutes, however bundling of these services is acceptable. If a provider reports or bills a service rendered for less than 15 minutes (i.e., 8 to 15 minutes), the provider should append the procedure code with the modifier 52 (Reduced Services). The expectation (based on the work values of these procedure

codes) is that a provider’s time for each unit of service averages 15 minutes in duration. If a provider has a practice of reporting or billing less than 15 minutes for a unit, those situations should be reviewed.

While the above table provides guidance in rounding time into 15-minute increments, it does not imply that any minute until the eighth should be excluded from the total count. The time of direct (i.e., face-to-face) treatment includes all time spent in client contact. The start and end time of the treatment service should be routinely documented in the client’s clinical record as part of the progress note.¹¹⁹

III.B. One Hour Time-Based Procedure Codes

Some CPT and HCPS procedure codes specify that the direct (i.e. face-to-face) time spent in client contact is 1 hour. The provider reports of bills these procedure codes with the appropriate number of 1-hour units of service using the example time intervals given in the table below. The pattern continues in this manner.

Determining Billing Units for 1-Hour or 60 Minutes Timed Procedure Codes	
# of 60 Minute Units	Duration
1 unit	Greater than or equal to (≥) 31 minutes and less than (<) 91 minutes*
2 units	≥ 91 minutes to < 151 minutes
3 units	≥ 151 minutes to < 211 minutes
4 units	≥ 211 minutes to < 271 minutes
5 units	≥ 271 minutes to < 331 minutes
6 units	≥ 331 minutes to < 391 minutes
7 units	≥ 391 minutes to < 451 minutes

III.C. Time-Based Encounter Procedure Codes

Some CPT® and HCPCS procedure codes are reported as encounters (1 unit), but also specify an approximate amount of direct (i.e., face-to-face) time in the procedure code description. For example, the CPT® procedure codes 90832 – 90838 for individual psychotherapy state “approximately ‘x’ minutes face-to-face with the patient.” If the amount of time spent directly with the client fall into the gap between the two sequential time-based procedure codes, a provider should follow Appendix H ‘Time Standards’.¹²⁰

HCPCS procedure codes G0176 – G0177 for partial hospitalization program (PHP) activity therapy and training and education services parenthetically state “45 minutes or more.” Encounters (i.e., sessions) of less than 45 minutes should be reported or billed with modifier 52 (Reduced Service) to indicate that the service is reduced or less extensive than the usual procedure.¹²¹

The actual start and stop time or the total amount of time (i.e., duration) spent with a client must be documented to support coding for encounters based on time.¹²²

III.D. Consultation Services

Consultation Services are distinguished from other evaluation and management (E/M) services because a Physician or qualified non-physician practitioner (NPP) is requested to advise or opine regarding E/M of a specific client by another Physician or other appropriate source. Consultations may be reported or billed based on time if the counseling and/or coordination of care comprise more than 50% of the face-to-face consultant-client encounter.¹²³ (Refer to Section IV.C.)

III.E. Missed Appointments

There are no procedure codes for Missed Appointments (i.e., cancellations and/or “no shows”). A Missed Appointment is a “non-service” and is not reimbursable or reportable. Per state and federal guidelines, Medicaid clients **cannot** be charged for missed appointments. From a risk management perspective, however, Missed Appointments should be documented in the clinical record.¹²⁴

IV. Procedure Coding Best Practices

Coding consistency is a major initiative in the quest to improve quality reporting and accurate claims submission for behavioral health (BH) services. Adherence to industry standards and approved coding principles ensure quality along with consistency in the reporting of these services. Ensuring accuracy of coding is a shared responsibility among all behavioral health (BH) practitioners. Through coding accuracy, behavioral health organizations (BHOs), community mental health centers (CMHCs) and other community-based practitioners, are able to measure standards of care, assess quality outcomes, manage business activities and receive timely reimbursement. This section provides an overview of best practice guidance for coding behavioral health (BH) services.

IV.A. Clinical Coding Systems

The clinical coding systems currently used in the United States are the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM)¹²⁵ and the Healthcare Common Procedure Coding System (HCPCS).¹²⁶ These clinical coding systems are used by HCPF for both the Colorado Medicaid Community Mental Health Services Program and the Colorado Medical Assistance Program (MAP).

- **ICD-9-CM** is the official system of assigning codes to diagnoses and procedures used by all health care settings, including hospitals, physicians, nursing homes (NHs), home health agencies and other providers. ICD-9-CM procedure codes are used to collect hospital inpatient procedural data. ICD-9-CM code selection follows the *Official ICD-9-CM Guidelines for Coding and Reporting*,¹²⁷ developed cooperatively by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), the Centers for Medicare and Medicaid Services (CMS), and the National Center for Health Statistics (NCHS). These guidelines are a companion document to the ICD-9-CM, and while not exhaustive, assist the user in situations where the ICD-9-CM does not provide direction. The ICD-9-CM is updated annually, effective October 1st.

The procedure codes contained in this *USCS Manual* are part of the Healthcare Common Procedure Coding System (HCPCS). HCPCS is the standardized coding system for describing the supplies and services provided in the delivery of health care. Use of HCPCS codes was voluntary until the implementation of HIPAA, when the use of HCPCS codes for health care information transactions became mandatory.¹²⁸ HCPCS currently includes two levels of codes:

- **HCPCS Level I** consists of the *Current Procedural Terminology (CPT®), Fourth Edition*,¹²⁹ a numeric coding system maintained by the American Medical Association (AMA). The CPT® is a uniform coding system comprised of descriptive terms and more than 8,000 codes used to identify medical services and procedures rendered by physicians and other health care professionals. CPT® code selection follows the guidelines set forth in the current CPT® manual and in the AMA *CPT® Assistant* newsletters. The CPT® is updated annually by the AMA CPT® Editorial Panel, effective January 1st.
- **HCPCS Level II** (commonly referred to as HCPCS) is a standardized alphanumeric (a single alphabetical letter followed by four numeric digits) coding system used to describe and identify equipment, supplies, and services not included in the Level 1 (CPT®) codes. HCPCS code selection follows the guidelines set forth by CMS in *HCPCS Level II Coding Procedures*.¹³⁰ The more than 8,000 Level II codes are maintained and revised by CMS annually, effective January 1st, with quarterly updates.

These clinical coding systems serve an important function for provider reimbursement, hospital payments, quality review, benchmarking measurement, and the collection of general statistical data. Current and updated ICD-9-CM, CPT® and HCPCS Level II code books are an invaluable resource used by all professionals assigning procedure codes, and thus a printed and/or electronic copy of the coding manuals should be available for reference by qualified staff. For additional detailed information and guidance, providers are strongly encouraged to refer to the most recently published editions of the standardized manuals for each procedure code set.

IV.B. Responsibility for Code Assignments

The ultimate responsibility for procedure code assignment lies with the rendering behavioral health (BH) services provider. Policies and procedures may document instances where procedure codes may be selected and assigned by authorized individuals (i.e., coders), who may change a procedure code to more accurately reflect the provider's documentation. However, collaboration with the provider is required, as the provider is ultimately responsible for the coding and documentation.

IV.C. General Procedure Coding Requirements

The following are general procedure coding requirements that are applicable to behavioral health organizations (BHOs), community mental health centers (CMHCs), and substance abuse (SA) treatment service providers:

- Instructions for payer-specific (e.g., Medicaid, Medicare, third party insurance) procedure coding requirements should be readily accessible to all staff. These instructions should also be regularly reviewed and updated as needed to accurately reflect current payer-specific standards.
- Specific and detailed procedure coding guidelines should be utilized to report all services to payers. These guidelines should also be regularly reviewed and updated as needed.

- All clinicians should interpret clinical documentation and apply procedure coding principles in the same manner.
- Procedure codes should not be assigned, modified, or excluded solely for maximizing reimbursement.
- Clinical service or procedure codes should not be changed or amended due to a provider’s or client’s request to have the service in question covered by a payer.
- If the initial procedure code assignment does not reflect the actual service(s), procedure codes may be revised based on supporting documentation.
- Procedure coding references, BHO- and/or CMHC-specific guidelines, and regulatory requirements outlining reporting procedures should be readily accessible to all staff. These documents should also be regularly reviewed and updated as needed. According to the American Medical Association (AMA) Current Procedural Terminology (CPT®) instructions, providers should “select the name of a procedure that *accurately* identifies the service performed. Do *not* select a CPT® code that *merely approximates* the service provided.”¹³¹ When an “accurate” procedure code does *not* exist to describe the service or procedure, the provider should do one (1) of the following:
 1. Use an unlisted CPT® procedure code (e.g., 90899) and include a “special report” as supporting documentation
 2. Append a CPT® procedure code with an appropriate modifier (e.g., 22, 52)
 3. Use an appropriate Healthcare Common Procedure Coding System (HCPCS) procedure code¹³²

For reporting and/or billing purposes, the clinical record documentation should always precede the CPT® or HCPCS procedure code(s) selection. The following steps, in sequential order, are essential to the process of rendering, documenting, and reporting or billing behavioral health (BH) services:

1. Determine that the service or procedure is medically necessary
2. Render the service or procedure needed to meet the client’s needs.
3. Document the service rendered in the clinical record.
4. Select the most appropriate CPT® or HCPCS procedure code for the service or procedure.
5. Report the service or procedure encounter, or submit a claim for the service or procedure rendered.¹³³

IV.D. Technical Documentation Requirements

Where noted in the code pages, the following are required as minimum documentation for providing that service:

1. Date of Service (DOS)
2. Start and end time/duration of session (total face-to-face time with client)
3. Session setting/place of service
4. Mode of treatment (face-to-face, telephone, video)
5. Provider’s dated signature, degree, title/position
6. Separate progress note for each service

IV.E. Correcting Inaccurate Code Assignments & Processing Claim Rejections

Each behavioral health organization (BHO), community mental health center (CMHC), and substance abuse (SA) treatment service provider should have a defined process for correcting inaccurate code assignments, both in the clinical record (electronic or hard copy) and with the payer and/or agency to whom the code is reported. In the event an error is

discovered after claim submission, a correction should be facilitated on a claim amendment and re-submitted with appropriate documentation, following the payer-specific instructions. Additionally, all rejected claims pertaining to diagnosis and procedure codes should be reviewed and corrected promptly. (Refer to Section V.)

IV.F. Coding Audits

Audits are generally performed for two (2) reasons:

- **Revenue reasons** – To ensure that the provider is properly reporting and/or billing services or procedures
- **Compliance reasons** – To ensure that the provider is only reporting and/or billing the services or procedure rendered¹³⁴

Audits can provide a wide variety of information, including but not limited to:

- Incorrect levels of service
- Under- and over-coding
- Improper use of modifiers
- Compliance concerns
- Comparison of coding patterns and trends
- Documentation/electronic health record (EHR) issues¹³⁵

While the Office of the Inspector General (OIG) recommends that providers should, at a minimum, audit at least five (5) progress notes every year, many coding professionals recommend auditing more frequently to ensure that the parameters for accurate coding are being met. Standard audits should be performed quarterly, or as needed, if issues exist in the coding and reimbursement process. A minimum of 30 random records per provider should be selected and audited at five percent (5%). Target audits should be performed for specific areas of concern based on the standard audit. The accuracy rate should be determined according to behavioral health organization (BHO), community mental health center (CMHC), and/or substance abuse treatment service provider policies and procedures, as applicable.¹³⁶ Audit results should be reported to leadership, compliance staff, and providers. Data from the audit process provides the information necessary for relevant changes and data quality improvements.

"Rules" for Coding Audits	
Rule #1	Select clinical records randomly
Rule #2	Do not review your own documentation
Rule #3	Use the same rules and regulations as the auditors
Rule #4	Keep coding audit results professional and educational
Rule #5	Work to correct errors

IV.G. Data Quality

Inaccurate and/or missing data poses increased challenges for data quality, which in turn affects client care. While various information networks are developing and implementing information exchange networks, data accuracy and quality often becomes an issue.

Consequently, data quality affects statistical reporting and reimbursement. When data is improperly coded or does not meet coding compliance, it not only affects the client, but also the submitting or billing provider. Improving data quality by maximizing coding efforts increases the quality of client care and initiates a positive chain reaction of data.

Client privacy is also a critical issue in a network environment. Data inaccuracy is propagated to other data sets, systems and warehouses. Data errors can compromise personal health information (PHI). Practicing accurate data quality by focusing on errors and initiating corrections promptly maintains compliance, as well as cost effectiveness.

It is critical to address data quality issues by reviewing areas for improvement and developing strategies to minimize inaccurate data. The behavioral health organizations (BHOs), community mental health centers (CMHCs), and substance abuse treatment service providers should continue to develop cultures of data consciousness and quality.

IV.H. Coding Codes of Ethics

There are several national professional coding organizations that place an emphasis on codes of ethics:

National Professional Coding Organizations with Codes of Ethics	
American Academy of Professional Coders (AAPC)	http://www.aapc.com
American College of Medical Coding Specialists (ACMCS)	http://acmcs.org
American Health Information Management Association (AHIMA)	http://www.ahima.org

V. General Billing Guidelines

Billing and reimbursement are important issues for all providers. Providers are responsible for submitting the required information for claims processing. This section is designed to assist providers with the essential steps to obtain Medicaid reimbursement. Covered topics include types of claims, completing claims forms, submitting claims, billing tips, procedure coding errors, and diagnosis coding.

The Department of Health Care Policy and Financing (HCPF) contracts with behavioral health organizations (BHOs) under a capitated system of care. This section outlines general billing guidelines for the Colorado Medicaid Community Mental Health Services Program (through the BHOs). For complete billing guidelines, refer to the following resources:

Colorado Behavioral Health Organizations (BHOs)	
Access Behavioral Care (ABC)	http://www.coaccess.com
Behavioral Healthcare, Inc. (BHI)	http://www.bhicares.org
Colorado Health Partnerships (CHP) dba Colorado Health Networks (CHN)	http://www.chnpartnerships.com
Foothills Behavioral Health Partners (FBHP)	http://www.fbhpartners.com
Northeast Behavioral Health Partnership (NBHP)	http://www.nbhpartnership.com

V.A. Claim Types

All claims for services must be submitted in an approved claim format. The two (2) approved claim formats are:

- UB-04/837I – The standard uniform bill (UB) for institutional healthcare providers (i.e., hospitals, nursing homes (NHs), hospice, home health agencies, and other institutional providers) used nationally. (Also known as CMS-1450; formerly known as UB-92.) The UB-04 is used for all institutional provider billing with the exception of the professional component of physicians services (see CO-1500 below). 837I is the electronic equivalent of the UB-04, and is subject to all HIPAA standards (transactions, privacy and security).
- CO-1500/837P – The standard claim form for professional health services. (Formerly known as CMS-1500 or HCFA-1500.) The 1500 claim form was developed primarily for outpatient services.

V.A.1. Institutional Claims

Institutional claims are submitted on the UB-04 paper or electronic 837I claim form. The following provider types use the UB-04/837I claim form:

- Inpatient Hospital
- Nursing Facility (NF)
- Home Health/Private Duty Nursing
- Hospice
- Residential Treatment Center (RTC)
- Dialysis Center
- Outpatient Hospital
- Outpatient Laboratory
- Hospital-Based Transportation
- Rural Health Clinic
- Federally Qualified Health Center (FQHC)¹³⁷

Providers bill the appropriate BHO for the Medicaid behavioral health services rendered. For detailed instructions on completing the UB-04, refer to the Colorado MAP Billing Manuals;¹³⁸ the 837I Transaction Data Guide; the 837I Implementation Guide or the Web Portal User Guide; and/or the appropriate BHO provider manual.

V.A.2. Professional Claims

Professional claims are submitted on a paper **CMS-1500** claim form or in the electronic 837 Professional 4010A1 (837P) format. Paper **CMS-1500** forms must be submitted using the scannable, red ink version. The following services are billed on the CO-1500/837P claim format:

- Practitioner Services
- Independent Laboratory Services
- Durable Medical Equipment and Supplies (DME)
- Non-Hospital Based Transportation
- Home and Community-Based Services (HCBS)

Providers bill the appropriate BHO for the Medicaid behavioral health services rendered. For detailed instructions on completing the **CMS-1500**, refer to the Colorado MAP Billing Manuals;¹³⁹ the National Uniform Claim Committee (NUCC) *1500 Claim Form Map to the X12 837 Health Care Claim: Professional*;¹⁴⁰ the 837P Transaction Data Guide; the 837P Implementation Guide or the Web Portal User Guide; and/or the appropriate BHO provider manual.

V.B. Claims Form Completion

All required information on claim formats must be complete. For comprehensive claims form completion guidelines, refer to the appropriate BHO web site and/or provider manual.

V.B.1. Completing the UB-04 Claim Format¹⁴¹

The UB-04 claim contains 81 data entry fields called form locators (FLs), which are designated spaces on the claim identified by a unique number and title. Providers submitting UB-04 claims should verify the requirements of each BHO.

UB-04 Claim Specifications (continued)

UB-04 FL #	Data Element	Description
17	Patient Status	<p>Enter the 2-digit patient status code for this billing period:</p> <p>01 = Discharged to Home/Self-Care (Routine Discharge) 02 = Discharged/Transferred to Another Short-Term General Hospital 03 = Discharged/Transferred to an SNF 04 = Discharged/Transferred to an Intermediate Care Facility (ICF) 05 = Discharged/Transferred to Another Type of Institution Not Elsewhere in this Code List 06 = Discharged/Transferred to Home Under Care of an Organized Home Health Services Organization 07 = Left Against Medical Advice (AMA) or Discontinued Care 08 = Reserved for National Assignment 09 = Admitted as an Inpatient to This Hospital 10 – 19 = Reserved for National Assignment 20 = Expired (or Did Not Recover – Religious Non-Medical Health Care Patient) 21 – 29 = Reserved for National Assignment 30 = Still Patient or Expected to Return for Outpatient Services 31 – 39 = Reserved for National Assignment 40 = Expired at Home 41 = Expired in a Medical Facility (e.g., Hospital, SNF, ICF) 42 = Expired – Place Unknown 43 = Discharged/Transferred to Federal Health Care Facility (e.g., VA or DOD hospital) 44 – 49 = Reserved for National Assignment 50 = Discharged/Transferred to Hospice (Home) 51 = Discharged/Transferred to Hospice (Medical Facility) 52 – 60 = Reserved for National Assignment 61 = Discharged/Transferred Within This Institution to Hospital-Based Medicare-Approved Swing Bed 62 = Discharged/Transferred to Inpatient Rehabilitation Facility Including Distinct Parts/Units of Hospital 63 = Discharged/Transferred to Long-Term Care Hospital 64 = Discharged/Transferred to Nursing Facility (NF) Certified Under Medicaid But Not Certified Under Medicare 65 = Discharged/Transferred to Psychiatric Hospital or Psychiatric Distinct Part/Unit of Hospital 66 = Discharged/Transferred to Critical Access Hospital 67 – 99 = Reserved for National Assignment</p>
18 – 28	Condition Codes	Enter the 2-digit code (in numerical order) that describes any of the conditions or events that apply to this billing period. Otherwise, leave blank. For a comprehensive list of condition codes, refer to Chapter 25 of the <i>Medicare Claims Processing Manual</i> .
29	Accident State	Leave blank.
30	Unlabeled	Leave blank.
31 – 34	Occurrence Code(s) and Date(s)	Enter the 2-digit occurrence code(s) and associated date(s) (MMDDYY) to report specific event(s) related to this billing period, if condition code(s) were entered in FL18 – 28 above. Otherwise, leave blank. For a comprehensive list of occurrence codes, refer to Chapter 25 of the <i>Medicare Claims Processing Manual</i> .
35 – 36	Occurrence Span Code(s) and Date(s)	Enter the occurrence span code(s) and beginning/ending date(s) (MMDDYY) defining a specific event relating to this billing period. For a comprehensive list of occurrence codes, refer to Chapter 25 of the <i>Medicare Claims Processing Manual</i> .
37	Unlabeled	Leave blank.
38	Responsible Party Name and Address	<p>Enter the responsible party's last name, first name, and middle initial (if any). Use commas to separate the last, first and middle names. If the responsible party's last name contains a prefix, do not enter a space after the prefix. If the responsible party's last name contains a suffix, enter the suffix between the last and first names (i.e., Last Name Suffix, First Name).</p> <p>Enter the responsible party's street address, city, state, and ZIP code (5- or 9-digit).</p>

UB-04 Claim Specifications (continued)

UB-04 FL #	Data Element	Description
39 – 41	Value Codes and Amount	Enter the 2-character value code(s) and dollar/unit amount(s) that identify data of a monetary nature necessary for processing this claim. Negative amounts are not allowed, except in FL41. If more than one value code is entered for the same billing period, enter in ascending numeric sequence. For a comprehensive list of value codes, refer to Chapter 25 of the <i>Medicare Claims Processing Manual</i> .
42	Revenue Codes	Enter the 4-character revenue code(s) that identify specific accommodations, ancillary services or billing calculations. Revenue codes explain charges entered in FL47. Because there is no fixed “total” line, enter revenue code 0001, Total Charge, as the final entry in this field. Bill in following sequence: <ul style="list-style-type: none"> • Chronologically for accommodation dates • Ascending numeric sequence, and do not repeat on the same bill, for revenue codes For a comprehensive list of revenue codes, refer to Chapter 25 of the Medicare Claims Processing Manual.
43	Revenue Code Description	Enter the narrative description (or standard abbreviation) for each revenue code reported in FL42 on the adjacent line in this field. (This information assists in bill review by the facility/provider and payer.)
44	Healthcare Common Procedure Coding System (HCPCS)/Rates	For inpatient claims, enter the accommodation rate. For outpatient claims, enter the CPT®/HCPCS procedure code that best describes the outpatient services or procedures.
45	Service Date	Enter the date of service (DOS) for each line item, including “from” and “through” dates, in MMDDYY format.
46	Units of Service	Enter the number of units that quantify services reported as revenue codes (see FL 42 above) (e.g., number of days for accommodation). For HCPCS procedure codes, units equal the number of times the procedure/service was rendered, unless a time unit is specified for the procedure code.
47	Total Charges	Enter charges for procedures/services reported as revenue codes (FL42) on each line, considering service units (FL46) in the calculations. (Service units (FL46) X value of revenue code (FL42) = Charges) Enter the sum of all charges reported on the last line (Same line as revenue code 0001).
48	Non-Covered Charges	Enter non-covered charge(s) (e.g., day after active care ended) if related revenue codes were entered in FL42. Do not enter negative charges.
49	Unlabeled	Leave blank.
50A – C	Payer Name	Enter the name of each health insurance payer that may have full or partial responsibility for charges incurred by patient and from whom provider might expect some reimbursement. If there are other payers, the BHO or MAP should be the last entry. Line A: Primary Payer Line B: Secondary Payer Line C: Tertiary Payer
51A – C	Provider ID Number	Enter the payer’s national health plan identifier.
52A – C	Release of Information (ROI)	Enter the appropriate identifier for ROI certification, which is needed to permit the release of data to other organizations to adjudicate (process) the claim: I = Informed consent to release medical information for conditions/diagnoses regulated by federal statutes Y = Provider has on file a signed statement permitting the release of medical/billing data related to a claim
53A – C	Assignment of Benefits Certification Indicator	Enter the appropriate code identifying whether the provider has a signed form authorizing party payer to pay provider.

UB-04 Claim Specifications (continued)

UB-04 FL #	Data Element	Description
54A - C	Prior Payments	Enter the sum of payments collected from any payer, including the patient, toward payer deductibles/coinsurance. Attach a copy of the Explanation of Benefits (EOB) to the claim, as applicable. 0 = No payment received as result of billing; indicates that a reasonable attempt was made to determine the available coverage for services rendered.
55A - C	Estimated Amount Due From Patient	Leave blank.
56	National Provider Identifier (NPI)	Enter the billing provider's NPI.
57A - C	Other Provider Identifier	Leave blank.
58A - C	Insured's Name	Enter the name of the insured, as verified on the patient's health insurance card, on the same lettered line (A, B, or C) that corresponds to the line on which payer information was entered in FL50A - C.
59A - C	Patient's Relationship to Insured	Enter the appropriate "patient's relationship to subscriber/insured" code: 01 = Spouse 18 = Self 19 = Child 20 = Employee 21 = Unknown 39 = Organ Donor 40 = Cadaver Donor 53 = Life Partner G8 = Other Relationship
60A - C	Insured's Unique Identification (ID) Number	Enter the patient's health insurance claim number on the same lettered line (A, B, or C) that corresponds to the line on which payer information was entered in FL50A - C.
61A - C	Insured's Group Name	Enter the name of the health insurance group on the same lettered line (A, B, or C) if workers' compensation or an employer group health plan (EGHP) was entered in FL50A - C.
62A - C	Insured's Group Number	Enter the group number (or other ID number) of the health insurance group on the same lettered line (A, B, or C) if workers' compensation or an employer group health plan (EGHP) was entered in FL50A - C.
63A - C	Treatment Authorization Code	Enter the treatment service authorization code or referral number assigned by the payer if procedures/services reported on this claim were prior authorized or a referral was required.
64A - C	Document Control Number	Enter the control number assigned to the original bill by the health plan or the health plan's fiscal agent as part of their internal control if this is not the original UB-04 submitted for the procedures/services provided (e.g., this UB-04 is a corrected claim).
65A - C	Employer Name	Enter the name of the employer that provides health care coverage for the insured (identified on the same line in FL58) if workers' compensation or an employer group health plan (EGHP) was entered in FL50A - C.
66	Diagnosis Version Qualifier	Enter the indicator to designate which version of the <i>International Classification of Diseases</i> (ICD) was used to report diagnosis codes: 9 = Ninth Revision 0 = Tenth Revision
67	Principal Diagnosis Code	Enter the <i>International Classification of Diseases</i> (ICD) code for the principal diagnosis (hospital inpatient) or the first-listed diagnosis (hospital outpatient), as determined after examination/assessment. The ICD code should match the prior service authorization, if authorization has been obtained. Do not enter the decimal in the ICD code (e.g., 29682 instead of 296.82).
67A - H	Other Diagnosis Code(s)	Enter the <i>International Classification of Diseases</i> (ICD) codes for up to eight (8) additional diagnoses if they co-existed (in addition to the principal diagnosis) at the time of admission or developed subsequently, and which had an effect upon the treatment or length of stay (LOS) (hospital inpatient) or if they co-existed in addition to the first-listed diagnosis (hospital outpatient). Do not enter the decimal in the ICD code (e.g., 29682 instead of 296.82).
67I - Q	Other Diagnosis Code(s)	Leave blank.

UB-04 Claim Specifications (continued)

UB-04 FL #	Data Element	Description
68	Unlabeled	Leave blank.
69	Admitting Diagnosis Code	Enter the <i>International Classification of Diseases (ICD)</i> code for the admitting diagnosis, which is the condition identified by the physician at the time of the patient's admission to the hospital.
70a – c	Patient's Reason for Visit Diagnosis Code	Enter the <i>International Classification of Diseases (ICD)</i> code for the patient's reason for visit (e.g., sign, symptom, diagnosis) if the patient received care for an unscheduled outpatient visit (e.g., emergency department).
71	Prospective Payment System (PPS) Code	Leave blank.
72a – c	External Cause of Injury (ECI) (E-Codes)	Leave blank.
73	Unlabeled	Leave blank.
74	Principal Procedure Code and Date	Enter the <i>International Classification of Diseases (ICD)</i> code for the principal procedure if an inpatient procedure was performed. Enter the date in MMDDYY format. Do not enter the decimal in the ICD code. Leave this FL blank for outpatient claims.
74a – e	Other Procedure Code(s) and Date(s)	Enter the <i>International Classification of Diseases (ICD)</i> code(s) if additional inpatient procedure(s) were performed. Enter the date in MMDDYY format. Do not enter the decimal in the ICD code. Enter the codes in descending order of importance. Leave this FL blank for outpatient claims.
75	Unlabeled	Leave blank.
76	Attending Provider Name and identifiers	Enter the name and NPI of the attending provider (i.e., the individual who has overall responsibility for the patient's care and treatment reported on this claim) for all claims except those submitted for nonscheduled transportation services. Leave the QUAL field blank.
77	Operating Physician Name and NPI	Enter the name and NPI of the operating physician if a surgical procedure <i>International Classification of Diseases (ICD)</i> code is reported on this claim. Leave the QUAL field blank.
78 – 79	Other Provider Name and NPI	Enter the name and NPI of the provider corresponding to the following qualifier codes: DN = Referring Provider (The provider who sends the patient to another provider for services. Required on outpatient claims when the referring provider is different from the attending provider.) ZZ = Other Operating Physician (The individual who performs a secondary surgical procedure or assists the operating physician. Required when an operating physician is involved.) 82 = Rendering Provider (The health care professional who delivers or completes a particular medical service or non-surgical procedure. Required when State or federal regulations call for a combined claim, such as a claim that includes both facility and professional fee components.)
80	Remarks	Enter remarks for the following situations: <ul style="list-style-type: none"> • DME billings (provider enters rental rate, cost and anticipated months of usage so that payer may determine whether to approve the rental or purchase or the equipment) • Medicaid is not primary payer (because workers' compensation, EGHP, automobile medical, no-fault or liability insurer is primary) • Other information not entered elsewhere on the UB-04, which is necessary for proper payment
81a – d	Code – Code	Enter the code qualifier and additional codes (e.g., occurrence codes) as related to an FL or to report from the external code list approved by the National Uniform Claim Committee (NUBC) for inclusion in the institutional data set: O1 – A0 = Reserved for National Assignment A1 = NUBC Condition Codes A2 = NUBC Occurrence Codes A3 = NUBC Occurrence Span Codes Code Source: ASC X12 External Code Source 682, NUBC A4 = NUBC Value Codes A5 – B0 = Reserved for National Assignment B3 = Health Care Provider Taxonomy Code B4 – ZZ = Reserved for National Assignment

NOTE: Enter the appropriate data in the PAGE ___ OF ___ (e.g., 1 OF 1) and CREATION DATE (e.g., date UB-04 was submitted to payer) fields.

V.B.2. Completing the CMS-1500 Claim Format¹⁴²

Providers submitting CMS-1500 claims should verify the requirements of each BHO.

CMS-1500 Claim Specifications		
CMS - 1500 Field #	Data Element	Description
N/A	Carrier Block	Enter in the white, open area the name and address of the payer to whom this claim is being sent. Enter the name and address in the following format: First Line: Name Second Line: First address line Third Line: Second address line (Leave blank if not applicable) Fourth Line: City, State (2 characters) and ZIP Code Do not use commas, periods or other punctuation in the address. When entering a 9-digit ZIP code, include the hyphen.
Fields 1 – 13: Patient and Insured Information		
1	Type of Health Insurance Coverage Applicable to Claim	Indicate the type of health insurance coverage applicable to this claim by entering an “X” in the appropriate box. Only mark one box.
1a	Insured’s ID Number	Enter insured’s identification number as shown on insured’s identification card for the payer to whom this claim is being submitted.
2	Patient’s Name	This is the name of the person who received the service/procedure. Enter the patient’s last name, first name and middle initial, using commas to separate the last, first and middle names. If the patient uses a last name suffix (e.g., Jr, Sr), enter it after the last name and before the first name (i.e., last name, suffix, first name, middle initial). Hyphens may be used for hyphenated names. Do not use periods within the name. Do not include titles (e.g., Sister, Capt, Dr) and/or professional suffixes (e.g., PhD, MD, Esq) with the name.
3	Patient’s DOB/ Gender	Enter the patient’s 8-digit date of birth (DOB) in MMDDYYYY format. Enter an “X” in the appropriate box for the patient’s gender. Only mark one box. If the patient’s gender is unknown, leave the boxes blank.
4	Insured’s Name	This is the name of the person who holds the insurance policy. Enter the insured’s last name, first name and middle initial, using commas to separate the last, first and middle names. If the insured uses a last name suffix (e.g., Jr, Sr), enter it after the last name and before the first name (i.e., last name, suffix, first name, middle initial). Hyphens may be used for hyphenated names. Do not use periods within the name. Do not include titles (e.g., Sister, Capt, Dr) and/or professional suffixes (e.g., PhD, MD, Esq) with the name. If the insured is the same as the patient (field 2), enter “same” in this field.
5	Patient’s Address	This is the patient’s permanent address. Enter the patient’s mailing address and telephone number: First Line: Street address Second Line: City and State Third Line: ZIP Code and Telephone Number Do not use commas, periods or other punctuation in the address. When entering a 9-digit ZIP code, include the hyphen. Do not use a hyphen or space as a separator in the telephone number. (NOTE: Patient’s Telephone does not exist in the electronic 837P format.)
6	Patient Relationship to Insured	Enter an “X” in the appropriate box to indicate the patient’s relationship to the insured, if field 4 is completed. Only mark one box.

CMS-1500 Claim Specifications, cont.

CMS - 1500 Field #	Data Element	Description
Fields 1 – 13: Patient and Insured Information, continued		
7	Insured's Address	This is the insured's permanent address. If field 4 is complete, then this field should be completed by entering the insured's mailing address and telephone number: First Line: Street address Second Line: City and State Third Line: ZIP Code and Telephone Number Do not use commas, periods or other punctuation in the address. When entering a 9-digit ZIP code, include the hyphen. Do not use a hyphen or space as a separator in the telephone number. (NOTE: Insured's Telephone does not exist in the electronic 837P format.) If the insured's address and telephone number is the same as the patient's (field 5), enter "same" in this field.
8	Reserved for NUCC Use	Leave Blank
9	Other Insured's Name	If field 11d is marked, complete fields 9 and 9a-9d, otherwise leave this field blank. When additional group health coverage exists, enter the other insured's last name, first name and middle initial. If the insured uses a last name suffix (e.g., Jr, Sr), enter it after the last name and before the first name (i.e., last name, suffix, first name, middle initial). Hyphens may be used for hyphenated names. Do not use periods within the name. Do not include titles (e.g., Sister, Capt, Dr) and/or professional suffixes (e.g., PhD, MD, Esq) with the name. If the insured is the same as the patient (field 2), enter "same" in this field.
9a	Other Insured's Policy/Group Number	Enter the policy or group number of the other insured. Do not use a hyphen or space as a separator within the policy/group number.
9b	Reserved for NUCC Use	Leave Blank
9c	Reserved for NUCC Use	Leave Blank
9d	Other insured's Insurance Plan Name/Program Name	Enter the name of the insurance plan or program.
10	Patient's Condition Related to:	When appropriate, enter an "X" in the correct box to indicate whether one or more of the services/procedures described in field 24 are for a condition/ injury that occurred on the job or as a result of an automobile or other accident. Only mark one box on each line. Any item marked "YES" indicates there may be other applicable insurance coverage that would be primary. Primary insurance information must then be entered in field 11.
10a	Employment	Employment may be current or previous.
10b	Auto Accident	If "YES" is marked, the state postal code ("PLACE") must be indicated.
10c	Other Accident	The condition is the result of any type of accident other than automobile.
10d	Claim Codes (Designated by NUCC)	Use this item exclusively for Medicaid (MCD) information. If the patient is entitled to Medicaid, enter the patient's Medicaid number preceded by MCD. Refer to the most current instructions from the applicable public or private payer regarding the use of this field.
11	Insured's Policy Group or FECA Number	Enter the insured's (field 1a) policy or group number as it appears on the insured's health care identification card. Do not use a hyphen or space as a separator within the policy/group number. If field 4 is completed, then this field should be completed.
11a	Insured's DOB/Gender	Enter the insured's (field 1a) 8-digit date of birth (DOB) in MMDDYYYY format. Enter an "X" in the appropriate box for the insured's gender. Only mark one box. If the insured's gender is unknown, leave the boxes blank.

11b	Other Claim ID (Designated by NUCC)	Enter the name of the insured's employee's name, if applicable. If the insured is eligible by virtue of employment or covered under a policy as a student, enter the employer or school name. (NOTE: Insured's Employer's Name/School Name does not exist in the electronic 837P format.)
CMS-1500 Claim Specifications, cont.		
CMS - 1500 Field #	Data Element	Description
Fields 1 – 13: Patient and Insured Information, continued		
11c	Insurance Plan Name/Program Name	Enter the insurance plan or program name of the insured (field 1a). Some payers require an identification number of the primary insurer, rather than the name in this field.
11d	Other Health Benefit Plan?	When appropriate, enter an "X" in the correct box. If marked "YES," complete fields 9 and 9a – 9d. Only mark one box.
12	Patient's/ Authorized Person's Signature	Enter "Signature on File" or "SOF" if Consent to Release Information form is complete, or patient's or authorized person's signature. When a legal signature is used, enter the date signed in 6-digit (MMDDYY) or 8-digit (MMDDYYYY) format. If there is no signature on file, leave this field blank or enter "No Signature on File."
13	Insured's/ Authorized Person's Signature	Enter "Signature on File" or "SOF" if Consent to Release Information form is complete, or patient's or authorized person's signature. When a legal signature is used, enter the date signed in 6-digit (MMDDYY) or 8-digit (MMDDYYYY) format. If there is no signature on file, leave this field blank or enter "No Signature on File."
Fields 14 – 33: Physician or Supplier Information		
14	Date of Current Illness, Injury/ Pregnancy (LMP)	Enter the 6-digit (MMDDYY) or 8-digit (MMDDYYYY) date of the first date of the present illness, injury or pregnancy.
15	Other Date	Enter the first date the patient had the same or a similar illness in the 6-digit (MMDDYY) or 8-digit (MMDDYYYY) format. Previous pregnancies are not a similar illness. Leave this field blank if unknown.
16	Dates Patient Unable to Work in Current Occupation	If the patient is employed and is unable to work in current occupation, enter the 6-digit (MMDDYY) or 8-digit (MMDDYYYY) "from-to" dates that the patient is unable to work. An entry in this field may indicate employment-related insurance coverage.
17	Name of Referring Physician or Other Source	Enter the first name, middle initial, last name and credentials of the professional who referred or ordered the service(s)/procedure(s) on the claim. Do not use periods or commas within the name. A hyphen may be used for hyphenated names.
17a	ID Number of Referring Physician	The other identification number (non-NPI) of the referring provider, ordering provider or other source is entered in the shaded area. The qualifier indicating what the number represents is entered in the qualifier field (unlabeled) to the immediate right of the number "17a."
17b	NPI	Enter the National Provider Identifier (NPI) number of the referring provider, ordering provider or other source.
18	Hospitalization Dates Related to Current Services	Enter the inpatient 6-digit (MMDDYY) or 8-digit (MMDDYYYY) hospital admission date followed by the discharge date (if discharge has occurred). If not discharged, leave discharge date blank. This date is when a service/procedure is furnished as a result of, or subsequent to, a related hospitalization.
19	Additional Claim Information (Designated by NUCC)	Refer to the most current instructions from the applicable public or private payer regarding the use of this field. <input checked="" type="checkbox"/> This field is useful and often overlooked. It is a good place to include explanatory information. If there is not enough space, attach a report.
20	Outside Lab?/\$ Charges	Complete this field when billing for purchased services. A "YES" mark indicates that an entity other than the provider/entity billing for the service performed the purchased service; a "NO" mark indicates that no purchased services are included on the claim. Enter an "X" in "YES" if the reported service(s) was performed by an entity other than the billing provider. If "YES," enter the purchased price under charges. When entering the charge amount, enter the amount in the field to the left of the vertical line, right justified. Do not use commas, decimal points or dollar signs. Do not report negative dollar amounts. Use "00" for the cents if the amount is a whole number. Leave the field to the right of the vertical line blank. When "YES" is marked, field 32 must be completed.

CMS-1500 Claim Specifications, cont.

CMS - 1500 Field #	Data Element	Description
Fields 14 – 33: Physician or Supplier Information, continued		
21	Diagnosis/Nature of Illness/Injury	Enter up to four (4) ICD-9-CM diagnosis codes. Use the highest level of specificity. Do not include narrative description in this field. When entering the diagnosis code, include a space (accommodated by the period) between the two sets of numbers. If entering a diagnosis code with more than three (3) beginning digits, enter the fourth digit on top of the period. Relate lines 1 – 4 to the lines of service in field 24e by line number.
22	Resubmission Code	Enter the code and original reference number assigned by the payer or receiver to indicate previously submitted claims. Please refer to the most current instructions from the applicable public or private payer regarding the use of this field.
23	Prior Authorization Number	Enter the prior authorization number as assigned by the payer for the services being billed. Do not use hyphens or spaces within the number.
24	Supplemental Information	Supplemental information can only be entered with a corresponding, completed service line.
24a	Date(s) of Service (DOS)	Enter date(s) of service (DOS), from and to. If one (1) DOS only, enter that date under “From” and leave “To” blank or re-enter “From” date.
24b	Place of Service	Enter the appropriate 2-digit place of service (POS) code from the POS Code List for each service/procedure performed. Single digit or alpha POS codes are considered invalid codes.
24c	EMG	Check with the payer to determine if this emergency (EMG) indicator is necessary. If required, enter “Y” for “YES” or leave blank if “NO” in the bottom, unshaded area of the field. Refer to the definition of emergency as defined by federal or state regulations or programs, payer contracts, or as defined in the electronic 837P implementation guide.
24d	Procedures, Services/ Supplies CPT/HCPCS/Modifiers	Enter the appropriate CPT®/HCPCS procedure code(s) and modifier(s) (if applicable). Up to four (4) modifiers may be entered.
24e	Diagnosis Pointer	Enter the diagnosis code reference number (pointer) from field 21 (see above) to relate the date of service (DOS) and the service/procedure performed to the primary diagnosis. The primary reference number for each service is listed first. Enter numbers left justified in the field without commas between the numbers. Do not enter ICD-9-CM diagnosis codes in this field.
24f	\$ Charges	Enter the usual and customary charge for each service/procedure right justified. Do not use commas or dollar signs when reporting dollar amounts. Negative dollar amounts are not allowed. Use “00” for the cents if the amount is a whole number.
24g	Days/Units	Enter the number of days or units for each service/procedure. If only one (1) service/procedure is performed, the number “1” is entered. Enter numbers right justified in the field.
24h	EPSDT/Family Plan	If the claim is Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) related, enter “Y” for “YES” or “N” for “NO” in the unshaded area of the field. If the claim is Family planning, enter “Y” (“YES”) or leave blank if “NO” in the bottom, unshaded area of the field.
24i	ID Qualifier	Enter the qualifier identifying if the number is a non-NPI in the shaded area. The Other ID Number of the rendering provider is entered in 24j in the shaded area (see below). Enter numbers left justified. The rendering provider is the person or company who rendered or supervised the care. Report the identification number in fields 24i and 24j only when different from data entered in fields 33a and 33b.
24j	Rendering Provider ID Number	Enter the non-NPI identification number in the shaded area of the field. Enter the NPI number in the unshaded area of the field. Enter numbers left justified. The rendering provider is the person or company who rendered or supervised the care. Report the identification number in fields 24i and 24j only when different from data entered in fields 33a and 33b.

CMS-1500 Claim Specifications, cont.

CMS - 1500 Field #	Data Element	Description
Fields 14 – 33: Physician or Supplier Information, continued		
25	Federal Tax ID Number (TIN)	Enter the provider or supplier 9-digit federal tax identification number (TIN) (employer identification number) or Social Security number (SSN). Enter an “X” in the appropriate box to indicate which number is being reported. Only mark one box. Do not enter hyphens with numbers. Enter numbers left justified in the field.
26	Patient’s Account Number	Enter the patient’s account number assigned by the provider or supplier. Do not enter hyphens with numbers. Enter numbers left justified in the field.
27	Accept Assignment?	Enter an “X” in the appropriate box. Only mark one box. (NOTE: All Medicaid claims are reimbursed to the provider.)
28	Total Charge	Enter the sum of all charges listed in field 24f. Enter numbers right justified in the dollar area of the field. Do not use commas or dollar signs when reporting dollar amounts. Negative dollar amounts are not allowed. Use “00” for the cents if the amount is a whole number.
29	Amount Paid	Enter the total amount received from the patient or other payers. Enter numbers right justified in the dollar area of the field. Do not use commas or dollar signs when reporting dollar amounts. Negative dollar amounts are not allowed. Use “00” for the cents if the amount is a whole number.
30	Revd for NUCC Use	Leave Blank
31	Signature of Physician/ Supplier Including Degrees/ Credentials	Enter the legal signature of the practitioner or supplier, signature of the practitioner or supplier representative, “Signature on File” or “SOF.” Enter the 6-digit (MMDDYY), 8-digit (MMDDYYYY) or alphanumeric date the form was signed.
32	Service Facility Location Information	Enter the name, address, city, state and ZIP code of the location where services were rendered in the following format: First Line: Name Second Line: Address Third Line: City, State and ZIP Code Do not use commas, periods or other punctuation in the address. Enter a space, but not a comma, between the city and state. When entering a 9-digit ZIP code, include the hyphen.
32a	NPI Number	Enter the NPI number of the service facility in field 32 (see above).
32b	Other ID Number	If applicable, enter the 2-digit qualifier identifying the non-NPI number followed by the identification number. Do not enter a space, hyphen or other separator between the qualifier and the number. Otherwise leave blank.
33	Billing Provider Information and Phone #	Enter the provider’s telephone number in the area to the right of the field title. Enter the provider’s name, address, city, state and ZIP code in the following format: First Line: Name Second Line: Address Third Line: City, State and ZIP Code Do not use commas, periods or other punctuation in the address. Enter a space, but not a comma, between the city and state. When entering a 9-digit ZIP code, include the hyphen. Do not use a hyphen or space as a separator within the telephone number.
33a	NPI Number	Enter the NPI number of the billing provider in field 33 (see above).
33b	Other ID Number – Group Number	Enter the 2-digit qualifier identifying the non-NPI number followed by the identification number. Do not enter a space, hyphen or other separator between the qualifier and the number.

V.C. Claims Submission

A “clean” claim format is essential for reimbursement. A “clean” claim is one that meets all of the necessary requirements of the payer. It is the responsibility of the provider to understand the documentation necessary to meet payers’ payment guidelines and software edits. Providers need to give timely, sufficient and proper information to ensure prompt claims adjudication.¹⁴³

V.C.1. Paper versus Electronic Claims

Claims may be submitted electronically or in paper format. Electronic claims are federally required to meet the Health Insurance Portability and Accountability Act of 1996 (HIPAA) transaction standards; however, there are a few exceptions. Paper claims are submitted on a standard [CMS-1500](#) claim form (Refer to Sections V.A.2 and V.B.2.), or on a specific form that a payer requires. Electronic Media Claims (EMC) are computerized submissions accepted by most payers.¹⁴⁴

Paper claims submitted on the [CMS-1500](#) or UB-04 form are exempt from HIPAA standards, as long as the provider does not send or receive any other HIPAA electronic transactions (e.g., eligibility, coordination of benefits, payments, payment reports).¹⁴⁵

Electronic claim submissions are in the 837I or 837P format and are subject to all HIPAA standards (transactions, privacy and security). The advantage of electronic claims submission is that claims can be adjudicated and paid much faster than if they are sent through the mail; the disadvantage can be the costs and additional training time to set up a completely HIPAA-compliant electronic claims system. If a provider submitting electronic claims, either directly or through a billing service, both the provider office AND the electronic claim processing center MUST meet all HIPAA standards. Providers with less than 10 full-time equivalents (FTEs) are exempt from the electronic mandate.¹⁴⁶

Electronic submission of claims is preferred by most behavioral health organizations (BHOs) because it allows for faster processing by saving time and effort in shipping, handling and data entry. However, all BHOs accept paper claims. For further information or assistance with electronic claims submission, contact the appropriate BHO’s Provider Relations Department.

V.D. Claim Billing Tips^{147,148, 149,150}

To ensure timely processing and payment of submitted claims, follow the billing tips below:

- **Verify that the service authorization requirements have been met.** Based on medical necessity, service authorizations specify the procedure code, payment rate, type of service, and number of encounters or units of service to be rendered within a specified period. Make sure the procedure code(s), date(s) of service (DOS), and encounters or units of service billed are within the requirements of the service authorization.
- **Verify the client's diagnosis.** The claim form must contain a complete ICD-9-CM diagnosis; use the fourth and fifth digits, if available, to ensure as much specificity as possible.
- **Verify the procedure code(s).** Use the most current versions of *the Current Procedural Terminology (CPT®)* and/or *Healthcare Common Procedure Coding System (HCPCS)*, as well as the service authorization and provider fee schedule to ensure the correct procedure code(s).
- **Verify the authorized provider.** Include the National Practitioner Identification (NPI) AND appropriate Tax Identification Number (TIN) matched to the W-9 on the claim form. The name of the provider on the claim form must match the name of the provider specified on the service authorization. The authorized service provider must render all billed services personally.
- **Verify the client's Medicaid eligibility prior to submitting a claim.** If a client becomes ineligible for services prior to exhausting the service authorization time period or the number of sessions or units of service, the service authorization is invalid for the dates of service (DOS) that fall within the client's ineligibility timeframe. If a client presents a retrospective eligibility letter from County Social Services, a copy of the letter should be included with the claim to expedite reimbursement. Prior to rendering services, verify the client's Medicaid eligibility by examining his/her Medicaid ID card, and by calling the Colorado MAP Eligibility Response System) or using Fax-Back Eligibility.
- **Verify place of service (POS) codes.**
- **Complete all required data elements.** Leave non-required data fields blank on the claim form. Do not enter "Not Applicable" (N/A).
- **For paper claims, use only black or dark red ink.** Use only good quality toner, typewriter, or printer ribbons. Do not use highlighters to mark claims or attachments.
- **Use the correct claim form.** Outpatient service providers submit claims on the CMS-1500 claim form, while inpatient facilities submit claims using the UB-04/837I claim form.
- **Sign the claim form.** Claim forms must indicate the name and signature of the provider personally rendering the service, or his/her designee (or facsimile signature). For example, the CMS-1500 claim form indicates the name of the provider in block 31, the service address (non-post office box) in block 32, and the billing address in block 33.
- **Submit claim formats to the primary insurance company first.** If a client has a primary insurance plan in addition to his/her Medicaid entitlement benefits, the claim form must be submitted first to the primary insurance plan. A copy of the notification of the decision (Explanation of Benefits or EOB) from that insurance company must be attached to the claim form submitted to the BHO. Under Federal law, Medicaid is always the "payer of last resort."
- **Submit a fully completed Colorado Client Assessment Record (CCAR).** The CCAR is required at the time of admission to treatment, discharge, and at least annually. Claim payments may be delayed or denied if the current CCAR has not been received by the payer, within the time period specified. For example, a claim submitted within days of the annual CCAR due date may be delayed for payment until the annual CCAR is submitted. The same may be true for claims submitted early in the treatment episode without the admission CCAR, or after the client has been discharged. To avoid delays or denials of payment, providers are encouraged to submit CCARs in a timely manner according to the payers submission standards.
- **Submit claims to the appropriate address.**

- **Submit all required documentation attached to the claim.** This includes EPSDT claims information. If several claims require the same attachment, photocopy and attach the documentation to each claim.
- **Medicare/Medicaid clients (dual eligibles) must first exhaust their Medicare benefits prior to billing Medicaid.** Payment consideration is made by Medicare and the Colorado Medical Assistance Program (MAP).
- **Bill promptly.** There are timely filing requirements for Medicaid claims submission. Submit original claims within 60 to 120 days of the date of service (DOS), as specified by contract. Some payers suggest submitting claims at least weekly to ensure timely payment for services rendered.
- **Submit “clean” claims.** “Clean” claims are those claims that are free of errors on the first submittal. “The cleaner the claim, the faster the payment.” The provider’s objective is to submit sufficient and proper information that meets the payer’s guidelines and software edits. (Refer to Section V.C.)

V.E. Procedure Coding Errors

Procedure coding errors typically occur for one (1) of three (3) reasons:

- “Upcoding,” in which services are reported or billed at a level higher than the actual level of service rendered. For example, a 16 to 37-minute individual psychotherapy service (procedure code 90832) reported or billed as a 38 to 52-minute service (procedure code 90834) is an upcoded service.
- “Downcoding,” in which services are reported or billed at a lower level than the actual level of service rendered. For example, a 38 to 52-minute individual psychotherapy service (procedure code 90834) reported or billed as a 16 to 37-minute service (procedure code 90832) is a downcoded service. However, reporting 40 minutes of individual psychotherapy using 90834 is appropriate when appended with the modifier 52, Reduced Services.¹⁵¹
- Miscoding, in which services are reported or billed with a procedure code that is not supported by the clinical record documentation. For example, the US Department of Health and Human Services (HHS) Office of Inspector General (OIG) reports that the majority of miscoded individual psychotherapy claims lack documentation to justify the time billed. Miscoding often happens because:
 - No time is documented for the services rendered. (When this occurs, the services should be reported or a billed at the lowest possible time period.)
 - Documentation in the clinical record indicates that the actual services rendered were not psychotherapy but altogether different services, such as evaluation and management (E/M) services, medication management, psychological evaluation, group psychotherapy, family psychotherapy, or crisis intervention.¹⁵²

V.F. Diagnosis Coding

The following guidelines from the American Hospital Association (AHA) Coding Clinic for *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) are becoming industry standards:

- Code why each service or procedure was rendered (e.g., presenting symptoms, complaint, problem or condition)
- Code the primary diagnosis first, followed by a secondary, tertiary, etc.
- Co-existing conditions affecting treatment should be reported as supplemental information
- Do not code diagnoses that are not relevant to the treatment rendered
- Code to the highest specificity with all of the required digits (three, four, or five) to completely and accurately describe the disorder or illness
- Use chronic diagnoses as often as applicable to the treatment rendered
- Some procedures codes are appropriate only when specific conditions are present
- For ancillary services (e.g., laboratory, x-ray, etc.), list the appropriate V codes first and the problem second¹⁵³

V.G. Consequences of Poor Documentation & Coding

Non-existent, incomplete, illegible, inaccurate, insufficient, conflicting and/or inappropriate clinical records may result in one (1) or more of the following:

- Denial of reported or billed services
- Delayed payment
- Rejection of submitted claims
- Reduction of billed services
- Assessment and collection of overpayments
- Pre-payment review monitoring
- Referral to the program's safeguard contractor
- Referral to the Centers for Medicare and Medicaid Services (CMS)

VI. Encounter Field Descriptions

Behavioral health organizations (BHOs) submit encounter data to the Department of Health Care Policy and Financing (HCPF) using the flat file specifications described in this section.

VI.A. Primary Key Fields

The table below identifies the primary key fields for professional and institutional claims:

Primary Key Fields	
Professional Claims	Institutional Claims
Client Identification (ID)	Client ID
Claim Number	Claim Number
Claim Version	Claim Version
Procedure Code	Revenue Code
Service Start Date	Service Start Date
Flat File Control Line Number (FCLN)	FCLN

VI.B. Physical Field Requirements

Data Element (Field)		Status	Picture	Length	837 Professional	837 Institute
1	Transaction Header	R*	X	1	"P"	"I"
2	Transaction Date	R	X	8	ISA	ISA
3	Submitter Organization's Name	R	X	Flexible	1000A-NM1	1000A-NM1
4	Submitter Contact Person's Telephone Number	C	9	10	1000A-PER	1000A-PER
5	Billing Provider's Name	R	X	Flexible	2010AA-NM1	2010AA-NM1
6	Billing Provider's Identification (ID)	R	X	8	2010AA-REF	2010AA-REF
7	Client's Last Name	C	X	Flexible	2010BA-NM1	2010BA-NM1
8	Client's First Name	C	X	Flexible	2010BA-NM1	2010BA-NM1
9	Client's Medicaid Identification (ID)	R	X	7	2010BA-NM1	2010BA-NM1
10	Client's ZIP Code	R	X	Flexible	2010BA-N4	2010BA-N4
11	Client's Date of Birth (DOB)	C	X	8	2010BA-DMG02	2010BA-DMG02
12	Client's Gender	C	X	1	2010BA-DMG03	2010BA-DMG03
13	Claim Number	R	X	Flexible	2300-CLM01	2300-CLM01
14	Claim Version	R	X	1	2300-CLM05-3	2300-CLM05-3
15	Primary Diagnosis Code	R	X	5	2300-HI	2300-HI
16	Second Diagnosis Code	C	X	5	2300-HI02-2	2300- HI02-2
17	Third Diagnosis Code	C	X	5	2300-HI03-2	2300- HI03-2
18	Fourth Diagnosis Code	C	X	5	2300-HI04-2	2300- HI04-2
19	Place of Service (POS)/Bill Type	R	X	2	2300-CLM05-1	2300-CLM05-1
20	Approved Amount	C	Number	Double	2320-AMT02	2320-AMT02
21	Paid Amount	C	Number	Double	2320-AMT02	2320-AMT02
22	Service Line Number	R	Number	Integer	2400-LX01	2400-LX01
23	Line Paid Amount	C	Number	Double	2400-SV1 02	2400-SV2 03
24	Procedure Code	R	X	5	2400-SV1 01-2	2400-SV2 02-2
25	Program Category Identifier (Procedure Modifier 1)	R	X	2	2400-SV1 01-3	2400-SV2 02-3
26	Procedure Modifier 2	C	X	2	2400-SV1 01-4	2400-SV2 02-4
27	Procedure Modifier 3	C	X	2	2400-SV1 01-5	2400-SV2 02-5
28	Procedure Modifier 4	C	X	2	2400-SV1 01-6	2400-SV2 02-6
29	Procedure Description	C	X	Flexible	2400-SV1 01-7	2400-SV2 02-7
30	Revenue Code	R	X	Flexible	Null	2400-SV2 01
31	Units	R	Number	Integer	2400-SV1 04	2400-SV2 04
32	Service Start Date	R	X	8	2400-DTP	2400-DTP
33	Service End Date	C	X	8	2400-DTP	2400-DTP
34	Rendering Provider's Name	R	X	Flexible	2420A-NM1	2420A-NM1
35	Rendering Provider's Identification (ID)	R	X	8	2420A-REF	2420A-REF
36	Flat File Control Line Number (FCLN)	R	Number	Integer	Submitter generated	Submitter generated
37	Payment Date	R	X	8	2430-DTP02	2430-DTP02
38	Billing Provider's National Provider Identifier (NPI)	C	X	10		

*R = Required

**C = Conditional

VI.C. File Format

The flat file should be in a text format with TAB as delimiters. Any fields with NULL value(s) must be delimited by a TAB.

VI.D. Encounters

An encounter is defined as:

1. For professional claims, an occurrence of examination or treatment of a behavioral health organization (BHO) client by a mental health practitioner or medical practitioner, with a BHO covered primary diagnosis code and a BHO covered procedure code; **OR**
2. For institutional claims, a line item for a BHO client with a BHO covered diagnosis code and a BHO covered revenue/diagnosis-related group (DRG) code.

A BHO client is defined as a Medicaid eligible individual who is enrolled and receiving service(s) covered by a BHO.

Data hierarchy embedded in BHO encounters:

A BHO encounter consists of the header record and the corresponding line records. Each client's visit with the same primary diagnosis should generate one original header claim record assigned with a unique Claim Number. During one visit, if a client is treated for two or more different primary diagnosis, two or more header claims should be generated with two or more different unique Claim Numbers. If a client has two visits during one day for the same diagnosis, two header claims should be generated too.

For one header claim, a client can receive one or more services, which may include a base code and add-on procedure codes. Each procedure code will generate a unique service line number under the same Header Claim.

The Uniqueness of the encounter record:

To identify each service, the combination of the following fields must be unique:

Client id, Service Date, Procedure/revenue code, Claim Number, Service Line Number, Claim version

Claim Versions (Types)

The correcting, replacing, and voiding records for original encounter, must have a matching claim id and a matching line number to the original encounter's line record.

VI.E. Data Description

VI.E.1. Transaction Header

Field Type	Alpha
Length	1
Format	X
Field Description	This field contains either "P" for Professional or "I" for Institutional.

VI.E.2. Transaction Date

Field Type	Numeric
Length	8
Format	YYYYMMDD
Field Description	This field contains the date the encounter data is submitted to HCPF.

VI.E.3. Submitter Organization's Name

Field Type	Alpha
Length	Flexible
Format	X
Field Description	This field contains the name of the organization submitting the encounter data to HCPF.

VI.E.4. Submitter Contact Person's Telephone Number

Field Type	Numeric
Length	10
Format	X
Field Description	This field contains the telephone number for the contact person at the submitter organization.

VI.E.5. Billing Provider's Name

Field Type	Alpha
Length	Flexible
Format	X
Field Description	This field contains the Rendering (<i>not the Billing</i>) Provider's Name, as indicated in the Companion Guide.

VI.E.6. Billing Provider's Identification (ID)

Field Type	Numeric
Length	8
Format	X
Field Description	This field contains the Rendering (<i>not the Billing</i>) Provider's Medicaid ID Number. For providers who have no Medicaid ID Number, use the corresponding ID in the Default Encounter Provider ID Table.

VI.E.7. Client's Last Name

Field Type	Alpha
Length	Flexible
Format	X
Field Description	This field contains the Client's Last Name, which is used for record verification.

VI.E.8. Client's First Name

Field Type	Alpha
Length	Flexible
Format	X
Field Description	This field contains the Client's First Name, which is used for record verification.

VI.E.9. Client's Medicaid Identification (ID) Number

Field Type	Alpha/Numeric
Length	7
Format	X
Field Description	This field contains the Client's Medicaid ID Number (also known as State ID), which provides a link to the State Medicaid eligibility files. Every week, the State provides each BHO with updated eligibility files, which include the Client's Name and Medicaid ID Number.

VI.E.10. Client's ZIP Code

Field Type	Numeric
Length	Flexible
Format	X
Field Description	This field contains the Client's ZIP Code for his/her home/residence. For clients without a ZIP Code, use the default "99999."

VI.E.11. Client's Date of Birth (DOB)

Field Type	Numeric
Length	10
Format	YYYYMMDD
Field Description	This field contains the Client's DOB, which is used for record verification. If there is no DOB in the client record, this field is completed with "null."

VI.E.12. Client's Gender

Field Type	Alpha
Length	1
Format	X
Field Description	This field contains the Client's Gender, identified as "F" = Female, "M" = Male, or "U" = Unknown.

VI.E.13. Claim Number

Field Type	Numeric
Length	Flexible
Format	X
Field Description	This field contains the identifier used to track a claim from creation by the health care provider through payment.

VI.E.14. Claim Version

Field Type	Numeric
Length	Flexible
Format	X
Field Description	This field contains the claim submission reason code. The values should be one of the following: 1 = ORIGINAL (Admit thru Discharge Claim) 6 = CORRECTED (Adjustment of Prior Claim. If a positive amount(s) is (are) used in the amount field(s), this indicates an increase adjustment; if a negative amount(s) is (are) used, this indicates a decrease adjustment.) 7 = REPLACEMENT (Replacement of Prior Claim) 8 = VOID (Void/Cancel of Prior Claim) 9 = DENIED (Denied Claims)

VI.E.15. Primary ICD-9-CM Diagnosis Code

Field Type	Alpha/Numeric
Length	5
Format	X
Field Description	This field contains the primary diagnosis from the <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM). Since coding needs to be as explicit as possible, use up to five letters and/or numbers, as appropriate. Do not code the decimal point; in other words, "307.51" is entered as "30751." This field should be left-justified with trailing blanks for the three-digit diagnosis code, without the sub-classification.

VI.E.16. Second ICD-9-CM Diagnosis Code

Field Type	Alpha/Numeric
Length	5
Format	X
Field Description	This field contains the second billing diagnosis from the <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM). Since coding needs to be as explicit as possible, use up to five letters and/or numbers, as appropriate. Do not code the decimal point; in other words, "307.51" is entered as "30751." This field should be left-justified with trailing blanks for the three-digit diagnosis code, without the sub-classification.

VI.E.17. Third ICD-9-CM Diagnosis Code

Field Type	Alpha/Numeric
Length	5
Format	X
Field Description	This field contains the third billing diagnosis from the <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM). Since coding needs to be as explicit as possible, use up to five letters and/or numbers, as appropriate. Do not code the decimal point; in other words, "307.51" is entered as "30751." This field should be left-justified with trailing blanks for the three-digit diagnosis code, without the sub-classification.

VI.E.18. Fourth ICD-9-CM Diagnosis Code

Field Type	Alpha/Numeric
Length	5
Format	X
Field Description	This field contains the fourth billing diagnosis from the <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM). Since coding needs to be as explicit as possible, use up to five letters and/or numbers, as appropriate. Do not code the decimal point; in other words, "307.51" is entered as "30751." This field should be left-justified with trailing blanks for the three-digit diagnosis code, without the sub-classification.

VI.E.19. Place of Service (POS)/Bill Type Code

Field Type	Numeric
Length	2
Format	X
Field Description	For Professional Claims, this field contains the place of service (POS) code, which identifies where the service was rendered. (Refer to the POS codes in the table below.) For Institutional Claims, this field contains the first two digits of type of bill code (Refer to Attachment 1 for type of bill code list.)

POS Code	Place of Service	POS Code	Place of Service
03	School	34	Hospice
04	Homeless Shelter	41	Ambulance – Land
05	Indian Health Service Free-Standing Facility	42	Ambulance – Air/Water
06	Indian Health Service Provider-Based Facility	49	Independent Clinic
07	Tribal 638 Free-Standing Facility	50	Federally Qualified Health Center (FQHC)
08	Tribal 638 Provider-Based Facility	51	Inpatient Psychiatric Facility
09	Prison/Correctional Facility	52	Psychiatric Facility – Partial Hospitalization
11	Office	53	Community Mental Health Center (CMHC)
12	Client's Home	54	Intermediate Care Facility – Mentally Retarded (ICF-MR)
15	Mobile Unit	55	Residential Substance Abuse Treatment Facility
20	Urgent Care Facility	56	Psychiatric Residential Treatment Center
21	Inpatient Hospital	57	Non-Residential Substance Abuse Treatment Facility
22	Outpatient Hospital	60	Mass Immunization Center
23	Emergency Room - Hospital	61	Comprehensive Inpatient Rehabilitation Facility
24	Ambulatory Surgical Center	62	Comprehensive Outpatient Rehabilitation Facility
25	Birthing Center	65	End-Stage Renal Disease Treatment Facility
26	Military Treatment Facility (MTF)	71	Public Health Clinic
31	Skilled Nursing Facility (SNF)	72	Rural Health Clinic
32	Nursing Facility	81	Independent Laboratory
33	Custodial Care Facility	99	Other Place of Service

VI.E.20. Approved Amount

Field Type	Numeric
Length	
Format	Double
Field Description	This field contains the approved amount, which equals the amount for the total claim that was approved by the payer sending this encounter data to another payer.

VI.E.21. Paid Amount

Field Type	Numeric
Length	
Format	Double
Field Description	This field contains the payer paid amount, which equals the amount for the total claim that was paid by the payer sending this encounter data to another payer.

VI.E.22. Service Line Number

Field Type	Numeric
Length	
Format	Integer
Field Description	This field contains a line counter. The service line number is incremented by 1 for each service line within a claim.

VI.E.23. Line Paid Amount

Field Type	Numeric
Length	
Format	Double
Field Description	This field contains the paid amount for a line item.

VI.E.24. Procedure Code

Field Type	Alpha/Numeric
Length	5
Format	X
Field Description	For Professional Claims, this field contains the 5-digit CPT®/HCPCS procedure code, which must be a valid procedure code. For Institutional Claims, if there is no CPT®/HCPCS procedure code, use the dummy procedure code '99499.'

VII.E.25. Program Service Category Identifier (Procedure Modifier 1)

Field Type	Alpha/Numeric
Length	2
Format	X
Field Description	This field contains the 2-digit identifier (ID) for the Medicaid State Plan (SP) or 1915(b)(3) (B3) waiver program service category to which the encounter is assigned. (Refer to the program service category identifier table below.)

ID	Program Service Category	Valid Procedure/Revenue Codes*
HE	State Plan (SP) Services	Any of the SP procedure codes, or 99499 with the SP revenue codes
HB	Clubhouses & Drop-In Centers	Any of the B3 procedure codes or 99499
HJ	Vocational Services	Any of the B3 procedure codes or 99499
HK	Assertive Community Treatment (ACT) Services	Any of the B3 procedure codes or 99499
HT	Prevention & Early intervention Services	Any of the B3 procedure codes or 99499
SC	Residential Services	Any of the B3 procedure codes or 99499
SE	Home-Based Services	Any of the B3 procedure codes or 99499
SK	Intensive Case Management (ICM) Services	Any of the B3 procedure codes or 99499
SY	Respite Care Services	Any of the B3 procedure codes or 99499
TJ	School-Based Services	Any of the SP procedure codes, or 99499 with an SP revenue code
TS	Recovery Services	Any of the B3 procedure codes or 99499
TG	Other State Plan Services	Any of the procedure codes other than the SP procedure codes, or 99499 with the B3 revenue codes
HI	Other B3 Services	Any of the procedure codes other than B3 procedure codes

*See the mapping document for details.

VII.E.26. Procedure Modifier 2

Field Type	Alpha/Numeric
Length	2
Format	X
Field Description	This field may contain a CPT®/HCPCS modifier, as assigned by the provider.

If an encounter or claim is billed with the following modifier, please report this modifier in the “Procedure Modifier 2” field:

HF	Substance Use Program	Any encounter or claim reported by the provider as part of the substance use program.
----	-----------------------	---------------------------------------------------------------------------------------

Otherwise, if applicable, please report the modifiers described in the “Procedure Modifier 1” field.

VII.E.27. Procedure Modifier 3

Field Type	Alpha/Numeric
Length	2
Format	X
Field Description	This field may contain a CPT®/HCPCS modifier, as assigned by the provider.

VII.E.28. Procedure Modifier 4

Field Type	Alpha/Numeric
Length	2
Format	X
Field Description	This field may contain a CPT®/HCPCS modifier, as assigned by the provider.

VII.E.29. Procedure Code Description

Field Type	Alpha/Numeric
Length	Flexible
Format	X
Field Description	This field contains the CPT®/HCPCS procedure code description.

VII.E.30. Revenue Code

Field Type	Alpha/Numeric
Length	Flexible
Format	X
Field Description	For Institutional Claims, this field contains a revenue code. For Professional Claims, leave this field as "null."

VII.E.31. Units

Field Type	Numeric
Length	
Format	Double
Field Description	This field contains the number of units rendered for the encounter.

VII.E.32. Service Start Date

Field Type	Numeric
Length	8
Format	YYYYMMDD
Field Description	This field contains the date of service (DOS), which aids in record verification. This field may also be used as a "from" date for encounters that are billed over an extended period. The first DOS must always be less than or equal to the service end date.

VII.E.33. Service End Date

Field Type	Numeric
Length	8
Format	YYYYMMDD
Field Description	This field contains the date of service (DOS), which aids in record verification. This field may also be used as a “through” date for encounters that are billed over an extended period. The service end date must always be greater than or equal to the first DOS. When the rendered service begins and ends on the same day, the first and last DOS will be the same. If there is no end DOS in the record, this field is completed as “null.”

VII.E.34. Rendering Provider Name

Field Type	Alpha/Numeric
Length	Flexible
Format	X
Field Description	This field contains the name of the behavioral health organization (BHO).

VII.E.35. Rendering Provider Identification

Field Type	Alpha/Numeric
Length	8
Format	X
Field Description	This field contains the BHO Medicaid ID Number.

VII.E.36. Flat File Control Line Number (FCLN)

Field Type	Alpha/Numeric
Length	
Format	Integer
Field Description	This field is generated by the submitter as part of the flat file primary key fields to uniquely identify each distinct record in the encounter data file.

In the encounter data file, if a group of records has the same:

- Client ID
- Claim Number
- CPT®/HCPCS Procedure Code for Professional Claims or Revenue Code for Institutional Claims
- Service Start Date

Provided they are actually distinct service encounters, according to the information not required in the data file (i.e., service time, service/procedure description, etc.), each record receives a sequential number. If there is only one (1) record in the group, the FCLN should be assigned a 1(one). For example:

<u>Client ID</u>	<u>Claim #</u>	<u>Procedure Code</u>	<u>Service Start Date</u>	<u>FCLN</u>
x111111	c11111	90832	20090712	1
x111111	c22222	99211	20090712	2
x111111	c22222	T1017	20090712	3

VII.E.37. Payment Date

Field Type	Numeric
Length	8
Format	YYYYMMDD
Field Description	This field contains the date the encounter is adjudicated.

VII.E.38. Billing Provider National Provider Identifier (NPI)

Field Type	Alpha/Numeric
Length	10
Format	X
Field Description	This field contains the provider’s National Provider Identifier (NPI), which the HCPF Rates Section uses to price the BH service. If the service in an encounter is rendered by a staff provider at a CMHC, clinic or hospital, or is rendered by a provider affiliated or contracted with a CMHC, clinic or hospital, this field should contain the CMHC, clinic or hospital’s NPI. Otherwise, this field contains the provider’s individual NPI.

VI.F. Data Submission

Behavioral health organizations (BHOs) submit behavioral health (BH) encounter data to the Colorado Department of Health Care Policy and Financing (HCPF) in the flat file format on a quarterly basis. Each BHO should submit one (1) data file for Professional Claims and one (1) data file for Institutional Claims. Each BHO may submit its quarterly encounter data files in one (1) of (2) methods:

- Copy the encounter data files on a CD-Rom and mail them to HCPF
- “Zip” and password protect the encounter data files, and send them to HCPF via e-mail or published on a secure web site

Refer to the Word file “RateTimeLine&EncounterSubmissionSchedule.doc” for details.

VI.G. Data Validation Rules

Encounter Data Validation Rules	
1	No “null” in the primary key fields
2	No duplicates based on the primary key fields
3	No “null” in the primary diagnosis field
4	No “null” in all other required fields
5	Random checks on:
	a. Client eligibility and enrollment
	b. Service category assignment logic

VI.H. Data Process Summary Report

Encounter Data Process Summary Report	
1	Number of distinct clients
2	Count of claims and count of units by BHO, Rendering Provider and Service Program Category
3	List of deleted encounters by reason

Uniform Service Coding Standards Manual 2015
 Revised: May 1, 2015
 Effective: July 1, 2015

VII. Requesting Procedure Code Revisions

The American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS) have formal procedures for requesting revisions, additions and/or deletions to the procedure code sets. This section broadly describes these processes, as well as the procedure for requesting revisions to the Colorado Community Behavioral Health Services Program approved procedure code lists for behavioral health (BH) through the Colorado Department of Health Care Policy and Financing (HCPF).

VII.A. CPT® Procedure Code Revisions

The American Medical Association (AMA) has specific procedures to address suggested revisions to the *Current Procedural Terminology* (CPT®) procedure codes. Coding change request forms are available through the AMA (www.ama-assn.org) and are required to initiate a review of a proposed coding change by the CPT® Advisory Committee. Before submitting suggestions for changes to CPT® procedure codes, answer the following basic questions:

- **Is the suggestion a fragmentation of an existing procedure/service?**
Usually, all components of a procedure/service are included in the CPT® procedure code. If there are several components that are usually performed as part of that procedure/service, a separate CPT® procedure code is not typically assigned for each component, unless the component may be performed alone. Then a separate CPT® procedure code is indicated for that procedure/service.
- **Can the suggested procedure/service be reported by using two (2) or more existing CPT® procedure codes?**
Certain CPT® procedure codes describe only a portion of a procedure/service performed. The procedure/service may vary, depending on the individual patient, the extent of the disease, and/or other complicating factors. This may require reporting two (2) or more CPT® procedure codes to specify the procedures/services rendered. The CPT® Editorial Panel does not try to generate CPT® procedure codes to cover all possible combinations for every procedure/service, thus it is anticipated that two (2) or more CPT® procedure codes will be used to report these procedures/services.
- **Does the suggested procedure/service represent a distinct service?**
The CPT® lists descriptive terms and procedure codes for reporting services and procedures. Review the proposed procedure code change or addition and consider what the actual service/procedure involves. While there are many sophisticated devices and equipment to render procedures/services, the CPT® is intended to list those services/procedures which require actual work performance or direct supervision by a physician or practitioner. The device/equipment used is not listed in the CPT® procedure code.
- **Is the suggested procedure/service merely a means to report extraordinary circumstances related to the performance of a procedure/service already included in CPT®?**
A modifier indicates that a service/procedure performed has been altered by some specific circumstance but not changed in its definition or CPT® procedure code.

If the answers to the above questions suggest a new descriptor or CPT® procedure code is warranted, a proposal is submitted by completing a coding change request form, which requires the following information:

- A complete description of the procedure/service (i.e., describe in detail the skill and time involved)
- A clinical vignette that describes the typical patient and work rendered by the physician/practitioner
- The diagnosis of patients for whom this procedure/service would be rendered
- A copy(s) of peer reviewed articles published in US journals indicating the safety and effectiveness of the procedure/service, as well as the frequency with which the procedure/service is performed and/or estimation of its projected performance
- A copy(s) of additional published literature that further explains the request (e.g., practice parameters/guidelines or policy statements on a particular procedure/service)
- Evidence of US Food and Drug Administration (FDA) approval of the drug or device used in the procedure/service, if required
- Answer the following questions:
 - Why are the existing CPT® procedure codes inadequate? (Be very specific.)
 - What specific descriptors are proposed? (Suggest wording as well as placement of the proposed procedure code(s) within the existing CPT® procedure code range.)
 - Can any existing CPT® procedure codes be changed to include these new procedures/services without significantly affecting the extent of the procedures/services? (If not, give reasons why the existing CPT® procedure codes are incomplete.)
 - Give specific rationale for each CPT® procedure code proposed, including a full explanation on how each proposed CPT® procedure code differs from existing CPT® procedure codes.
 - If a CPT® procedure code is recommended for deletion, how should the service/procedure then be coded?
 - How long (i.e., number of years) has this procedure/service been rendered for patients?
 - What is the frequency in which a physician or other practitioner might perform the procedure/service?
 - What is the typical site (e.g., office, hospital, nursing facility, ambulatory or other outpatient care setting, patient's home) where this procedure/service is rendered?
 - Does the procedure/service involve the use of a drug or device that requires FDA approval?

The information provided does not insure that the CPT® Editorial Panel will adopt the suggested change. The initial AMA staff and CPT® Advisory Committee review process takes several months. CPT® schedule information is available on the AMA web site. The CPT® Editorial Panel action may result in one (1) of the following outcomes:

- Addition of a new CPT® procedure code or revision of an existing CPT® procedure code(s)
- Postponement of a suggested change to obtain further information
- Rejection of a suggested change

VII.B. HCPCS Procedure Code Revisions

A request to establish, revise or discontinue a *Healthcare Common Procedure Coding System* (HCPCS) procedure code may be submitted using the standard format found on the Centers for Medicare and Medicaid (CMS) web site (www.cms.gov). Prepare a cover letter outlining the HCPCS procedure code request and a brief summary of why a procedure code modification is necessary. In addition to providing the information according to the format, include any descriptive material that would be helpful in furthering CMS' understanding of the medical benefits of the item/procedure for which a coding modification is requested. Submit the original request with supporting documentation and, to expedite distribution and review, include 35 complete copies of the request information packet. To ensure timely review of materials, limit recommendations to no more than 40 pages, including both application questions and answers.

When the request is received, it is distributed to all reviewers. The item is placed on HCPCS Meeting Agenda and reviewed at regularly scheduled meetings by a panel whose membership includes representatives of Medicaid, Medicare, and private insurers. All external requests, (e.g. requests not generated internally) that are completed according to the applicable timeline are placed on a Public Meeting Agenda. The HCPCS Public Meetings provide an open forum for interested parties to make oral presentations or to submit written comments in response to published preliminary coding decisions. Announcements of dates, times and locations of public meetings are published in the Federal Register. CMS also posts public meeting information on the official HCPCS website (www.cms.hhs.gov/medicare/hcpcs). Public Meetings provide an opportunity for applicants and the general public to react to preliminary coding decisions and share additional information with decision makers, prior to final decisions. All applicants are notified, in writing, of the final decision on their application, and all modifications to the HCPCS codes set are included in the HCPCS Level II Annual update.

The HCPCS procedure code review process is ongoing and continuous. Requests may be submitted at anytime throughout the year. Early submissions are strongly encouraged. Requests that are complete are reviewed and processed on a first come, first served basis. For additional information regarding the HCPCS procedure coding process or the application process:

- Review documents on the CMS web site at www.cms.hhs.gov/medhcpcsgeninfo
- Submit an inquiry to HCPCS@cms.hhs.gov
- Contact CMS HCPCS staff¹⁵⁴

VII.C. Colorado HCPF Procedure Code Revisions

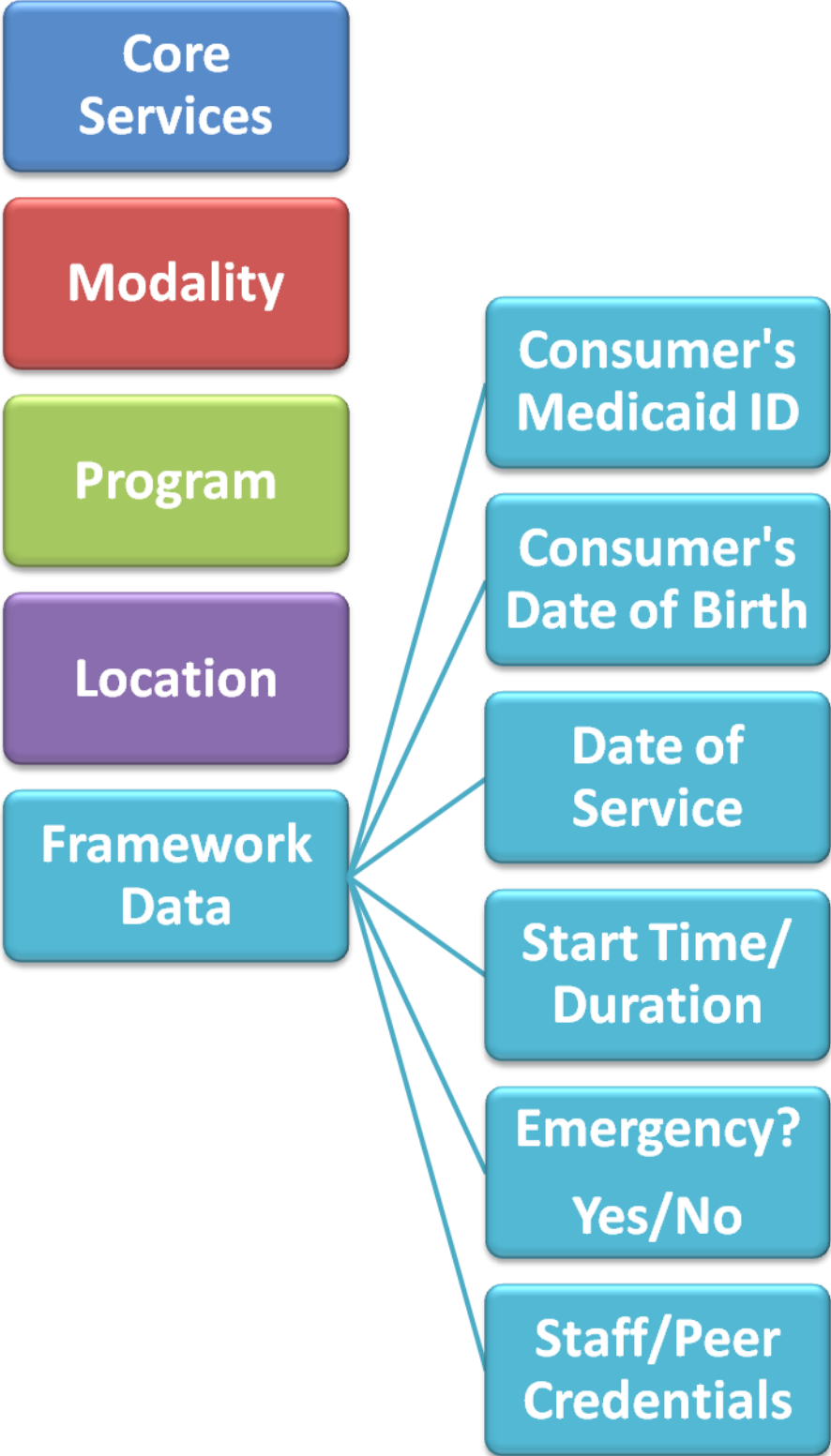
To submit a suggestion to add, delete or change the Colorado Community Behavioral Health Services Program approved procedure code list (Appendix E) submit the following information to the Colorado Department of Health Care Policy and Financing (HCPF):

- Current approved CPT®/HCPCS procedure code, if applicable
- Suggested CPT®/HCPCS procedure code(s)
- Brief rationale for the suggested CPT®/HCPCS procedure code(s) with supporting references to State and/or Federal regulations, coding manuals, etc.
- Applicable modifier(s)
- Applicable population(s)
- Applicable mode(s) of delivery
- Applicable place(s) of service (POS)
- Medicaid State Plan and/or 1915(b)(3) Waiver program service category(ies), if applicable
- Minimum staff requirements
- Minimum documentation requirements
- Example(s), if available
- Requested implementation date

HCPF will review and discuss recommendations with the appropriate stakeholders (e.g., behavioral health organizations (BHOs), community mental health centers (CMHCs), substance abuse treatment providers) prior to making a final determination. If the recommendation is accepted, a revised approved procedure code list will be distributed to the appropriate stakeholders. In addition, the *Uniform Service Coding Standards (USCS) Manual* will also be updated and distributed.

⊗ Requests for revisions to the approved procedure code list(s) must be submitted to HCPF *prior to* the use of the requested procedure code(s), to ensure appropriate encounter reporting, and/or billing and reimbursement.

Appendix A: Colorado Health Network's (CHN) Encounter Design Matrix



Colorado Health Network's (CHN) Encounter Design Matrix

Core Services	Assessment Services	Case Management Services	Peer Support/ Recovery Services	Prevention/ Early Intervention Services	Residential Services	Respite Care Services	Treatment Services	Vocational Services
Modality (Not All Inclusive)	Assessment	Consultation	Family Psychotherapy	Group Psychotherapy	Individual Psychotherapy	Job Coaching	Medication Management	Skills Training & Development
Program (Not All Inclusive)	Acute Treatment Unit (ATU)	Child & Adolescent Day Treatment	Outpatient Mental Health Services	Intensive/In-Home Family Program	Nursing Home Services	Prevention/Early Intervention Program	Residential Services	Vocational Services
Location (Not All Inclusive)	Client's Home	CMHC Outpatient Center	Emergency Room (ER)	Group Home	Jail/Correctional Facility	Nursing Home	School	Shelter
Framework Data	Client's Medicaid ID	Client's Date of Birth (DOB)	Date of Service (DOS)	Start/End Time OR Duration	Emergency? Yes/No	Staff/Peer Credentials		

Uniform Service Coding Standards Manual 2015

Revised: May 1, 2015

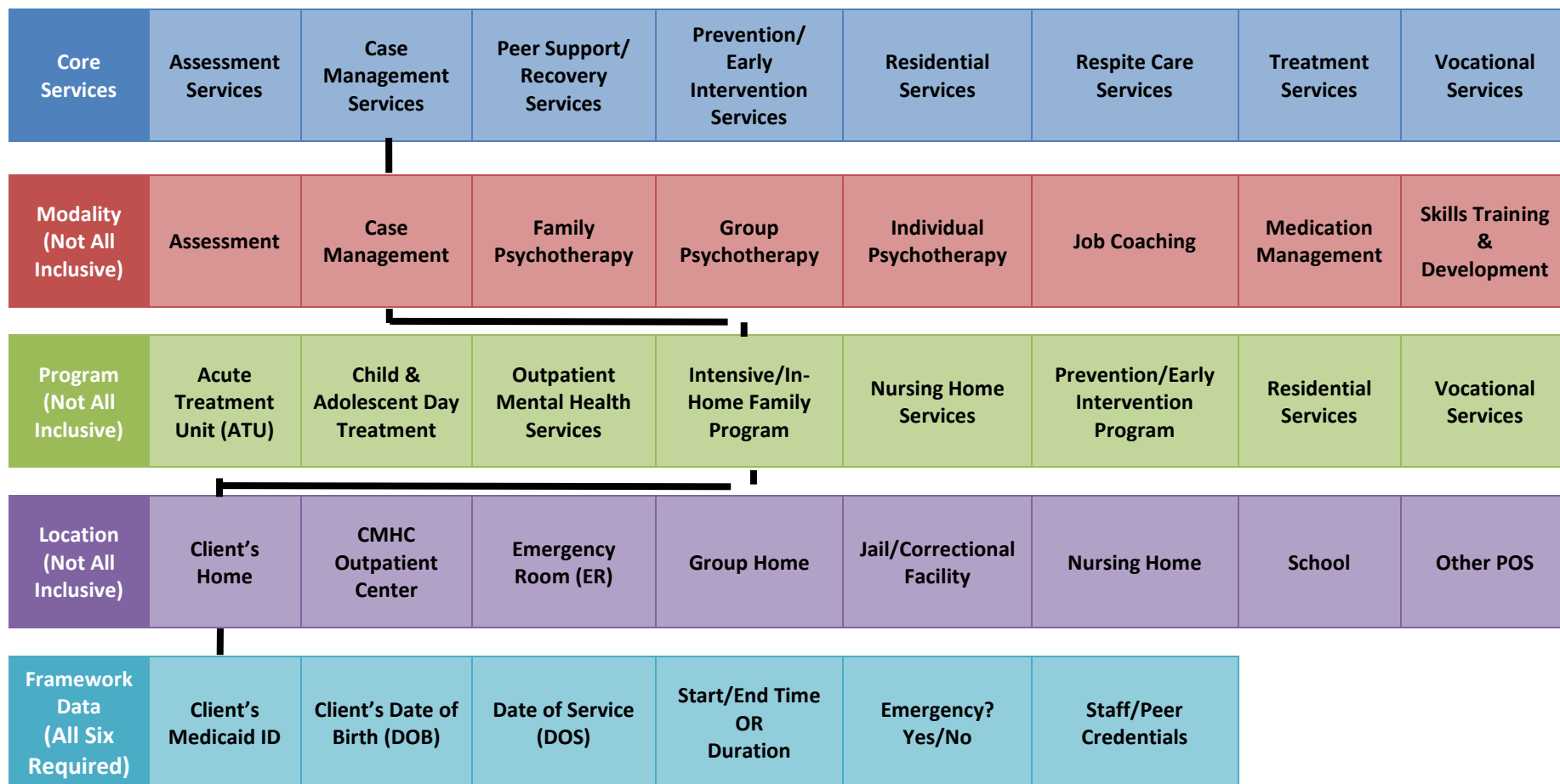
Effective: July 1, 2015

EXAMPLE: A client enrolled in a CMHC’s Vocational Program receives job coaching in his/her place of employment:

Core Services	Assessment Services	Case Management Services	Peer Support/ Recovery Services	Prevention/ Early Intervention Services	Residential Services	Respite Care Services	Treatment Services	Vocational Services
Modality (Not All Inclusive)	Assessment	Consultation	Family Psychotherapy	Group Psychotherapy	Individual Psychotherapy	Job Coaching	Medication Management	Skills Training & Development
Program (Not All Inclusive)	Acute Treatment Unit (ATU)	Child & Adolescent Day Treatment	Outpatient Mental Health Services	Intensive/In-Home Family Program	Nursing Home Services	Prevention/Early Intervention Program	Residential Services	Vocational Services
Location (Not All Inclusive)	Client’s Home	CMHC Outpatient Center	Emergency Room (ER)	Group Home	Jail/Correctional Facility	Nursing Home	School	Other POS
Framework Data (All Six Required)	Client’s Medicaid ID	Client’s Date of Birth (DOB)	Date of Service (DOS)	Start/End Time OR Duration	Emergency? Yes/No	Staff/Peer Credentials		

Procedure Code: H2025, Ongoing support to maintain employment

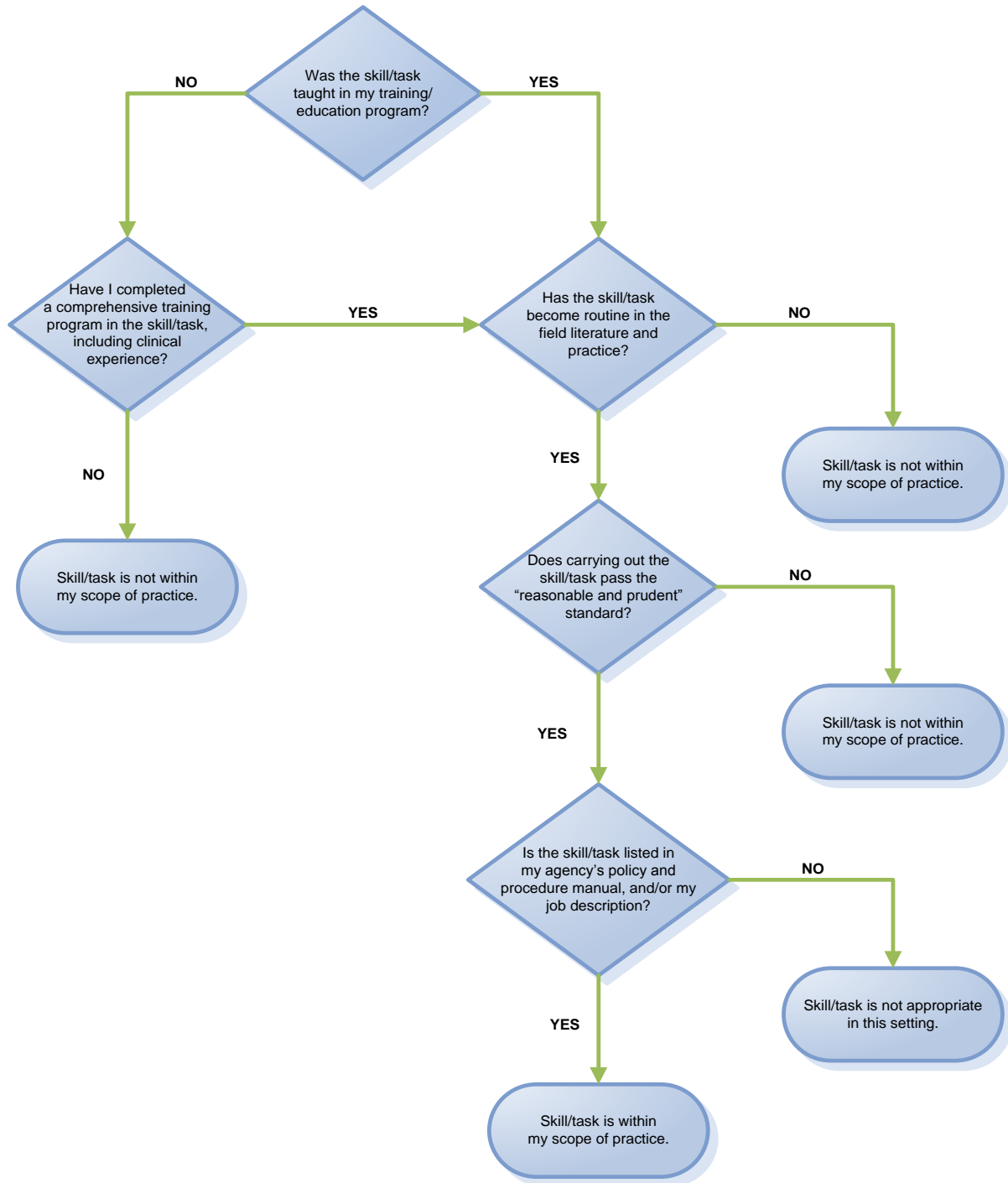
EXAMPLE: A client receives case management to access needed services in the community:



Procedure Code: T1017, Case management, each 15 minutes

Appendix B: Scope of Practice Algorithm¹⁵⁵

“Is this skill or task within my scope of practice?”



Appendix C: Additional References

Connecticut Department of Mental Health & Addiction Services (DMHAS) (May, 2005). *General Assistance Behavioral Health Program Provider Manual (Draft)*. Hartford, CT: Connecticut Department of Mental Health & Addiction Services (DMHAS).

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Oregon Department of Human Services (DHS) Addictions & Mental Health Division (AMH) (December, 2008). *Oregon Health Plan Mental Health Medicaid Procedure Codes & Reimbursement Rates for Services Provided on or After 01/01/09*. Salem, OR: Oregon Department of Human Services (DHS) Addictions & Mental Health Division (AMH).

Oregon Department of Human Services (DHS) Addictions & Mental Health Division (AMH), Managed Health Organization (MHO) Code Workgroup (October, 2008). *Procedure Code Guide*. Salem, OR: Oregon Department of Human Services (DHS) Addictions & Mental Health Division (AMH).

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Appendix D: Colorado Medicaid Behavioral Health Services Program Procedure Code List

Colorado Medicaid Community Behavioral Health Services Program Approved Procedure Codes													
Service Domain	Service Domain Category	Service Domain Sub-Category	CPT/HCPCS Procedure Code	Short Description	(b)(3)	SP	Modifiers					Unit *	Page #
							22	52	GT	TF	TG		
			00104	Anesth, electroshock		X						E	N/A
			90785	Psytx complex, interactive	X	X			X			E	42
Assessment	Assessment		90791	Psy dx eval	X	X			X			E	43
Assessment	Assessment		90792	Psy dx eval w/med srvc	X	X			X			E	44
Treatment	Psychotherapy	Individual Psychotherapy	90832	Psytx pt&family 30 mins	X	X	X	X	X			E	45
Treatment	Psychotherapy	Individual Psychotherapy	90833	Psytx pt&family w/e&m 30 mins	X	X	X	X	X			E	46
Treatment	Psychotherapy	Individual Psychotherapy	90834	Psytx pt&family 45 mins	X	X	X	X	X			E	47
Treatment	Psychotherapy	Individual Psychotherapy	90836	Psytx pt&family w/e&m 45 mins	X	X	X	X	X			E	48
Treatment	Psychotherapy	Individual Psychotherapy	90837	Psytx pt&family 60 mins	X	X	X	X	X			E	49
Treatment	Psychotherapy	Individual Psychotherapy	90838	Psytx pt&family w/e&m 60 mins	X	X	X	X	X			E	50
Treatment	Psychotherapy	Psychotherapy for Crisis	90839	Psytx crisis initial 60 min	X	X	X	X	X			E	51
Treatment	Psychotherapy	Psychotherapy for Crisis	90840	Psytx crisis ea addl 30 min	X	X	X	X	X			E	52
Treatment	Psychotherapy	Family Psychotherapy	90846	Family psytx w/o patient	X	X			X			E	53
Treatment	Psychotherapy	Family Psychotherapy	90847	Family psytx w/patient	X	X			X			E	54
Treatment	Psychotherapy	Group Psychotherapy	90849	Multiple family group psytx	X	X						E	55
Treatment	Psychotherapy	Group Psychotherapy	90853	Group psychotherapy	X	X						E	56
			90870	Electroconvulsive therapy		X						E	N/A
Treatment	Other Prof	Biofeedback Training	90875	Psychophysiological therapy		X	X	X				E	57
Treatment	Other Prof	Biofeedback Training	90876	Psychophysiological therapy		X	X	X				E	58
Assessment	Psych Testing		90887	Consultation with family	X	X						E	59
Assessment	Psych Testing		96101	Psycho testing by psych/phys		X		X				1 H	60
Assessment	Psych Testing		96102	Psycho testing by technician		X		X				1 H	61
Assessment	Psych Testing		96103	Psycho testing admin by computer		X						1 H	62
Assessment	Psych Testing		96116	Neurobehavioral status exam		X		X	X			1 H	63
Assessment	PsychTesting		96118	Neuropsych testing by psych/phys		X		X				1 H	64
Assessment	Psych Testing		96119	Neuropsych testing by tech		X		X				1 H	65

Colorado Medicaid Community Behavioral Health Services Program Approved Procedure Codes, cont.

Service Domain	Service Domain Category	Service Domain Sub-Category	CPT/HCPCS Procedure Code	Short Description	(b)(3)	SP	Modifiers					Unit *	Page #
							22	52	GT	TF	TG		
Assessment	Psych Testing		96120	Neuropsych test admin w/comp		X						1 H	66
Treatment	Psychiatric/Med Management	Med Services	96372	Ther/proph/diag inj, sc/im		X						E	67
Treatment	Rehabilitation	Other	97535	Self care mngment training	X	X		X				15 M	68
Treatment	Rehabilitation	Other	97537	Community/work reintegration	X	X		X				15 M	69
Assessment	Assessment/Management		98966	Hc pro phone call 5-10 min	X	X						15 M	70
Assessment	Assessment/Management		98967	Hc pro phone call 11-20 min	X	X						15 M	71
Assessment	Assessment/Management		98968	Hc pro phone call 21-30 min	X	X						15 M	72
E/M	Office/OP		99201	Office or OP – New, 10m		X						E	73
E/M	Office/OP		99202	Office or OP – New, 20m		X						E	73
E/M	Office/OP		99203	Office or OP – New, 30m		X						E	73
E/M	Office/OP		99204	Office or OP – New, 45m		X						E	73
E/M	Office/OP		99205	Office or OP – New, 60m		X						E	73
E/M	Office/OP		99212	Office or OP – Est, 10m		X						E	73
E/M	Office/OP		99213	Office or OP – Est, 15m		X						E	73
E/M	Office/OP		99214	Office of OP – Est, 25m		X						E	73
E/M	Office/OP		99215	Office or OP – Est, 40m		X						E	73
E/M	Office/OP		99211	Office or OP – other		X						E	74
E/M	Hospital Observ		99217	Observ Care discharge day mgmt.		X						E	75
E/M	Hospital Observ		99218	Initial Observ Care, 30m		X						E	76
E/M	Hospital Observ		99219	Initial Observ Care, 50m		X						E	76
E/M	Hospital Observ		99220	Initial Observ Caer, 70m		X						E	76
Treatment	Inpatient	Initial Hospital Care	99221	Initial hospital care		X						E	77
Treatment	Inpatient	Initial Hospital Care	99222	Initial hospital care		X						E	78
Treatment	Inpatient	Initial Hospital Care	99223	Initial hospital care		X						E	79
E/M	Hospital Observ		99224	Subseq Hospital Care, 15m		X						E	80
E/M	Hospital Observ		99225	Subseq Hospital Care, 25m		X						E	80
E/M	Hospital Observ		99226	Subseq Hospital Care, 35m		X						E	80
Treatment	Inpatient	Subseq Hospital Care	99231	Subsequent hospital care		X						E	81

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Colorado Medicaid Community Behavioral Health Services Program Approved Procedure Codes, cont.

Service Domain	Service Domain Category	Service Domain Sub-Category	CPT/HCPCS Procedure Code	Short Description	(b)(3)	SP	Modifiers					Unit *	
							22	52	GT	TF	TG		
Treatment	Inpatient	Subseq Hospital Care	99232	Subsequent hospital care		X						E	82
Treatment	Inpatient	Subseq Hospital Care	99233	Subsequent hospital care		X						E	83
E/M	Hospital Inpt	Subseq Hospital Care	99234	Same day admit/DC, 40m		X						E	84
E/M	Hospital Inpt	Subseq Hospital Care	99235	Same day admit/DC, 50m		X						E	84
E/M	Hospital Inpt	Subseq Hospital Care	99236	Same day admit/DC, 55m		X						E	84
Treatment	Inpatient	Hospital Discharge	99238	Hospital discharge day		X						E	85
Treatment	Inpatient	Hospital Discharge	99239	Hospital discharge-manage		X						E	86
E/M	Consultations	Office of OP	99242	Inpatient Consultation, 30m		X						E	88
E/M	Consultations	Office of OP	99243	Inpatient Consultation, 40m		X						E	88
E/M	Consultations	Office of OP	99244	Inpatient Consultation, 60m		X						E	88
E/M	Consultations	Office of OP	99245	Inpatient Consultation, 80m		X						E	88
Treatment	Inpatient	Consultations	99251	Inpatient consultation		X			X			E	89
Treatment	Inpatient	Consultations	99252	Inpatient consultation		X			X			E	90
Treatment	Inpatient	Consultations	99253	Inpatient consultation		X			X			E	91
Treatment	Inpatient	Consultations	99254	Inpatient consultation		X			X			E	92
Treatment	Inpatient	Consultations	99255	Inpatient consultation		X			X			E	93
E/M	ED		99281	ED services		X						E	94
E/M	ED		99282	ED services		X						E	94
E/M	ED		99283	ED services		X						E	94
E/M	ED		99284	ED services		X						E	94
E/M	ED		99285	ED services		X						E	94
E/M	Nursing facility		99304	Initial nursing facility, 25m		X						E	95
E/M	Nursing facility		99305	Initial nursing facility, 35m		X						E	95
E/M	Nursing facility		99306	Initial nursing facility, 45m		X						E	95
E/M	Nursing facility		99307	Subseq nursing facility, 10m		X						E	96
E/M	Nursing facility		99308	Subseq nursing facility, 15m		X						E	96
E/M	Nursing facility		99309	Subseq nursing facility, 25m		X						E	96
E/M	Nursing facility		99310	Subseq nursing facility, 35m		X						E	96
E/M	Nursing facility		99315	Nursing facility discharge, 30m		X						E	97
E/M	Nursing facility		99316	Nursing facility discharge, 30+m		X						E	97
E/M	Nursing facility		99318	Annual nursing facility assmt		X						E	98

Colorado Medicaid Community Behavioral Health Services Program Approved Procedure Codes, cont.

Service Domain	Service Domain Category	Service Domain Sub-Category	CPT/HCPCS Procedure Code	Short Description	(b)(3)	SP	Modifiers					Unit *	Page #
							22	52	GT	T F	TG		
E/M	Dom, rest, cust		99324	Dom, Rest, Custodial – New, 20m		X						E	99
E/M	Dom, rest, cust		99325	Dom, Rest, Custodial – New, 30m		X						E	99
E/M	Dom, rest, cust		99326	Dom, Rest, Custodial – New, 45m		X						E	99
E/M	Dom, rest, cust		99327	Dom, Rest, Custodial – New, 60m		X						E	99
E/M	Dom, rest, cust		99328	Dom, Rest, Custodial – New, 75m		X						E	99
E/M	Dom, rest, cust		99334	Dom, Rest, Custodial – Est, 15m		X						E	99
E/M	Dom, rest, cust		99335	Dom, Rest, Custodial – Est, 25m		X						E	99
E/M	Dom, rest, cust		99336	Dom, Rest, Custodial – Est, 40m		X						E	99
E/M	Dom, rest, cust		99337	Dom, Rest, Custodial – Est, 60m		X						E	99
E/M	Home		99341	Home care – New, 20m		X						E	100
E/M	Home		99342	Home care – New, 30m		X						E	100
E/M	Home		99343	Home care – New, 45m		X						E	100
E/M	Home		99344	Home care – New, 60m		X						E	100
E/M	Home		99345	Home care – New, 75m		X						E	100
E/M	Home		99347	Home care – Est, 15m		X						E	100
E/M	Home		99348	Home care – Est, 25m		X						E	100
E/M	Home		99349	Home care – Est, 40m		X						E	100
E/M	Home		99350	Home care – Est, 60m		X						E	100
Treatment	Other Prof	Team Conference	99366	Team conf w/patient by hc pro		X	X	X	X			E	101
Treatment	Other Prof	Team Conference	99367	Team conf w/o patient by phys		X	X	X	X			E	102
Treatment	Other Prof	Team Conference	99368	Team conf w/patient by hc pro		X	X	X	X			E	103
Treatment	Psychiatric/Med Management	Telephone	99441	Phone e/m by phys 5-10 min		X	X	X				E	104
Treatment	Psychiatric/Med Management	Telephone	99442	Phone e/m by phys 11-20 min		X	X	X				E	105
Treatment	Psychiatric/Med Management	Telephone	99443	Phone e/m by phys 21-30 min		X	X	X				E	106
Treatment	Intensive Treatment	PHP	G0176	OPPS/PHP;activity therapy		X		X				E	107
Treatment	Intensive Treatment	PHP	G0177	OPPS/PHP; train & educ serv		X		X				E	108
Assessment	Assessment		H0001	Alcohol and/or drug assessment		X							109

Colorado Medicaid Community Behavioral Health Services Program Approved Procedure Codes, cont.

Service Domain	Service Domain Category	Service Domain Sub-Category	CPT/HCPCS Procedure Code	Short Description	(b)(3)	SP	Modifiers					Unit *	Page #
							22	52	GT	T F	TG		
Assessment	Screening		H0002	Alcohol and/or drug screening	X	X		X				E	110
Treatment	Psychotherapy	Individual Psychotherapy	H0004	Alcohol and/or drug services	X	X		X	X			15 M	112
Treatment	Substance Use		H0005	Alcohol and/or drug services	X	X						1 H	113
Case Management			H0006	Alcohol and/or drug services	X	X						15 M	114
Treatment	Intensive Treatment	IOP – SUD	H0015	Intensive outpatient								E	121
Residential	ATU		H0017	Alcohol and/or drug services	X	X						D	122
Residential	Residential		H0018	Alcohol and/or drug services	X	X				X	X	D	123
Residential	Residential		H0019	Alcohol and/or drug services	X	X				X	X	D	124
Treatment	Substance Use		H0020	Alcohol and/or drug services		X						E	125
Prevention/ Early Intervention	Outreach		H0023	Alcohol and/or drug outreach	X	X						E	128
Prevention/ Early Intervention	Education		H0025	Alcohol and/or drug prevention	X	X						E	130
Assessment	Assessment		H0031	MH health assess by non-md	X	X			X			E	136
Assessment	Treatment/ Service Planning		H0032	MH svc plan dev by non-md	X	X			X			E	137
Treatment	Psychiatric/Med Management	Med Services	H0033	Oral med adm direct observe	X	X						E	138
Treatment	Psychiatric/Med Management	Med Services	H0034	Med trng & support per 15min	X	X		X				15 M	139
Treatment	Intensive Treatment	PHP	H0035	MH partial hosp tx under 24h		X						D	140
Treatment	Rehabilitation	CPST	H0036	Comm psy face-face per 15min	X	X		X				15 M	141
Treatment	Rehabilitation	CPST	H0037	Comm psy sup tx pgm per diem	X	X						D	142
Peer Support/ Recovery			H0038	Self-help/peer svc per 15min	X	X		X	X			15 M	143
Treatment	Rehabilitation	ACT	H0039	Asser com tx face-face/15min	X	X		X	X			15 M	144
Treatment	Rehabilitation	ACT	H0040	Assert comm tx pgm per diem	X	X			X			D	145
Residential	Supported Housing		H0043	Supported housing, per diem	X	X						D	146

Colorado Medicaid Community Behavioral Health Services Program Approved Procedure Codes, cont.

Service Domain	Service Domain Category	Service Domain Sub-Category	CPT/HCPCS Procedure Code	Short Description	(b)(3)	SP	Modifiers					Unit *	Page #
							22	52	GT	TF	TG		
Residential	Supported Housing		H0044	Supported housing, per month	X	X						M	147
Respite Care			H0045	Respite not-in-home per diem	X							D	148
Assessment	Assessment		H1011	Family assessment		X						E	156
Assessment	Assessment		H2000	Comp multidisipln evaluation	X	X			X			E	157
Treatment	Rehabilitation	Rehab Program	H2001	Rehab program 1/2 day	X	X	X	X				1/2 D	158
Treatment	Crisis/Emergency		H2011	Crisis interven svc, 15 min	X	X		X				15 M	159
Treatment	Intensive Treatment	BH Day Treatment	H2012	Behav health day treat, per hr		X		X				1 H	160
Treatment	Rehabilitation	Other	H2014	Skills train and dev, 15 min	X	X		X				15 M	161
Peer Support/ Recovery			H2015	Comp comm supp svc, 15 min		X		X	X			15 M	162
Peer Support/ Recovery			H2016	Comp comm supp svc, per diem		X			X			D	163
Treatment	Rehabilitation	PSR	H2017	Psyc soc rehab svc, per 15 min	X	X		X				15 M	164
Treatment	Rehabilitation	PSR	H2018	Psyc soc rehab svc, per diem	X	X						D	165
Treatment	Other Prof	Comm-Based Wrap-Around	H2021	Com wrap-around sv, 15 min		X		X				15 M	166
Treatment	Other Prof	Comm-Based Wrap-Around	H2022	Com wrap-around sv, per diem		X						D	167
Vocational			H2023	Supported employ, per 15 min	X			X				15 M	168
Vocational			H2024	Supported employ, per diem	X							D	169
Vocational			H2025	Supp maint employ, 15 min	X			X				15 M	170
Vocational			H2026	Supp maint employ, per diem	X							D	171
Treatment	Other Prof	Psychoeducation	H2027	Psychoed svc, per 15 min	X	X		X				15 M	172
Treatment	Rehabilitation	Clubhouse	H2030	MH clubhouse svc, per 15 min	X	X		X				15 M	173
Treatment	Rehabilitation	Clubhouse	H2031	MH clubhouse svc, per diem	X	X						D	174
Treatment	Rehabilitation	Other	H2032	Activity therapy, per 15 min	X	X		X				15 M	175
Treatment	Other Prof	MST	H2033	Multisys ther/juvenile 15min		X		X				15 M	176
Treatment	Psychiatric/Med Management	Med Services	M0064 (Use Code 99212)	Br office visit for monitor/change prescrip		X			X			E	181

Colorado Medicaid Community Behavioral Health Services Program Approved Procedure Codes, cont.

Service Domain	Service Domain Category	Service Domain Sub-Category	CPT/HCPCS Procedure Code	Short Description	(b)(3)	SP	Modifiers					Unit *	Page #
							22	52	GT	TF	TG		
Social Ambulatory Detoxification			S3005	Eval self-assess depression		X						E	182
Respite Care	Respite Care	Respite	S5150	Unskilled respite care, per 15m	X			X				15 M	183
Respite Care	Respite Care	Respite	S5151	Unskilled respite care, per diem	X							D	184
Treatment			S9445	PT education noc individ		X							185
Prevention/Early Intervention	Education		S9453	Smoking cessation class	X	X						E	186
Prevention/Early Intervention	Education		S9454	Stress mgmt class	X	X						E	187
Treatment	Intensive Treatment	IOP – Mental Health	S9480	Intensive outpatient		X						D	188
Treatment	Crisis/Emergency		S9485	Crisis intervention per diem	X	X						D	189
Respite Care			T1005	Respite care service 15 min	X			X				15 M	191
Social Ambulatory Detoxification			T1007	Treatment plan development		X						15 M	193
Case Management			T1016	Case management	X	X		X				15 M	198
Case Management			T1017	Targeted case management	X	X		X				15 M	199
Social Ambulatory Detoxification			T1019	Personal care service		X						15 M	200
Social Ambulatory Detoxification			T1023	Program intake assessment		X						E	201

*Unit	Definition
15 M	15 Minutes
1 H	1 Hour
½ D	½ Day
E	Encounter (Session/Visit)
D	Day
M	Month

SP = Medicaid State Plan Service
(b)3 = 1915(b)(3) Waiver Service

Appendix E: CDHS OBH Approved Procedure Code List

CDHS – OBH Approved Behavioral Health (BH) Procedure Code List							
CPT/HCPCS Procedure Code	Short Description	Modifiers					Unit*
		22	52	GT	TF	TG	
00104	Anesth, electroshock						E
80101	Drug Urine Screening						E
82075	Assay of Breath Ethanol						E
90772	Therapeutic IM Injection						E
90785	Psytx complex, interactive			X			E
90791	Psy dx eval	X	X	X			E
90792	Psy dx eval w/med srvcs	X	X	X			E
90832	Psytx pt&family 30 mins	X	X	X			E
90833	Psytx pt&family w/e&m 30 mins	X	X	X			E
90834	Psytx pt&family 45 mins	X	X	X			E
90836	Psytx pt&family w/e&m 45 mins	X	X	X			E
90837	Psytx pt&family 60 mins	X	X	X			E
90838	Psytx pt&family w/e&m 60 mins	X	X	X			E
90839	Psytx crisis initial 60 min	X	X	X			E
90840	Psytx crisis ea addl 30 min	X	X	X			30 min
90846	Family psytx w/o patient			X			E
90847	Family psytx w/patient			X			E
90849	Multiple family group psytx						E
90853	Group psychotherapy						E
90870	Medication management			X			E
90875	Electroconvulsive therapy						E
90876	Psychophysiological therapy	X	X				E
90899	Psychophysiological therapy	X	X				E
96100	Psychiatric Service Therapy						
90887	Developmental Test						
96101	Consultation with family						E
96102	Psycho testing by psych/phys		X				1 H
96116	Psycho testing by technician		X				1 H
96118	Neurobehavioral status exam		X	X			1 H
96119	Neuropsych tst by psych/phys		X				1 H
96150	Neuropsych testing by tech		X				1 H
96151	Assess Hlth/Behave, Initial						
	Assess Hlth/Behave, Subsequent						
96152	Intervene Hlth/Behave, Indiv						
96154	Intervene Hlth/Behave, Fam W/PT						

CDHS – OBH Approved Behavioral Health Procedure Code List, cont.

CPT/HCPCS Procedure Code	Short Description	Modifiers					Unit*
		22	52	GT	TF	TG	
96372	Ther/proph/diag inj, sc/im						E
97535	Self care mngmt training		X				15 M
97537	Community/work reintegration		X				15 M
99201	Office/outpatient visit new		X				E
99202	Office/outpatient visit new		X				E
99203	Office/outpatient visit new		X				E
99204	Office/outpatient visit new		X				E
99205	Office/outpatient visit new		X				E
99211	Office/outpatient visit est						E
99212	Office/outpatient visit est		X				E
99213	Office/outpatient visit est		X				E
99214	Office/outpatient visit est		X				E
99215	Office/outpatient visit est		X				E
99221	Initial hospital care						E
99222	Initial hospital care						E
99223	Initial hospital care						E
99231	Subsequent hospital care						E
99232	Subsequent hospital care						E
99233	Subsequent hospital care						E
99234	Observ/Hosp Same Date 215.15						
99235	Observ/Hosp Same Date 275.58						
99236	Observ/Hosp Same Date 317.48						
99238	Hospital discharge day						E
99251	Inpatient consultation			X			E
99252	Inpatient consultation			X			E
99253	Inpatient consultation			X			E
99254	Inpatient consultation			X			E
99255	Inpatient consultation			X			E
99366	Team conf w/pat by hc pro	X	X	X			E
99367	Team conf w/o pat by phys	X	X	X			E
99368	Team conf w/pat by hc pro	X	X	X			E
99441	Phone e/m by phys 5-10 min	X	X				E
99442	Phone e/m by phys 11-20 min	X	X				E
99443	Phone e/m by phys 21-30 min	X	X				E
G0176	OPPS/PHP;activity therapy		X				E
G0177	OPPS/PHP; train & educ serv		X				E
H0001	Alcohol and/or Drug Assessment						
H0002	Alcohol and/or drug screening			X			E
H0003	Alcohol and/or drug screening						E

CDHS – OBH Approved Behavioral Health Procedure Code List, cont.

CPT/HCPCS Procedure Code	Short Description	Modifiers					Unit*
		22	52	GT	TF	TG	
H0004	Alcohol and/or drug services		X	X			15 M
H0005	Alcohol And/Or Drug Services; Group Counseling by a Clinician						
H0006	Alcohol and/or Drug Services; Case Management						
H0007	Alcohol and/or drug services						E
H0010	Alcohol and/or drug services						D
H0011	Alcohol and/or drug services						D
H0012	Alcohol and/or drug services						D
H0013	Alcohol and/or drug services						D
H0014	Alcohol and/or drug services						D
H0015	Alcohol and/or drug services						E
H0017	Alcohol and/or drug services						D
H0018	Alcohol and/or drug services				X	X	D
H0019	Alcohol and/or drug services				X	X	D
H0020	Alcohol and/or drug services						E
H0021	Alcohol and/or drug training						15 M
H0022	Alcohol and/or drug interven						E
H0023	Alcohol and/or drug outreach						E
H0024	Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with Service Audiences to Affect Knowledge and Attitude)						
H0025	Alcohol and/or drug prevention						E
H0026	Alcohol and/or drug prevention						E
H0027	Alcohol and/or drug prevention						E
H0028	Alcohol and/or drug prevention						15 M
H0029	Alcohol and/or drug prevention						E
H0030	Alcohol and/or drug hotline						E
H0031	MH health assess by non-md			X			E
H0032	MH svc plan dev by non-md			X			E
H0033	Oral med adm direct observe						E
H0034	Med trng & support per 15min		X				15 M
H0035	MH partial hosp tx under 24h						D
H0036	Comm psy face-face per 15min		X				15 M
H0037	Comm psy sup tx pgm per diem						D
H0038	Self-help/peer svc per 15min		X	X			15 M
H0039	Asser com tx face-face/15min		X	X			15 M
H0040	Assert comm tx pgm per diem			X			D
H0043	Supported housing, per diem						D
H0044	Supported housing, per month						M

CDHS – OBH Approved Behavioral Health Procedure Code List, cont.

CPT/HCPCS Procedure Code	Short Description	Modifiers					Unit*
		22	52	GT	TF	TG	
H0045	Respite not-in-home per diem						D
H0046	Mental Health Services, Not Otherwise Specified						
H0047	Alcohol/drug abuse svc nos						15 M
H0048	Spec coll non-blood: a/d test						E
H1000	Prenatal care at-risk assessm						3 H
H1002	Carecoordination prenatal						15 M
H1003	Prenatal at risk education						1 H
H1004	Follow up home visit/prenatal						15 M
H1010	Nonmed family planning ed						E
H1011	Family assessment						E
H2000	Comp multidisipln evaluation			X			E
H2001	Rehabilitation program 1/2 d	X	X				1/2 D
H2011	Crisis interven svc, 15 min		X				15 M
H2012	Behav hlth day treat, per hr		X				1 H
H2013	Psychiatric Health Facility Service, Per Diem						
H2014	Skills train and dev, 15 min		X				15 M
H2015	Comp comm supp svc, 15 min		X	X			15 M
H2016	Comp comm supp svc, per diem			X			D
H2017	Psysoc rehab svc, per 15 min		X				15 M
H2018	Psysoc rehab svc, per diem						D
H2021	Com wrap-around sv, 15 min		X				15 M
H2022	Com wrap-around sv, per diem						D
H2023	Supported employ, per 15 min		X				15 M
H2024	Supported employ, per diem						D
H2025	Supp maint employ, 15 min		X				15 M
H2026	Supp maint employ, per diem						D
H2027	Psychoed svc, per 15 min		X				15 M
H2030	MH clubhouse svc, per 15 min		X				15 M
H2031	MH clubhouse svc, per diem						D
H2032	Activity therapy, per 15 min		X				15 M
H2033	Multisys ther/juvenile 15min		X				15 M
H2034	A/D halfway house, per diem						D
H2035	A/D TX program, per hour						1 H
H2036	Alcohol and/or Other Drug Treatment Program, Per Diem						D
H2037	Dev delay prev dp ch, 15 min						15 M
J1630	Injection, Haloperidol, Up to 5 mg						E
J1631	Injection, Haloperidol Decanoate, per 50 mg						E

CDHS – OBH Approved Behavioral Health Procedure Code List, cont.

CPT/HCPCS Procedure Code	Short Description	Modifiers					Unit*
		22	52	GT	TF	TG	
J2315	Injection, Naltrexone, Depot Form, 1 mg						E
J2680	Injection, Fluphenazine Decanoate, up to 25 mg						E
J2794	Injection, Risperidone, long acting, 0.5 mg						E
J3490	Unclassified Drugs						E
M0064 (Use Code 99212)	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders			X			E
S3005	Eval self-assess depression						E
S5150	Unskilled respite care /15m		X				15 M
S5151	Unskilled respite care /diem						D
S9445	PT education noc individ			X			E
S9453	Smoking cessation class						E
S9454	Stress mgmt class						E
S9480	Intensive outpatient psychia						D
S9485	Crisis intervention per diem						D
S9976	Lodging, per diem						D
T1005	Respite care service 15 min		X				15 M
T1006	Alcohol and/or Substance Abuse Services, Family/Couple Counseling						
T1007	Treatment plan development						15 M
T1009	Child sitting services						15 M
T1010	Meals when receive services						1 Meal
T1012	Alcohol/Substance Abuse skil						15 M
T1013	Sign lang/oral interpreter						15 M
T1016	Case management (Do not use per State)		X				15 M
T1017	Targeted case management		X				15 M
T1019	Personal care ser, per 15 min						15 M
T1023	Program intake assessment						E
T1027	Family traning and counseling						15 M
T1999	NOC retail items and supplies						E
T2001	N-emer trans pt attend/escort						1 ride

Appendix F: Abbreviations & Acronyms

Uniform Service Coding Standards (USCS) Manual Abbreviations & Acronyms	
Term/Acronym	Definition
ABC	Access Behavioral Care
ABPN	American Board of Psychiatry and Neurology
ACMCS	American College of Medical Coding Specialists
ACF	Assisted Care Facility <i>or</i> Alternative Care Facility
ACS	Affiliated Computer Services
ACT	Assertive Community Treatment
ADL	Activities of Daily Living
Adol	Adolescent
AHA	American Hospital Association
AHIMA	American Health Information Management Association
ALR	Assisted Living Residence
AMA	American Medical Association <i>OR</i> Against Medical Advice
AOD	Alcohol and/or Other Drugs
APN	Advanced Practice Nurse
APA	American Psychological Association
APR	Advanced Practice Registry
ASAM	American Society of Addiction Medicine
ATU	Acute Treatment Unit
(b)(3)/B3	Mental Health Program 1915(b)(3) Waiver
BEST	Bipolar Education & Skills Training
BH	Behavioral health
BHI	Behavioral Healthcare, Inc.
BHO	Behavioral Health Organization
C	Conditional
C/A	Child/Adolescent
CAC	Certified Addiction Counselor
CAMFTE	Commission on Accreditation for Marriage and Family Therapy Education
CARF	Commission on Accreditation of Rehabilitation Facilities
CASASTART SM	The National Center on Addiction & Substance Abuse at Columbia University Striving Together to Achieve Rewarding Tomorrows
CBHP	Community Behavioral Health Program
CBT	Cognitive Behavioral Therapy
CCAR	Colorado Client Assessment Record
CCR	Colorado Code of Regulations
CCSS	Comprehensive Community Support Services
CDPHE	Colorado Department of Public Health and Environment
CFR	Code of Federal Regulations
CHN	Colorado Health Networks
CHP	Colorado Health Partnerships
CIT	Crisis Intervention Training
CIWA-AR	Clinical Institute Withdrawal Assessment of Alcohol – Revised
CLIA	Clinical Laboratory Improvements Amendment
CM	Case Management
CMHC	Community Mental Health Center
CMS	Centers for Medicare & Medicaid Services
CNA	Certified Nurse Aide
CNM	Certified Nurse Midwife
CNS	Clinical Nurse Specialist <i>or</i> Central Nervous System
COA	Council on Accreditation of Services for Families and Children
CP	Clinical Psychologist
CPST	Community Psychiatric Supportive Treatment
CPT®	Current Procedural Terminology

Uniform Service Coding Standards (USCS) Manual Abbreviations & Acronyms, cont.

Term/Acronym	Definition
CRNA	Certified Registered Nurse Anesthetist
CSW	Clinical Social Worker
CSWE	Council on Social Work Education
Cust Care	Custodial Care Facility
DC:0-03R	<i>Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood</i>
DD	Developmental Disability(ies)
Detox	Detoxification
DHS	Colorado Department of Human Services
DHS-OBH	Colorado Department of Human Services, Office of Behavioral Health
DHS-DVR	Colorado Department of Human Services, Division of Vocational Rehabilitation
DME	Durable Medical Equipment
DO	Doctor of Osteopathy
DOB	Date of Birth
DOC	Colorado Department of Corrections
DORA	Colorado Department of Regulatory Agencies
DRDC	Denver Regional Diagnostic Center
DRG	Diagnosis-Related Group
DSM-4-TR	<i>Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision</i>
DYC	Division of Youth Corrections
EI	External Cause of Injury
ECS	Early Childhood Specialist
EGHP	Employer Group Health Plan
EHR	Electronic Health Record
EI	Early Intervention
E/M	Evaluation and Management
EMC	Electronic Media Claim
EMG	Emergency
EOB	Explanation of Benefits
EPSDT	Early Periodic Screening Diagnosis and Treatment Program
ER	Emergency Room
FARS/DFARS	Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement
FBHP	Foothills Behavioral Health Partners
FCLN	Flat File Control Line Number
FDA	US Food and Drug Administration
FECA	Federal Employees' Compensation Act
FFP	Federal Financial Participation
FFS	Fee-For-Service
FL	Form Locator
FQHC	Federally Qualified Health Center
FTE	Full-Time Equivalent
FY	Fiscal Year
GED	General Education Diploma
Grp Home	Group Home
HCBS	Home and Community-Based Services
HCPCS	Healthcare Common Procedure Coding System
HCPF	Colorado Department of Health Care Policy and Financing
Hep C	Hepatitis C
HHS	US Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPSA	Health Professional Shortage Area
Hrs	Hours
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification
ICF	Intermediate Care Facility
ICF-MR	Intermediate Care Facility for the Mentally Retarded
ICM	Intensive Case Management
ID	Identification

Uniform Service Coding Standards (USCS) Manual Abbreviations & Acronyms, cont.

Term/Acronym	Definition
IEP	Individualized Education Program
IMD	Institution(s) for Mental Disease
Inpt Hosp	Inpatient Hospital
Inpt PF	Inpatient Psychiatric Facility
IOP	Intensive Outpatient Psychiatric/Program
Intox	Intoxication
JCAHO	Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission)
LAC	Licensed Addiction Counselor
LCSW	Licensed Clinical Social Worker
LMFT	Licensed Marriage and Family Therapist
LMHP	Licensed Mental Health Professional
LOC	Level of Care
LOF	Level of Functioning
LPC	Licensed Professional Counselor
LPN	Licensed Practical Nurse
LSW	Licensed Social Worker
LVN	Licensed Vocational Nurse
MAC	Master Addiction Counselor <i>OR</i> Medicaid Authorization Card
MAP	Medical Assistance Program
MCO	Managed Care Organization
MD	Doctor of Medicine
MH	Mental Health
MHP	Mental Health Professional
MH/SA	Mental Health/Substance Abuse
MI	Mental Illness
MMDDYY or MMDDYYYY	Month Day Year
MMPI	Minnesota Multiphasic Personality Inventory
MR	Mental Retardation
MSA	Metropolitan Statistical Area
MSP	Medicare Secondary Payer
MST	Multi-Systemic Therapy
NAADAC	National Association of Alcohol and Drug Abuse Counselors
NAMI	National Alliance on Mental Illness
NBCC	National Board for Certified Counselors
NBHP	Northeast Behavioral Health Partnership
NCAC	Nationally Certified Addiction Counselor
NCHS	National Center for Health Statistics
NEC	Not Elsewhere Classified
NF	Nursing Facility
NH	Nursing Home
NP	Nurse Practitioner
NPI	National Provider Identifier
NPP	Non-Physician Practitioner
NOS	Not Otherwise Specified
OIG	Office of Inspector General
OPPS/PHP	Outpatient Prospective Payment System/Partial Hospitalization Program
P	Professional
PA	Physician Assistant
PCP	Primary Care Physician
Peer Spec	Peer Specialist
PF – PHP	Psychiatric Facility – Partial Hospital
PHP	Partial Hospital Program
POS	Place of Service
PPS	Prospective Payment System
Prev	Prevention
Prev/EI	Prevention/Early Intervention
Prison/CF	Prison/Correctional Facility

Uniform Service Coding Standards (USCS) Manual Abbreviations & Acronyms, cont.

Term/Acronym	Definition
PRTF	Psychiatric Residential Treatment Facility
PS	Peer Specialist
PSA	Physician Scarcity Area
PSR	Psychosocial Rehabilitation
PRTF	Psychiatric Residential Treatment Center
QMAP	Qualified Medication Administration Person
R	Required
RCCF	Residential Child Care Facility
RN	Registered Nurse or Registered Professional Nurse
RTC	Residential Treatment Center
RTF	Residential Treatment Facility
RxN	Advanced Practice Nurse with Prescriptive Authority
SA	Substance abuse
SED	Serious Emotional Disturbance(s)
SFT	Strategic/Structural Family Therapy
SI	Suicidal Ideation
SMI	Serious/Severe Mental Illness
SNF	Skilled Nursing Facility
SO	Sexual Offender
SOF	Signature on File
SP	State Plan (Medicaid)
SPMI	Serious /Severe and Persistent Mental Illness
SSA	Single State Agency
SSN	Social Security Number
SW	Social Worker
TB	Tuberculosis
TBI	Traumatic Brain Injury
TBS	Therapeutic Behavioral Services
TCM	Targeted Case Management
Temp Lodging	Temporary Lodging
TIN	Tax Identification Number
TOB	Type of Bill
TRCCF	Therapeutic Residential Child Care Facility (changed to RCCF in 2012)
UA	Urinalysis
UB	Uniform Bill
US	United States of America
USCS	Uniform Service Coding Standards
Video Conf	Video Conference
Voc	Vocational
WAIS	Wechsler Adult Intelligence Scale
WRAP	Wellness Recovery Action Plan
YYYYMMDD	Year Month Day

Appendix G: Time Standards

TIME STANDARDS FOR INDIVIDUAL PSYCHOTHERAPY PROCEDURE CODES			
Procedure Code	Procedure Code Description (Short)	Duration (in Mins)*	Modifier**
90832	PSYCHOTHERAPY, 30 MIN	0 - 15*	N/A
		16-37	
90833	PSYCHOTHERAPY, 30 MIN; W/E&M	0 - 15*	N/A
		16-37	
90834	PSYCHOTHERAPY, 45 MIN	38-52	
90836	PSYCHOTHERAPY, 45 MIN; W/E&M	38-52	
90837	PSYCHOTHERAPY, 60 MIN	53+	
90838	PSYCHOTHERAPY, 60 MIN; W/E&M	53+	

* **NOTE:** Individual psychotherapy rendered for less than 16 minutes (i.e., 0 - 15 minutes) is not reportable as 90832 or 90833

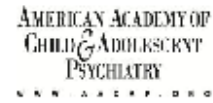
Appendix H: Interactive Complexity



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Interactive Complexity

Revised 11/3/12



Definition	A new concept in 2013, interactive complexity refers to 4 specific communication factors <i>during</i> a visit that complicate delivery of the primary psychiatric procedure. Report with CPT add-on code 90785 .	Typical Patients	Interactive complexity is often present with patients who: <ul style="list-style-type: none"> • Have other individuals legally responsible for their care, such as minors or adults with guardians, or • Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or • Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools. <p>Interactive complexity is commonly present during visits by children and adolescents, but may apply to visits by adults, as well.</p>
Code Type	Add-on codes may be reported in conjunction with specified "primary procedure" codes. Add-on codes may never be reported alone.		
Replaces	Codes for interactive diagnostic interview examination, interactive individual psychotherapy, and interactive group psychotherapy are deleted.		
Use in Conjunction With	The following psychiatric "primary procedures": <ul style="list-style-type: none"> • Psychiatric diagnostic evaluation, 90791, 90792 • Psychotherapy, 90832, 90834, 90837 • Psychotherapy add-on codes, 90833, 90836, 90838, when reported with E/M • Group psychotherapy, 90853 <p>When performed with psychotherapy, the interactive complexity component (90785) relates only to the increased work <i>intensity</i> of the psychotherapy service, and does not change the <i>time</i> for the psychotherapy service.</p>	Report 90785	When at least one of the following communication factors is present during the visit: <ol style="list-style-type: none"> 1. The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care. 2. Caregiver emotions or behaviors that interfere with implementation of the treatment plan. 3. Evidence or disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants. 4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language. <p>Per the Center for Medicare and Medicaid Services (CMS), "90785 generally should not be billed solely for the purpose of translation or interpretation services" as that may be a violation of federal statute.</p>
May Not Report With	<ul style="list-style-type: none"> • Psychotherapy for crisis (90839, 90840) • E/M <i>alone</i>, i.e., E/M service <i>not</i> reported in conjunction with a psychotherapy add-on service • Family psychotherapy (90846, 90847, 90849) 		
Complicating Communication Factor Must Be Present <i>During</i> the Visit	The following examples are NOT interactive complexity: <ul style="list-style-type: none"> • Multiple participants in the visit with straightforward communication • Patient attends visit individually with no sentinel event or language barriers • Treatment plan explained during the visit and understood without significant interference by caretaker emotions or behaviors 		

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Appendix I: Case Management

Medicaid Targeted Case Management refers to activities that will assist eligible clients in gaining access to needed medical, social, educational, and other services through the following four components:

- Assessment
- Case Management Plan
- Referral and Linkage
- Monitoring and Follow-up

Assessment

Assessment (and periodic reassessment) of a client is completed in order to determine service needs, including activities that focus on determining the need for any medical, educational, social, or other services. Such assessment activities include the following:

- Taking individual history
- Identifying the needs of the client and completing related documentation
- Gathering information from other sources such as family members, medical providers, social workers, and educators, if necessary, to form a complete assessment of the client

Case Management Plan

Specific case management plans are developed (and periodically revised) based on the information collected through the assessment, and typically include the following:

- Specific goals and actions to address the medical, social, educational, and other services needed by the client
- Activities such as ensuring the active participation of the client and working with the client (or the client's authorized health care decision maker) and others to develop such goals
- Identifies a course of action to respond to the assessed needs of the client

Referral and Linkage

Referral and related activities (such as scheduling appointments) help the client obtain needed services. This includes activities that help link the client with medical, social and educational providers or other programs and services that are capable of providing services that address identified needs and assist with achieving goals specified in the case management plan.

Monitoring and Follow-up

Monitoring and follow-up includes activities and contacts to ensure that the case management plan is effectively implemented and adequately addresses the needs of the client. Monitoring and follow-up may be with the client, family members, service providers, or other entities. These activities may be conducted as frequently as necessary to help determine whether the following conditions are met:

- Services are being furnished in accordance with the client's case management plan
- Services in the case management plan are adequate to meet the needs of the client
- Identification of changes in the needs or status of the client. If changes in the needs or status of the client are identified, monitoring and follow-up activities include making necessary adjustments in the case management plan and service arrangements with providers.

Mode of Delivery

A case management contact is defined as any of the following:

- A face-to-face contact with the client to render one or more case management components
- A telephone contact for the purpose of rendering one or more case management components
- A relevant email contact via secured transmittal, **on behalf of the client**, for the purpose of rendering one or more case management component

For Medicaid purposes, a face-to-face contact is preferable with phone and/or email contact being acceptable if necessary. All contacts must comply with the Health Information Portability and Accountability Act and all confidentiality laws.

Example Case Management Activities

Allowable Medicaid Targeted Case Management activities are those that include:

- Assessing a client's medical needs through review of evaluations completed by other providers of services
- Assessing physical needs, such as food and clothing
- Assessing housing, financial and/or physical environmental needs
- Assessing vocational and/or educational needs
- Assessing independent living skills and/or abilities
- Working with the client and others to develop case management goals
- Identifying a course of action to respond to the assessed needs of the client
- Linking clients with medical, social, educational, and/or other providers, programs, and services that are capable of providing needed services
- Assisting in obtaining required educational, medical, social, or other support services by accessing available services or advocating for service provision
- Contacting social, health, and rehabilitation service providers, either via telephone or face-to-face, in order to promote access to and appropriate use of services. This includes coordination of services by multiple providers.
- Ensuring the case management plan is implemented effectively and is adequately addressing the needs of the individual
- Contacting the client, family members, outside service providers, or other entities to ensure services are being furnished in accordance with client's case management plan
- Monitoring client progress and performing periodic reviews and reassessment of treatment needs. When an assessment indicates the need for medical treatment, referrals, or arrangements for such treatment may be included as case management services, but the actual treatment must not be included
- Arranging and monitoring the client's access to primary healthcare providers. This may include written correspondence to a primary health care provider which gives a synopsis of the treatment the client is receiving
- Referral, recommendation, and facilitating movement from one program to another or from one agency to another
- Contacting the family, representatives of human service agencies, and other service providers to form a multidisciplinary team to develop a comprehensive and individualized case management plan
- Preparing a written report that details a psychiatric and/or functional status, history, treatment, or progress (other than for legal or consultative purposes) for physicians, other service providers, or agencies

Activities Not Billable as Case Management

The following is a list of activities that are not Medicaid reimbursable as components of Targeted Case Management. This list is intended as a guide and is not intended to list all non-reimbursable activities.

- Attempting but not completing a contact whether in person or by telephone
- Review of case management records within the agency
- Referring and monitoring of one's own activities
- Scheduling and/or re-scheduling of appointments with the case manager's agency
- Providing special requested information regarding clients for the provider, public agencies or other private entities for administrative purposes
- Participating in recreation or socialization activities with a client or his or her family
- Documentation of services provided
- Performing administrative duties such as: copying, filing, mailing of reports
- Rendering services on behalf of a client after death
- Rendering services provided as administrative case management including Medicaid eligibility determination, intake processing, and preadmission screening for inpatient care

- Requesting utilization review and prior authorization for Medicaid
- Traveling to and from appointments on behalf of the client, or transporting the client to and from appointments
- Contacting the client to “check in”
- Waiting while a client attends an appointment, even appointments arranged by the case manager
- Attending internal staff meetings or supervision
- Rendering services for foster care programs, such as, but not limited to, the following:
 - Research gathering and completion of documentation required by the foster care program
 - Assessing adoption placements; recruiting or interviewing potential foster care parents
 - Serving legal papers; home investigations; providing transportation
 - Administering foster care subsidies
 - Making placement arrangements
- Rendering the actual or direct provision of medical services or treatment:
 - Training in daily living skills
 - Training in work skills and social skills
 - Grooming and other personal services
 - Training in housekeeping, laundry, cooking
 - Individual, group or family therapy services
 - Crisis intervention services
 - Diagnostic testing and assessments
- Rendering services which go beyond assisting clients in gaining access to needed services:
 - Paying bills and/or balancing the client’s checkbook
 - Escorting or transporting clients to scheduled medical appointments
 - Providing childcare so the client can access services
 - Shopping or running errands for the client
 - Delivering groceries, medications, gifts
 - Reading the mail for the client
 - Setting up the client’s medication

Adapted from the South Carolina Department of Mental Health: http://www.state.sc.us/dmh/peedee/tcm_standards.pdf

Appendix J: Peer Specialists Core Competencies

Combined Core Competencies for Colorado's Peer Specialists/Recovery Coaches and Family Advocates/Family Systems Navigators

<p>Knowledge of Mental Health/Substance Use Conditions and Treatments</p> <ul style="list-style-type: none"> - Recognize signs and coping strategies, including the grief process - Know when to refer to a clinician - Know when to report to a supervisor - Understand interactions of physical and behavioral health 	<p>Self-care</p> <ul style="list-style-type: none"> - Recognize when health may compromise the ability to work - Acknowledge that personal wellness is a primary responsibility - Set boundaries between work and personal life
<p>Clients Rights/Confidentiality/Ethics/Roles</p> <ul style="list-style-type: none"> - Understand scope of duties and role - Understand HIPAA /protected health information / confidentiality - Maintain professional boundaries - Recognize potential risks - Advocate when appropriate 	<p>Teaching Skills</p> <ul style="list-style-type: none"> - Demonstrate wellness and teach life skills - Encourage the development of natural supports - Assist people to find and use psycho-education materials
<p>Interpersonal Skills</p> <ul style="list-style-type: none"> - Communication - Diversity and cultural competency - Relationship development - Use guiding principles pertinent to population served - Model appropriate use of personal story and self-advocacy - Goal-setting, problem-solving, teamwork, & conflict resolution 	<p>Basic Work Competencies</p> <ul style="list-style-type: none"> - Seek supervision and/or ask for direction - Accept feedback - Demonstrate conflict resolutions skills - Navigate complex work environments
<p>Resiliency, Recovery and Wellness</p> <ul style="list-style-type: none"> - Understand principles and concepts of resiliency, recovery, and a wellness oriented lifestyle - Assist others with their own resiliency and recovery - Encourage options and choices - Understand impacts of labels, stigma, discrimination, and bullying - Understand person-centered resiliency and recovery planning for all ages and stages 	<p>Trauma-Informed Support</p> <ul style="list-style-type: none"> - Understand impact of trauma and responses to trauma - Demonstrate sensitivity and acceptance of individual experiences - Practice cultural sensitivity - Promote shared decision-making
<p>Resources</p> <ul style="list-style-type: none"> - Knowledge of community resources and those specific to behavioral health and physical Health and how to navigate the benefits system - Help individuals and families recognize their natural supports *Knowledge of public education and special education system and other child-serving systems 	

*Item pertains specifically to Family Advocates/Family Systems Navigators

Sources of Information and Input:

1. Advocates for Recovery –Colorado Core Competencies for Recovery Coaches, (2010)
2. Blanch, A., Filson, B., & Penney, D. Engaging Women in Trauma-Informed Peer Support: A Guidebook (2012)
3. Colorado Mental Health Advocates' Forum Peer Specialist Core Competencies, as adopted by the Colorado Department of Health Care Policy and Financing (HCPF) in its Medicaid Community Mental Health SeNicesProgram Request for Proposals released December 2008.
4. Colorado Mental Health Advocates' Forum Consensus Statement on Resiliency (2012)
5. Colorado Mental Health Advocates' Forum Consensus Statement on Trauma-Informed Care (2012)
6. National Federation of Families for Children's Mental Health Certified Parent Support Specialist Self- Assessment Training Checklist, Sept. 2011, from the National Federation website.
7. SAMHSA's Working Definition of Recovery (Dec. 2011), retrieved from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration website
8. House Bill 1193- Concerning Integrated System-of-Care Family Advocacy Programs for Mental Health Juvenile Justice Populations. (2011)

Appendix K: Treatment Services – Biopsychosocial Assessment and Intervention (Not Approved for Use by HCPF and OBH)

TREATMENT SERVICES – BIOPSYCHOSOCIAL ASSESSMENT & INTERVENTION					
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION		
96150			Health and behavior assessment, face-to-face, per 15 minutes		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Initial Assessment to determine the biological, psychological, and social factors affecting the patient’s physical health and any treatment problems. Health and behavior assessment procedures are used to identify the psychological, behavioral, emotional, cognitive and social factors important to the prevention, treatment or management of physical health problems. The focus of the assessment is not on mental health but on the biopsychosocial factors important to the physical health problems and treatments.</p> <p>Medical Diagnosis is Required Not Approved for Use by OBH and HCPF</p>			<p>Service Content</p> <p>5. Assessment of biological, psychological, and social factors affecting the consumer’s physical health and any treatment problems.</p> <p>6. Plan for intervention.</p> <p>7. ICD-9-CM physical health diagnosis (code and description)</p> <p>8. Name and NPI number of the referring physician</p> <p>Technical Documentation Requirements See Page ____</p>		
NOTES			EXAMPLE ACTIVITIES		
<p>Behavioral medicine is a physical health service. A behavioral medicine service will not be allowed with a DSM-IV diagnosis or if there is no referring physician. Do not report codes 96150–96155 in addition to codes 90785–90899 on the same date.</p> <p>Evaluation and Management (E/M) services codes should not be reported the same day. For health and/or intervention services performed by a physician or other qualified healthcare professional see E/M or preventive medicine services codes.</p>					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11)	<input checked="" type="checkbox"/> Young Adult (18-20)	<input checked="" type="checkbox"/> Adult(21-64)	Encounter	<input checked="" type="checkbox"/> 15 Minutes	Minimum: 8 Minutes
<input checked="" type="checkbox"/> Adol (12-17)		<input checked="" type="checkbox"/> Geriatric (65+)	Day	1 Hour	Maximum: 2 Hrs (8 Units)
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face	<input checked="" type="checkbox"/> Individual		<input checked="" type="checkbox"/> Prev/EI (HT)		
<input checked="" type="checkbox"/> Video Conf (GT)	Group (HQ)				
Telephone	Family (HR/HS)				
MINIMUM STAFF REQUIREMENTS					
Peer Specialist	Unlicensed Master’s Level (HO)	Unlicensed EdD/ PhD/PsyD (HP)	QMAP	<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> RxN (SA)
Bachelor’s Level (HN)	LAC/LCSW (AJ)/LSW/ LMFT/ LPC	<input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	Psych Tech	<input checked="" type="checkbox"/> RN (TD)	PA (PA)
				<input checked="" type="checkbox"/> APRN (SA)	MD/DO (AF)
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53)	<input checked="" type="checkbox"/> ACF (13)	<input checked="" type="checkbox"/> Hospice (34)	<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Inpt Hosp (21)	Pharmacy (01)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> Cust Care (33)	<input checked="" type="checkbox"/> ICF-MR (54)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> Inpt PF (51)	Prison/CF (09)
Mobile Unit (15)	<input checked="" type="checkbox"/> Grp Home (14)	<input checked="" type="checkbox"/> NF (32)		<input checked="" type="checkbox"/> FQHC	<input checked="" type="checkbox"/> School (03)
<input checked="" type="checkbox"/> Outp Hospital(22)	<input checked="" type="checkbox"/> Home (12)	<input checked="" type="checkbox"/> PRTC (56)		<input checked="" type="checkbox"/> PF-PHP (52)	Other POS (99)

TREATMENT SERVICES – BIOPSYCHOSOCIAL ASSESSMENT & INTERVENTION					
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION		
96151			Health and behavior re-assessment, face-to-face, per 15 minutes		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Re-Assessment to evaluate the patient’s condition and determine the need for further treatment – re-assessment can be conducted by a clinician other than the one who conducted the patient’s initial assessment. Health and behavior assessment procedures are used to identify the psychological, behavioral, emotional, cognitive and social factors important to the prevention, treatment or management of physical health problems. The focus of the assessment is not on mental health but on the biopsychosocial factors important to the physical health problems and treatments.</p> <p>Medical Diagnosis is Required Not Approved for Use by OBH and HCPF</p>			<p>Service Content</p> <ol style="list-style-type: none"> Reason for re-assessment Assessment of biological, psychological, and social factors affecting the consumer’s physical health and any treatment problems. Plan for intervention. ICD-9-CM physical health diagnosis (code and description) Name and NPI number of the referring physician <p>Technical Documentation Requirements See Page ____</p>		
NOTES			EXAMPLE ACTIVITIES		
<p>Behavioral medicine is a physical health service. A behavioral medicine service will not be allowed with a DSM-IV diagnosis or if there is no referring physician.</p> <p>Do not report codes 96150–96155 in addition to codes 90785–90899 on the same date.</p> <p>Evaluation and Management (E/M) services codes should not be reported the same day. For health and/or intervention services performed by a physician or other qualified healthcare professional see E/M or preventive medicine services codes.</p>			<ul style="list-style-type: none"> 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult(21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			Encounter <input checked="" type="checkbox"/> 15 Minutes Day 1 Hour		Minimum: 8 Minutes Maximum: 2 Hrs (8 Units)
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) Group (HQ) Telephone Family (HR/HS)			<input checked="" type="checkbox"/> Prev/EI (HT)		
MINIMUM STAFF REQUIREMENTS					
Peer Specialist		Unlicensed Master’s Level (HO)	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP)	QMAP	<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA)
Bachelor’s Level (HN)		<input checked="" type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC	<input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	Psych Tech	<input checked="" type="checkbox"/> RN (TD) PA (PA) <input checked="" type="checkbox"/> APRN (SA) MD/DO (AF)
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53)	<input checked="" type="checkbox"/> ACF (13)	<input checked="" type="checkbox"/> Hospice (34)	<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Inpt Hosp (21)	Pharmacy (01)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> Cust Care (33)	<input checked="" type="checkbox"/> ICF-MR (54)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> Inpt PF (51)	Prison/CF (09)
<input checked="" type="checkbox"/> Mobile Unit (15)	<input checked="" type="checkbox"/> Grp Home (14)	<input checked="" type="checkbox"/> NF (32)		<input checked="" type="checkbox"/> FQHC	<input checked="" type="checkbox"/> School (03)
<input checked="" type="checkbox"/> Outp Hospital(22)	<input checked="" type="checkbox"/> Home (12)	<input checked="" type="checkbox"/> PRTC (56)		<input checked="" type="checkbox"/> PF-PHP (52)	Other POS (99)

TREATMENT SERVICES – BIOPSYCHOSOCIAL ASSESSMENT & INTERVENTION					
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION		
96152			Health and behavior intervention, individual, face-to-face, per 15 minutes		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Individual intervention service used to modify the psychological, behavioral, emotional, cognitive and social factors identified as important to or directly affecting the patient’s physiological functioning, disease status, health and well-being. The focus of the intervention is to improve the patient’s health and well-being using cognitive, behavioral, social and/or psycho-physiological procedures designed to ameliorate specific disease-related problems.</p> <p>Medical Diagnosis is Required Not Approved for Use by OBH and HCPF</p>			<p>Service Content</p> <ol style="list-style-type: none"> 1. Intervention provided 2. Response to intervention 3. Follow-up plan 4. ICD-9-CM physical health diagnosis (code and description) 5. Name and NPI number of the referring physician <p>Technical Documentation Requirements See Page</p>		
NOTES			EXAMPLE ACTIVITIES		
<p>Behavioral medicine is a physical health service. A behavioral medicine service will not be allowed with a DSM-IV diagnosis or if there is no referring physician. Do not report codes 96150–96155 in addition to codes 90785–90899 on the same date.</p> <p>Evaluation and Management (E/M) services codes should not be reported the same day. For health and/or intervention services performed by a physician or other qualified healthcare professional see E/M or preventive medicine services codes.</p>					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult(21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)			Encounter	<input checked="" type="checkbox"/> 15 Minutes	Minimum: 8 Minutes
			Day	1 Hour	Maximum: 1 Hr (4 Units)
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) Group (HQ) Telephone Family (HR/HS)			<input checked="" type="checkbox"/> Prev/EI (HT)		
MINIMUM STAFF REQUIREMENTS					
Peer Specialist	Unlicensed Master’s Level (HO)	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP)	QMAP	<input checked="" type="checkbox"/> LPN/LVN (TE)	<input checked="" type="checkbox"/> RxN (SA)
Bachelor’s Level (HN)	<input checked="" type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC	<input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	Psych Tech	<input checked="" type="checkbox"/> RN (TD)	PA (PA)
				<input checked="" type="checkbox"/> APRN (SA)	MD/DO (AF)
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53)	<input checked="" type="checkbox"/> ACF (13)	<input checked="" type="checkbox"/> Hospice (34)	<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Inpt Hosp (21)	Pharmacy (01)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> Cust Care (33)	<input checked="" type="checkbox"/> ICF-MR (54)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> Inpt PF (51)	Prison/CF (09)
X Mobile Unit (15)	<input checked="" type="checkbox"/> Grp Home (14)	<input checked="" type="checkbox"/> NF (32)		<input checked="" type="checkbox"/> FQHC	<input checked="" type="checkbox"/> School (03)
<input checked="" type="checkbox"/> Outp Hospital(22)	<input checked="" type="checkbox"/> Home (12)	<input checked="" type="checkbox"/> PRTC (56)		<input checked="" type="checkbox"/> PF-PHP (52)	Other POS (99)

TREATMENT SERVICES – BIOPSYCHOSOCIAL ASSESSMENT & INTERVENTION					
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION		
96153			Health and behavior intervention, group, face-to-face, per 15 minutes		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Group intervention service used to modify the psychological, behavioral, emotional, cognitive and social factors identified as important to or directly affecting the patient’s physiological functioning, disease status, health and well-being. The focus of the intervention is to improve the patient’s health and well-being using cognitive, behavioral, social and/or psycho-physiological procedures designed to ameliorate specific disease-related problems.</p> <p>Medical Diagnosis is Required Not Approved for Use by OBH and HCPF</p>			<p>Service Content</p> <ol style="list-style-type: none"> 1. Group setting 2. Intervention provided 3. Individual response to intervention 4. Follow-up plan 5. ICD-9-CM physical health diagnosis (code and description) 6. Name and NPI number of the referring physician <p>Technical Documentation Requirements See Page</p>		
NOTES			EXAMPLE ACTIVITIES		
<p>Behavioral medicine is a physical health service. A behavioral medicine service will not be allowed with a DSM-IV diagnosis or if there is no referring physician. Do not report codes 96150–96155 in addition to codes 90785–90899 on the same date.</p> <p>Evaluation and Management (E/M) services codes should not be reported the same day. For health and/or intervention services performed by a physician or other qualified healthcare professional see E/M or preventive medicine services codes.</p>					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult(21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)			Encounter	<input checked="" type="checkbox"/> 15 Minutes	Minimum: 8 Minutes Maximum: 3 Hrs (12 Units)
			Day	1 Hour	
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face Individual <input checked="" type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) Telephone Family (HR/HS)			<input checked="" type="checkbox"/> Prev/EI (HT)		
MINIMUM STAFF REQUIREMENTS					
Peer Specialist		Unlicensed	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP)	QMAP	<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA)
Bachelor’s Level (HN)		<input checked="" type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC	<input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	Psych Tech	<input checked="" type="checkbox"/> RN (TD) PA (PA) <input checked="" type="checkbox"/> APRN (SA) MD/DO (AF)
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53)	<input checked="" type="checkbox"/> ACF (13)	<input checked="" type="checkbox"/> Hospice (34)	<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Inpt Hosp (21)	Pharmacy (01)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> Cust Care (33)	<input checked="" type="checkbox"/> ICF-MR (54)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> Inpt PF (51)	Prison/CF (09)
X Mobile Unit (15)	<input checked="" type="checkbox"/> Grp Home (14)	<input checked="" type="checkbox"/> NF (32)		<input checked="" type="checkbox"/> FQHC	<input checked="" type="checkbox"/> School (03)
<input checked="" type="checkbox"/> Outp Hospital(22)	<input checked="" type="checkbox"/> Home (12)	<input checked="" type="checkbox"/> PRTC (56)		<input checked="" type="checkbox"/> PF-PHP (52)	Other POS (99)

TREATMENT SERVICES – BIOPSYCHOSOCIAL ASSESSMENT & INTERVENTION					
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION		
96154			Health and behavior intervention, family, with patient, face-to-face, per 15 minutes		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Family intervention service provided with consumer present used to modify the psychological, behavioral, emotional, cognitive and social factors identified as important to or directly affecting the patient’s physiological functioning, disease status, health and well-being. The focus of the intervention is to improve the patient’s health and well-being using cognitive, behavioral, social and/or psycho-physiological procedures designed to ameliorate specific disease-related problems.</p> <p style="text-align: center;">Medical Diagnosis is Required Not Approved for Use by OBH and HCPF</p>			<p style="text-align: center;">Service Content</p> <ol style="list-style-type: none"> 1. Family members present 2. Intervention provided 3. Consumer and family’s response to intervention 4. Follow-up plan 5. ICD-9-CM physical health diagnosis (code and description) 6. Name and NPI number of the referring physician <p style="text-align: center;">Technical Documentation Requirements See Page</p>		
NOTES			EXAMPLE ACTIVITIES		
<p>Behavioral medicine is a physical health service. A behavioral medicine service will not be allowed with a DSM-IV diagnosis or if there is no referring physician. Do not report codes 96150–96155 in addition to codes 90785–90899 on the same date.</p> <p>Evaluation and Management (E/M) services codes should not be reported the same day. For health and/or intervention services performed by a physician or other qualified healthcare professional see E/M or preventive medicine services codes.</p>					
APPLICABLE POPULATION(S)			UNIT	DURATION	
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult(21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)			Encounter Day	<input checked="" type="checkbox"/> 15 Minutes 1 Hour	Minimum: 8 Minutes Maximum: 2 Hrs (8 Units)
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face Individual <input checked="" type="checkbox"/> Video Conf (GT) Group (HQ) Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> Prev/EI (HT)		
MINIMUM STAFF REQUIREMENTS					
Peer Specialist		Unlicensed Master’s Level (HO)	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP)	QMAP	<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA)
Bachelor’s Level (HN)		<input checked="" type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC	<input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	Psych Tech	<input checked="" type="checkbox"/> RN (TD) PA (PA) <input checked="" type="checkbox"/> APRN (SA) MD/DO (AF)
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53)	<input checked="" type="checkbox"/> ACF (13)	<input checked="" type="checkbox"/> Hospice (34)	<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Inpt Hosp (21)	Pharmacy (01)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> Cust Care (33)	<input checked="" type="checkbox"/> ICF-MR (54)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> Inpt PF (51)	Prison/CF (09)
<input checked="" type="checkbox"/> Mobile Unit (15)	<input checked="" type="checkbox"/> Grp Home (14)	<input checked="" type="checkbox"/> NF (32)		<input checked="" type="checkbox"/> FQHC	<input checked="" type="checkbox"/> School (03)
<input checked="" type="checkbox"/> Outp Hospital(22)	<input checked="" type="checkbox"/> Home (12)	<input checked="" type="checkbox"/> PRTC (56)		<input checked="" type="checkbox"/> PF-PHP (52)	Other POS (99)

TREATMENT SERVICES – BIOPSYCHOSOCIAL ASSESSMENT & INTERVENTION					
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION		
96155			Health and behavior intervention, family, without patient, face-to-face, per 15 minutes		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Family intervention service provided without consumer present used to modify the psychological, behavioral, emotional, cognitive and social factors identified as important to or directly affecting the patient’s physiological functioning, disease status, health and well-being. The focus of the intervention is to improve the patient’s health and well-being using cognitive, behavioral, social and/or psycho-physiological procedures designed to ameliorate specific disease-related problems.</p> <p>Medical Diagnosis is Required Not Approved for Use by OBH and HCPF</p>			<p>Service Content</p> <ol style="list-style-type: none"> 1. Family members present 2. Intervention provided 3. Family’s response to intervention 4. Follow-up plan 5. ICD-9-CM physical health diagnosis (code and description) 6. Name and NPI number of the referring physician <p>Technical Documentation Requirements See Page ____</p>		
NOTES			EXAMPLE ACTIVITIES		
<p>Behavioral medicine is a physical health service. A behavioral medicine service will not be allowed with a DSM-IV diagnosis or if there is no referring physician. Do not report codes 96150–96155 in addition to codes 90785–90899 on the same date.</p> <p>Evaluation and Management (E/M) services codes should not be reported the same day. For health and/or intervention services performed by a physician or other qualified healthcare professional see E/M or preventive medicine services codes.</p>					
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult(21-64) <input checked="" type="checkbox"/> Geriatric (65+)			Encounter Day		<input checked="" type="checkbox"/> 15 Minutes 1 Hour Minimum: 8 Minutes Maximum: 2 Hrs (8 Units)
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face Individual <input checked="" type="checkbox"/> Video Conf (GT) Group (HQ) Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> Prev/EI (HT)		
MINIMUM STAFF REQUIREMENTS					
Peer Specialist		Unlicensed	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP)	QMAP	<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA)
Bachelor’s Level (HN)		<input checked="" type="checkbox"/> LCSW (AJ)/LSW/ LMFT/ LPC	<input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	Psych Tech	<input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> APRN (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53)	<input checked="" type="checkbox"/> ACF (13)	<input checked="" type="checkbox"/> Hospice (34)	<input checked="" type="checkbox"/> Shelter (04)	<input checked="" type="checkbox"/> Inpt Hosp (21)	Pharmacy (01)
<input checked="" type="checkbox"/> Office (11)	<input checked="" type="checkbox"/> Cust Care (33)	<input checked="" type="checkbox"/> ICF-MR (54)	<input checked="" type="checkbox"/> SNF (31)	<input checked="" type="checkbox"/> Inpt PF (51)	Prison/CF (09)
X Mobile Unit (15)	<input checked="" type="checkbox"/> Grp Home (14)	<input checked="" type="checkbox"/> NF (32)		<input checked="" type="checkbox"/> FQHC	<input checked="" type="checkbox"/> School (03)
<input checked="" type="checkbox"/> Outp Hospital(22)	<input checked="" type="checkbox"/> Home (12)	<input checked="" type="checkbox"/> PRTC (56)		<input checked="" type="checkbox"/> PF-PHP (52)	Other POS (99)

PREVENTION/EARLY INTERVENTION SERVICES – ASSESSMENT SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
S5190		Wellness Assessment, performed by non-physicians		<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>Code S5190 includes the assessment of individuals', in treatment for a significant behavioral health disorder, physical health knowledge, attitude, behavior and goals with the purpose of establishing an agreed upon wellness plan. This service includes follow-up assessment to determine progress toward health goals as well as revisions to the wellness plan. Clients receiving wellness service should be encouraged to discuss their wellness goals with their PCP.</p>			<p>Technical Documentation Requirements See Page 269</p> <p>Service Content</p> <ol style="list-style-type: none"> The reason for the visit. What was the intended goal or agenda? Description of the wellness assessment provided, including areas reviewed, such as health knowledge, attitude, and behaviors. Wellness plan, preferable integrated into the member treatment plan and wellness referrals as appropriate Plan for next contact(s), if applicable 		
NOTES			EXAMPLE ACTIVITIES		
<p>The wellness assessment is conducted as one component of a behavioral health providers' wellness program, including, along with the assessment, appropriate referral and follow-up services key to improving overall health risk for clients with a significant behavioral health disorder, e.g. smoking cessation, stress management, exercise and nutrition classes, etc.</p> <p>For health and behavioral assessments and/or intervention performed by a physician or other qualified healthcare professional who may report evaluation and management service, see Evaluation and Management or Preventive Medicine service codes.</p>			<p>Assessment of:</p> <ul style="list-style-type: none"> Previous efforts to address smoking cessation Understanding of health risks Motivational level for addressing health risk Setting of one to two health goals 		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)			<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input type="checkbox"/> RxN (SE) <input checked="" type="checkbox"/> Bachelor's Level (HN) <input checked="" type="checkbox"/> LAC/LCSW <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Intern (AJ)/LSW/ LMFT/ LPC <input type="checkbox"/> CAC II <input checked="" type="checkbox"/> APRN (SE) <input type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)					

PREVENTION/EARLY INTERVENTION SERVICES – EDUCATION SERVICES						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION			USAGE	
S9452		Nutrition class, nonphysician provider, per session			<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> OBH	
SERVICE DESCRIPTION				MINIMUM DOCUMENTATION REQUIREMENTS		
Code S9452 includes a program of basic nutrition education and practice specific to assisting individuals', in treatment for a significant behavioral health disorder, to gain knowledge and improved basic nutrition health behaviors with the purpose of addressing wellness goals. Information provided comes from sources that are well established and available to the public and the focus is on behavioral techniques to self-manage and improve nutrition.				Technical Documentation Requirements See Page 269 Service Content 9. The reason for the visit. What was the intended wellness goal or agenda? 10. Description of the nutrition class provided, including education regarding the importance of nutrition specific to reducing health risk. Practice of skills to improve nutrition. 11. Plan for next contact(s), if applicable		
NOTES				EXAMPLE ACTIVITIES		
The wellness nutrition class is conducted as one component of a behavioral health providers' wellness program, including, a wellness assessment, appropriate referral and follow-up services key to improving overall health risk for clients with a significant behavioral health disorder, e.g. smoking cessation, stress management, exercise and nutrition classes, etc.				<ul style="list-style-type: none"> • Education regarding one's diet and the effect of diet on overall behavioral and physical health • Demonstration and practice in skills to improve nutrition health behaviors • Teaching methods for setting and achieving nutrition goals • Education or practice at nutritional choices when grocery shopping 		
APPLICABLE POPULATION(S)				UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)				<input checked="" type="checkbox"/> Encounter <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: N/A Maximum: N/A
ALLOWED MODE(S) OF DELIVERY				PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)				<input checked="" type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS						
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SE) <input checked="" type="checkbox"/> Less Than Bachelor's Level (HM) <input checked="" type="checkbox"/> LAC/LCSW <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> CAC I <input checked="" type="checkbox"/> RN (TD) <input checked="" type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> Bachelor's Level (HN) (AJ)/LSW/ LMFT/ LPC <input checked="" type="checkbox"/> CAC II <input checked="" type="checkbox"/> APRN (SE) <input checked="" type="checkbox"/> MD/DO (AF) <input checked="" type="checkbox"/> Intern						
PLACE OF SERVICE (POS)						
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> NRSATF (57) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12) <input checked="" type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52) <input checked="" type="checkbox"/> Other POS (99)						

PREVENTION/EARLY INTERVENTION SERVICES – EDUCATION SERVICES					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE	
98960		Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face to face with the patient (could include caregiver/family) each 30 minutes; individual patient		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS		
<p>CPT codes 98960-98962 are used to report educational and training services prescribed by a physician or other qualified health care professional (Prescribers) and provided by a qualified, non-physician health care professional using a standardized curriculum to an individual or a group of patients for the treatment of established illness(es)/disease(s) or to delay comorbidity(s). Education and training for patient's self-management may be reported with these codes only when using a standardized curriculum as described below. This curriculum may be modified as necessary for the clinical needs, cultural norms and health literacy of the individual patient(s).</p>			<p>Technical Documentation Requirements See Page 269</p> <p>Service Content</p> <ol style="list-style-type: none"> 1. The reason for the visit. Provider prescribing the service. What was the intended outcome of training and/or education (must relate to a wellness goal on client's treatment plan) 2. Description of class provided, including education regarding the importance of nutrition specific to reducing health risk or managing symptoms of behavioral health diagnosis. Practice of skills to improve health. 3. Progress towards wellness goal 4. Plan for next contact 		
NOTES			EXAMPLE ACTIVITIES		
<p>Other CPT notes (For counseling and education provided by a physician to an individual, see the appropriate evaluation and management codes including office or other outpatient services (99201-99215), hospital observation care (99217-99220, 99224-99226) new or established patient office or other outpatient consultation (99241-99245) inpatient consultations, (99251-99255) emergency department services (99281-99285) nursing facility services (99304-99310, 99315-99315-99316, 99318) domiciliary, rest home, or custodial care services (99324-99328,99334-99337) home services (99341-99346,99347-99350). See also instruction for Use of the CPT code book for definition of reporting qualifications. (For health and behavior assessment/intervention that is not part of a standardized curriculum, see 96150-96155)</p>			<p>The purpose of the educational and training services is to teach the patient (may include caregiver(s)) how to effectively self-manage the patient's illness(es)/disease(s) or delay disease comorbidity(s) in conjunction with the patient's professional healthcare team. Education and training related to subsequent reinforcement or due to changes in the patient's condition or treatment plan are reported in the same manner as the original education and training. The type of education and training provided for the patient's clinical condition will be identified by the appropriate diagnosis code(s) reported.</p> <p>The qualifications of the non-physician healthcare professionals and the content of the educational and training program must be consistent with guidelines or standards established or recognized by a physician society, non-physician healthcare professional society/association, or other appropriate source.</p>		
APPLICABLE POPULATION(S)			UNIT		DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)			<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 30 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 16 minutes Maximum: N/A
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)		
<input checked="" type="checkbox"/> Face-to-Face <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Video Conf (GT) <input type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)			<input checked="" type="checkbox"/> Prev/EI (HT)		
STAFF REQUIREMENTS					
<input checked="" type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN) <input type="checkbox"/> Intern		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC		<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH)	
<input checked="" type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RxN (SA) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> PA (PA) <input checked="" type="checkbox"/> APRN (SA) <input type="checkbox"/> MD/DO (AF)					
PLACE OF SERVICE (POS)					
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> ACF (13) <input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> Shelter (04) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> SNF (31) <input type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> ER (23) <input checked="" type="checkbox"/> Other POS (99) <input checked="" type="checkbox"/> Outp Hospital(22) <input checked="" type="checkbox"/> Home (12)* <input checked="" type="checkbox"/> PRTF (56) <input type="checkbox"/> PF-PHP (52)					

PREVENTION/EARLY INTERVENTION SERVICES – EDUCATION SERVICES						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION		USAGE		
98961		Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face to face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients		<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
CPT codes 98960-98962 are used to report educational and training services prescribed by a physician or other qualified health care professional (Prescribers) and provided by a qualified, non-physician health care professional using a standardized curriculum to an individual or a group of patients for the treatment of established illness(es)/disease(s) or to delay comorbidity(s). Education and training for patient's self-management may be reported with these codes only when using a standardized curriculum as described below. This curriculum may be modified as necessary for the clinical needs, cultural norms and health literacy of the individual patient(s).		Technical Documentation Requirements See Page 254 Service Content <ol style="list-style-type: none"> The reason for the visit. Provider prescribing the service. What was the intended outcome of training and/or education (must relate to a wellness goal on client's treatment plan) Description of class provided, including education regarding the importance of nutrition specific to reducing health risk or managing symptoms of behavioral health diagnosis. Practice of skills to improve health. Progress towards wellness goal Plan for next contact 				
NOTES		EXAMPLE ACTIVITIES				
Other CPT notes (For counseling and education provided by a physician to an individual, see the appropriate evaluation and management codes including office or other outpatient services (99201-99215), hospital observation care (99217-99220, 99224-99226) new or established patient office or other outpatient consultation (99241-99245) inpatient consultations, (99251-99255) emergency department services (99281-99285) nursing facility services (99304-99310, 99315-99315-99316, 99318) domiciliary, rest home, or custodial care services (99324-99328,99334-99337) home services (99341-99346,99347-99350). See also instruction for Use of the CPT code book for definition of reporting qualifications. (For health and behavior assessment/intervention that is not part of a standardized curriculum, see 96150-96155)		The purpose of the educational and training services is to teach the patient (may include caregiver(s)) how to effectively self-manage the patient's illness(es)/disease(s) or delay disease comorbidity(s) in conjunction with the patient's professional healthcare team. Education and training related to subsequent reinforcement or due to changes in the patient's condition or treatment plan are reported in the same manner as the original education and training. The type of education and training provided for the patient's clinical condition will be identified by the appropriate diagnosis code(s) reported. The qualifications of the non-physician healthcare professionals and the content of the educational and training program must be consistent with guidelines or standards established or recognized by a physician society, non-physician healthcare professional society/association, or other appropriate source.				
APPLICABLE POPULATION(S)		UNIT		DURATION		
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)		<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour		Minimum: 8 Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)		<input checked="" type="checkbox"/> Prev/EI (HT)				
STAFF REQUIREMENTS						
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN)		<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC	<input checked="" type="checkbox"/> Unlicensed EdD/PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/PhD/PsyD (AH)	<input type="checkbox"/> QMAP	<input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> APRN (SA)	<input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA (PA) <input type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)						
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)		<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)*	<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56)	<input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50)	<input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52)	<input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
98962	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face to face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
CPT codes 98960-98962 are used to report educational and training services prescribed by a physician or other qualified health care professional (Prescribers) and provided by a qualified, non-physician health care professional using a standardized curriculum to an individual or a group of patients for the treatment of established illness(es)/disease(s) or to delay comorbidity(s). Education and training for patient's self-management may be reported with these codes only when using a standardized curriculum as described below. This curriculum may be modified as necessary for the clinical needs, cultural norms and health literacy of the individual patient(s).	Technical Documentation Requirements See Page 269 Service Content <ol style="list-style-type: none"> The reason for the visit. Provider prescribing the service. What was the intended outcome of training and/or education (must relate to a wellness goal on client's treatment plan) Description of class provided, including education regarding the importance of nutrition specific to reducing health risk or managing symptoms of behavioral health diagnosis. Practice of skills to improve health. Progress towards wellness goal Plan for next contact 	
NOTES	EXAMPLE ACTIVITIES	
Other CPT notes (For counseling and education provided by a physician to an individual, see the appropriate evaluation and management codes including office or other outpatient services (99201-99215), hospital observation care (99217-99220, 99224-99226) new or established patient office or other outpatient consultation (99241-99245) inpatient consultations, (99251-99255) emergency department services (99281-99285) nursing facility services (99304-99310, 99315-99315-99316, 99318) domiciliary, rest home, or custodial care services (99324-99328,99334-99337) home services (99341-99346,99347-99350). See also instruction for Use of the CPT code book for definition of reporting qualifications. (For health and behavior assessment/intervention that is not part of a standardized curriculum, see 96150-96155)	The purpose of the educational and training services is to teach the patient (may include caregiver(s)) how to effectively self-manage the patient's illness(es)/disease(s) or delay disease comorbidity(s) in conjunction with the patient's professional healthcare team. Education and training related to subsequent reinforcement or due to changes in the patient's condition or treatment plan are reported in the same manner as the original education and training. The type of education and training provided for the patient's clinical condition will be identified by the appropriate diagnosis code(s) reported. The qualifications of the non-physician healthcare professionals and the content of the educational and training program must be consistent with guidelines or standards established or recognized by a physician society, non-physician healthcare professional society/association, or other appropriate source.	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) (18-20) <input checked="" type="checkbox"/> Geriatric (65+)	<input type="checkbox"/> Encounter <input checked="" type="checkbox"/> 30 Minutes <input type="checkbox"/> Day <input type="checkbox"/> 1 Hour	Minimum: 16 minutes Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<input checked="" type="checkbox"/> Face-to-Face <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Video Conf (GT) <input checked="" type="checkbox"/> Group (HQ) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Family (HR/HS)	<input checked="" type="checkbox"/> Prev/EI (HT)	
STAFF REQUIREMENTS		
<input type="checkbox"/> Peer Specialist <input checked="" type="checkbox"/> Bachelor's Level (HN)	<input checked="" type="checkbox"/> Unlicensed Master's Level (HO) <input checked="" type="checkbox"/> LCSW (AJ)/LSW/LMFT/ LPC	<input checked="" type="checkbox"/> Unlicensed EdD/ PhD/PsyD (HP) <input checked="" type="checkbox"/> Licensed EdD/ PhD/PsyD (AH) <input type="checkbox"/> QMAP <input checked="" type="checkbox"/> LPN/LVN (TE) <input checked="" type="checkbox"/> RN (TD) <input type="checkbox"/> APRN (SA) <input type="checkbox"/> RxN (SA) <input type="checkbox"/> PA (PA) <input type="checkbox"/> MD/DO (AF)
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> CMHC (53) <input checked="" type="checkbox"/> Office (11) <input checked="" type="checkbox"/> Mobile Unit (15) <input checked="" type="checkbox"/> Outp Hospital(22)	<input checked="" type="checkbox"/> ACF (13) <input checked="" type="checkbox"/> Cust Care (33) <input checked="" type="checkbox"/> Grp Home (14) <input checked="" type="checkbox"/> Home (12)*	<input type="checkbox"/> Hospice (34) <input checked="" type="checkbox"/> ICF-MR (54) <input checked="" type="checkbox"/> NF (32) <input checked="" type="checkbox"/> PRTF (56) <input checked="" type="checkbox"/> Shelter (04) <input checked="" type="checkbox"/> SNF (31) <input checked="" type="checkbox"/> FQHC (50) <input type="checkbox"/> Inpt Hosp (21) <input type="checkbox"/> Inpt PF (51) <input type="checkbox"/> ER (23) <input type="checkbox"/> PF-PHP (52) <input type="checkbox"/> Prison/CF (09) <input checked="" type="checkbox"/> School (03) <input checked="" type="checkbox"/> Other POS (99)

End Notes

- ¹ US Department of Defense (DoD) (2008). *Military Health System Coding Guidance: Professional Services & Specialty Coding Guidelines, Version 2.0, Unified Biostatistical Utility*. Page 1-1.
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- ³ American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*. Chicago, IL: American Medical Association (AMA).
- ⁴ The current list of Healthcare Common Procedure Coding System (HCPCS) procedure codes is available on the Centers for Medicare & Medicaid Services (CMS) website at <http://www.cms.hhs.gov/HCPCSReleaseCodeSets/>.
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- ⁶ Colorado Department of Health Care Policy & Financing (HCPF) (Multiple Dates). *State Plan Under Title XIX of the Social Security Act Medical Assistance Program*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF).
- ⁷ 10 Colorado Code of Regulations (CCR) 2505-10, 8.212.4.A.
- ⁸ US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/01_Overview.asp.
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- ^x 10 CCR 2505-10, 8.212.4.B.
- ^{xi} US Department of Health & Human Services (HHS), Centers for Disease Control & Prevention (DCD) and Centers for Medicare & Medicaid Services (CMS) (2008). *International Classification of Diseases, Ninth Revision – Clinical Modifications (ICD-9-CM)*. Washington, DC: US Government Printing Office (GPO).
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- ^{xiii} US Department of Health & Human Services (HHS), Centers for Disease Control & Prevention (DCD) and Centers for Medicare & Medicaid Services (CMS) (2008). *International Classification of Diseases, Ninth Revision – Clinical Modifications (ICD-9-CM)*. Washington, DC: US Government Printing Office (GPO).
- ¹⁴ § 19-1-103, CRS.
- ¹⁵ 10 CCR 2505-10, 8.76.1.
- ¹⁶ § 12-29.3-102(13).
- ¹⁷ § 12-43-202, CRS.
- ¹⁸ American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*. Chicago, IL: American Medical Association (AMA).
- ¹⁹ § 12-43-504, CRS.
- ²⁰ § 12-43-503, CRS.
- ²¹ § 12-43-603, CRS.

²² §12-43-601(5)(a)-(b), CRS.

²³ § 12-43-601(2), CRS.

²⁴ § 12-43-304, CRS.

²⁵ § 12-43-303, CRS.

²⁶ 3 CCR 716-1-14, 1.2.

²⁷ § 12-38-111.5, CRS.

²⁸ 3 CCR 716-1-14, 1.2.

²⁹ § 12-38-111.5, CRS.

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³¹ § 12-38-111.6, CRS.

³² State Board of Nursing (January 2007). *Nursing Board Policy #30-05: Overview of the Scope of Practice of Advanced Practice Nursing*. Denver, CO: State Board of Nursing.

³³ § 12-38-103(8), CRS.

³⁴ §12-38-103(9), CRS.

³⁵ § 12-38-103(11), CRS.

³⁶ 2 CCR 502.1, 102.21.

³⁷ § 12-38-103(10)(a), CRS.

³⁸ *Ibid.*

³⁹ § 12-38-103(10)(b)(I) – (VI), CRS.

⁴⁰ § 12-36-106, CRS.

⁴¹ *Ibid.*

⁴² § 12-36-101, CRS.

⁴³ § 12-36-106(1)(a), CRS.

⁴⁴ 6 CCR 1011-1, 24,2.

⁴⁵ Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 4.

⁴⁶ “There is a special exemption in the law that authorizes individuals trained and employed in residential or day program services for persons with developmental disabilities (DD) to administer medications through gastrostomy or naso-gastric tubes. These residential and day program services must be provided through service agencies approved by the Colorado Department of Human Services (CDHS).” See Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 2.

⁴⁷ Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 15.

⁴⁸ § 12-43-401(11), CRS.

⁴⁹ § 12-43-403(1), CRS.

⁵⁰ § 12-43-404, CRS.

⁵¹ § 12-43-401(4), CRS.

⁵² § 12-43-409, CRS.

⁵³ For Social Workers (SWs), the practice of psychotherapy is limited to LCSWs or LSWs supervised by LCSWs.

⁵⁴ §§ 12-43-406(1) and 12-43-409, CRS.

⁵⁵ § 12-43-701(4), CRS.

⁵⁶ § 12-43-202, CRS.

⁵⁷ §12-43-215(8), CRS.

⁵⁸ HIPAA directed the Secretary of the Department of Health and Human Services (HHS) to adopt national standards for electronic transactions. These standard transactions require all health plans and providers to use standard code sets to populate data elements in each transaction. The Transaction and Code Set Rule adopted the ASC X12N-837 Health Care Claim: Professional, volumes 1 and 2, version 4010, as the standard for electronic submission of professional claims. The POS code set currently maintained by CMS is identified in this standard as the code set for describing service locations in such claims.

⁵⁹ Centers for Medicare & Medicaid Services (CMS). Retrieved from http://www.cms.hhs.gov/PlaceofServiceCodes/01_Overview.asp#TopOfPage.

⁶⁰ § 25-1.5-103(d), CRS, defines hospice care as “an entity that administers services to a terminally ill person utilizing palliative care or treatment.”

⁶¹ §§ 25-1.5-103(b) and 27-1-201(2), CRS, defines a community mental health center as “either a physical plant or a group of services under unified administration and including at least the following: inpatient services; outpatient services; day hospitalization; emergency services; and consultation and educational services, which services are provided principally for persons with mental illness residing in a particular community in or near which the facility is situated.”

⁶² § 25-1.5-103(c), CRS, defines a facility for persons with developmental disabilities as “a facility specifically designed for the active treatment and rehabilitation of persons with developmental disabilities or a community residential home, as defined in § 27-10.5-102(4), CRS, which is licensed and certified pursuant to § 27-10.5-109, CRS.

⁶³ Beebe, M., Dalton, J.A., Esponceda, M., Evans, D.D. & Glenn, R.L. (2008). *CPT 2008 Professional Edition*. Chicago, IL: American Medical Association (AMA), page 457.

^{lxiv} Washington Healthcare Forum, Work Smart Institute (2007). *Administrative Simplification: Operational Guidelines, Version 5.8*. Seattle, WA: OneHealthPort.

^{lxv} The coding standard is that there is usually at least 25% more work involved when a 22 (Unusual Procedural Service) modifier is appended to a procedure code.

^{lxvi} American Medical Association (AMA) (March, 2001). *Psychiatry Services Update*. CPT Assistant, 11:3, page 3.

^{lxvii} US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) (2008). *Chapter 23 – Fee Schedule Administration & Coding Requirements. Medicare Claims Processing Manual*. Baltimore, MD: US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

^{lxviii} This modifier description changed from “unusual procedural service” to “increased procedural services” effective January 1, 2008.

^{lxix} National Correct Coding Initiative (NCCI) (2009). *General Correct Coding Policies for National Correct Coding Initiative Policy Manual for Medicare Services, Version 14.3.1*. Carmel, IN: Correct Coding Solutions, Inc., page I-14.

^{lxx} Ingenix (2008). *2009 Coders’ Desk Reference for Procedures*. Eden Prairie, MN: Ingenix.

^{lxxi} As part of the research for the *USCS Manual*, various manuals, transmittals, transactions and code set standards, and articles and educational web guides regarding procedure coding were accessed on the CMS web site at <http://www.cms.hhs.gov/home/regsguidance.asp>. That research is referenced and footnoted throughout this document.

^{lxxii} In addition to coding manuals and the Centers for Medicare & Medicaid Services (CMS), other sources of coding information and guidance were identified through research. Appendix D lists a bibliography of the additional sources referenced as the basis for the information found in Section II.F.

^{lxxiii} Where the coding manuals and guidelines offer no direction with regard to minimum documentation standards, the Colorado Department of Human Services, Office of Behavioral Health (DHS-OBH) documentation requirements, as set forth in 2 CCR 502-2, are referenced.

^{lxxiv} In addition to coding manuals and the Centers for Medicare & Medicaid Services (CMS), other sources of coding information and guidance were identified through research. Appendix D lists a bibliography of the additional sources referenced as the basis for the information found in Section II.F.

^{lxxv} Population limits are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), the Medicaid State Plan and 1915(b)(3) Waiver, and the behavioral health organization (BHO) current contracts.

^{lxxvi} Minimum and/or maximum duration limits are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), the Medicaid State Plan and 1915(b)(3) Waiver, and the behavioral health organization (BHO) current contracts.

^{lxxvii} Mode of delivery limits are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), the Medicaid State Plan and 1915(b)(3) Waiver, Colorado Medical Assistance Program (MAP) Provider Specialty Manuals, and the behavioral health organization (BHO) current contracts.

^{lxxviii} Colorado Medical Assistance Program (MAP). (September, 2007). *Provider Specialty Manuals*. Denver, CO: Colorado Medical Assistance Program (MAP), pages S-128 – S-132.

^{lxxix} In addition to coding manuals and the Centers for Medicare & Medicaid Services (CMS), other sources of coding information and guidance were identified through research. Appendix D lists a bibliography of the additional sources referenced as the basis for the information found in Section II.F.

^{lxxx} MINIMUM STAFF REQUIREMENTS are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), and the Medicaid State Plan and 1915(b)(3) Waiver.

^{lxxxi} Program service categories are based on the Medicaid State Plan and 1915(b)(3) Waiver, the behavioral health organization (BHO) current contracts, and the Colorado Department of Health Care Policy & Financing (HCPF) Approved Procedure Code List for Calendar Year 2009.

^{lxxxii} Place of service (POS) limits are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), the Medicaid State Plan and 1915(b)(3) Waiver, and the behavioral health organization (BHO) current contracts.

^{lxxxiii} Colorado Medical Assistance Program (MAP). (September, 2007). *Provider Specialty Manuals*. Denver, CO: Colorado Medical Assistance Program (MAP), pages S-128 – S-132.

^{lxxxiv} §25.5-5-414(7)(a) and (b), CRS.

⁸⁵ 2 CCR 502-1, 102.1 and 502-2, AP.7.

⁸⁶ US Department of Health & Human Services (HHS), Centers for Disease Control & Prevention (DCD) and Centers for Medicare & Medicaid Services (CMS) (2008). *International Classification of Diseases, Ninth Revision – Clinical Modifications (ICD-9-CM)*. Washington, DC: US Government Printing Office (GPO).

⁸⁷ § 12-43-228, CRS.

⁸⁸ 2 CCR 502-1, 111.1.A.

⁸⁹ Colorado Department of Health Care Policy & Financing (HCPF) (2009) (Draft). *Section 1915(b) Waiver Renewal Proposal for the Colorado Medicaid Community Mental Health Services Program & the Special Connections Substance Abuse Treatment Program Months Three through Twelve (Waiver Period July 1, 2009 to June 30, 2011)*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page 25.

⁹⁰ Colorado Department of Health Care Policy & Financing (HCPF) (2009) (Draft). *Section 1915(b) Waiver Renewal Proposal for the Colorado Medicaid Community Mental Health Services Program & the Special Connections Substance Abuse Treatment Program Months Three through Twelve (Waiver Period July 1, 2009 to June 30, 2011)*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page 25.

⁹¹ US Department of Health & Human Services (HHS), Centers for Disease Control & Prevention (DCD) and Centers for Medicare & Medicaid Services (CMS) (2008). *International Classification of Diseases, Ninth Revision – Clinical Modifications (ICD-9-CM)*. Washington, DC: US Government Printing Office (GPO).

⁹² Colorado Department of Health Care Policy & Financing (HCPF) (2009) (Draft). *Section 1915(b) Waiver Renewal Proposal for the Colorado Medicaid Community Mental Health Services Program & the Special Connections Substance Abuse Treatment Program Months Three through Twelve (Waiver Period July 1, 2009 to June 30, 2011)*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), pages 23 – 24.

⁹³ §§ 25-3-100.5(1), 27-1-201(1), and 27-10-102(1), CRS; 6 CCR 1011-1, 7-1.102(1), (20).

⁹⁴ § 25-1.5-103(1)(a), CRS; § 27-10-101, *et seq* and 2 CCR 502-1.

⁹⁵ 6 CCR 1011-1, 7.1.102(4) and 10 CCR 2505-10, 8.495.1.

⁹⁶ 6 CCR 1011-1, 7.1.102(6)(a).

⁹⁷ § 26-6-102(8), CRS.

⁹⁸ § 25.5-4-103(19.5), CRS.

⁹⁹ 10 CCR 2505-10, 8.765.1.

¹⁰⁰ 12 CCR 2509-8, 7.718.

¹⁰¹ 6 CCR 1011-1, 7.1.102(6)(b).

¹⁰² § 26-6-102(8), CRS.

¹⁰³ 10 CCR 2509-8, 7.705.91.A.

¹⁰⁴ Colorado Department of Health Care Policy & Financing (HCPF) (2009) (Draft). *Section 1915(b) Waiver Renewal Proposal for the Colorado Medicaid Community Mental Health Services Program & the Special Connections Substance*

Abuse Treatment Program Months Three through Twelve (Waiver Period July 1, 2009 to June 30, 2011). Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), pages 24 – 25.

¹⁰⁵ Colorado Department of Health Care Policy & Financing (HCPF) (2007). *Fiscal Year(FY) 2008 Behavioral Health Organization (BHO) Contract, Exhibit C: Covered Services*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page 4.

¹⁰⁶ US Department of Health & Human Services (HHS), Centers for Disease Control & Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS) (2008). *International Classification of Diseases, Ninth Revision – Clinical Modifications (ICD-9-CM)*. Washington, DC: US Government Printing Office (GPO).

¹⁰⁷ With regard to inpatient consultation, “counseling” refers to a discussion with the patient and/or family concerning diagnostic results, impressions, and/or recommended diagnostic studies; prognosis; risks and benefits of treatment options; instructions for treatment and/or follow-up; importance of compliance with chosen treatment options; risk factor reduction; and/or patient and family education.

¹⁰⁸ American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*. Chicago, IL: American Medical Association (AMA), page 8.

¹⁰⁹ 42 CFR §§ 410.2, 410.10 and 410.43.

¹¹⁰ US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) (2009). *Chapter 6 – Hospital Covered Services Covered Under Part B, Medicare Benefit Policy Manual*. Baltimore, MD: US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), page 19.

¹¹¹ Colorado Department of Health Care Policy & Financing (HCPF) (2007). *Fiscal Year(FY) 2008 Behavioral Health Organization (BHO) Contract, Exhibit C: Covered Services*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page 3.

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¹¹⁴ 42 CFR 440.130(d).

¹¹⁵ American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*, pages 27 – 28. Chicago, IL: American Medical Association (AMA).

¹¹⁶ Colorado Department of Health Care Policy & Financing (HCPF) (2009) (Draft). *Section 1915(b) Waiver Renewal Proposal for the Colorado Medicaid Community Mental Health Services Program & the Special Connections Substance Abuse Treatment Program Months Three through Twelve (Waiver Period July 1, 2009 to June 30, 2011)*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page 25.

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¹¹⁹ Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) (August 3, 2006). *CMS Manual System, Pub 100-04 Medicare Claims Processing, Transmittal 1019*. Baltimore, MD: US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

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- ¹²² US Department of Defense (DoD) (2008). *Military Health System Coding Guidance: Professional Services & Specialty Coding Guidelines, Version 2.0, Unified Biostatistical Utility*. Pages 6-87, 6-92.
- ¹²³ US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) (2009). *Chapter 12 – Physicians/Non-Physician Practitioners*. Medicare Claims Processing Manual. Baltimore, MD: US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).
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- ¹²⁵ US Department of Health & Human Services (DHHS), Centers for Disease Control & Prevention (DCD) and Centers for Medicare & Medicaid Services (CMS) (2008). *International Classification of Diseases, Ninth Revision – Clinical Modifications (ICD-9-CM)*. Washington, DC: US Government Printing Office (GPO).
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