2017

Uniform Service Coding Standards Manual





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Applicable Federal Acquisition Regulation System (FARS)/Defense Federal Acquisition Regulation Supplement (DFARS) apply.

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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.

The coding pages for Medicaid and OBH are represented in separate section in order to clearly identify the service standards

applicable to each funding source. The Medicaid pages are formatted in green, while the OBH pages are formatted in blue.

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 do-

cumenting 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, Tenth Revision, Clinical Modification (ICD-10-CM)¹

Current Procedural Terminology (CPT®), Professional Edition²

Healthcare Common Procedure Coding System (HCPCS)³

These clinical coding systems are used by HCPF and OBH for the Colorado Community Behavioral Health Services Program

these clinical country systems are used by the Francioland Colorado Community Behavioral Health Services Program

The USCS manual is a living document that is updated each fiscal 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 the previous edition through July 31, 2017. Providers must implement the July 2017 edition by August 1, 2017 for dates of service July 1st and thereafter, regardless of

submission date.

b. Manual Format

Service categories are listed to promote clarity of understanding through the consistent use of common terms, followed by individual HCPF and/or OBH procedure code pages in numeric and alphanumeric order. Service categories include primary, secondary, and tertiary groupings, with primary categories listed as follows (see <u>Appendix C</u> for complete list):

- Screening
- Crisis
- Assessment
- Prevention/Early Intervention Services
- Peer Support/Recovery Services

Each procedure code page is outlined as follows:

- CPT®/HCPCS Procedure Code
- Usage
- Service Description
- Notes
- Applicable Population(s)
- Allowed Mode(s) of Delivery
- Place of Service (POS)

- Treatment Services
- Evaluation and Management (E&M)
- Respite Care Services
- Residential Services
- Support Services
- Procedure Code Description
- Minimum Documentation Requirements
- Example Activities
- Unit and Duration
- Program Service Category(ies)⁴
- Staff Requirements

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

- Core Services are the basic services rendered, such as assessment, treatment, case management, peer support/recovery, prevention/early intervention, residential, respite, and crisis 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, patient's home, community, etc.).
- Framework Data is basic descriptive information about the patient and the service rendered, including:
 - Patient's Medicaid identification number (ID)
 - Patient'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 <u>Appendix A</u>, and provided herein as an optional reference and training tool.

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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.

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.

i. 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. ^{5,6}

Medicaid State Plan Program Service Categories			
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 Institutions for Mental Diseases (IMD) or other facility licensed as a hospital by the State.		
Outpatient	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:		
	A. Physician Services, including psychiatric care: Behavioral health services provided within the scope of practice of medicine as defined by State law.		
	 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 patient to his/her best possible functional level, including: Individual Behavioral Health Therapy: Therapeutic contact with one patient. Individual Brief Behavioral Health Therapy: Therapeutic contact with one patient. Group Behavioral Health Therapy: Therapeutic contact with more than one patient. 		
	4. Family Behavioral Health Therapy: Face to face therapeutic contact with a patient and family member(s), or other persons significant to the patient, for improving patient-family functioning. Family behavioral health		

Medicaid State Plan Program Service Categories			
Category	Description		
	therapy is appropriate when intervention in the family interactions is expected to improve the patient's emotional/behavioral health. The primary purpose of family behavioral health therapy is treatment of the patient.		
	5. Behavioral Health Assessment : Face to face clinical assessment of a patient by a behavioral health professional that determines the nature of the patient's problem(s), factors contributing to the problem(s), a patient's strengths, abilities and resources to help solve the problem(s), and any existing diagnoses.		
	C. Pharmacologic Management : Monitoring of medications prescribed and consultation provided to patients by a physician or other medical practitioner authorized to prescribe medications as defined by State law, including associated laboratory services, as indicated.		
	D. Outpatient Day Treatment : Therapeutic contact with a patient in a structured, non-residential program of therapeutic activities. Services include assessment and monitoring; individual/group/family therapy; 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."		
	E. Emergency/Crisis Services: Services provided during a behavioral health emergency which involve unscheduled, immediate, or special interventions in response to crisis situation with a patient/family, including associated laboratory services, as indicated.		
	F. Pharmacy Services : Prescribed drugs when used in accordance with 10 CCR 2505-10 Section 8.800, Pharmaceuticals.		
	G. 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.		
	H. 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.		
	 Drug Screening and Monitoring: Substance use disorder counseling services provided along with screening results to be discussed with patient. 		
	J. 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 assessment of suicidal ideation and other behavioral health issues.		
	K. 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.		

ii. Behavioral Health Program 1915(b)(3) Waiver Services

Colorado Medicaid's community behavioral health services programis operated under a 1915(b)(3) waiver, which requires services are 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.^{7,8}

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.

Category	Description
Vocational Services	Services designed to help adult and adolescent patients who are ineligible for state vocational rehabilitation services to gain employment skills and employment. Services are skill and support development interventions, 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, and 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 patients. 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 patient 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/or 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 patient provided by adults other than the birth parents, foster/adoptive parents, family members patient. Respite is designed to give the caregivers some time away from the patient 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.

III. Diagnoses

The Colorado Community Behavioral Health Services Program identifies covered diagnoses using the *International Classification of Diseases, Tenth Revision, Clinical Modification* (ICD-10-CM).^{ix} The ICD-10-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-10-CM code selection follows the *Official ICD-10-CM Guidelines for Coding and Reporting*, 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-10-CM, and while not exhaustive, assist the user in situations where the ICD-10-CM does not provide direction. The ICD-10-CM is updated annually, effective October 1st. The ICD-10-CM does not include diagnostic criteria, 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 DSM-5 criteria, and reference tables in the DSM-5 for ICD-10-CM insurance billing information. 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. The ICD-10-CM was implemented October 1, 2015.

a. Non-Covered Diagnoses

A covered diagnosis is required for reimbursement, unless it falls in one of the following categories: Screening, Assessment, Crisis, or Prevention/Early Intervention. (See <u>Appendix B</u> and <u>Appendix C</u> for specific codes allowed without a covered diagnosis.) For these services, a non-covered diagnosis may be reported when these 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). When no other diagnosis has been determined, R69 or Z03.89 may be used. These codes are specifically intended for use 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. xi

Non-Covere	Non-Covered Diagnosis Codes for use ONLY with Assessment (excluding Treatment Planning), Crisis (excluding			
Psychotherapy	Psychotherapy for Crisis), and Prevention/Early Intervention Services when no other diagnosis has been determined			
Code	Description			
R69	Illness, unspecified			
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out			

b. Covered Diagnoses

The table below lists the covered diagnoses under the Colorado Community Behavioral Health Services Program. 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 (CCAR) Manual. OBH is allowing for a broader range of diagnosis codes for "Non-

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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.

i. Mental Health Covered Diagnoses

ICD-10-CM Code Ranges

Start Value	End Value
F20.0	F48.1
F48.9	F51.03
F51.09	F51.12
F51.19	F51.9
F60.0	F63.9
F68.10	F69
F90.0	F99
R45.1	R45.2
R45.5	R45.82

ii. Substance Abuse Disorder Covered Diagnoses

ICD-10-CM Code Ranges

Start Value	End Value
F10.10	F10.26
F10.28	F10.96
F10.98	F13.26
F13.28	F13.96
F13.98	F18.159
F18.18	F18.259
F18.28	F18.959
F18.980	F19.16
F19.18	F19.26
F19.28	F19.99

[&]quot;US Department of Health & Human Services (HHS), Centers for Disease Control & Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS) (2015). *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*. Washington, DC: US Government Printing Office (GPO).

IV Provider Types

Within community behavioral health (BH), a variety of licensed and non-licensed staff renders behavioral health (BH) services to patients 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."12

Specific to services rendered to patients 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 (MFT), or Professional counselor (LPC) 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).¹³

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."14 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." 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."16

In instances where codes are open to both Medicaid and the Office of Behavioral Health (OBH), staff requirements listed

on the code page directly relate to credentials required for Medicaid. The Office of Behavioral Health (OBH) may have

different credentialing requirements for staff to provide services under their authority.

Medicaid enrolled community mental health centers (CMHCs) are able to serve as the rendering provider for claims

performed under a CMHC by a practitioner who lacks the credentials needed to enroll in Medicaid.

Practitioners who meet the qualifications to enroll in Medicaid and are able to order, prescribe, or refer services for a

member, must still enroll in Medicaid and submit claims with their NPI as the rendering provider, even if the service was

performed under a CMHC.

Medicaid services provided in all other group provider settings, such as substance use disorder clinics, by practitioners

not enrolled in Medicaid must be supervised by and billed under a Medicaid enrolled practitioner who is documented as

overseeing the member's course of treatment.

In order to comply with Medicaid policy, "Less than Bachelor's" has been removed from the provider type template. Less

than Bachelor's staff may contribute to the therapeutic milieu of residential programs, however, services are only

Medicaid compensable when they are performed by a practitioner defined in this section. Residential programs who continue to incorporate and document the activities of less than bachelor's level staff, must also show documentation to

support services provided by Medicaid allowed practitioners during the same per diem billing period.

a. Bachelor's Degree

A Bachelor's Degree provider has a Bachelor's Degree in social work, counseling, psychology or a related health care

field, from an accredited institution. Providers with a Bachelor's Degree in a non-related field may perform the

functions of a Bachelor's Degree level staff person if they have one year experience in the

behavioral health field.

b. 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. For the purposes of Medicaid, CACs must practice in a facility licensed by the OBH

and under the supervision of a licensed physician or other licensed practitioner with additional addictions treatment

credentials. CACs may only perform services for the treatment of a primary SUD diagnosis. CAC's are certified in

Colorado at three levels in ascending order of responsibility and requirements:

i. Certified 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. 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.

iii. Certified 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.

c. Certified Prevention Specialist

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

d. 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 APNs 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 clinical supervision of appropriately licensed staff, such as a licensed Master's clinician, licensed psychologist, or licensed MD.

e. Licensed Addiction Counselor (LAC)

A Licensed Addiction Counselor (LAC) is a senior counselor who holds a Master's degree in a behavioral healthcare discipline and is licensed in addiction counseling by the Colorado Department of Regulatory Agencies (DORA). An LAC is able to operate independently in treating substance use and addiction disorders and provide clinical supervision for CAC I, CAC II, CAC III, and other LACs. In addition, an LAC may supervise other licensed and unlicensed behavioral health professionals in the area of substance use and addiction. The LAC offers a fourth level of credentialing for addiction professionals. For the purposes of Medicaid, LACs may only perform services for the treatment of a primary SUD diagnosis.

f. Licensed Clinical Social Worker (LCSW)

A Licensed Clinical Social Worker (LCSW) 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.¹⁷ Clinical social work practice includes "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."¹⁸

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/service planning and evaluation
- Measurement of psychosocial functioning
- Crisis intervention, outreach, short- and long-term treatment
- Therapeutic individual, marital and family interventions
- Patient 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
- Psychotherapy¹⁹
- Consultation, supervision and teaching in higher education²⁰

g. Licensed Marriage and 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), and who is licensed by the Colorado Board of Marriage and Family Therapist Examiners.²¹

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/service planning and evaluation
- Therapeutic individual, marital, family, group or organizational interventions

h. Licensed Professional Counselor (LPC)

A Licensed Professional Counselor (LPC) is a person who possesses a Master's degree or higher in professional counseling from an accredited college or university, and who is licensed by the Colorado Board of Licensed Professional Counselor Examiners to practice professional counseling or mental health counseling.²²

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

Activities that assist the patient 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

An LPC has a voluntary relationship between the his/herself and the patient in which the LPC staff assists the patient, group or organization to cope with relationships, conflicts, problem-solving, decision-making and competencies by interpreting, reporting

on, or applying counseling theory. The LPC staff is able to rend, or offer 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. The LPC staff follows a planned

procedure of interventions that take place on a regular basis, over time, or in the cases of assessment and brief professional

counseling, as a single intervention.

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

Assessment, counseling activities, consultation, and referral.

Treatment, diagnosis, 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

i. Licensed Psychologist

A Licensed Psychologist is a person with a Doctoral degree (PhD, PsyD, EdD) in clinical or counseling psychology from an

accredited program offering psychology courses approved by the American Psychological Association (APA), and who is

licensed by the Colorado Board of Psychologist Examiners.²⁴ Psychologists have met the educational requirements and at

least one year of postdoctoral experience practicing psychology under approved supervision and have demonstrated

professional competence by passing a single, written examination in psychology as prescribed by the board and a

jurisprudence examination administered by the division *prior* to receiving their licensure.

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, psycho-

physiological 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"

j. 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 patients "in regaining control over their own lives and recovery process." 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. Peer specialists assist patients 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."

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 D).

k. 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.²⁶

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.²⁷

l. Professional Nurses

i. Medical Assistant (documented via education, training, experience)

Colorado does not currently have licensure for a Medical Assistant, although a Certification can be obtained through an accredited school. The U.S. Bureau of Labor identifies a medical assistant as an individual who completes administrative and clinical tasks in the offices of physicians, hospitals, and other healthcare facilities. Tasks may include the following:

- Perform nursing procedures under supervision of physician or physician assistant
- Assist physician in exam rooms
- Escort patients to exam rooms, interviews patients, measure vital signs, including weight, blood pressure, pulse, temperature, and document all information in patient's chart
- Give instructions to patients as instructed by physician
 Ensure all related reports, labs and information is filed is available in patients' medical records prior to their appointment
- Keep exam rooms stocked with adequate medical supplies, maintain instruments, prepare sterilization as required
- Take telephone messages and provide feedback and answers to patient/physician/pharmacy calls

Their duties vary with the location, specialty, and size of the practice. Under § 12-36-106(3)(I), C.R.S. delegation of routine, technical services that do not require the specialized skills of a physician may occur through delegation._Delegated services under § 12-36-106(3)(I), C.R.S. cannot include the prescribing of drugs. The prescribing of drugs does not include the ordering a prescription refill by a delegate pursuant to a written protocol-driven refill procedure developed by one or more supervising physician(s).

Delegated services must be the type that a reasonable and prudent physician would find within the scope of sound medical judgment to delegate; therefore, delegated services should be routine, technical services not requiring the special skills of a licensed physician.

It is the responsibility of the physician to ensure that the delegate has the necessary education, training or experience to perform the delegated services. The delegate's qualifications shall be documented in writing and may include, but not be limited to, copies of diplomas, certificates or professional degrees from bona fide training program(s) appropriate to the specific services delegated and/or documentation of direct observation of the repeated and successful performance of the delegated services and/or appropriate credentialing by a bona fide agency or institution. Generally, personal and responsible direction and supervision requires that a delegating physician should be on the premises and readily available.

ii. 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.²⁸

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.²⁹

iii. 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.³⁰

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."³¹

- Functions include:
 - o "Initiation and performance of nursing care through health promotion"
 - "Supportive or restorative care"
 - o "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"³²
- Services include:
 - "Evaluating health status through collection and assessment of health data"
 - "Health teaching and health counseling"
 - o "Providing therapy and treatment that is supportive and restorative to life and well-being, either directly to the patient or indirectly through consultation with, delegation to, supervision of, or teaching of others"
 - "Executing delegated medical functions"
 - o "Referring to medical or community agencies those patients who need further evaluation and/or treatment"
 - "Reviewing and monitoring therapy and treatment/service plans"³³

iv. Advanced Practice Nurse (APN)

An Advanced Practice Registered Nurse (APN) 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. APN roles recognized by the Colorado Board of Nursing include:

- Nurse Practitioner (NP)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Nurse Midwife (CNM)
- Clinical Nurse Specialist (CNS)^{34, 35}

Scope of Practice: The APN'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." 36, 37

v. 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.³⁸

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. 39, 40

m. 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. 41

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."42

n. 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.⁴³

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 programs⁴⁴

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 patient." QMAPs may not "administer medication by injection or tube," or "draw insulin or other medication into syringes."⁴⁵ A QMAP may administer medications by the following routes of administration:

- Oral
- Sublingual
- Topical
- Eye
- Ear

- Rectal
- Vaginal
- Inhalant
- Transdermal⁴⁶

o. 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 (2015). These treatment rules govern the provision of treatment to persons with substance-related disorders.

p. Unlicensed Doctorate (PhD, PsyD, EdD)

A provider in this category possess a Ph.D., Psy.D. or Ed.D degree, all of which are doctoral level credentials, but may not call themselves a Psychologist (Article 43, Mental Health Practice Act, 12-43-306(3)). Providers in this category have received extensive training in research and/or in clinical psychology but have not attained licensure by the Colorado Board of Psychologist Examiners.

q. Unlicensed Master's Degree

An unlicensed Master's Degree provider has a Master's degree in a mental health field (including, but not restricted to, counseling, family therapy, social work, psychology, etc.) from an accredited college or university. This provider must be supervised in the provision of services by a Licensed Provider. **LSW and Registered Psychotherapist (previously known as Unlicensed Psychotherapist) falls in the Unlicensed Master's level category**

Registered Psychotherapist

Any person not otherwise licensed, registered, or certified pursuant to this article who is practicing psychotherapy in this state shall register with the board. An unlicensed person whose primary practice is psychotherapy or who holds himself or herself out to the public as able to practice psychotherapy for compensation shall not practice psychotherapy unless the person is registered with the board and included in the database required by this section. Notwithstanding the requirements of this section, a registered psychotherapist shall not use the term "licensed", "certified", "clinical", "state-approved", or any other term or abbreviation that would falsely give the impression that the psychotherapist or the service that is being provided is recommended by the state, based solely on inclusion in the database. However, Unlicensed Psychotherapists who are employees of community mental health centers (CMHCs) are not required to be registered in the State database.

V. Place of Service- (POS)

Below is the list of place of service (POS) codes maintained by the Centers for Medicare & Medicaid Services (CMS); these two-digit codes are required on health care professional claims to specify where a service was rendered.

	Place of Service (POS) Codes				
Code	Name	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	Telehealth	The location where health services and health related services are provided or received, through a telecommunication system.			
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. Medicaid will not reimburse for services provided to a person living in a public institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control (42 CFR 435.1010). Public institutions include correctional institutions. Additional information on Medicaid and Criminal Justice Involved Populations can be located on the Department's website.			
10	Unassigned	N/A			

	Place of Service (POS) Codes				
Code	Name	Description			
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 patients receive supervision and other services, such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).			
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 ⁴⁷	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			

	Place of Service (POS) Codes			
Code	Name	Description		
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.		
53	Community Mental Health Center (CMHC) ⁴⁸	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) ⁴⁹	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		

Place of Service (POS) Codes				
Code	Name	Description		
99	Other Place of Service	Other place of service (POS) not identified above.		

VI. 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. ⁵⁰

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

- To identify the level of care (LOC) for residential procedure codes, use modifier TF (Intermediate Level of Care) or TG (Complex/High-Tech LOC).
- To identify telemedicine (telehealth) services, use modifier GT (via Interactive Audio & Video Telecommunication Systems).
- 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.

a. Colorado Community Behavioral Health Program/Service Modifiers

The Colorado Department of Health Care Policy and Financing (HCPF) has defined modifiers for the Medicaid State Plan and Mental Health Program 1915(b)(3) Waiver program service categories (Refer to Section II.a.). These modifiers are listed below.

Colorado Community Behavioral Health Program/ Service Modifiers				
Identifier	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 in the second modifier field.		
TG	Other State Plan (SP) Services	Other State Plan (SP) services not identified by HE above.		
HK**	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 patient 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 **		

U4**	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, and assistance with wraparound and supportive living services, monitoring and follow-up. **
ТМ	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.
НМ	Respite Services	Temporary or short-term care of a child, youth or adult patient provided by adults other than the birth parents, foster/adoptive parents, family members or caregivers that the patient normally resides with. Respite is designed to give the caregivers some time away from the patient 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 patients who are ineligible for state vocational rehabilitation services to gain employment skills and employment. Services are skill and support development interventions, vocational assessment, and job coaching.
HQ**	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 patients. Drop-in Centers offer planned activities and opportunities for individuals to interact socially, promoting, and supporting recovery. **
TT**	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.

Common Behavioral Health CPT® Modifiers				
Modifier	Description	Definition ⁵¹		
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.		

VII. Procedure Categories

This section details the procedure codes that are covered under the Colorado Community Behavioral Health Services Program by HCPF and/or OBH. Category service descriptions are presented first and can also be found in <u>Appendix C</u>.

a. 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." ⁵² 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

i. 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.

ii. 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.

b. Crisis 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 patient, including associated laboratory services, as indicated."⁵³ Services are designed to:

- Improve or minimize an acute crisis episode
- Assist the patient 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 patient and in the least restrictive environment available
- Prevent further exacerbation or deterioration and/or inpatient hospitalization, where possible
- Prevent injury to the patient and/or others

Stabilization is emphasized so that the patient 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.

i. 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.

c. Screening Services

i. 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.

ii. 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 patient 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 patient'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.

d. Assessment Services

Assessment Services are the process, both initial and ongoing, of collecting and evaluating information about a patient for

developing a profile on which to base treatment/service planning and referral. 54 An Assessment may also use a diagnostic

tool to gather the information necessary in the Assessment Services process.

i. Diagnosis

Codes with the Diagnosis subcategory refer to behavioral health (BH) assessments evaluating a patient'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.

ii. Psychological Testing/Neuropsychological Testing

Codes with the Psychological Testing subcategory refer to the assessment of a patient'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

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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 Act⁵⁵ 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, orcompetence; 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.

iii. 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 patient's highest possible level of independent functioning and to reduce the likelihood of hospitalization/re-hospitalization or restrictive confinement.⁵⁶ The Treatment/Service Planning code (H0032) requires a covered diagnosis for reimbursement.

e. 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." ⁵⁷ 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

- Patient and family support groups
- Warm lines
- Advocacy services

f. 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."58 This service acknowledges that, while the services of primary caregivers may keep a patient 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 patient's primary caregivers are unable to provide the necessary illness-management support and thus the patient is in need of additional support or relief
- The patient and his/her primary caregivers experience the need for therapeutic relief from the stresses of their mutual cohabitation
- The patient is experiencing a behavioral crisis and needs structured, short-term support
- Relief care giving is necessitated by unavoidable circumstances, such as a family emergency

g. 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.

i. Targeted Case Management (TCM) Services

Targeted Case Management (TCM) Services are defined, per Colorado Medicaid State Plan Amendment, as services that assist individuals diagnosed with or being assessed for a mental health disorder in gaining access to medical, social, educational, and other services. TCM services may be provided through a licensed community mental health center (CMHC) or clinic by approved practitioners under the supervision of a physician (See <u>Appendix E</u> for more information on Targeted Case Management.)

ii. 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 patient 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

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

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

 - To report psychotherapy, choose the code closest to the actual time (i.e., 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.

Group Psychotherapy is "therapeutic contact facilitated by a qualified mental health professional (MHP) in a group setting with two (2) or more patients 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."

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

iii. Medication Management

Psychiatric Services are "provided within the scope of practice of psychiatric medicine as defined by State law." 59

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." 60

iv. 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 patient's personal growth and development. Treatment services often utilize assessments to formulate and implement an individualized comprehensive written treatment/service plan that is used to promote the patient's highest possible level of

independent functioning. Treatment can include relapse planning, information about the process of addiction, and assist

patients to understand some of the underlying issues that lead them to use substances.

v. Other Professional Services

Psychoeducational Services are an adjunct treatment modality that focus on educating patients, families and significant

others in subject areas that support the goals of treatment, recovery and rehabilitation, specific to the patients' behavioral

health (BH) needs.

Biofeedback Training involves monitoring a patient'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 patient in real-time. The patient is taught how certain thought processes, stimuli, and

actions affect these physiological responses. The patient 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.

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.

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.

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vi. Intensive Treatment Services

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-patient

education; skill and socialization training focused on improving functional and behavioral deficits, and intensive

coordination with schools and/or other child service agencies.

Intensive Outpatient Psychiatric (IOP) Services for Behavioral Health and Substance Use Disorder (SUD) focus on

maintaining and improving functional abilities for the patient 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).

Partial Hospitalization (PHP) is a non-residential, medically directed treatment program for patients 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 patient 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 patient's

present treatment needs. The patient requires a minimum of 20 hours/week of therapeutic services as evidenced in his/her

treatment/service plan. The patient is likely to benefit from a coordinated program of services and requires more than

isolated sessions of outpatient treatment. The patient has an adequate support system while not actively engaged in the

program. The patient 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 patient's mental health (MH) condition (i.e.,

SMI/SPMI and/or co-occurring Substance-Related Disorder)

Reasonably expected to improve or maintain the patient'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. 61,62

vii. 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 patient 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.

Treatment in an inpatient hospital setting should be reported or billed using the evaluation and management (E/M) procedure codes (99221 – 99233).

h. Evaluation and Management (E/M) Services

Evaluation and management codes are covered by the BHOs when they are billed in conjunction with a psychotherapy addon 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 patient.

DEFINITIONS:

New patient/patient: A new patient/patient 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/patient: An established patient/patient 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/patient'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.

i. Consultation Services

Consultation services are services 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/service plans. When more than 50% of the

consultant's time is spent in providing counseling, 63 coordination of care or both, the service is coded based upon the length

of time spent with the patient and/or family.⁶⁴

ii. 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 patient. 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.65

See Appendix G for more information on E/M services.

i. 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." 66 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	Residential Service HCPCS LOC Modifier Procedure Description 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				
			H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem				
	TF	TF Intermediate LOC		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				
All Other Residential Facilities			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				

i. Supported Housing

Supported Housing is a specific program model in which a patient 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.

ii. 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.⁶⁷

iii. 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.⁶⁸

iv. 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).

v. Psychiatric Residential Treatment Facility (PRTF)

Psychiatric Residential Treatment Facility (PRTF) is a licensed residential childcare facility (RCCF),⁶⁹ which is a facility other than a hospital that provides inpatient psychiatric services for patients 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).^{70, 71, 72}

vi. 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.⁷³

vii. Residential Child Care Facility (RCCF)

Residential Child Care Facility (formerly TRCCF) is a licensed residential child care facility (RCCF)⁷⁴ 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.⁷⁵

viii. 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. 76 ATUs are licensed

by the Colorado Department of Public Health and Environment (CDPHE), Health Facilities and Emergency Medical Services

Division, and granted a "27-65" designation by the Colorado Department of Human Services, Office of Behavioral Health

(DHS-OBH).⁷⁷

ix. Social Ambulatory Detoxification (Social Detox)

Social Ambulatory Detoxification services are rendered to patients whose intoxication or withdrawal signs and / or

symptoms are severe enough to require a 24-hour structured program. These services are not provided to patients 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.

x. 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.

j. 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)."78,79

i. 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.

ii. Community Psychiatric Support Treatment Services (CPST)

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

iii. 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

iv. 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 patients 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/APN/RxN/LPN/LVN, etc.) that serves as the fixed point of responsibility for all patient care for a specific group of patients. In this approach, normally used with patients with the most serious and intractable symptoms of severe and persistent mental illness (SPMI), the treatment team typically provides all patient services using a highly integrated approach to care. The treatment team

delivers an integrated array of treatment, support and rehabilitation services to patients, with the majority of services being rendered in patients' own homes, work settings, or any other place in the community where support might be needed. Assessment and treatment/service planning are done in a collaborative manner, and result in a plan that is customized for each individual patient.

k. 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." ⁸⁰ Vocational Services include:

- Skill and support development interventions
- Vocational assessment
- Job coaching

VIII. Procedure Code Outline and Pages

Individual procedure code pages listed in numerical and alphanumerical order. Each procedure code page uses the following outline structure:

- 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^{lxxxi} and/or the Centers for Medicare and Medicaid Services (CMS). lxxxiii
- Usage Identification of whether the service is used by Medicaid and/or OBH.
- 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.
- 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 346 under <u>Technical</u>
 Documentation Requirements. bxxiii
- Notes Additional descriptive information regarding the procedure code or service.
- 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.)
- Applicable Population(s) Any limitations on the use of the procedure code or service based on age. boxiv
- 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 patient.
 - Encounter or Session = One (1) unit, regardless of the duration (e.g., 90832)
 - o 15 Minute Unit = Divide the total duration by 15 minutes (refer to Section VIX.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.
 - o Day (Per Diem) Unit = One day of service, typically offour (4) 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. 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. Ixxxvi The appropriate modifiers, if applicable, are identified in parentheses.
 - Video Conference is based on the current allowable procedure codes for telemedicine (telehealth).

Telemedicine (Telehealth)|xxxviii

- 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."
- Telemedicine (telehealth) involves an "originating provider/site" where the patient 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. For Medicaid, an originating provider is not required for all Telemedicne Direct Member Services. It is acceptable to use Telemedicine Direct Member Services to facilitate 'live' contact directly between a member and a distand provider via telecommunications equipment.
- 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).
- 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.xc
- **Staff Requirements** The staff credentials allowed to render the service or procedure, unless specifically restricted by the procedure code description. **ci The appropriate modifiers, if applicable, are identified in parentheses.
- Place of Service (POS) The actual place(s) or location(s) where the procedure code or service may be rendered. 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). xcii The appropriate POS codes are identified in parentheses.

SCREENING – DRUG – PA	THOLOGY AND LABORATORY			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
80305	Drug screen, presumptive, optical observation	☑ OBH		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service.	 Date of service Patient consent Screening results Patient's identified treatment/service plan (if applicable) Referral for treatment (if applicable) Signed with 1st initial, last name & credentials 			
NOTES	EXAMPLE ACTIVITIES			
Use code H0048 for collection specimens. Modifier HG only applies for opioid testing.	Enzyme assays measure either the consumption of production of a product over time. An example sul an opioid compound.			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	⊠ Encounter□ 15 MinutesMinimum: NA□ Day□ 1 HourMaximum: NA			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
□ Face-to-Face □ Individual □ Video Conf (GT) □ Telephone □ Family (HR/HS)	□ HE □ U4 □ HJ □ TG □ TM □ HQ □ HK □ HM □ TT □ HF (2 nd modifier-SUD) □ HT			
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ Unlicensed E	Master's Level (HO) ⊠ LAC ⊠ LPN/LVN (T dD/ PhD/PsyD (HP) ⊠ CAC I ⊠ RN (TD) D/PhD/PsyD (AH) ⊠ CAC II ⊠ APN (SA) ⊠ CACIII □ QMAP	FE) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)		
PLACE OF SERVICE (POS)				
⊠ School (03) ⊠ Office (11) ⊠ NRSATF (57) ⊠ Shelter (04) ⊠ Home (12) ⊠ Other POS (99) ⊠ Prison/CF (09) ⊠ FQHC (50) ⊠ CMHC (53) ⊠ RHC (72)				

SCREENING – DRUG – PA	THOLOGY AND LABORATORY			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
80306	Drug screen, presumptive, read by instrument	☑ OBH		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	 Date of service Patient consent Screening results Patient's identified treatment/service plan (if applicable) Referral for treatment (if applicable) Signed with 1st initial, last name & credentials 			
NOTES	EXAMPLE ACTIVITIES			
Use code H0048 for collection specimens. Modifier HG only applies for opioid testing.	Enzyme assays measure either the consumption of production of a product over time. An example sub an opioid compound.			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ Minimum: NA ☐ Day ☐ 1 Hour ☐ Maximum: NA			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☐ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	□ HE □ U4 □ HJ □ TG □ TM □ HQ □ HK □ HM □ TT □ HF (2 nd modifier-SUD) □ HT			
STAFF REQUIREMENTS				
□ Bachelor's Level (HIN) □ Unlicensed E	Taster's Level (HO) dD/ PhD/PsyD (HP) J/PhD/PsyD (AH) □ LAC □ LPN/LVN (T □ RN (TD) □ RN (TD) □ APN (SA) □ QMAP	E) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ Shelter (04) ☑ NRSATF (57) ☑ Office (11) ☑ FQHC (50) ☑ Prison/CF (09) ☑ Home (12) ☑ RHC (72) ☑ School (03)	☑ Other POS (99)			

SCREENING – PATHOLOGY AND LABORATORY - ALCOHOL						
CPT®/HCPCS PROC	EDURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	82075		Alcohol (ethanol); b	reath		☑ ОВН
SERVICE DESCRIPT	ION		MINIMUM DOCUM	ENTATION RE	QUIREMENTS	
	er administered to te ntoxication of an indi	st for evidence or the vidual.	 Date of service Client consent Screening rest Signed with 1^s 	ılts	ame & credentia	ls
NOTES			EXAMPLE ACTIVITII	S		
collection, handling	eathalyzers shall be g, recording and stori evidentiary and the	ng procedures assuring	Breathalyzer admin intoxication	istered to test	t for the degree o	of alcohol
APPLICABLE POPU	LATION(S)		UNIT		DURATION	
⊠ Adol (12-17)	(18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: NA Maximum: NA	
ALLOWED MODE(S	6) OF DELIVERY		PROGRAM SERVICE	CATEGORY(I	ES)	
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☐ Individual ☐ Group (HQ) ☐ Family (HR/I	HS)	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-		(ACT)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREME	NTS					
☑ Peer Specialist ☑ Bachelor's Level (H ☑ Intern	´ ⊠ LPC ⊠ LMFT		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA ⊠ QMAP	⊠ RXN (SA)
PLACE OF SERVICE		VICE MD (F4)	N EURC (EV)	V Innt DE /F	:1\	
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ OutpHospital(22)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ Hospice (34) 	⋈ NF (32)⋈ PRTF (56)⋈ Shelter (04)	☑ FQHC (50) ☑ RHC (72) ☑ RSATF (55) ☑ NRSATF (57) ☑ Inpt Hosp (21)	☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5 ☑ School (0 ☑ Other PO	52) 3)	

	TREA	TMENT - PSYCHOTH	ERAPY - INTERACTIV	'E COMPLEXITY		
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODE		USAGE	
	90785* ADD-ON		·	Interactive complexity (list separately in addition to the code for the primary service)		
SERVICE DESCRIPTION	ON		MINIMUM DOCUI	MENTATION RE	QUIREMENTS	
complexity. Interact communication factor psychiatric procedur difficult communicat members and engag undeveloped or imp service are those whe guardians, other fam translators, agencies their psychiatric care	d-on code used to re- tive complexity refers ors that complicate the. Some common fac- tion with discordant of ement of young and aired patients. Patier to have third parties shily members, interpress, court officers, or so the (see Appendix F for	Primary Service met Means of interactions				
NOTES			EXAMPLE ACTIVIT	TES		
diagnostic psychiatri psychotherapy (9083 performed with an e (90833, 90836, 9083	ported in conjunction cevaluation (90791, 32-90834-90837), psycolation and manages, 99201-99255, 993 sychotherapy (90853	90792), ychotherapy when gement service 04-99337, 99341-				
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	
	⊠ Young Adult (18-20)	✓ Adult (21-64)✓ Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: NA Maximum: NA	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVIC	CE CATEGORY(IE	ES)	
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HQ) □ Family (HR/F	HS)	☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residential) ☑ HF (2 nd modifier		(ACT)	(Voc) ! (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMEN	ITS					
☐ Peer Specialist ☐ Bachelor's Level (HN ☑ Intern	区 LCSW 区 LPC 区 LMFT	⊠Unlicense	ed Master's Level (HO) d EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN (T □ RN (TD) ☑ APN (SA) □ QMAP	E) ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (•					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) ⊠ Teleh ⊠ Othe	ol (03) realth (02) r POS (99)

	TREA	TMENT - PSYCHOTH	ERAPY - INTERACTIV	'E COMPLEXITY		
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODI	USAGE		
	90785* ADD-ON			Interactive complexity (list separately in addition to the code for the primary service)		
SERVICE DESCRIPTION	ON		MINIMUM DOCUI	MENTATION RE	QUIREMENTS	
Code 90785 is an additional complexity. Interact communication factor psychiatric procedur difficult communicat members and engag undeveloped or imposervice are those who guardians, other familiar translators, agencies their psychiatric care	tive complexity refers ors that complicate the. Some common fac- tion with discordant of ement of young and aired patients. Patier to have third parties shily members, interpress, court officers, or so	Primary Service met Means of interactions				
NOTES			EXAMPLE ACTIVIT	TES		
This code is to be red diagnostic psychiatri psychotherapy (9083 performed with an e (90833, 90836, 9083 99350), and group p	c evaluation (90791, 32-90834-90837), psy valuation and manag 8, 99201-99255, 993	90792), ychotherapy when gement service 04-99337, 99341-				
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	
⊠ Adol (12-17)	⊠ Young Adult (18-20)	Adult (21-64) Geriatric (65+)	□ Day [□ 15 Minutes □ 1 Hour	Minimum: NA Maximum: NA	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE		<u> </u>	
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) □ Family (HR/I	HS)	☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residential) ☑ HF (2 nd modifier		(ACT) □ HQ	(Voc) (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMEN	ITS					
☐ Peer Specialist ☐ Bachelor's Level (HN ☑ Intern	区 LCSW 区 LPC 区 LMFT	⊠Unlicensed	d Master's Level (HO) d EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN (T □ RN (TD) ☑ APN (SA) □ QMAP	E) RXN (SA) PA (PA) MD/DO(AF)
PLACE OF SERVICE (POS)					
区MHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) ⊠ Teleh ⊠ Other	ol (03) realth (02) r POS (99)

ASSESSMENT - DIAGNOSIS						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DE	SCRIPTION		USAGE
	90791		Psychiatric diagnost	☑ Medicaid		
SERVICE DESCRIPTION	N		MINIMUM DOCUMEN	NTATION REQUIREM	IENTS	
assessment, including The evaluation may in sources and review an The MHP interviews t appropriate initial dia patient's history and a disposition. The MHP friends, co-workers, o	evaluation is an integral shistory, mental status, and ordering of diagnostic the patient in a culturally gnostic examination, who assessing his/her mental may spend time communitation of the sources as part of procedure code H0031. Cedure code 90792.	and recommendations. ith family or other studies. and developmentally ich includes taking the status, as well as inicating with family,	Technical Documentation Requirements See Page 346 Service Content 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, family, and treatment history 5. Mental status exam 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition			
NOTES		fa	EXAMPLE ACTIVITIES			
members, guardians, patient. Codes 90791 the same day, for the are conducted with the services as being provother party in such circonce per day but not management service patient. The psychiat interactive complexity the delivery of the poreported with add-on are used for assessment include psychother may not be reported patient in crisis state in (H2011, 90839-90840 day as 90791 lf appropriate and base	ces one or more other in or significant others) may be reported more to patient, when separate ne patient, when separate ne patient and other information of the same day as an experience of the same day as an experience when factors of yearing and the same factors of the same day as an experience when factors of yearing and the code 90785 used in concept of the same day. Psychological proposed in the same day. Psychological proposed with the appoint of the same day. Psychological proposed with the appoint of the same day. Psychological proposed with the appoint of the same day. Psychological proposed with the appoint of the same day. Psychological proposed with the appoint of the same day. Psychological proposed with the appoint of the same day. Psychological proposed with the appoint of the same day are provided with the appoint of the same day. Psychological proposed with the appoint of the same day are provided with the proposed pr	ry be seen in lieu of the han once, but not on diagnostic evaluations rmants. Report not the informant or 21 may be reported valuation and provider for the same may include exist that complicate se services should be junction 90791. 90791 i. (s), if required, and do otherapy services, otherapy provided to a ropriate crisis code be billed on the same	Evaluation to gather p diagnosis/diagnoses, l care or treatment nee	paseline level of fund	ctioning, determine	appropriate level of
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
☑ Child (0-11)☑ Adol (12-17)	✓ Young Adult (18-20)	✓ Adult (21-64) ✓ Geriatric (65+)		15 Minutes 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) C	OF DELIVERT		□ HE (SP)	¥ U4 (ICI	M) 🗆 HJ (Voc
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier-	⊠ TM (A(□ HM (R	CT) □ HQ espite) □ TT ((Clubhouse) Recovery) 'Prev/El)
STAFF REQUIREMENT	15					
☐ Peer Specialist ☐ Bachelor's Level (H ☑ Intern	, ⊠ Fbc	✓ Unlicer	nsed Master's Level (HC nsed EdD/ PhD/PsyD (HI ed EdD/PhD/PsyD (AH)		□ LPN/LVN (TE □ RN (TD) ☑ APN (SA) □ QMAP	RxN (SA) PA (PA) MD/DO(AF)
PLACE OF SERVICE (PO EXICATION (DECISION NECESTICAL)	OS) ACF (13)	✓ Hospice (34)	☑ Shelter (04)	☑ Inpt Hosp (21)	⊠ Scho	nol (03)
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (13)	☑ ICF-MR (54) ☑ NF (32)	⊠ SNF (31) ☑ FQHC (50) ☑ RHC (72)	☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ ER (23) ☑ DE DUD (52)	⊠ Tele	health (02) er POS (99)

ASSES	SMENT - DIAGNOSIS		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
90791	Psychiatric diagnostic evaluation	☑ ОВН	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
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. The MHP interviews the patient in a culturally and developmentally appropriate initial diagnostic examination, which includes taking the patient'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, * BA-level MHPs use procedure code H0031. * Prescribers use procedure code 90792.	Technical Documentation Requirements See Page 346 Service Content 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, family, and treatment history 5. Mental status exam 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition		
In certain circumstances one or more other informants (family	EXAMPLE ACTIVITIES		
members, guardians, or significant others) may be seen in lieu of the patient. 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 but 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 90791. 90791 are used for assessment(s) and re-assessment (s), if required, and do not include psychotherapeutic services. Psychotherapy services, may not be reported on the same day. Psychotherapy provided to a patient 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 appropriate and based on patient stability/status in social detox, Assessment services (90791) may be provided prior to discharge.	Evaluation to gather psychosocial history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs and make necessary referrals or open to treatment.		
APPLICABLE POPULATION(S)	UNIT DURATION		
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: N/A		
	□ Day □ 1 Hour Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS)	☑ HK (Residential) ☐ HM (Respite) ☐ TT	(Voc) (Clubhouse) (Recovery) (Prev/El)	
STAFF REQUIREMENTS	and Marked at and (IIO)	T D. N. (CA)	
□ Bachelor's Level (HN) ☑ LPC ☑ Unlic ☑ Intern ☑ LMFT ☑ Licens	ensed Master's Level (HO)	E) □ RxN (SA) □ PA (PA) □ MD/DO(AF)	
PLACE OF SERVICE (POS)		1 (22)	
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)	☑ SNF (31) ☑ Inpt PF (51) ☑ Tele	ool (03) ehealth (02) er POS (99)	

ASSESSMENT - DIAGNOSIS						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DES	SCRIPTION		USAGE
	90792		Psychiatric diagnostic e	evaluation with m	nedical services	☑ Medicaid
SERVICE DESCRIPTION	N		MINIMUM DOCUMEN	TATION REQUIRE	EMENTS	
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. In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient. * This code is for Prescribers (or prescriber interns) only.			Technical Documentation Requirements See Page 346 Service Content 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 medical and medication history, psychosocial, family, and treatment history 5. 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	<u> </u>		EXAMPLE ACTIVITIES	·		
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 (90785 – add-on code) when factors exist that complicate the delivery of the psychiatric procedure. 90792 is used for assessment(s) and reassessment (s), if required, and do not include psychotherapeutic services. Psychotherapy services may not be reported on the same day. Psychotherapy provided to a patient in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed on the same day as 90792. If appropriate and based on patient stability/status in social detox, Assessment services (90792) may be provided prior to discharge.			Prescriber evaluation to gather medical and medication history, psychosocial history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs and make necessary referrals or open to treatment.			
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
☑ Child (0-11)	✓ Young Adult	☑ Adult (21-64)	_	15 Minutes	Minimum: N/A	
⊠ Adol (12-17)	(18-20)	☑ Geriatric (65+)	,	1 Hour	Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY Solution Face-to-Face Individual Order Group (HQ) Order Telephone Family (HR/HS)			PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ TG (Other SP) ☑ HM (ACT) ☑ HQ (Clubhouse) ☑ HK (Residential) ☑ HM (Respite) ☑ HT (Prev/EI)			Q (Clubhouse) Γ (Recovery)
STAFF REQUIREMENT	rs					
☐ Peer Specialist ☐ Bachelor's Level (H ☑ Intern	N) □ LCSW □ LPC □ LMFT	☐ Unlicense	d Master's Level (HO) d EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	☐ LPN/LVN (TE) ☐ RN (TD) ☐ APN (SA) ☐ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (P	OS)					
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Independent Clinic (4	☑ Inpt Hos ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	51) ⊠ NRSA ⁻ ⊠ Telehe	, ,

		ASSESSI	MENT - DIAGNOSIS		
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION	USAGE	
	90792		Psychiatric diagnostic evaluation with medical services	☑ ОВН	
SERVICE DESCRIPTIO	N		MINIMUM DOCUMENTATION REQUIREMENTS		
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. In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient. * This code is for Prescribers (or prescriber interns) only.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or complaint/presenting concern(s) or problem(s) 2. Referral source 3. Psychiatric diagnostic interview examination elements 4. Review of medical and medication history, psychosocial treatment history 5. mental status exam 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or cook with 3rd parties and disposition	ıl, family, and	
NOTES			EXAMPLE ACTIVITIES		
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 (90785 – add-on code) when factors exist that complicate the delivery of the psychiatric procedure. 90792 is used for assessment(s) and reassessment (s), if required, and do not include psychotherapeutic services. Psychotherapy services may not be reported on the same day. Psychotherapy provided to a patient in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed on the same day as 90792. If appropriate and based on patient stability/status in social detox, Assessment services (90792) may be provided prior to discharge.			Prescriber evaluation to gather medical and medication his history, presenting concerns, determine diagnosis/diagnos functioning, determine appropriate level of care or treatm necessary referrals or open to treatment.	es, baseline level of	
APPLICABLE POPULA	TION(S)		UNIT DURATION		
☑ Child (0-11)	▼ Young Adult		☑ Encounter ☐ 15 Minutes Minimum: N/A		
☑ Adol (12-17)	(18-20)	☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS)			PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☑ TM (ACT) ☐ HQ (Clubhouse) ☑ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)		
STAFF REQUIREMENT	rs				
☐ Peer Specialist ☐ Bachelor's Level (H ☑ Intern	, □ LWE.	☐ Unlicense	ed Master's Level (HO)	E) ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)	
PLACE OF SERVICE (P					
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) ☑ ACF (13) 	☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ Hospice (34) ☑ ICF-MR (54)	☑ NF (32) ☑ PRTF (56) ☑ Shelter (04) ☑ SNF (31) ☑ FOHC (50)	☑ RHC (72) ☑ PF-PHP (52) ☑ Independent Clinic (49) ☑ School (03) ☑ Inpt Hosp (21) ☑ NRSATF (57) ☑ Inpt PF (51) ☑ Telehealth (02) ☑ ER (23) ☑ Other POS (99)		

TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY						
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE COD	USAGE		
	90832	Psychotherapy, 30 minutes with the patient				
SERVICE DESCRIPTIO	N		MINIMUM DOCU	MENTATION REC	UIREMENTS	
Face-to-face psychotl member is present, t patient and not on th	he focus of the session	 Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 ACTIVIT	TIES		
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 patient 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. If services are performed by a LAC provider, a SUD Primary Diagnosis is required.						
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
	-	✓ Adult (21-64)✓ Geriatric (65+)	区 Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 16 I Maximum: 37	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVIO	CE CATEGORY(IES	5)	
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residential ☑ HF (2 nd modifie		ACT)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMEN	ΓS					
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐	⊠ LPC	nlicensed Master's Lev nlicensed EdD/ PhD/Ps censed EdD/PhD/PsyD	syD (HP)	I 🗵 APN (SA)	TE) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)	
PLACE OF SERVICE (P	<u> </u>					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Hos ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	51) ∠ ⊠ Tele ⊠ Oth	ool (03) ehealth (02) er POS (99)

TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY						
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE COD		USAGE	
	90832		Psychotherapy, 3	0 minutes with th	ne patient	☑ ОВН
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
Face-to-face psychotl member is present, tl patient and not on th	nerapy with a patien he focus of the session	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties				
NOTES			EXAMPLE ACTIVI	TIES		
Incidental telephone correportable as psychother If psychotherapy is provident acode. All providers, licer psychotherapy only with accordance with State rifesychotherapy provided the appropriate crisis cocannot be billed in additional care professional on the Use add-on code 90785	erapy. ided by a prescriber will use the appropriate psynsed or unlicensed, are nin their areas of compules and regulations. I to a patient in crisis stude (H2011, 90839-908-cion to psychotherapy be same day.					
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
☑ Child (0-11) 🗵	Young Adult	✓ Adult (21-64) ✓ Geriatric (65+)	Encounter □ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 16 Maximum: 37	
ALLOWED MODE(S)	•		PROGRAM SERVI			
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifie	⊠ U4 (⊠ TM (I) □ HM	ICM)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENT	ΓS			m.	—	\
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LM	⊠ Ur	nlicensed Master's Le nlicensed EdD/ PhD/P censed EdD/PhD/Psyl	syD (HP)	I □ RN (TD) II ☑ APN (SA)	TE) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE (P						
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Hos ☑ Inpt PF (☑ ER (23) ☑ PF-PHP (51) ⊠ Tele ⊠ Oth	ool (03) ehealth (02) er POS (99)

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE			
90833* ADD-ON		Psychotherapy, 30 minutes with the patient when performed with an evaluation and management service (list separately in addition to the code for primary service)			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Face-to-face psychotherapy with a patient provided on t same day as an Evaluation and Management service by t same prescriber. The two services must be significant an separately identifiable. If a family member is present, the focus of the session is still on the patient and not on the family unit.	the id e	 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service 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 See Appendix G for more information on E/M services. 			
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 appropriat psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with Starules and regulations. Psychotherapy provided to a patient 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.	te ate				
APPLICABLE POPULATION(S)		UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ (18-20) ☑ Geriatric (65) 	-	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Minimum: 16 Minutes☐ Maximum: 37 Minutes			
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)		☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☑ TM (ACT) ☐ HQ (Clubhouse) ☑ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS					
☐ Bachelor's Level (HIN) ☐ LPC	☐ Un	nlicensed Master's Level (HO) □ LAC □ LPN/LVN (TE) □ RxN (SA) □ CAC I □ RN (TD) □ RN (TD) □ PA (PA) □ APN (SA) □ MD/DO(AF) □ CAC II □ QMAP			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (3 ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54 ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)	4)	 ☑ Shelter (04) ☑ Inpt Hosp (21) ☑ School (03) ☑ SNF (31) ☑ Inpt PF (51) ☑ Telehealth (02) ☑ FQHC (50) ☑ ER (23) ☑ Other POS (99) ☑ RHC (72) ☑ PF-PHP (52) 			

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
90833* ADD-ON	Psychotherapy, 30 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Face-to-face psychotherapy with a patient provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. If a family member is present, the focus of the session is still on the patient and not on the family unit.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties See Appendix G for more information on E/M services.				
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 Stat rules and regulations. Psychotherapy provided to a patient 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.	e re				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ (18-20) ☑ Geriatric (65- 	+) Day 1 Hour Maximum: 37 Minutes				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	⊠ HE (SP) □ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse) □ HK (Residential) □ HM (Respite) □ HT (Recovery) □ HT (Prev/EI)				
STAFF REQUIREMENTS					
□ LPC □ LMFT □ LMFT □	□ Unlicensed Master's Level (HO) □ Unlicensed EdD/ PhD/PsyD (HP) □ Licensed EdD/PhD/PsyD (AH) □ LAC □ LPN/LVN (TE) □ RN (TD) □ RN (TD) □ APN (SA)				
PLACE OF SERVICE (POS)					
 ☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56) 					

TREATMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY						
CPT®/HCPCS PROCEDURE	E CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	90834		Psychotherapy, 45	5 minutes with a p	patient	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	UIREMENTS	
Face-to-face psychothera	py with a patient	If a family	Technical Docume	entation Require	ments	
member is present, the fo	ocus of the sessio	n is still on the	See Page 346			
patient and not on the fa	mily unit.		Service Content			
			1. The reason	for the visit. Wha	t was the intended	d goal or agenda?
			How does th	ne service relate t	o the treatment/s	ervice plan?
			•	of the service		
					(s) utilized and the	e individual's
			-	the intervention		
					ne individual's pro	gress towards
			goals/object			
					ding any follow-up	or coordination
NOTES			needed with			
Incidental telephone convers	sations and consult	ations are not	EXAMPLE ACTIVIT	IES		
reportable as psychotherapy		ations are not				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•					
If psychotherapy is provided	, ,					
management services, use the						
code. All providers, licensed psychotherapy only within the	·	•				
accordance with State rules	•	etericy, iii				
Psychotherapy provided to a	•	•				
the appropriate crisis code (I		•				
cannot be billed in addition t the same health care profess		n the same day by				
the same health care profess	Sitilai.					
Use add-on code 90785 for i	interactive complex	ity as appropriate.				
If services are performed by	a LAC provider, a S	UD Primary				
Diagnosis is required.						
400116401500011147161	N1/0\				DUDATION	
APPLICABLE POPULATION		V Adult (21 C4)	UNIT ⊠ Encounter	☐ 15 Minutes	DURATION Minimum 28 Mi	nutos
☑ Child (0-11)☑ Yo☑ Adol (12-17)☑ (18-2)	-	☑ Adult (21-64) ☑ Geriatric (65+)	□ Day	☐ 15 Minutes	Minimum: 38 Mi Maximum: 52 M	
ALLOWED MODE(S) OF D		△ Geriatric (65+)	PROGRAM SERVIO			illutes
ALLOWED MODE(3) OF D	/LLIVLIK I		HE (SP)	⊠ U4	•	IJ (Voc)
	Individual		☐ TG (Other SP)	⊠ U4 (IQ (Clubhouse)
l	Group (HQ)					T (Recovery)
☐ Telephone ☐ I	Family (HR/HS)		□ HK (Residential □ HF (2 nd modifie)	•		IT (Prev/EI)
STAFF REQUIREMENTS						(, =.,
☐ Peer Specialist				×LAC	☐ LPN/LVN (TE) 🖂 =(2.)
☐ Bachelor's Level (HN)	⊠ LCS\ ⊠ LPC		nlicensed Master's Lev nlicensed EdD/ PhD/Ps	ei (HO) Deve i	• •	¹ ⊠ RxN (SA) ⊠ PA (PA)
☑ Intern	⊠ LMF		ensed EdD/PhD/PsyD	(AH) LICAC I		⊠ MD/DO(AF)
				(AII) □CACII	I □ QMAP	, DO(All)
PLACE OF SERVICE (POS)						
	ACF (13)	☑ Hospice (34)	☑ Shelter (04)			hool (03)
	Cust Care (33)	☑ ICF-MR (54)	SNF (31) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	⊠ Inpt F		lehealth (02)
	Grp Home (14)	⊠ NF (32)	☑ FQHC (50)	⊠ ER (2	•	ther POS (99)
☑ Outp Hospital(22) ☑ I	Home (12)	☑ PRTF (56)	⋉ RHC (72)	⊠ PF-PH	HP (52)	

	TREATMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY						
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE	
	90834		Psychotherapy, 4	.5 minutes with a	patient	☑ OBH	
SERVICE DESCRIPTIO	N		MINIMUM DOCU	JMENTATION REC	UIREMENTS		
Face-to-face psychot member is present, t patient and not on th	he focus of the session		See Page 346 Service Content 1. The reason How does t 2. Description 3. The therap response tc 4. How did th goals/objec 5. Plan for nex	for the visit. Whathe service relate to of the service eutic intervention to the intervention e service impact the	ments t was the intende to the treatment/s (s) utilized and the (s) he individual's pro	e individual's	
NOTES			EXAMPLE ACTIVI	TIES			
Incidental telephone co reportable as psychother if psychotherapy is provider. If psychotherapy is provider, licely psychotherapy only with accordance with State roughly provided the appropriate crisis contained to be illed in additing the same health care provided add-on code 90785	erapy. rided by a prescriber will use the appropriate psynsed or unlicensed, are hin their areas of compules and regulations. If to a patient in crisis stode (H2011, 90839-908-tion to psychotherapy crofessional.	ith an evaluation and echotherapy add-on required to practice setency, in state is reported with 40). 90839-90840 on the same day by	evaluation and erapy add-on red to practice y, in reported with 0839-90840 same day by				
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
	_	Adult (21-64)		☐ 15 Minutes	Minimum: 38 M		
	•	☑ Geriatric (65+)	□ Day	☐ 1 Hour	Maximum: 52 M	linutes	
	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		PROGRAM SERVE ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☐ HF (2 nd modifie	•	(ICM)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMEN	15			VI.AC	□ I DNI/I V/NI /TI	-1	
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LPC ⊠ LMI	∑ ∑ Un	nlicensed Master's Le nlicensed EdD/ PhD/F ensed EdD/PhD/Psy[PsyD (HP)	I 🗵 APN (SA)	区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)	
PLACE OF SERVICE (P							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	✓ Shelter (04)✓ SNF (31)✓ FQHC (50)✓ RHC (72)	⊠ Inpt ⊠ Inpt I ⊠ ER (2 ⊠ PF-PI	PF (51)	chool (03) elehealth (02) ther POS (99)	

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY						
CPT®/HCPCS PROCEDI	JRE CODE		PROCEDURE CODE DES	CRIPTION		USAGE
	90836* ADD-ON		Psychotherapy, 45 minu performed with an eval service (list separately in primary service)	uation and	l management	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMENT	ATION RE	QUIREMENTS	
Face-to-face psychoth same day as an Evalua same prescriber. The t separately identifiable focus of the session is family unit. NOTES Incidental telephone constrained as page	Technical Documentation See Page 346 Service Content 1. The reason for the agenda? How doen plan? 2. Description of the 3. The therapeutic in response to the in 4. How did the service goals/objectives?	e visit. When some service service stervention tervention ce impact act(s) inclusives.	ements at was the intended ice relate to the tree n(s) utilized and the n(s) the individual's propuding any follow-up	e individual's gress towards or coordination		
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 patient 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 POPULAT	TION(S)		UNIT		DURATION	
	8-20) D	Adult (21-64) Geriatric (65+)	☑ Encounter ☐ 15 I☐ Day ☐ 1 H PROGRAM SERVICE CA		Minimum: 38 Min Maximum: 52 Mir	
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-SUD	⊠ U4 (⊠ TM □ HM	(ICM)	Voc) (Clubhouse) Recovery) (Prev/El)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT	☐ Unli	censed Master's Level (HO) censed EdD/ PhD/PsyD (HP) nsed EdD/PhD/PsyD (AH)	□LAC □CAC I □CAC I □CACII	I 🗵 APN (SA)) ⊠ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE (PC						
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt ☑ Inpt I ☑ ER (2 ☑ PF-PI	PF (51)	hool (03) lehealth (02) her POS (99)

EVALUATION AND MANAGEMENT - P	SYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
	Psychotherapy, 45 minutes with a patient when	
90836* ADD-ON	performed with an evaluation and management	☑ OBH
	service (list separately in addition to the code for	
	primary service)	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Face-to-face psychotherapy with a patient provided on the	Technical Documentation Requirements	
same day as an Evaluation and Management service by the	See Page 346	
same prescriber. The two services must be significant and	Service Content	d d
separately identifiable. If a family member is present, the focus of the session is still on the patient and not on the	The reason for the visit. What was the intende agenda? How does the service relate to the tree.	
family unit.	plan?	eatment/service
Tanniy unit.	2. Description of the service	
	3. The therapeutic intervention(s) utilized and th	e individual's
	response to the intervention(s)	e marriadar 5
	4. How did the service impact the individual's pro	gress towards
	goals/objectives?	G
	5. Plan for next contact(s) including any follow-up	o or coordination
	needed with 3 rd parties	
	See Appendix G for more information on E/M service	es.
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 patient 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	
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: 38 Mi	nutes
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: 52 Mi	nutes
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face ☑ Individual	☑ HE (SP) ☑ U4 (ICM) ☐ HJ	(Voc)
☑ Video Conf (GT) ☐ Group (HQ)	, , ,	(Clubhouse)
☐ Telephone ☐ Family (HR/HS)		(Recovery)
	□ HF (2 nd modifier-SUD) □ HT	(Prev/EI)
STAFF REQUIREMENTS		- .
☐ Peer Specialist ☐ LCSW (AJ) ☐ Un Bachelor's Level (HN) ☐ Un	ilicensed Master's Level (HO)	RxN (SA)
⊠ Intern	NIICENSEG EGD/ PND/PSYD (HP) DCACIL X APNI (SA)	ĭ PA (PA)
□ LMFT □ Lic	ensed EdD/PhD/PsyD (AH)	⊠ MD/DO(AF)
PLACE OF SERVICE (POS)		
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34)	☑ Shelter (04) ☑ Inpt Hosp (21) ☑ S	chool (03)
☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54)	• •	elehealth (02)
☑Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32)	☑ FQHC (50)	ther POS (99)
☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	☑ RHC (72)	

TREATMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY						
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE	USAGE		
	90837		Psychotherapy, 60	minutes with a	patient	✓ Medicaid
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	MENTATION REC	QUIREMENTS	
Face-to-face psychotherapy with a patient. If a family member is present, the focus of the session is still on the patient and not on the family unit.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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			
NOTES			needed with			
Incidental telephone coreportable as psychother if psychotherapy is proving management services, ucode. All providers, licer psychotherapy only with with State rules and registry provided the appropriate crisis contained to be billed in additional care professional on the Use add-on code 90785 If services are performe is required.	erapy. ided by a prescriber will use the appropriate psynsed or unlicensed, are nin their areas of compulations. I to a patient in crisis stude (H2011, 90839-908-cion to psychotherapy be same day.	th an evaluation and echotherapy add-on required to practice etency, in accordance tate is reported with 40). 90839-90840 by the same health exity as appropriate.				
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
☑ Adol (12-17) (Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	□ Day □] 15 Minutes] 1 Hour	Minimum: 53 Mir Maximum: no max	
□ Face-to-Face □ Video Conf (GT) □ Telephone	DF DELIVERY ☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		PROGRAM SERVICE ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-	☑ U4 (☑ TM (□ HM	ICM) □ HJ (V (ACT) □ HQ (0 □ TT (R	Clubhouse) ecovery)
STAFF REQUIREMENT	TS					
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐ □ Intern☐ ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	⊠ LPC ⊠ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (TE) □ RN (TD) ☑ APN (SA) □ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (P	•					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	ICF-MR (54)✓ NF (32)	☑Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) ⊠ Telehea ⊠ Other P	alth (02)

TREATMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY						
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE	USAGE		
	90837		Psychotherapy, 60	minutes with a	patient	☑ OBH
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	IENTATION REC	QUIREMENTS	
Face-to-face psychoti member is present, ti patient and not on th	he focus of the session		agenda? How plan? 2. Description of 3. The therapeut response to th 4. How did the s goals/objectiv 5. Plan for next ocoordination in	or the visit. What does the service tic intervention he intervention dervice impact tyes? contact(s) incluneeded with 3 rd	at was the intended ce relate to the trea n(s) utilized and the (s) he individual's prog ding any follow-up	itment/service individual's gress towards
NOTES Incidental telephone co			EXAMPLE ACTIVITIE	ES		
reportable as psychother of the psychotherapy is provided. All providers, licer psychotherapy only with with State rules and registry of the appropriate crisis contained by the professional on the Use add-on code 90785	erapy. rided by a prescriber with use the appropriate psyntsed or unlicensed, are nin their areas of compulations. If to a patient in crisis stande (H2011, 90839-908-tion to psychotherapy be same day.	th an evaluation and chotherapy add-on required to practice etency, in accordance ate is reported with 40). 90839-90840 by the same health				
APPLICABLE POPULA			UNIT		DURATION	
⊠ Adol (12-17) (18-20)	✓ Adult (21-64)✓ Geriatric (65+)	□ Day □	l 15 Minutes l 1 Hour	Minimum: 53 Min Maximum: no max	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE ☑ HE (SP)	CATEGORY(IE: ✓ U4 (I	<u> </u>	oc)
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-	⊠ TM (□ HM	ACT)	Clubhouse) ecovery)
STAFF REQUIREMENT	TS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LPC ⊠ LMFT	✓ Unlicense	censed EdD/ PhD/PsyD (HP)			⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (P						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	✓ ICF-MR (54)✓ NF (32)	☑Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) 🗵 Telehea 🗵 Other P	ilth (02)

EVALUATION AND MANAGEMENT	Γ - PSY	CHOTHERAPY – INDIV	/IDUA	AL PSYCHO	OTHERAPY	
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE				USAGE
90838* ADD-ON		Psychotherapy, 60 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)				☑ Medicaid
SERVICE DESCRIPTION		MINIMUM DOCUME	NTA	TION REO	UIREMENTS	
Face-to-face psychotherapy with a patient provided on t same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. If a family member is present, the focus of the session is still on the patient and not on the family unit.	he d	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties See Appendix G for more information on E/M services.				
NOTES		EXAMPLE ACTIVITIES		iiioiiiali	JII OII L/IVI SEIVIC	cs.
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 psychotherap add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their area competency, in accordance with State rules and regulation Psychotherapy provided to a patient in crisis state is reported with codes 90839 and 90840. 90839/90840 can be reported in addition to the psychotherapy codes 9083 90838, if provided by the same health care professional of the same day. Use add-on code 90785 for interactive complexity as appropriate.	es of ons.					
APPLICABLE POPULATION(S)		UNIT			DURATION	
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64 ☑ Adol (12-17) ☑ (18-20) ☑ Geriatric (65 		Encounter □ : Day □ :	1 Hou	nutes ır	Minimum: 53 M Maximum: N/A	inutes
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE	CATE			
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)		⋈ HE (SP)☐ TG (Other SP)⋈ HK (Residential)⋈ HF (2nd modifier-S	UD)	☑ U4 (I0 ☑ TM (A ☐ HM (Respite	ACT) □ HQ □ TT (Voc) (Clubhouse) Recovery) (Prev/EI)
STAFF REQUIREMENTS						
□ LPC □ LMFT □ LMFT □	□ Unlic	censed Master's Level (H censed EdD/ PhD/PsyD (H nsed EdD/PhD/PsyD (AH)	HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN (T □ RN (TD) ☑ APN (SA) □ QMAP	E) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)	<u>د</u> (. <u>د</u>	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	X	Inpt Hos Inpt PF (5 ER (23) PF-PHP (5	51) ⊠ Telel ⊠ Othe	ol (03) nealth (02) er POS (99)

EV	/ALUATION AND I	MANAGEMENT - PSY	CHOTHERAPY – IN	IDIVIDUAL PSYC	HOTHERAPY	
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE
90)838* ADD-ON		Psychotherapy, 60 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)			
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS	
Face-to-face psychotherapy with a patient provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. If a family member is present, the focus of the session is still on the patient and not on the family unit.			agenda? Hoplan? 2. Description 3. The therap response to How did the goals/object 5. Plan for necoordination	for the visit. Whow does the service eutic intervention the intervention e service impact ctives? ext contact(s) inclon needed with 3 or more information.	nat was the intende ice relate to the tro n(s) utilized and th n(s) the individual's pro uding any follow-u	eatment/service e individual's ogress towards
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 patient 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	N/S)		UNIT		DURATION	
	oung Adult 20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter☐ DayPROGRAM SERV	☐ 15 Minutes ☐ 1 Hour	Minimum: 53 M Maximum: N/A	inutes
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	Individual Group (HQ) Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifie	⊠ U4 ⊠ TM II) □ HM	(ICM) ☐ HJ (' (ACT) ☐ HQ ☐ TT (Voc) (Clubhouse) Recovery) Prev/El)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSV □ LPC □ LMF	□ Unli	censed Master's Leve censed EdD/ PhD/Psy nsed EdD/PhD/PsyD (yD (HP) DCAC	I 🗵 APN (SA)	E) RxN (SA) PA (PA) MD/DO(AF)
PLACE OF SERVICE (POS)						
☑ Office (11) ☑ ☑Mobile Unit (15) ☑	ACF (13) Cust Care (33) Grp Home (14) Home (12)	☑ ICF-MR (54)	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	☑ Inpt Ho ☑ Inpt PF ☑ ER (23) ☑ PF-PHP	(51) ⊠ Teleh ⊠ Othe	ol (03) nealth (02) r POS (99)

CRISIS - PSYCHOTHERAPY – PSYCHOTHERAPY FOR CRISIS							
CPT®/HCPCS PROCEI	DURE CODE		PROCEDURE CODE I	DESCRIPTION		USAGE	
	90839		Psychotherapy for Crisis, first 60 min				
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	ENTATION REQ	UIREMENTS		
Urgent assessment and relevant behavioral health history of a crisis state mental status exam, and 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 346 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. Relevant behavioral health 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 ACTIVITIE	:S			
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 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. If services are performed by a LAC provider, a SUD Primary Diagnosis is required.			 Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coordinate placement for higher level of care. Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to precrisis level of functioning (e.g. practice DBT Distress Tolerance skills for client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care). Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), 				
APPLICABLE POPULA	ATION(S)		or contributing factors. UNIT DURATION				
☑ Child (0-11)	⊠ Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)		☐ 15 Minutes ☐ 1 Hour	Minimum: 30 Maximum: 74 *Less than 30 m billed as 90832	Minutes inutes should be	
ALLOWED MODE(S)			PROGRAM SERVICE				
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual☐ Group (HQ)☑ Family(HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier-S		(ACT) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMEN	TS						
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicen			sed Master's Level (HO) sed EdD/ PhD/PsyD (HP) d EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (' □ RN (TD) ☑ APN (SA) □ QMAP	TE) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)	
PLACE OF SERVICE (F							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)☑ Independent Clini	⊠ Inpt ⊠ ER (⊠ PF-F	PF (51) \(\sum_{\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	School (03) NRSATF (57) Telehealth (02) Other POS (99)	

	CRISIS - PSYCHOTHERAPY – PSYCHOTHERAPY FOR CRISIS						
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	90839		Psychotherapy for Crisis, first 60 min ☑ OBH				
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATION REQ	UIREMENTS		
Urgent assessment and relevant behavioral health history of a crisis state mental status exam, and 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 346 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. Relevant behavioral health 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 ACTIVIT	TIES			
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 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.			 Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from needing higher level of care services or further assess and/or coordinate placement for higher level of care. Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to precrisis level of functioning (e.g. practice DBT Distress Tolerance skills for client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care). Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), 				
APPLICABLE POPULA	TION(S)		or contributing	ractors.	DURATION		
⊠ Child (0-11)	☑ Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	⊠ Encounter □ Day	☐ 15 Minutes☐ 1 Hour	Minimum: 30 M Maximum: 74 M *Less than 30 min billed as 90832 or	inutes utes should be	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI	CE CATEGORY(IES)		
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residentia □ HF (2 nd modifie	I) □ HM	(ACT) ☐ H((Respite) ☐ TT	(Voc) Q (Clubhouse) (Recovery) T (Prev/EI)	
STAFF REQUIREMEN	TS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LPC ⊠ LMFT	∑ Unlicens	sed Master's Level (H sed EdD/ PhD/PsyD (H I EdD/PhD/PsyD (AH)	HP)	□ LPN/LVN (TE □ RN (TD) ☑ APN (SA) □ QMAP	NE RxN (SA) IN PA (PA) IN MD/DO(AF)	
PLACE OF SERVICE (P							
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	Shelter (04) SNF (31) FQHC (50) RHC (72) Independent Cl	⊠ Inpt ⊠ ER (⊠ PF-F	: PF (51) 区 N (23) 区 T	chool (03) IRSATF (57) Gelehealth (02) Other POS (99)	

PSYCHORS PROCEDURE CODE 90840" ADD-ON Medicaid 90840" ADD-ON Minutes (List separately in additional 30 minutes of service past 75 minutes. MINIMUM DOLUMENTATION REQUIREMENTS Technical Documentation Requirements See Page 346 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 treapoutic intervention(s) utilized (assessment, mental study, description of the crisis/need for crisis intervention. 3. Relevant behavioral health history 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention. 2. The treapoutic intervention(s) utilized (assessment, mental study, description of the crisis/need for crisis intervention. 3. Relevant behavioral health 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" parties PS0840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes. 90840 crisis plan or increase function(s) **NOTES*** ***S0840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes. 90840 crisis plan or increase function(s) **NOTES** ***S0840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes. 90840 crisis plan or increase function(s) **NOTES** ***S0840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes. 90840 crisis plan or increase function(s) **S0840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes. 90840 crisis plan or increase function(s) **S0840 is the add-on code for the primary code of 90839. Use 90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes. 9084		CRISIS PSYCHOTHERAPY – PSYCHOTHERAPY FOR CRISIS							
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Technical Documentation Requirements See Page 346				90839 for primary	service)				
See Page 346 Service Content Service past 75 See Page 346 Service Content	SERVICE DESCRIPTIO	N		MINIMUM DOCUM	IENTATION R	EQUIREMENTS			
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□ Telephone □ Family (HR/HS) □ HK (Residential) □ HM (Respite) □ TH (Recovery) □ HT (Prev/EI) STAFF REQUIREMENTS □ Peer Specialist □ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ CAC I □ RN (TD) □ PAN (SA)						•			
STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern LCSW (AJ) Unlicensed Master's Level (HO) LCAC I RN (TD) APN (SA) APN (SA) APN (PA) MD/DO(AF) PLACE OF SERVICE (POS) CMHC (53) ACF (13) Hospice (34) Shelter (04) Inpt Hosp (21) School (03)	• •								
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern □ Buchelor's Level (HN) ☑ LPC ☑ Unlicensed EdD/PhD/PsyD (HP) ☑ Locac II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ APN (SA) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) ☑ MD/DO(AF) □ CAC II ☐ RN (TD) □ CAC II ☐ RN (TD) □ CAC II ☐ RN (TD) □ CAC III ☐ RN (TD) □	•			☑ HF (2 nd modifier	-SUD)		HT (Prev/EI)		
□ Bachelor's Level (HN) □ Intern □ Bachelor's Level (HO) □ □ CAC I □ RN (TD)		TS							
□ Lintern □ LPC □ Lintern □ LAC II □ CAC II □	•	1	,			, ,	′ 🗷 RxN (SA)		
PLACE OF SERVICE (POS) Solve CMHC (53) ACF (13) Hospice (34) Shelter (04) Inpt Hosp (21) School (03)	, ,	ĭ⊠ LbC				` '	, ,		
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Shelter (04) ☑ Inpt Hosp (21) ☑ School (03)			El Elcenseu	Lub/1 lib/1 syb (All)	□CACIII	□ QMAP	E NID/ DO(AI /		
				7 cl 14 (c.s)	V Innt Haar	n (21)	School (02)		
크 Office (11) - 트 Crist Care (23) - 된 ICE-INIV (24) - 된 2MF (31) - 트 IIIPE FF (21) - 된 Teleflegitii (02)		• •		• •					
☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ FQHC (50) ☑ ER (23) ☑ Other POS (99)	☑ Office (11) ☑ Mobile Unit (15)			• •					
	✓ Mobile Offit (13) ✓ Outp Hospital(22)		_				Other F 03 (33)		

CRISIS PSYCHOTHERAPY – PSYCHOTHERAPY FOR CRISIS							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE	DESCRIPTION		USAGE	
			Psychotherapy for (for Crisis, each additional 30			
	90840* ADD-ON			minutes (List separately in addition to code			
			90839 for primary s				
SERVICE DESCRIPTIO			MINIMUM DOCUM				
90840 is the add-on o			Technical Documer	ntation Requi	rements		
Use 90840 for each a	idditional 30 minutes	of service past 75	See Page 346 Service Content				
minutes.			1. The reason for the visit. What was the intended goal or agenda?				
			Description of the	he crisis/need	for crisis interven	ition	
			2. The therapeutic		•	·	
					ues, consultation, to the interventio		
			3. Relevant behavi			//(3 <i>)</i>	
			4. Treatment need			-term) linked	
			_	crisis plan (W	RAP, advance dire	ective), if	
			available 5. Other problems	identified (m	ontal hoalth, subs	tanco abuso	
			medical, etc.)	iuentineu (iii	entai nealth, subs	tarice abuse,	
			6. Plan for next co	ntact(s) includ	ling any follow-up	or coordination	
			needed with 3 rd	•			
NOTES			EXAMPLE ACTIVITI				
*90840 is the add-on co				 Unscheduled therapy session (e.g. walk-in, urgent session) to provide assessment of crisis state, risk, triage and support to prevent from 			
minutes. 90840 can only			needing higher level of care services or further assess and/or coordinate				
entire crisis session (inc	•	· ·	placement for higher level of care. Therapy to reinforce and/or practice psychotherapeutic skills on crisis				
minutes.				Therapy to reinforce and/or practice psychotherapeutic skills on crisis plan or treatment/service plan to increase functioning to return to pre-			
		crisis level of functioning (e.g. practice DBT Distress Tolerance skills for					
			client who is a frequent crisis utilizer and currently decompensating to maintain outpatient level care).				
				Utilizing specific therapy/counseling or assessment tools to screen or			
			_		he crisis situation, p	recipitating	
APPLICABLE POPULA	TION(S)		event(s), or contri	ibuting factors.	DURATION		
				15 Minutes		Minutes, in 30 min	
,	-	Adult (21-64)	□ Encounter □	1 Hour	increments	,	
⊠ Adol (12-17) (1	8-20)	Geriatric (65+)	□ Day 🗵	30 Minutes	Maximum: none	!	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face	☑ Individual		⊠ HE (SP)			HJ (Voc)	
☑ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)			HQ (Clubhouse)	
☐ Telephone	☑ Family (HR/HS)		 ☒ HK (Residential) ☒ HF (2nd modifier- 			TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMEN	TS		= III (2 IIIodille)	3027		111 (1104) 21)	
☐ Peer Specialist		(A1) VIII-1:	ad Mastaria I amal (IIO)	⊠LAC	☐ LPN/LVN (T	E) V D.A. (CA)	
☐ Bachelor's Level (HN)	⊠ LCSW (⊠ LPC		ed Master's Level (HO) ed EdD/ PhD/PsyD (HP)	□CAC I	☐ RN (TD)	L) ⊠ RxN (SA) ⊠ PA (PA)	
✓ Intern	∠ LMFT		EdD/PhD/PsyD (AH)	□CAC II □CACIII	⊠ APN (SA) □ QMAP	⊠ MD/DO(AF)	
PLACE OF SERVICE (P	POS)			_ 3,			
☑ CMHC (53)	⊠ ACF (13)	⊠ Hospice (34)	Shelter (04)	⊠ Inpt Hos	o (21)	School (03)	
☑ Office (11)	☑ Cust Care (33)		SNF (31)	☑ Inpt PF (5	1)	Telehealth (02)	
☑ Mobile Unit (15)	☑ Grp Home (14)		☑ FQHC (50)	区 ER (23)	X	Other POS (99)	
☑ Outp Hospital(22)	☑ Home (12)	☑ PRTF (56)	RHC (72)	☑ PF-PHP (5	52)		

TREATMENT - PSYCHOTHERAPY - FAMILY PSYCHOTHERAPY							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION			USAGE	
90846			Family psychotherapy (without the patient present)				
SERVICE DESCRIPTION	N		MINIMUM DOCU	IMENTATION RE	QUIREMENTS		
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties				
NOTES			EXAMPLE ACTIVI				
When the patient is not present, the service remains focused on the benefit of attaining the goals identified by the patient 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 patient'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. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. If services are performed by a LAC provider, a SUD Primary			 Observing and correcting, through psychotherapeutic techniques, a patient's interaction(s) with family members Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient Providing parents specific feedback and strategies for managing child's behavior 				
Diagnosis is required. APPLICABLE POPULA	TION(S)		UNIT		DURATION*		
☑ Child (0-11)	⊻ Young Adult 18-20)	✓ Adult (21-64)✓ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 26 m Maximum: N/A	inutes	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV				
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☐ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifie		(ACT) □ HC	(Voc) ((Clubhouse) (Recovery) (Prev/El)	
STAFF REQUIREME	ENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☑ LCSW ☑ LPC ☑ LMFT	☑ Unlicense	ed Master's Level (HC ed EdD/ PhD/PsyD (H EdD/PhD/PsyD (AH)		□ LPN/LVN (TI □ RN (TD) ☑ APN (SA) □ QMAP	E) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)	
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	 ☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTE (56) 	Shelter (04) SNF (31) FQHC (50) RHC (72) Independent Cli	⊠ Inpt ⊠ ER (⊠ PF-I	: PF (51) [23) [⊠ School (03) ⊠ NRSATF (57) ⊠ Telehealth (02) ⊠ Other POS (99)	

TREATMENT - PSYCHOTHERAPY - FAMILY PSYCHOTHERAPY							
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION			USAGE	
90846			Family psychotherapy (without the patient present)				
SERVICE DESCRIPTIO	N		MINIMUM DOCU	MENTATION RE	QUIREMENTS		
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties				
NOTES			EXAMPLE ACTIVIT				
When the patient is not present, the service remains focused on the benefit of attaining the goals identified by the patient 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 patient'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. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.			 Observing and correcting, through psychotherapeutic techniques, a patient's interaction(s) with family members Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient Providing parents specific feedback and strategies for managing child's behavior 				
APPLICABLE POPULA	TION(S)		UNIT DURATION*				
☑ Child (0-11) ☑ Adol (12-17) (☑ Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	□ Day	□ 15 Minutes □ 1 Hour	Minimum: 26 m Maximum: N/A		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI				
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☐ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifie	•	(ACT)	(Voc) Q (Clubhouse) (Recovery) T (Prev/EI)	
STAFF REQUIREME	NTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☑ LCSW ☑ LPC ☑ LMFT	☑ Unlicense	ed Master's Level (HO ed EdD/ PhD/PsyD (HF EdD/PhD/PsyD (AH)		□ LPN/LVN (TI □ RN (TD) ☑ APN (SA) □ QMAP	E) RXN (SA) PA (PA) MD/DO(AF)	
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	 ✓ Hospice (34) ✓ ICF-MR (54) ✓ NF (32) ✓ PRTE (56) 	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72) ⊠ Independent Clir	⊠ Inpt ⊠ ER (⊠ PF-F	: PF (51) 23)	区 School (03) NRSATF (57) Telehealth (02) Other POS (99)	

TREATMENT - PSYCHOTHERAPY - FAMILY						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION	USAGE		
90847			Family psychotherapy (conjoint psychotherapy) (with patient present)			
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS			
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties			
NOTES			EXAMPLE ACTIVITIES			
When the patient is not present, the service remains focused on the benefit of attaining the goals identified by the patient 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 patient'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. If services are performed by a LAC provider, a SUD Primary Diagnosis is required.			 Conjoint psychotherapy in the office with a their mid-40s, for marital issues related to the of moderate depression with vegetative signing improving with antidepressant medication (of wife's condition) Observing and correcting, through psychoth a child's interaction(s) with parents during seasons assisting, through psychotherapy, family me patient 	ne wife's symptoms as, which is gradually focus is on treatment erapeutic techniques, ession ily system and		
APPLICABLE POPULAT	TON(S)		UNIT DURATION ³			
	-	Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: 2			
		Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: I	N/A		
ALLOWED MODE(S) O ☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone STAFF REQUIREMENT	☐ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☐ TG (Other SP)	☐ HJ (Voc)☐ HQ (Clubhouse)☐ TT (Recovery)☐ HT (Prev/EI)		
☐ Peer Specialist	⊠ LCSW (A	u) Viialia	End Master's Lovel (UO) XLAC LPN/L	/N (TE)		
☐ Bachelor's Level (HN) ☑ Intern	⊠ LPC ⊠ LMFT	∑ Unlicense	sed Master's Level (HO) □CAC I □ RN (TE sed EdD/ PhD/PsyD (HP) □CAC II ☑ APN (SE EdD/PhD/PsyD (AH) □CACIII □ QMAP			
PLACE OF SERVICE (PC						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	⊠ Shelter (04)⊠ School (03)⊠ SNF (31)⊠ NRSATF (57)⊠ FQHC (50)⊠ Telehealth (02)☑ RHC (72)⊠ Other POS (99)☑ Independent Clinic (49)			

TREATMENT - PSYCHOTHERAPY - FAMILY						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CO	DE DESCRIPTI	ON	USAGE
90847			Family psychotherapy (conjoint psychotherapy) (with patient present)			☑ OBH
SERVICE DESCRIPTION			MINIMUM DOO	UMENTATION	I REQUIREMENTS	
Meeting with the patient's family to evaluate and treat the patient's condition. Family dynamics as they relate to the patient's mental status and behavior are a focus of the session. Attention is also given to the impact the patient's condition has on the family, with therapy aimed at improving the interaction between the patient and family members.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties			
NOTES			EXAMPLE ACTIV	•		
When the patient is not present, the service remains focused on the benefit of attaining the goals identified by the patient 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 patient'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.			 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 patient 			
APPLICABLE POPULAT	ION(S)		UNIT		DURATION*	
⊠ Adol (12-17) (18-	-20) 🗵	Adult (21-64) Geriatric (65+)		☐ 15 Minutes	Maximum: N/A	nutes
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SER¹ ☑ HE (SP)		•	(Voc)
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☐ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☐ TG (Other SP ☐ HK (Resident ☑ HF (2 nd modi) ⊠ ial) □	TM (ACT) ☐ HC	C(Voc) Q (Clubhouse) Γ (Recovery) Γ (Prev/El)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	☑ Unlicense	ed Master's Level (H ed EdD/ PhD/PsyD (EdD/PhD/PsyD (AH	HP)	I 🗵 APN (SA)	E)
PLACE OF SERVICE (PC		W Harri (2.4)	EV Challe (CA)		DE DUD (E3)	7 OH BCC (22)
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	ICF-MR (54)NF (32)✓ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)☑ Independent Of	X X	PF-PHP (52) School (03) NRSATF (57) Telehealth (02)	Other POS (99)

	TREATMENT - PSYCHOTHERAPY - GROUP					
CPT®/HCPCS PROCEDURE COD			PROCEDURE CODE DE	SCRIPTION		USAGE
908	49		Multiple-family group	therapy		☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMEN	NTATION RI	QUIREMENTS	
Meeting with several patients' families together to address similar issues of the patients' treatment. Attention is also given to the impact the patients' conditions have on the families.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties 6. If the identified patient is not present for the group the progress note for the group session needs to describe why the patient was not present. The explanation should include the clinical reasoning as to why the patient was not part of the group and			
			how therapy group EXAMPLE ACTIVITIES	o is necessa	ry for the covered	diagnosis.
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. If services are performed by a LAC provider, a SUD Primary			An example would be is not present in the th			where the child
Diagnosis is required. APPLICABLE POPULATION(S)			UNIT		DURATION*	
☑ Child (0-11)☑ Young Ad☑ Adol (12-17)☑ (18-20)	⊠ Geriatric (6		☑ Encounter ☐ 15 ☐ Day ☐ 1 F		Minimum: 30 mi Maximum: N/A	nutes
ALLOWED MODE(S) OF DELIVE	RY		PROGRAM SERVICE C	-		()(05)
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone☐ Family	(HQ)		☑ HE (SP)☐ TG (Other SP)☑ HK (Residential)☑ HF (2nd modifier-SU	□HM	(ACT)	(Voc) (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	X LPC X	Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (TI □ RN (TD) ☑ APN (SA) □ QMAP	E) ☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE (POS)						
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22) ☑ ACF (1 ☑ Cust C ☑ Grp Ho ☑ Hospic 	are (33)		区 FQHC (50) 区 RHC (72)	⊠ Scho ⊠ Othe	ool (03) er POS (99)	

	-	DEATMENT DO	YCHOTHERAPY - GROU	ID.		
CPT®/HCPCS PROCEDU		REATIVIENT - PS	PROCEDURE CODE D			USAGE
CIT THE CST NOCEDO	90849		Multiple-family group			☑ OBH
SERVICE DESCRIPTION					OHIDEMENTS	
SERVICE DESCRIPTION Meeting with several patients' families together to address similar issues of the patients' treatment. Attention is also given to the impact the patients' conditions have on the families.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties 6. If the identified patient is not present for the group the progress note for the group session needs to describe why the patient was not present. The explanation should include the clinical reasoning as to why the patient was not part of the group and			
NOTES			how therapy grou	•	ry for the covered	d diagnosis.
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		An example would be is not present in the			o where the child	
APPLICABLE POPULAT	ION(S)		UNIT		DURATION*	
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ ALLOWED MODE(S)	-20) ⊠ Ge	ult (21-64) riatric (65+)		5 Minutes Hour	Minimum: 30 m Maximum: N/A	inutes
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	□ Individual ☑ Group (HQ) ☑ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier-S	⊠ U4 ⊠ TM □ HM	(ICM)	l (Voc) Q (Clubhouse) 「(Recovery) T (Prev/EI)
STAFF REQUIREMENTS ☐ Peer Specialist	3			VIAC		·c\
□ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (T □ RN (TD) ☑ APN (SA) □ QMAP	E) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)
PLACE OF SERVICE (PC		W 105 145 (5 1)	W CNE (24)	E C !	-1 (02)	
☑ CMHC (53)☑ Office (11)☑ ACF (13)☑ Mobile Unit (15)	☑ Outp Hospital(22) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Hospice (34)	☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) ☑ Shelter (04)	⊠ SNF (31) ⊠ FQHC (50 ⊠ RHC (72) ⊠ PF-PHP (52)	⊠ Scho ⊠ Othe	ool (03) er POS (99)	

		TREATMENT - PS	YCHOTHERAPY - GRO	OUP		
CPT®/HCPCS PROCEI	OURE CODE		PROCEDURE COD	E DESCRIPT	ION	USAGE
	90853		Group psychothera family group)	py (other thai	n of a multiple-	☑ Medicaid
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATION	N REQUIREMENT	rs
Facilitating emotional and rational cognitive interactions in a group setting with 2/more patients (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 patients 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.			 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided including number of patients present. The therapeutic intervention(s) utilized and the response to the intervention(s). How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 			
NOTES			EXAMPLE ACTIVI		·	
90853 is used for group psychotherapy involving patients other than the patients' 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 patient within the group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. If services are performed by a LAC provider, a SUD Primary			esteem, poor im cognitive behav therapy, trauma offender (SO) tr • Personal dynam	ressing a specingulse control ioral therapy a counseling, a eatment lics of a patier up may be ex	ific problem, such, depression, etc., (CBT), motivational anger managemen at may be discusse plored at same tim	as low self- through all enhancement t, and/or sexual d by group and ne
Diagnosis is required. APPLICABLE POPULA	TION(S)		UNIT		DURATION	
☑ Child (0-11) ☑ Yo ☑ Adol (12-17) (18-		dult(21-64) Geriatric (65+)		15 Minutes 1 Hour	Minimum: 45 mi min. (children) Maximum: N/A	n. (adult); 30
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI			
☐ Video Conf (GT)	□ Individual ☑ Group (HQ) □ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier-	⊠ TI □ H	M (ACT)	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/LVN (TI □ RN (TD) ☑ APN (SA) □ QMAP	E) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)
PLACE OF SERVICE (F	•					
区MHC (53)✓ Office (11)✓ Outpt Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)	☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)	☑ RHC (72)☑ PF-PHP (5☑ School (03)	2)	POS (99)

TREATMENT - PSYCHOTHERAPY - GROUP					
CPT®/HCPCS PROCE	DURE CODE	PROCEDURE CODE DESCRIPTI	ON	USAGE	
	90853	Group psychotherapy (other than family group)	n of a multiple-	☑ ОВН	
SERVICE DESCRIPTION)N	MINIMUM DOCUMENTATION	N REQUIREMENT	S	
group setting with 2/m therapy session) in an obehavior of each person exchanges. The group distinct, maladaptive disorder with other pevictims of violence). Gothe development of insof behavior modification interactions, the use of	and rational cognitive interactions in a hore patients (other than a family effort to change the individual on in the group through interpersonal may include patients with separate, isorders, or share some facet of a ople in the group (e.g., drug abuse, bals relate to BH treatment, including sight/affective understanding, the use on techniques, the use of supportive of cognitive discussion of reality/any oprovide therapeutic change.	Technical Documentation Requires See Page 346 Service Content 1. The reason for the visit. Whagenda? How does the service plan? 2. Description of the service patients present. 3. The therapeutic intervention the intervention(s). 4. How did the service impact goals/objectives? 5. Plan for next contact(s) inclined coordination needed with 3	nat was the intend vice relate to the to rovided including on(s) utilized and the progress towards uding any follow-u	reatment/service number of the response to	
NOTES		EXAMPLE ACTIVITIES	gra parties		
90853 is used for group psychotherapy involving patients other than the patients' 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 patient within the group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.		 Serving special patient 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 patient may be discussed by group and dynamics of group may be explored at same time Interpersonal interactions, support, emotional catharsis, and reminiscing 			
APPLICABLE POPULA	ATION(S)	UNIT	DURATION		
☑ Child (0-11) ☑ Y ☑ Adol (12-17) (18-	oung Adult ⊠ Adult(21-64) 20) ⊠ Geriatric (65+)	☑ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: 45 min min. (children) Maximum: N/A	n. (adult); 30	
ALLOWED MODE(S)	OF DELIVERY	PROGRAM SERVICE CATEGOR			
☐ Video Conf (GT)	□ Individual 埊 Group (HQ) □ Family (HR/HS)		M (ACT) □ H M □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)	
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	∠ LPC ∠ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) □CAC II □CAC II □CAC II	□ LPN/LVN (TE □ RN (TD) ☑ APN (SA) □ QMAP	E) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)	
PLACE OF SERVICE (I	•				
✓ CMHC (53)✓ Office (11)✓ Outpt Hospital (22)	 ✓ ACF (13) ✓ ICF-MR (54) ✓ Cust Care (33) ✓ NF (32) ✓ Grn Home (14) ✓ PRTF (56) 	 ✓ Shelter (04) ✓ RHC (72) ✓ SNF (31) ✓ PF-PHP (5 ✓ FOHC (50) ✓ School (03 	•	POS (99)	

TREATMENT - OTHER PROFE	ESSIONAL SERVICES - BIOFEEDBACK			
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 30 minutes	☑ Medicaid		
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.	y Technical Documentation Requirements y See Page 346 y Service Content			
NOTES	EXAMPLE ACTIVITIES			
Biofeedback training may not be suitable for some patients, 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			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 15 Minutes ☐ Minimum: 16Min ☐ Day ☐ 1 Hour ☐ Maximum: 37 M			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ H	IJ (Voc)		
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ H ☐ HK (Residential) ☐ HM (Respite) ☐ T	IJ (VOC) IQ (Clubhouse) T (Recovery) IT (Prev/EI)		
STAFF REQUIREMENTS				
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicense	ed Master's Level (HO)	E) ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53)☑ FQHC (50)☑ Office (11)☑ RHC (72)☑ Outp Hospital (22)				

TREATMENT - OTHER PROFE	SSIONAL SERVICES - BIOFEEDBACK	
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 30 minutes	☑ ОВН
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 346 Service Content 1. The reason for the visit. What was the intendagenda? How does the service relate to the tiplan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and tiresponse to the intervention(s). Include biofe interventions 4. How did the service impact the individual's pigoals/objectives? 5. Plan for next contact(s) including any follow-coordination needed with 3 rd parties	he individual's edback
NOTES	EXAMPLE ACTIVITIES	
Biofeedback training may not be suitable for some patients, 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	
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: 37 M	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ H☐ HK (Residential) ☐ HM (Respite) ☐ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMENTS		
☐ Bachelor's Level (HIN) ☑ LPC ☑ Unlicense	ed Master's Level (HO)	E)
PLACE OF SERVICE (POS)		
☑ CMHC (53)☑ FQHC (50)☑ Office (11)☑ RHC (72)☑ Outp Hospital (22)		

	TREATMENT	- OTHER PROFE	SSIONAL SERVICES - E	BIOFEEDBACI	K	
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	90876		Individual psychophy incorporating biofee modality (face-to-face psychotherapy (e.g., modifying or support approximately 45 mis	edback trainir ce with the p insight-orier tive psychoth	ng by any atient), with nted, behavior	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMI	ENTATION RE	QUIREMENTS	
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. NOTES Biofeedback training may not be suitable for some patients, including those with a pacemaker/other implantable			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties EXAMPLE ACTIVITIES			
symptoms (biofeedbac those with cognitive in	e who wish to gain insig k focuses on behavioral npairments (e.g., organion g on levels of functionin s of unknown origin.	change); c brain				
APPLICABLE POPULAT			UNIT		DURATION	
⊠ Adol (12-17) (18-	20) 🗵 Gei	ult (21-64) riatric (65+)	□ Day □ 1	5 Minutes Hour	Minimum: 38 M Maximum: N/A	inutes
ALLOWED MODE(S) Of □ Face-to-Face □ Video Conf (GT) □ Telephone	F DELIVERY ☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		PROGRAM SERVICE ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-S	□ U4 □ TM □ HM	(ICM) □ HJ (ACT) □ H0 I □ TT	I (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicense	d Master's Level (HO) d EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN (T ☑ RN (TD) ☑ APN (SA) □ QMAP	E) ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (PO						
区MHC (53) 区 Office (11)	☑ Outp Hospital (22) ☑ FQHC (50)	⊠ RHC (72)				

	TREATMENT - C	THER PROFE	SSIONAL SERVICES - E	BIOFEEDBACI	K	
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	90876		Individual psychophy incorporating biofee modality (face-to-face psychotherapy (e.g., modifying or suppor approximately 45 mi	edback training ce with the pa insight-orien tive psychoth	ng by any atient), with nted, behavior	☑ ОВН
SERVICE DESCRIPTION			MINIMUM DOCUMI	ENTATION RE	QUIREMENTS	
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. NOTES Biofeedback training may not be suitable for some patients, including those with a pacemaker/other implantable			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties EXAMPLE ACTIVITIES			
symptoms (biofeedbac those with cognitive im	e who wish to gain insight i k focuses on behavioral cha npairments (e.g., organic br g on levels of functioning; t s of unknown origin.	ange); ain				
APPLICABLE POPULAT			UNIT		DURATION	
⊠ Adol (12-17) (18-	•		□ Day □ 1	5 Minutes Hour	Minimum: 38 M Maximum: N/A	inutes
X Face-to-Face ☐ Video Conf (GT) Telephone	E DELIVERY ☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		PROGRAM SERVICE ☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier-S	□ U4 □ TM □ HM	(ICM)	I (Voc) Q (Clubhouse) Γ (Recovery) Γ (Prev/ΕΙ)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN (T ☑ RN (TD) ☑ APN (SA) □ QMAP	E) ⊠ RXN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (PO						
区 CMHC (53) ☑ Outp Hospital (22)	☑ Office (11) ☑ RH ☑ FQHC (50)	IC (72)				

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCED	URE CODE		PROCEDU	JRE CODE DESC	CRIPTION	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 patient			☑ Medicaid	
SERVICE DESCRIPTIO	N		MINIMUM DOCU	MENTATION R	EQUIREMENTS		
The treatment of the family, employer(s), of their support and/or process. The provider psychiatric and medic well as any other perfect explaining the patient how the family and of the patient.	or other involved persiparticipation in the the interprets the result cal examinations and tinent recorded data, t's condition. Advice i	sons to obtain nerapy/treatment s of any procedures, as and spends time s also given as to	agenda? How of plan? What is to 2. Description of 3. Summary of te	the visit/call. Notes the service the clinical nee the service proest results, intentional about the servicular ab	What was the inten e relate to the trea d for specific testin wided and patient r rpretation of test re out results	tment/service g? esponse	
NOTES			EXAMPLE ACTIVIT	TIES			
If interpretation or explanation of psychological testing results are performed by an intern, they must be supervised by a licensed psychologist. The interpretation or explanation of results is under the licensed psychologist's direction, but his/her presence is not required during the actual service. 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			 Interpretation of results of exam or testing Discussion regarding results of exam or testing Di253 Discussion of assistance family members can give patient 				
family or other respo APPLICABLE POPULA			UNIT		DURATION		
☑ Child (0-11) ☑ ☑ Adol (12-17) (18	Young Adult 🗵 3-20) 🗵	Adult (21-64) Geriatric (65+)	☑ Encounter ☐ ☐ Day ☐] 15 Minutes] 1 Hour	Minimum: N/A Maximum: N/A		
□ Video Conf (GT) □ Telephone STAFF REQUIREMENT	□Individual □ Group (HQ) ☑Family/collateral (HR/HS)	PROGRAM SERVICE ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential ☐ HF (2 nd modifie	⊠ U4 □ TM) □ HM	(ICM) ⊠ HJ (1 (ACT) □ HQ // □ TT	Voc) (Clubhouse) (Recovery) (Prev/El)	
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐	□ LCSW/	☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □	ADN (SA)	N (SA) (PA) D/DO (AF)	
PLACE OF SERVICE (P	•						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (54) ☑ NF (32) ☑	Shelter (04) SNF (31) FQHC (50) RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) 🗵 Other I	• •	

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCED	URE CODE		PROCEDU	JRE CODE DESC	RIPTION	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 patient			☑ ОВН	
SERVICE DESCRIPTION	N		MINIMUM DOCU	MENTATION R	EQUIREMENTS		
The treatment of the family, employer(s), of their support and/or process. The provider psychiatric and medic well as any other pertexplaining the patient how the family and of the patient.	or other involved personanticipation in the the interprets the result cal examinations and cinent recorded data, it's condition. Advice it	sons to obtain nerapy/treatment s of any procedures, as and spends time s also given as to	agenda? How of plan? What is to 2. Description of 3. Summary of te	the visit/call. V does the service the clinical need the service pro est results, inter h individual abo	What was the intender relate to the treat of for specific testing vided and patient repretation of test reput results	ment/service g? esponse	
NOTES			EXAMPLE ACTIVIT	ΓIES			
If interpretation or explanation of psychological testing results are performed by an intern, they must be supervised by a licensed psychologist. The interpretation or explanation of results is under the licensed psychologist's direction, but his/her presence is not required during the actual service. 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			 Interpretation of results of exam or testing Discussion regarding results of exam or testing Di253 Discussion of assistance family members can give patient 				
family or other responsible POPULA			UNIT		DURATION		
☑ Child (0-11) ☑ ☑ ☑ Adol (12-17) (18	Young Adult S-20)	Adult (21-64) Geriatric (65+)	☑ Encounter ☐ ☐ Day ☐] 15 Minutes] 1 Hour	Minimum: N/A Maximum: N/A		
□ Video Conf (GT) □ Telephone STAFF REQUIREMENT	□Individual □ Group (HQ) ☑Family/collateral (HR/HS)	PROGRAM SERVICE ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential ☐ HF (2 nd modifie	⊠ U4 □ TM	(ICM) ⊠ HJ (I (ACT) □ HQ 1 □ TT (Voc) (Clubhouse) (Recovery) (Prev/El)	
Peer Specialist Bachelor's Level (HN) Intern	□ LCSW □ LPC □ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □	LPN/LVN (TE) RN (TD) APN (SA) QMAP		
PLACE OF SERVICE (P	•						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (54) ☑ NF (32) ☑	Shelter (04) SNF (31) FQHC (50) RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	1) 🗵 Other I		

	ASSESSMENT	- PSYCHOLOGICAL TESTING	
CPT®/HCPCS PROCE	OURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
*This code should no 96102 or 96103.	96101 ot be used in conjunction with	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology; e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	☑ Medicaid
SERVICE DESCRIPTIO		MINIMUM DOCUMENTATION REQUIREMENTS	
interprets the results of written, oral, or combine emotions, intellectual for culturally and development of the written report is general administering the tests interpretation and report of the written report is general formation. Wotes If psychological testing services must be supervices must be supervicensed psychologist, or required during internation and report of the written and psychologist ensures the adequate privacy and contains a performance of the work of the written and provided in the written and the writ	perform diagnostic psychological and	Service Content 1. The reason for the visit. What was the intended go How does the service relate to the treatment/serv is the clinical need for specific testing? 2. Description of the service (Specific test(s)administers). 3. Summary of test results 4. Treatment recommendations EXAMPLE ACTIVITIES • Psychological testing can be helpful when treatme interventions are ineffective and there is a need to about a patient's level of functioning, personality, cognitive abilities. • Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and strengths and weaknesses to target through treatments.	nt o learn more emotional or
APPLICABLE POPULA	ts under their scope of practice.	UNIT DURATION	
☑ Child (0-11)	Young Adult Adult (21-64) Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: ≥	
ALLOWED MODE(S)	OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) □ Family (HR/HS)	☐ HK (Residential) ☐ HM (Respite) ☐ TT (I	Voc) (Clubhouse) Recovery) Prev/El)
STAFF REQUIREMEN	TS		
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LPC ☐ Unlicens	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) □ CAC I □ RN (TD) □ CAC II ☑ APN (SA) □ CAC II □ QMAP □ QMAP	PA)
PLACE OF SERVICE (F	POS)		
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	 ☑ ACF (13) ☑ ICF-MR (54) ☑ Cust Care (33) ☑ NF (32) ☑ Grp Home (14) ☑ PRTF (56) ☑ Home (12) ☑ Shelter (04) 	 ☑ SNF (31) ☑ School (03) ☑ FQHC (50) ☑ Other POS (99) ☑ RHC (72) ☑ Inpt PF (51) ☑ Inpt Hosp (21) ☑ PF-PHP (52) 	

	ASSESSMENT	- PSYCHOLOGICAL TESTING	
CPT®/HCPCS PROCE	OURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
*This code should no 96102 or 96103.	96101 ot be used in conjunction with	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology; e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	☑ ОВН
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS	
interprets the results o written, oral, or combin emotions, intellectual f culturally and development of the written report is general administering the tests interpretation and report in the written report is general formation and report in the written report is general formation and report in the written	ist or physician administers and f psychological testing. The testing, in the deformats, measures personality, functioning, and psychopathology in mentally appropriate ways. Through the testing is interpreted and terated. Both face-to-face time to the patient, as well as port preparation are included. Services are performed by an intern, vised and at the direction of a even though his/her presence is not administration. The licensed nat the testing environment offers confidentiality, and maximizes the ce.	Service Content 1. The reason for the visit. What was the intended go How does the service relate to the treatment/servis the clinical need for specific testing? 2. Description of the service (Specific test(s)administ 3. Summary of test results 4. Treatment recommendations EXAMPLE ACTIVITIES Psychological testing can be helpful when treatme interventions are ineffective and there is a need to about a patient's level of functioning, personality, cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and strengths and weaknesses to target through treatment.	ered) ent o learn more emotional or
neuropsychological tes APPLICABLE POPULA	ts under their scope of practice.	UNIT DURATION	
☑ Child (0-11) ☑	Young Adult Adult (21-64) 3-20) Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: ≥	31 mins
ALLOWED MODE(S)	OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) □ Family (HR/HS)	☐ HK (Residential) ☐ HM (Respite) ☐ TT (Voc) (Clubhouse) Recovery) (Prev/EI)
STAFF REQUIREMEN	TS		
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LPC ☐ Unlicense	Sed Master's Level (HO) □LAC □LPN/LVN (TE) □RXN Sed EdD/ PhD/PsyD (HP) □CAC I□RN (TD) □PA (I EdD/PhD/PsyD (AH) □CAC II□QMAP □MAP	
PLACE OF SERVICE (F	POS)		
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	□ ACF (13)	 ☑ SNF (31) ☑ School (03) ☑ FQHC (50) ☑ Other POS (99) ☑ RHC (72) ☑ Inpt PF (51) ☑ Inpt Hosp (21) ☑ PF-PHP (52) 	

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDI	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE			
*This code should n 96101 or 96103.	96102 ot be used in con	junction with	Psychological tes assessment of en personality, and WAIS), with quali interpretation an technician, per he face.	notionality, intelle psychopathology; ified health care p d report, adminis	ectual abilities, e.g., MMPI, professional stered by	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCL	JMENTATION REG	QUIREMENTS	
The technician, supervadministers the psychoreported by a licensed oral, or combined form intellectual functioning and developmentally a obtained through the report generated by the technician's face-to-fapatient, as well as the interpreting the test reincluded.	plogical test, which psychologist. The tenats, measures persign, and psychopathologist. It is proportiate ways. Intesting is interpreted in the licensed psychologice time administerial licensed psychologism.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 ACTIVI	TIES		
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and			 Psychological testing can be helpful when treatment interventions are ineffective and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 			
neuropsychological tes APPLICABLE POPULAT		e or practice.	UNIT		DURATION	
☑ Child (0-11)	Young Adult 8-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encounter ☐ Day PROGRAM SERV	☐ 15 Minutes ☑ 1 Hour	Minimum: > 31 Maximum: N/A	mins
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family(HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie	□ U4 □ TM nl) □ HM	(ICM) □ F I (ACT) □ F I (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/El)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ☑ A	N (TD) PN (SA) E PA	N (SA) . (PA) D/DO (AF)
PLACE OF SERVICE (PC						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outh Hospital (22)	✓ ACF (13)✓ Cust Care (33)✓ Grp Home (14)✓ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTE (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5	1) 🗵 Other	ol (03) - POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDI	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE			
*This code should n 96101 or 96103.	96102 ot be used in conju	Psychological test assessment of empersonality, and pWAIS), with quali interpretation an technician, per hoface.	notionality, intelle osychopathology; fied health care p d report, adminis	ectual abilities, e.g., MMPI, professional tered by	⊠ овн	
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION REC	OUIREMENTS	
The technician, supervadministers the psychoreported by a licensed oral, or combined form intellectual functioning and developmentally a obtained through the report generated by the technician's face-to-fapatient, as well as the interpreting the test reincluded.	plogical test, which is psychologist. The test pasts, measures person g, and psychopathologist. In the propriate ways. Information graphs is interpreted at the licensed psychologice time administering licensed psychologist.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 ACTIVI	TIES		
The psych tech testing is administered under the licensed psychologist's overall direction and control, but his/her presence is not required during tech administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. If psychological test interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist An NP, CNS or PA may perform diagnostic psychological and			 Psychological testing can be helpful when treatment interventions are ineffective and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 			
neuropsychological tes APPLICABLE POPULAT		or practice.	UNIT		DURATION	
	Young Adult × 8-20) ×	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day PROGRAM SERVI	☐ 15 Minutes ☑ 1 Hour	Minimum: > 31 Maximum: N/A	
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family(HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie	□ U4 □ TM I) □ HM	(ICM)	HJ (Voc) HQ (Clubhouse) FT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (A □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RI	N (TD) PN (SA) × PA	:N (SA) A (PA) D/DO (AF)
PLACE OF SERVICE (PC					(2.1)	
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hespital (23)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (13)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ DRTE (56)	✓ Shelter (04)✓ SNF (31)✓ FQHC (50)✓ RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23)	1) 🗵 Othe	ol (03) r POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCEDI	JRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
*This code should n 96101 or 96102.	96103 ot be used in conju	unction with	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.				
SERVICE DESCRIPTION			MINIMUM DOCU				
The testing, administe personality, emotions, psychopathology. Resu qualified health care p	intellectual function ults are interpreted a	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 ACTIVIT	TIES			
Computer administered 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 maximizes the examinee's performance. If psychological interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist. An NP, CNS or PA may perform diagnostic psychological			 Psychological testing can be helpful when treatment interventions are ineffective and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 				
tests under their scope APPLICABLE POPULAT			UNIT		DURATION		
·	8-20)	☑ Adult (21-64) ☑ Geriatric (65+)	□Day [☐ 15 Minutes ☑1 Hour	Minimum: ≥31 m Maximum: N/A	nins	
□ Face-to-Face □ Video Conf (GT) □ Telephone STAFF REQUIREMENT:	☑ Individual □ Group (HQ) □ Family (HR/HS)		PROGRAM SERVION ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential ☐ HF (2 nd modifiential)	□ U4 □ TM I) □ HM	(ICM)	(Voc) (Clubhouse) (Recovery) (Prev/El)	
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (. ☐ LPC ☐ LMFT	☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ I	LPN/LVN (TE) RN (TD)		
PLACE OF SERVICE (PC	os)						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (54) ☑ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	☑ Inpt Hos ☑ Inpt PF (! ☑ ER (23) ☑ PF-PHP (51) ⊠ Other	ol (03) POS (99)	

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCEDI	JRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
*This code should n 96101 or 96102.	96103 ot be used in conju	unction with	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.				
SERVICE DESCRIPTION			MINIMUM DOCU				
The testing, administe personality, emotions, psychopathology. Resu qualified health care p	red by computer, me intellectual function alts are interpreted a	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 ACTIVIT	TIES			
Computer administered 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 maximizes the examinee's performance. If psychological interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist. An NP, CNS or PA may perform diagnostic psychological			 Psychological testing can be helpful when treatment interventions are ineffective and you want to learn more about a patient's level of functioning, personality, emotional or cognitive abilities. Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment. 				
tests under their scope APPLICABLE POPULAT			UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)☑ (1	Young Adult 28-20)	☑ Adult (21-64) ☑ Geriatric (65+)	□Day	☐ 15 Minutes ☑1 Hour	Minimum: ≥31 m Maximum: N/A	nins	
ALLOWED MODE(S) O	☑ Individual □ Group (HQ) □ Family (HR/HS)		PROGRAM SERVIO	□ U4 □ TM I) □ HN	(ICM)	(Voc) Q (Clubhouse) (Recovery) (Prev/EI)	
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (. □ LPC □ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ I	LPN/LVN (TE) RN (TD) APN (SA) QMAP		
PLACE OF SERVICE (PC							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (54) ☑ NF (32)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Hos ☑ Inpt PF (! ☑ ER (23) ☑ PF-PHP (51) ⊠ Other	ol (03) POS (99)	

ASSESSMENT - 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 or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	☑ Medicaid				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
The licensed psychologist evaluates aspects of thinking, reasoning, and judgment, to evaluate a patient's neurocognitive abilities. Information obtained through the examination is interpreted and a written report is generated. Both face-to-face time with the patient and time spent interpreting test results and preparing a report is included.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. mental status exam 4. Summary of test results in a formal report 5. Treatment recommendations					
NOTES	EXAMPLE ACTIVITIES					
If neurobehavioral status exam services are performed by an intern, they must be supervised by a licensed psychologist. The exam includes an initial clinical assessment and evaluation of the patient'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 patient and family/significant other(s), if appropriate, are used.	 Differential diagnosis between psychogenic and ne syndromes Delineation of neurocognitive effects of central ne (CNS) disorders 					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: ≥ 31 m ☐ Day ☑ 1 Hour Maximum: N/A	ins				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ HK (Residential) ☐ HM (Respite) ☐ TT (I	Voc) (Clubhouse) Recovery) Prev/El)				
STAFF REQUIREMENTS						
□ LPC □ Unlicensed E	Master's Level (HO) □LAC □ LPN/LVN (TE) ☑ RXN (ED/PhD/PsyD (HP) □CAC I □ RN (TD) ☑ PA (FD/PsyD (AH) □CAC II ☑ APN (SA) ☑ MD/DCACIII □ QMAP	PA)				
PLACE OF SERVICE (POS)						
 ☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56) 		ool (03) er POS (99)				

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION U	JSAGE				
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 or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
The licensed psychologist evaluates aspects of thinking, reasoning, and judgment, to evaluate a patient's neurocognitive abilities. Information obtained through the examination is interpreted and a written report is generated. Both face-to-face time with the patient and time spent interpreting test results and preparing a report is included.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? What is the clinical need for specific testing? 2. Description of the service (specific test(s)administered) 3. mental status exam 4. Summary of test results in a formal report 5. Treatment recommendations					
NOTES	EXAMPLE ACTIVITIES					
If neurobehavioral status exam services are performed by an intern, they must be supervised by a licensed psychologist. The exam includes an initial clinical assessment and evaluation of the patient'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 patient and family/significant other(s), if appropriate, are used.	 Differential diagnosis between psychogenic and neurosyndromes Delineation of neurocognitive effects of central nervo (CNS) disorders 					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: ≥ 31 mins☐ ☐ Day ☐ 1 Hour ☐ Maximum: N/A	S				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc	c)				
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clu ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Rec ☐ HF (2 nd modifier-SUD) ☐ HT (Pre	ubhouse) covery)				
STAFF REQUIREMENTS						
□ LPC □ Unlicensed □ LMFT □ Licensed Ed	Master's Level (HO) □ CAC I □ LPN/LVN (TE) □ RxN (SA) EdD/ PhD/PsyD (HP) □ CAC II □ RN (TD) □ PA (PA) □ CAC II □ APN (SA) □ MD/DO □ CACIII □ QMAP					
PLACE OF SERVICE (POS)						
 ☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56) 	 ☑ Shelter (04) ☑ Inpt Hosp (21) ☑ School ☑ SNF (31) ☑ Inpt PF (51) ☑ Other F ☑ FQHC (50) ☑ ER (23) ☑ RHC (72) ☑ PF-PHP (52) 					

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CO	DE DESCRIPTION	ON	USAGE	
*96118 should not be or 96120	96118 e used in conjunct	ion with 96119	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), per hour of the licensed psychologist or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report				
SERVICE DESCRIPTIO	N		MINIMUM DOC		REQUIREMENT	S	
The licensed psychologist administers a series of tests in thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities in culturally and developmentally appropriate ways. Information obtained through the testing is interpreted and a written report is generated. Both face-to-face time administering the tests to the patient, as well as interpretation and report preparation are included.			Technical Documentation Requirements See Page 346 Service Content: 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 ACTIV	ITIES			
If neuropsychological testing services are performed by an intern, they must be supervised and at the direction of a licensed psychologist even though his/her presence is not required during intern administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. An NP, CNS or PA may perform diagnostic			syndromes	neurocognitive	psychogenic and effects of central	-	
neuropsychological test APPLICABLE POPULA			UNIT DURATION				
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18	Young Adult 🗵 -20) 🗷	Adult (21-64) Geriatric (65+)	□ Day [□ 15 Minutes ☑ 1 Hour	Minimum: > 31 Maximum: N/A	mins	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV		<u> </u>		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifiential)		(ACT) ☐ H (Respite) ☐ T	H (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/El)	
STAFF REQUIREMENT	TS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (A ☐ LPC ☐ LMFT		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ☒ A	PN (SA)	N (SA) . (PA) D/DO (AF)	
PLACE OF SERVICE (P							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	⋈ Hospice (34)⋈ ICF-MR (54)⋈ NF (32)⋈ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	⊠ Inpt Ho ⊠ Inpt PF ⊠ ER (23) ⊠ PF-PHP	[51) 🗵 Of	hool (03) her POS (99)	

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CO	DE DESCRIPTIO	ON	USAGE	
*96118 should not be or 96120	96118 e used in conjunct	ion with 96119	Neuropsychological testing (e.g., Halstead—Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), per hour of the licensed psychologist or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report				
SERVICE DESCRIPTION	N		MINIMUM DOC	<u> </u>	REQUIREMENTS		
The licensed psychologist administers a series of tests in thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities in culturally and developmentally appropriate ways. Information obtained through the testing is interpreted and a written report is generated. Both face-to-face time administering the tests to the patient, as well as interpretation and report preparation are included. NOTES If neuropsychological testing services are performed by an intern, they must be supervised and at the direction of a licensed psychologist even though his/her presence is not required during intern administration. The licensed psychologist ensures that the testing environment offers adequate privacy and confidentiality, and maximizes the examinee's performance. An NP, CNS or PA may perform diagnostic			Technical Documentation Requirements See Page 346 Service Content: 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 EXAMPLE ACTIVITIES • Differential diagnosis between psychogenic and neurogenic syndromes • Delineation of neurocognitive effects of central nervous system (CNS) disorders				
neuropsychological test APPLICABLE POPULA	·		UNIT		DURATION		
☑ Child (0-11) ☑ Y ☑ Adol (12-17) (18-	′oung Adult ⊠ -20) ⊠	Adult (21-64) Geriatric (65+)	□ Day [□ 15 Minutes ⊻ 1 Hour	Minimum: > 31 Maximum: N/A	mins	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV		•		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residential)☑ HF (2nd modifier		(ACT) □ H (Respite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)	
STAFF REQUIREMENT	rs						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (A☐ LPC☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ☒ A	PN/LVN (TE) N (TD) PN (SA) MAP		
PLACE OF SERVICE (P	OS)						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outh Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	 ☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTE (56) 	✓ Shelter (04)✓ SNF (31)✓ FQHC (50)✓ RHC (72)	⊠ Inpt Ho ⊠ Inpt PF (⊠ ER (23) ⊠ PF-PHP	[51) 🗵 Ot	nool (03) her POS (99)	

ASSESSMENT - PSYCHOLOGICAL TESTING					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
96119 *96119 should not be used in conjunction with 96118 or 96120	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				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Testing measures thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities in culturally and developmentally appropriate ways. The technician, under supervision of a licensed psychologist, administers the neuropsychological test, which is interpreted and reported by the licensed psychologist. Information obtained through the testing is interpreted and a written report is generated by the licensed psychologist. The psych technician's face-to-face time administering the tests to the patient, as well as the licensed psychologist's time for interpreting the test results and creating the report is included.	Technical Documentation Requirements See Page 346 Service Content: 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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				
The tech 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 maximizes the examinee's performance. If neuropsychological interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice.	 Differential diagnosis between psychogenic and neurogenic syndromes Delineation of neurocognitive effects of central nervous system (CNS) disorders 				
APPLICABLE POPULATION(S)	UNIT DURATION				
□ Child (0-11) □ Young Adult □ Adult (21-64) □ Adol (12-17) (18-20) □ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY □ Face-to-Face □ Individual □ Video Conf (GT) □ Group (HQ) □ Telephone □ Family (HR/HS)	□ Encounter □ 15 Minutes Minimum: ≥ 31 mins □ Day □ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES) □ HE (SP) □ U4 (ICM) □ HJ (Voc) □ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HT (20th and differe CLIP)				
	□ HF (2 nd modifier-SUD) □ HT (Prev/EI)				
□ Bachelor's Level (HN) □ LPC □ Unlicensed E	Master's Level (HO) □ CAC I □ RN (TD) □ PA (PA) □ CAC I □ RN (SA) □ CAC I □ RN (SA) □ PA (PA) □ CAC II □ QMAP □ MD/DO (AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)	 ☑ Shelter (04) ☑ Inpt Hosp (21) ☑ School (03) ☑ SNF (31) ☑ Inpt PF (51) ☑ Other POS (99) ☑ FQHC (50) ☑ ER (23) ☑ RHC (72) ☑ PF-PHP (52) 				

ASSESSMENT - PSYCHOLOGICAL TESTING					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
96119 *96119 should not be used in conjunction with 96118 or 96120	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				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Testing measures thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities in culturally and developmentally appropriate ways. The technician, under supervision of a licensed psychologist, administers the neuropsychological test, which is interpreted and reported by the licensed psychologist. Information obtained through the testing is interpreted and a written report is generated by the licensed psychologist. The psych technician's face-to-face time administering the tests to the patient, as well as the licensed psychologist's time for interpreting the test results and creating the report is included.	Technical Documentation Requirements See Page 346 Service Content: 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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				
The tech 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 maximizes the examinee's performance. If neuropsychological interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist. An NP, CNS or PA may perform diagnostic neuropsychological tests under their scope of practice.	 Differential diagnosis between psychogenic and neurogenic syndromes Delineation of neurocognitive effects of central nervous system (CNS) disorders 				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	☐ Encounter ☐ 15 Minutes ☐ 15 Minimum: ≥ 31 mins ☐ Day ☐ 1 Hour ☐ Maximum: N/A PROGRAM SERVICE CATEGORY(IES) ☐ HJ (Voc)				
☐ Face-to-Face ☐ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☐ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS □ Peer Specialist □ Peer Specialist					
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed I	Master's Level (HO) □CAC I □RN (TD) □RXN (SA) EdD/ PhD/PsyD (HP) □CAC II ☑ APN (SA) ☑ PA (PA) D/PhD/PsyD (AH) □CACIII □ QMAP ☑ MD/DO (AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)	 ☑ Shelter (04) ☑ Inpt Hosp (21) ☑ School (03) ☑ SNF (31) ☑ Inpt PF (51) ☑ Other POS (99) ☑ FQHC (50) ☑ ER (23) ☑ RHC (72) ☑ PF-PHP (52) 				

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE			
*96120 should not b	96120 e used in conjunctio	on with 96118	Neuropsychologic Sorting Test), adm qualified health ca and report.	ninistered by a d	computer, with	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RI	EQUIREMENTS	
The test is administered by computer, which is interpreted and reported by a qualified health care professional. Technical Documentations See Page 346 Service Content 1. The reason for the How does the service What is the clinical possible of the Example of Service Content 1. The reason for the How does the service What is the clinical possible of Service Content 2. Description of the Example ACTIVITIES The computer 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 maximizes the examinee's performance. If neuropsychological interpretation and report services are performed by an intern, they must be supervised by a licensed psychologist. An NP, CNS or PA may perform diagnostic				or the visit. Whate service relate clinical need for of the service (stest results ecommendation ries) ed testing with a abilities.	at was the intended to the treatment/s specific testing? pecific test(s)adminus	ervice plan? iistered) to assess
neuropsychological test APPLICABLE POPULATI			UNIT		DURATION	
☑ Adol (12-17) (18	8-20) ⊠ (Adult (21-64) Geriatric (65+)	□Day [□ 15 Minutes ☑ 1 Hour	Minimum: ≥31 n Maximum: N/A	nins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	•	•	
☐ Video Conf (GT)	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residential☑ HF (2nd modified)	•	(ACT) □ H I (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP □ Rxi □ Rxi □ Rxi □ MI	
PLACE OF SERVICE (PO	S)					
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	✓ ACF (13)✓ Cust Care (33)✓ Grp Home (14)✓ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	⊠ Inpt Hos ⊠ Inpt PF (! ⊠ ER (23) ⊠ PF-PHP (51) ⊠ Other	ol (03) POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE			
*96120 should not b or 96119	96120 e used in conjunctio	on with 96118	Neuropsychologic Sorting Test), adm qualified health co and report.	☑ ОВН		
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS	
NOTES The computer testing is psychologist's overall d presence is not require psychologist ensures the adequate privacy and c examinee's performance of the performed by an internal licensed psychologist.	s administered under the irrection and control, be during administration at the testing environment on fidentiality, and makes.	he licensed ut his/her n. The licensed ment offers ximizes the rt services are	See Page 346 Service Content 1. The reason for the visit. What was the intended goal or ager How does the service relate to the treatment/service 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 EXAMPLE ACTIVITIES nsed her clicensed offers sthe - Testing when treatment interventions are ineffective and neuropsychological deficits are expected.			
An NP, CNS or PA may						
neuropsychological test APPLICABLE POPULATI	·	practice.	UNIT		DURATION	
☑ Child (0-11) ☑ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Young Adult \boxtimes A-20) \boxtimes (Adult (21-64) Geriatric (65+)	☐ Encounter	□ 15 Minutes ☑ 1 Hour	Minimum: ≥ 31 m Maximum: N/A	nins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	-	•	
☐ Video Conf (GT)	☑ Individual □ Group (HQ) □ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residential)☑ HF (2nd modified)		(ACT) ☐ H (Respite) ☐ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ I	LPN/LVN (TE) RN (TD) APN (SA) QMAP	
PLACE OF SERVICE (PO	S)					
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	⋈ Hospice (34)⋈ ICF-MR (54)⋈ NF (32)⋈ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Inpt Hos ☑ Inpt PF (! ☑ ER (23) ☑ PF-PHP (51) ⊠ Other	ol (03) : POS (99)

TREATMENT - ME	DICATION MANAGE	EMENT		
CPT®/HCPCS PROCEDURE CODE	PROCEDU	URE CODE DESCR	RIPTION	USAGE
	Therapeutic, prop	hylactic, or diagr	nostic injectio	n
96372	(specify substance	e or drug) subcut	aneous or	☑ Medicaid
	intramuscular			
SERVICE DESCRIPTION	MINIMUM DOCUI			
A therapeutic, prophylactic/diagnostic injection for the	Technical Docume	entation Require	ements	
administration of medications.	See Page 346			
Written physician order (required)	Service Content			
Actual injectable medication reported/billed separately.	1. Documentation	n supports inject	ion of medica	ation ordered
	Injection site Medication add	ministered		
	4. Patient respon		o a is the n	ationt tolorating
	· ·		-	ide effects. If not
		lication actions t		ide cirects. Il fiot
NOTES	EXAMPLE ACTIVIT			
This code may be used in a clinic/CMHC, even if patient				
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 patient's home/ administration for				
a patient in a LTC facility may be billed by a pharmacy.				
A certified medical assistant may administer an injection				
under a physician's/APN's order, but billing and service must				
be under the signature of the MD/APN. 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, in this case, an injection.				
Do not report 96372 for injections given without direct				
physician or other qualified health care professional				
supervision. To report, use 99211 instead. (AMA CPT 2016)				
96372 should not be reported with a 99211 E&M code as				
this is considered to be an included service. However if				
additional distinct and separate time was used to provide a				
more complex E&M code such as 99201-99205 or 99212-				
99215 ,these may be reported with modifier 25.				
APPLICABLE POPULATION(S)	UNIT		DURATION	
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)		☐ 15 Minutes	Minimum: N	
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	•	□ 1 Hour	Maximum: N	N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVIC	•	•	— ()
☑ Individual ☑ Face-to-Face ☐ Graves (U.C.)	⊠ HE (SP)	□ U4 (-	☐ HJ (Voc)
☐ Group (HQ)	☐ TG (Other SP)	, MT □		☐ HQ (Clubhouse)
☐ Family (HR/HS)	☐ HK (Residential) ☑ HF (2 nd modifie	•	(Respite)	☐ TT (Recovery)
STAFF REQUIREMENTS	△ nr (2 modille	r-30D)		☐ HT (Prev/EI)
□ Unlicensed	Master's Level		G	⊠ RxN (SA)
☐ Peer Specialist ☐ LCSW (A1) (HO)			PN/LVN (IE) R	≅ PA (PA)
	FULL DRITTE OF THE			⊠ MD/DO (AF)
⊔ LMFT (HP)			МАР	☑ Certified/Registered
	D/PhD/PsyD (AH)			Medical Assistant
PLACE OF SERVICE (POS)			11 1 110	
 ☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICE MB (54) 	, ,	☑ Independent C	linic (49)	☑ Other POS (99)
 ✓ Office (11) ✓ Cust Care (33) ✓ ICF-MR (54) ✓ Mobile Unit (15) ✓ Grp Home (14) ✓ NF (32) 	, ,	✓ PF-PHP (52)✓ School (03)		
☑ Outp Hospital (22) ☑ Home (12) ☑ PRTF (56)		⊠ NRSATF (57)		

		TREATMENT - ME	DICATION MANAG	EMENT			
CPT®/HCPCS PROCE	DURE CODE		PROCED	CEDURE CODE DESCRIPTION USAGE			
	96372		Therapeutic, prop (specify substanc intramuscular	-	-	on ☑ OBH	
SERVICE DESCRIPTION	ON		MINIMUM DOCU	JMENTATION REG	QUIREMENT	S	
A therapeutic, prophylactic/diagnostic injection for the administration of medications. Written physician order (required) Actual injectable medication reported/billed separately.			 Injection site Medication ac Patient responsed medication we 	on supports inject dministered nse to medication	ion of medic n, e.g. is the pomplaints of	ration ordered patient tolerating side effects. If not	
NOTES			EXAMPLE ACTIVI	TIES			
This code may be used in a clinic/CMHC, even if patient 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 patient's home/administration for a patient in a LTC facility may be billed by a pharmacy. A certified medical assistant may administer an injection under a physician's/APN's order, but billing and service must be under the signature of the MD/APN. 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, in this case, an injection. Do not report 96372 for injections given without direct physician or other qualified health care professional supervision. To report, use 99211 instead. (AMA CPT 2016) 96372 should not be reported with a 99211 E&M code as this is considered to be an included service. However if additional distinct and separate time was used to provide a more complex E&M code such as 99201-99205 or 99212-							
APPLICABLE POPUL	e reported with modif	ier 25.	UNIT		DURATION		
⊠ Child (0-11) ⊠ Adol (12-17)	☑ Young Adult (18-20)	☑ Adult (21-64)☑ Geriatric (65+)	☑ Encounter □ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:	N/A	
ALLOWED MODE(S)			PROGRAM SERVI		•		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	⊠ Individual □ Group (HQ) □ Family (HR/H	S)	☑ HE (SP)☐ TG (Other SP)☐ HK (Residentia☑ HF (2nd modified)		•	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)	
STAFF REQUIREMEN	NTS						
□ Peer Specialist □ Bachelor's Level (HN ☑ Intern	☐ LPC	☐ Unlicensed E (HP)		□CAC I ⊠ R	N (TD) PN (SA) MAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF) ☑ Certified/Registered Medical Assistant	
PLACE OF SERVICE (
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (54) ☑ NF (32)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)	☑ Independent C☑ PF-PHP (52)☑ School (03)☑ NRSATF (57)	Clinic (49)	☑ Other POS (99)	

		TREATMENT	- REHABILITATIO)N			
CPT®/HCPCS PROCE	DURE CODE		PROCED	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				
SERVICE DESCRIPTION	ON		MINIMUM DOCUMENTATION REQUIREMENTS				
Direct one-on-one con and trains a patient in and home managemer function in the commu address the specific ne limited to Activities of training for impairmen procedures, and use of devices/adaptive equip	 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service and how service increases ADLs and ability to function in the community and patient response to service How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 						
NOTES			EXAMPLE ACT	IVITIES			
Patient requires supervised training to help perform his/her normal Activities of Daily Living (ADLs), due to impairment resulting from Intellectual or Developmental Disability (IDD), or behavioral health illness. There is reasonable expectation that the patient's functional level will improve as a result of this service.		o impairment Disability (IDD), ble expectation	needs, medicati Step-by-step pro to obtain nutriti practice at groco foods following	ons, appointmen oblem solving into ous foods or mee	ts, or other activerventions: deve et dietary require e and price nece meal preparatio	elop shopping list ements; skills essary items; cook n skills.	
APPLICABLE POPULA	ATION(S)		UNIT		DURATION		
☐ Adol (12-17) (18-	·20) 🗵 G	dult (21-64) eriatric (65+)	☐ Encounter ☐ Day	☑ 15 Minutes ☐ 1 Hour	Minimum: 8 m Maximum: 8 h	-	
ALLOWED MODE(S)	OF DELIVERY			RVICE CATEGOR	• •	W III () (a a)	
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residenti ☑ HF (2 nd modif)	I (ACT) I (Respite)	☑ HJ (Voc) ☑ HQ (Clubhouse) ☐ TT (Recovery) ☑ HT (Prev/EI)	
STAFF REQUIREMEN	ITS						
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW (A. ⊠ LPC ⊠ LMFT	✓ Unlicensed E (HP)		□CAC I ⊠	APN (SA)	RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	 ☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ Shelter (04) 	✓ SNF (31)✓ FQHC (50)✓ RHC (72)✓ School (03)	☑ Other PO	5 (99)		

		TREATMENT	T - REHABILITATIO	N		
CPT®/HCPCS PROCE	DURE CODE		PROCEDU	JRE CODE DES	CRIPTION	USAGE
		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				
SERVICE DESCRIPTION	ON		MINIMUM DOCUMENTATION REQUIREMENTS			
Direct one-on-one con and trains a patient in and home management function in the commu- the specific needs of the Activities of Daily Livin impairments, meal pre- of assistive technology	 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service and how service increases ADLs and ability to function in the community and patient response to service How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES			EXAMPLE ACTI	VITIES		
Patient requires supervised training to help perform his/her normal Activities of Daily Living (ADLs), due to impairment resulting from Intellectual or Developmental Disability (IDD), or behavioral health illness. There is reasonable expectation that the patient's functional level will improve as a result of this service.		needs, medication Step-by-step pro obtain nutritious	ons, appointmen blem solving int foods or meet o to locate and pri for basic meal I	ts, or other ac erventions: de dietary require ice necessary in preparation sk	evelop shopping list to ements; skills practice items; cook foods kills.	
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	
•	-	Adult (21-64) Seriatric (65+)		⊠ 15 Minutes □ 1 Hour	Minimum: 8 Maximum: 8	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SER			
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) □ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifi	al) □ HN	I (ICM) I (ACT) II (Respite)	⊠ HJ (Voc) ⊠ HQ (Clubhouse) □ TT (Recovery) ⊠ HT (Prev/EI)
STAFF REQUIREMEN	ITS					
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (•					
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outh Hospital(22)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	 ☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ Shelter (04) 	✓ SNF (31)✓ FQHC (50)✓ RHC (72)✓ School (03)	☑ Other PO	S (99)	

TREATMENT - REHABILITATION						
CPT®/HCPCS PROCEDU	JRE 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			
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS			
Direct one-on-one contact in which the provider instructs and trains a patient in the performance of essential Activities of Daily Living (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 patient 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 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service and how the service is designed to increase community/work functioning and patient 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 ACTIVIT		purties	
Patient requires supervised training to help perform essential Activities of Daily Living (ADLs) related to his/her ability to function in the community and to reintegrate into the work environment, due to impairment resulting from Intellectual or Developmental Disability (IDD), injury, or behavioral health illness. There is reasonable expectation that the patient's functional level will improve as a result of		to his/her egrate into ting from jury, or oectation	stop times, schedu to and from work Resume, interview and ensure succes	uling transport site.	ation service r hing skills to o oper dress attir	ning bus route and ides, practicing route btain employment re, interpersonal skills
APPLICABLE POPULAT	ION(S)		UNIT		DURATION	
☐ Child (0-11)	20) ⊠Geria	t (21-64) tric (65+)	□ Day □ PROGRAM SERVIO □ HE (SP)	⊠ U4	(ICM)	B hours HJ (Voc)
☐ Video Conf (GT)☐ Telephone	☐ Group (HQ) ☐ Family (HR/HS)		☐ TG (Other SP) ☑ HK (Residential ☑ HF (2 nd modifie)	Л (Respite)	⊠ HQ (Clubhouse) □ TT (Recovery) ⊠ HT (Prev/EI)
STAFF REQUIREMENTS ☑ Peer Specialist				□LAC ⊠	LPN/LVN (TE)	
☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	RN (TD)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (PO						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Home (12) ☑ SN	elter (04)	区 RHC (72) 区 School (03) 区 Other POS (99)			

TREATME	ENT - REHABILITATION			
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			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Direct one-on-one contact in which the provider instructs and trains a patient in the performance of essential Activitie of Daily Living (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 patient 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 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service and how the service is designed to increase community/work functioning and patient 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			
NOTES	coordination needed with 3 rd parties EXAMPLE ACTIVITIES			
Patient requires supervised training to help perform essential Activities of Daily Living (ADLs) related to his/her ability to function in the community and to reintegrate into the work environment, due to impairment resulting from Intellectual or Developmental Disability (IDD), injury, or behavioral health illness. There is reasonable expectation that the patient's functional level will improve as a result of this service.	Applying for transportation assistance by planning bus route and stop times, scheduling transportation service rides, practicing route to and from work site. Resume, interview, and job coaching skills to obtain employment and ensure success. Review and address hygiene, proper dress attire, interpersonal skills and expectations for workplace environment.			
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☐ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	☐ Encounter ☑ 15 Minutes Minimum: 8 mins ☐ Day ☐ 1 Hour Maximum: 8 hours PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 	☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) ☐ TG (Other SP) ☑ TM (ACT) ☑ HQ (Clubhouse) ☑ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☑ HT (Prev/EI)			
STAFF REQUIREMENTS				
⊠ Bachelor's Level (HN)	ed Master's Level (HO) □LAC ☑ LPN/LVN (TE) ☑ RxN (SA) ed EdD/ PhD/PsyD (HP) □CAC I ☑ APN (SA) ☑ PA (PA) EdD/PhD/PsyD (AH) □CAC II □ QMAP ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ Cust Care (33) ☑ NF (32) ☑ Office (11) ☑ Grp Home (14) ☑ Shelter (04) ☑ Mobile Unit (15) ☑ Home (12) ☑ SNF (31) ☑ ACF (13) ☑ ICF-MR (54) ☑ FQHC (50)	☑ RHC (72) ☑ School (03) ☑ Other POS (99)			

ASSESSMENT – NON-FACE-TO-FAC			- PHONE ASSESSIV	IENT AND MANA	GEMENT	
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION USAGE			
*Not recommended guidelines.	98966 for use; if used, pla	ease follow CPT	Telephone assess by qualified non- professional.		•	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION REG	QUIREMENTS	
Telephone assessment and management service provided by a qualified non-physician 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 346 Service Content 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. Disposition – need for BH services, referral, etc.			
NOTES			EXAMPLE ACTIVI	TIES		
			 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 			
APPLICABLE POPULAT	TON(S)		UNIT		DURATION	
☒ Adol (12-17) (1	8-20) ×	Adult (21-64) Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 5 mii Maximum: 10 m	
ALLOWED MODE(S) O	FUELIVERT		PROGRAM SERVI ☑ HE (SP)	U4 (HJ (Voc)
□ Face-to-Face □ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifie	☑ TM ((ACT) \square (Respite) \square	HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENT	S					
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RI	PN/LVN (TE) N (TD)	, ,
PLACE OF SERVICE (PC	OS)					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	☑ PRTF (56) ☑ Shelter (04)	☑ FQHC (50)☑ RHC (72)☑ Inpt Hosp (21)☑ Inpt PF (51)	区 ER (23)	3)	

	E - PHONE ASSESSMENT AND MANAGEMENT					
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	DE DESCRIPTION		USAGE
*Not recommended guidelines.	98966 for use; if used, pl	Telephone assess by qualified non- professional.			☑ ОВН	
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS	
Telephone assessment and management service provided by a qualified non-physician 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 Requise See Page 346 Service Content 1. Presenting concern(s)/pro 2. Review of medical and me and treatment history. Dis referral, etc.				concern(s)/proble nedical and medic ent history. Dispo	em(s) cation history, ps	
NOTES			EXAMPLE ACTIVI	TIES		
			needs Phone assessr social history With the patie members, coll	ment with the par ment with the par information ent's permission, lateral sources to medical, social se	tient/patient's fa phone contact w collect pertinen	amily to collect
APPLICABLE POPULAT			UNIT		DURATION	
⊠ Adol (12-17) (1	8-20)] Adult (21-64)] Geriatric (65+)	☑ Encounter ☐ Day	□15 Minutes □ 1 Hour	Minimum: 5 m Maximum: 10	-
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	•	•	7
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual □ Group (HQ) □ Family (HR/HS)		⊠ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie		(ACT) [(Respite) [] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)
STAFF REQUIREMENT	S					
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (A 区 LPC 区 LMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II □ A	N (TD) PN (SA) P	xN (SA) A (PA) ID/DO (AF)
PLACE OF SERVICE (PC						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	区 PRTF (56) 区 Shelter (04)	☑ FQHC (50)☑ RHC (72)☑ Inpt Hosp (21)☑ Inpt PF (51)	区 ER (23) 区 PF-PHP (5 区 School (03 区 Other PO	3)	

	ASSESSMENT – N	ION-FACE-TO-FACE	- PHONE ASSESSM	ENT AND MANA	GEMENT		
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
*Not recommended guidelines.	98967 for use; if used, pleaso	e follow CPT	Telephone assessment and management provided by qualified non-physician health care professional. ✓ Medicaid				
SERVICE DESCRIPTIO	N		MINIMUM DOCU	MENTATION REC	QUIREMENTS		
a qualified non-phy established patient, p a related assessmen within the previous 7 management service	nt and management se sician health care properties, or guardian no nt and management days not leading to all or procedure within tappointment; 11-20 m	rofessional to an t originating from service provided in assessment and the next 24 hours	to an See Page 346 g from Service Content 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, fami and treatment history.				
NOTES			EXAMPLE ACTIVIT	TIES			
			 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 				
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
	_	☑ Adult (21-64) ☑ Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: 11 i Maximum: 20	-	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVIO	CE CATEGORY(IE	S)		
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential ☑ HF (2 nd modifie	⊠ TN D HN	1 (ACT) □ /1 (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMEN	TS						
☐ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	⊠ LCSW (⊠ LPC ⊠ LMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R	P(ID)	xN (SA) A (PA) 1D/DO (AF)	
PLACE OF SERVICE (P							
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	⋈ NF (32)⋈ PRTF (56)⋈ Shelter (04)⋈ SNF (31)	☑ FQHC (50)☑ RHC (72)☑ Inpt Hosp (21)☑ Inpt PF (51)	区 ER (23) ☑ PF-PHP (5 ☑ School (0) ☑ Other PO	3)		

ASSESSMENT – NON-FACE-TO-FAC			- PHONE ASSESSME	ENT AND MANA	GEMENT	
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE DESCRIPTION USAGE			
98967 *Not recommended for use; if used, please follow CPT guidelines.			Telephone assessn by qualified non-pl professional.	_	•	☑ ОВН
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	MENTATION REC	QUIREMENTS	
Telephone assessmer a qualified non-physestablished patient, parelated assessmer within the previous 7 management service or soonest available a discussion.	Technical Documentation Requirements See Page 346 Service Content 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. 3. Disposition – need for BH services, referral, etc.					
NOTES			EXAMPLE ACTIVIT	IES		
			 needs Phone assessm social history ir With the patier members, colla 	ent with the path oformation ont's permission,	cient in order to a cient/patient's fa phone contact w collect pertinent rvices, etc.)	mily to collect
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
	_	Adult (21-64) Geriatric (65+)	□ Day [□ 15 Minutes □ 1 Hour	Minimum: 11 r Maximum: 20	
ALLOWED MODE(S)			PROGRAM SERVIC			
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residential)☑ HF (2nd modifier	⊠ TN □ HN	I (ACT) \square I (Respite) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENT	ΓS					
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (/ ⊠ LPC ⊠ LMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II □ A	N (TD) PN (SA) □ P	kn (SA) A (PA) ID/DO (AF)
PLACE OF SERVICE (P						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	☑ NF (32)☑ PRTF (56)☑ Shelter (04)☑ SNF (31)	 ✓ FQHC (50) ✓ RHC (72) ✓ Inpt Hosp (21) ✓ Inpt PF (51) 	☑ ER (23) ☑ PF-PHP (5 ☑ School (0: ☑ Other PO:	3)	

ASSESSMENT – NON-FACE-TO-FACE - PHON				NT AND MANA	SEMENT	
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION USAGE			USAGE
98968 *Not recommended for use; if used, please follow CPT guidelines.			Telephone assessment and management provided by qualified non-physician health care professional. ✓ Medicaid			
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	QUIREMENTS	
Telephone assessment and management service provided by a qualified non-physician 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 346 Service Content 1. Presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history. 3. Disposition – need for BH services, referral, etc.			
NOTES			EXAMPLE ACTIVIT	TIES		
			 Phone assessment with the patient in order to assess his/her needs Phone assessment with the patient/patient's family to collect social history information With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.) 			
APPLICABLE POPULAT	TON(S)		UNIT DURATION			
⊠ Adol (12-17) (18-	-20) 🗵	Adult (21-64) Geriatric (65+)	□ Day [□ 15 Minutes □ 1 Hour	Minimum: 21 r Maximum: 30	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVIO			
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS	5)	⋈ HE (SP)☐ TG (Other SP)☐ HK (Residential⋈ HF (2nd modifie		ACT) (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENT	S					
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	∑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RI	PN (SA)	kn (SA) A (PA) D/DO (AF)
PLACE OF SERVICE (PC	•					
☑ Office (11) ☑ Mobile Unit (15)	☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54)	✓ PRTF (56)✓ Shelter (04)	☑ FQHC (50)☑ RHC (72)☑ Inpt Hosp (21)☑ Inpt PF (51)	区 ER (23)区 PF-PHP (52)区 School (03)区 Other POS (

ASSESSMENT – NON-FACE-TO-FA			CE - PHONE ASSESSM	ENT AND MANA	GEMENT		
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
*Not recommended to guidelines.	98968 for use; if used, pl	ease follow CPT	Telephone assessment and management provided by qualified non-physician health care professional. ☑ OBH				
SERVICE DESCRIPTION	N		MINIMUM DOCUM	MINIMUM DOCUMENTATION REQUIREMENTS			
Telephone assessment and management service provided by a qualified non-physician 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 Req See Page 346 Service Content 1. Presenting concern(s)/pro 2. Review of medical and management history. 3. Disposition – need for BH				ncern(s)/problem dical and medica t history.	n(s) tion history, p		
NOTES			EXAMPLE ACTIVITIE	ES			
			Phone assessme social history infWith the patient members, collat	ent with the pation formation t's permission, ph	ent/patient's fa none contact v ollect pertiner	vith family	
APPLICABLE POPULA			UNIT		DURATION		
⊠ Adol (12-17) (18	Young Adult 3-20)	区 Adult (21-64) ☐ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE				
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ ☐ Family (HR		□ HE (SP) □ TG (Other SP) □ HK (Residential) ☑ HF (2 nd modifier-			☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)	
STAFF REQUIREMENT	rs						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCS ⊠ LP(⊠ LM	∑ Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□CAC I □ F	APN (SA)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)	
PLACE OF SERVICE (P	•						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	⊠ NF (32) ☑ PRTF (56) ☑ Shelter (04) ☑ SNF (31)	☑ FQHC (50)☑ RHC (72)☑ Inpt Hosp (21)☑ Inpt PF (51)	区 ER (23) 区 PF-PHP (52 区 School (03 区 Other POS)		

EVALU	EVALUATION AND MANAGEMENT - OFFICE OR OTHER OUTPATIENT—NEW & ESTABLISHED PATIENT						
CPT®/HCPCS PROCEDU	IRE CODE				PROCEDU		USAGE
CFT /HCFC3 FROCEDO	JAL CODE				DESCRIPT	ION	USAGE
	m focused history, prob Il decision making. Typio		_		Office or (Outpatien	Other t Services.	☑ Medicaid
99202 requires expanded problem focused history, expanded problem focused examination, and straightforward medical decision making. Typical time spent is				nt is			
	d history, detailed exang. Typical time spent is 3		nplexity medical				
99204 requires compre	ehensive history, compi dical decision making. Ty	rehensive examinatio		9			
	ehensive history, compi			nlevity			
	n making. Typical time s		ii, and iiigii coiii,	pickity			
Established patient	6 / p	.,					
99212 requires proble	m focused history, prob						
	medical decision makir						
	ded problem focused his nd low complexity medi			nt is			
15 minutes.	ia low complexity mean	cai accision making. 1	ypical time spen	10.13			
	d history, detailed exan	nination, and modera	te complexity m	edical			
	g. Typical time spent is 2		, ,				
	ehensive history, compi		n, and high comp	plexity			
medical decisio	n making. Typical time s	spent is 40 minutes.					
SERVICE DESCRIPTION			MINIMUM DO			•	
	for face to face services		Technical Documentation Requirements				
	ng for the evaluation an		See Page 346				
	senting problem(s) of va		See Appendix G for more information on E/M services.				
hospital occurs.	d outpatient until inpati	ent admission to a					
NOTES			EXAMPLE ACTI	IVITIES			
NOTES			EXAMILE ACTI	IVIIILS			
APPLICABLE POPULAT	TION(S)		UNIT			DURATION	
☑ Child (0-11)	☑ Young Adult	☑ Adult (21-64)		□ 15 N	linutes		ypical times for
⊠ Adol (12-17)	(18-20)	☑ Geriatric (65+)	□ Day	□ 1 Ho		billing as a tim	
ALLOWED MODE(S) O	F DELIVERY	Ì	PROGRAM SER	RVICE CAT	TEGORY(IE		
_			⊠ HE (SP)		□ U4 (I	CM)	HJ (Voc)
☑ Face-to-Face ☑ Video Conf (GT)	☑ Individual		☐ TG (Other SF	P)	□ TM (ACT)	HQ (Clubhouse)
☐ Telephone	☐ Group (HQ) ☑ Family (HR/HS)		☐ HK (Resident				TT (Recovery)
ш тетернопе	E raining (rinyris)		▶ HF (2 nd mod	lifier-SUD)		HT (Prev/EI)
STAFF REQUIREMENTS	S						
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Mast	er's Level (HO)	□LAC	☐ LPN/L	, , IXI D^N	(SA)
☐ Bachelor's Level (HN) ☑ Intern	□ LPC	☐ Unlicensed EdD/	UNIT/UCVIT/HUT	□CAC II	□ RN (TI ⊠ APN (ר) א א א א א א א א א א א א א א א א א א א	PA)
L mem	☐ LMFT	☐ Licensed EdD/Ph	D/PsyD (AH)	□CACIII	□ QMAF	X \/)	'DO (AF)
PLACE OF SERVICE (PC							
☑ CMHC (53)		☑ Independent Clin ☐	ic (49) 🗵 Tele	ehealth (0	2)		
⊠Office (11)	☑ RHC (72)	School (03)					
⊠Mobile Unit (15)	⊠Outpt Hospital(22)	☑ NRSATF (57)					

EVALUATION AND MANAGEMENT - OFFICE OR OTHER OUTPATIENT- NEW & ESTABLISHED PATIENT						•	
CDT® /UCDCC DDOCEDUD	E CODE			PROCEDU	IRE CODE	LICACE	
CPT®/HCPCS PROCEDUR	E CODE			DESCRIPT	ION	USAGE	
New Patient				Office or 0	Other		
99201 requires problem	focused history, problem	m focused examina	ntion, and straight	Outpatier	nt Services.	☑ OBH	
forward medical o	decision making. Typical	time spent is 10 m	inutes.				
99202 requires expanded	d problem focused histo	ory, expanded prob	lem focused				
examination, and	straightforward medica	I decision making.	Typical time spent is				
20 minutes.							
99203 requires detailed	history, detailed examir	nation, and low con	nplexity medical				
decision making.	Typical time spent is 30	minutes.					
99204 requires compreh	ensive history, compreh	nensive examinatio	n, and moderate				
complexity medic	al decision making. Typi	ical time spent is 45	minutes.				
99205 requires compreh	ensive history, compreh	nensive examinatio	n, and high complexity				
medical decision r	making. Typical time spe	ent is 60 minutes.					
Established patient							
99212 requires problem	focused history, problem	m focused examina	ntion, and				
straightforward m	nedical decision making.	Typical time spent	is 10 minutes.				
99213 requires expande	d problem focused histo	ory, expanded prob	lem focused				
examination, and	low complexity medical	I decision making. 1	Typical time spent is				
15 minutes.							
99214 requires detailed	history, detailed examir	nation, and modera	te complexity medical				
	Typical time spent is 25		, ,				
99215 requires compreh			n, and high complexity				
	making. Typical time spe						
SERVICE DESCRIPTION			MINIMUM DOCUMEN	TATION RE	QUIREMENTS		
These codes are used for	face to face services in	an office or	Technical Documentat	tion Requir	ements		
other outpatient setting	for the evaluation and r	management of	See Page 346				
an individual with preser		-	See Appendix G for more information on E/M services.				
A patient is considered o							
hospital occurs.	•						
NOTES			EXAMPLE ACTIVITIES				
APPLICABLE POPULATIO	N(S)		UNIT		DURATION		
		☑ Adult (21-					
☑ Child (0-11)	✓ Young Adult	64)	☑ Encounter ☐ 15	Minutes	See chart for t	ypical times for	
⊠ Adol (12-17)	(18-20)	✓ Geriatric	□ Day □ 1 H	lour	billing as a tim		
, ,	,	(65+)	,		Ü		
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERVICE CA	ATEGORY(IE	S)		
			☑ HE (SP)	□ U4 (ICM)	HJ (Voc)	
✓ Face-to-Face	⊠ Individual		☐ TG (Other SP)	□ TM (•	HQ (Clubhouse)	
☑ Video Conf (GT)	☐ Group (HQ)		☐ HK (Residential)			TT (Recovery)	
☐ Telephone	☑ Family (HR/HS)		☑ HF (2 nd modifier-SU	D)		HT (Prev/EI)	
STAFF REQUIREMENTS			·	,		· · ·	
☐ Peer Specialist	D + 6014 (A 1)	- Italiaa dad	ar/a Lavral (UO) □LAC	☐ LPN/L	VN (TE)	(6.1)	
☐ Bachelor's Level (HN)	□ LCSW (AJ) □ LPC	☐ Unlicensed Mast ☐ Unlicensed EdD/		☐ RN (T	D)		
☑ Intern	☐ LMFT	☐ Licensed EdD/Ph	· ' ' ('Δ('		(SA) KIMD	PA) 'DO (AF)	
		Electised EdD/111	D/1 3 y D (A11) □CACIII	☐ QMAI	P 🖾 1V1D/	DO (Al)	
PLACE OF SERVICE (POS)							
区MHC (53)	☑Outpt Hospital(22)	⊠Ir	ndependent Clinic (49)	⊠ Tel	ehealth (02)		
⊠Office (11)	区 FQHC (50)	⊠ Sc	chool (03)				
⊠Mobile Unit (15)	☑ RHC (72)	×N	RSATF (57)				

EVALUATION AND MANAGEMENT - O	FFICE OI	R OTHER OUTP	ATIENT – ES	STABLIS	HED PATI	ENT	
CPT®/HCPCS PROCEDURE CODE		PROCEDURE					USAGE
99211		Office or other not require the presenting pro	presence (of a phy	sician. Us		☑ Medicaid
SERVICE DESCRIPTION		MINIMUM D	OCUMENT	TATION	REQUIR	EMENT	S
This service is an "incident to" service and can only be provided if the patient is an established patient and the physician of qualified NPP is in the office suite and available to provide supervision. The service code is used when an individual sees a nurse of other trained nurse's aide or medical technician for serviced that do not require the physician to perform the service, estolood pressure or weight checks, medication counseling, for up on side effects, etc. The code is generally not used by physicians or NPPs.	vided r direct r es .g. ollow-	Technical Documentation Requirements See Page 346 The service does not require any of the key components required by other E&M services. It is not billed based on time spent. 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. See Appendix G for more information on E/M services.					
Typically 5 minutes or less, presenting problems are minim	nal	EVALABLE ACT	TI) ((T) EC				
NOTES The service must be medically necessary 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. If another service code more accurately describes the service provided it should be used in place of the 99211, for example, injection codes.		An individual is seen by the nurse for a blood pressure check and to discuss any concerns about medications. 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. An individual follows-up with the nurse post a TB test for reading results.					heck because This would not
APPLICABLE POPULATION(S)		UNIT			DURATI	ION	
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ (18-20) ☑ Geriatric (65+ 	.)	区 Encounter ☐ Day	□ 15 Mi □ 1 Hou		Typical t less	ime spen	t: 5 minutes or
ALLOWED MODE(S) OF DELIVERY		PROGRAM SE	RVICE CA	TEGOR	Y(IES)		
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ TelephoneFamily (HR/HS)		☑ HE (SP)☐ TG (Other SI☐ HK (Residen☑ HF (2nd mod	tial)	□ U4 □ TM □ HW (Respi	(ACT)		(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMENTS							
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ LPC □ LMFT □ LMFT □ Unlicensed Education □ LMFT	l EdD/ Phi	D/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	⊠ LPN ⊠ RN (⊠ APN □ QM/	(SA)	RxN (S PA (PA MD/D Certific Medical A	N) O (AF) ed/Registered
PLACE OF SERVICE (POS)							
☑CMHC (53)☒ Outp Hospital(22)☒Office (11)☒ FQHC (50)☒Mobile Unit (15)☒ RHC (72)		☑ Independer ☑ NRSATF (57)	•)			

E	VALUATION AND MAN	IAGEMENT - OFFIC	E OR OTHER OUTP	ATIENT – ESTABLIS	SHED PATIENT		
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CO	DE DESCRIPTION	J	USAGE	
	99211			itpatient office visince of a physician. The are minimal.	•	☑ ОВН	
SERVICE DESCRIPTION	ON		MINIMUM DOO	UMENTATION R	EQUIREMENTS		
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. 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. The code is generally not used by physicians or NPPs. Typically 5 minutes or less, presenting problems are minimal			Technical Documentation Requirements See Page 346 The service does not require any of the key components required by other E&M services. It is not billed based on time spent. 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. See Appendix G for more information on E/M services.				
NOTES			EXAMPLE ACTIV	/ITIES			
The service must be medically necessary 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. If another service code more accurately describes the service provided it should be used in place of the 99211, for example, injection codes.		discuss any conce An individual app were in the area. medical necessity	een by the nurse fo erns about medicat ears requesting a b No symptoms are a and should not be ows-up with the nu	ions. lood pressure ch reported. This w billed.	eck because they ould not meet		
APPLICABLE POPUL			UNIT		DURATION		
• •	-	Adult (21-64) Geriatric (65+)		☐ 15 Minutes ☐ 1 Hour	Typical time sp less	ent: 5 minutes or	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV	VICE CATEGORY(
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifie		CT) \square F espite) \square T	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI)	
STAFF REQUIREMEN	NTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (A. □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC ☑ LPN □CAC I ☑ RN □CAC II ☑ APN □CACIII □ QM	N (SA) ⊠ MD, AP ⊠ Cert		
PLACE OF SERVICE (
区CMHC (53) 区Office (11) 区Mobile Unit (15)	☑ Outp Hospital(22) ☑ FQHC (50) ☑ RHC (72)		☑ Independent Cli ☑ NRSATF (57)	nic (49)			

EVALUATION AND MANAGEMENT - HOSPITAL OBSERVATION - OBSERVATION CARE DISCHARGE						
CPT®/HCPCS PROCI	DURE CODE		PROCEDURE COD	USAGE		
99217			Observation Care discharge day management when provided on a day other than day of admission.			
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS	
This code is to be utilized to report all services provided to a patient on discharge from Observation status if discharged on a day other than the initial date of Observation status. To report services to a patient designated as Observation status or inpatient status admitted and discharged on the same date use code range 99234-99236.			Technical Documentation Requirements See Page 346 The final examination of the patient, discussion of the stay, instructions for continuing care and preparation of discharge records. See Appendix G for more information on E/M services.			
NOTES			EXAMPLE ACTIVI	TIES		
APPLICABLE POPUL	ATION(S)		UNIT		DURATION	
	⊠ Young Adult (18-20)	区 Adult (21-64) ☑ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	See chart for type billing as a time	
ALLOWED MODE(S	OF DELIVERY		PROGRAM SERVI	ICE CATEGORY(IE	S)	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HC ☑ Family (HR □ Family HS)	2)	☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifie	□ TN al) □ HN	1 (ACT) ☐ H ⁄I (Respite) ☐ 1	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI)
STAFF REQUIREME	NTS					
☐ Peer Specialist ☐ Bachelor's Level (HI ☑ Intern	N)	C ☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ⊠ A	ΔPN (SΔ) × PA	RN (SA) A (PA) D/DO (AF)
PLACE OF SERVICE	(POS)					
⊠CMHC (53)	☑ Outpt Hospital	(22) × PF-PHP (52	2)			

EVALUATION AND MANAGEMENT - HOSPITAL OBSERVATION - OBSERVATION CARE DISCHARGE									
CPT®/HCPCS PROCED	URE CODE			PROCEDURE COL	DE DESCRI	PTION			USAGE
99217			Observation Care discharge day management when provided on a day other than day of admission.					☑ ОВН	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS						
This code is to be utilized to report all services provided to a patient on discharge from Observation status if discharged on a day other than the initial date of Observation status. To report services to a patient designated as Observation status or inpatient status admitted and discharged on the same date use code range 99234-99236.				Technical Documentation Requirements See Page 346 The final examination of the patient, discussion of the stay, instructions for continuing care and preparation of discharge records. See Appendix G for more information on E/M services.					
NOTES				EXAMPLE ACTIVI	ITIES				
APPLICABLE POPULAT	TION(S)			UNIT			DURATIO	N	
, ,	Young Adult 3-20)		,	区 Encounter ☐ Day	☐ 15 Mir ☐ 1 Hou			, ,	ical times for based code
ALLOWED MODE(S) O	F DELIVERY			PROGRAM SERV	ICE CATEG	ORY(IE	:S)		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual☐ Group (HQ☑ Family (HR☐ Family HS)	•		□ HE (SP) □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie	,		(ICM) 1 (ACT) 1 (Respite)		HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMENT	S								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern		C ☐ Unlic	censed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ R ⊠ A	PN/LVN (TE) N (TD) IPN (SA) IMAP	⊠ RxN ⊠ PA ⊠ MD	
PLACE OF SERVICE (PO	OS)								
区MHC (53)	☑ Outpt Hospi	tal(22) 🗵 PF-	-PHP (5	52)					

EVALUATION AND MANAGEMENT - HOSPITAL OBSERVATION - 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 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,	and management of a patient ☑ Medicaid			
Typical time is 70 minutes				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
The following codes are used to report the encounter(s) by the supervising physician or other qualified health care professional with the patient 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. 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.	See Page 346 See Appendix G for more information on E/M services.			
NOTES	EXAMPLE ACTIVITIES			
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	UNIT DURATION V Speciment 15 Minutes See short for tuning times for			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+	☑ Encounter☐ 15 Minutes☐ See chart for typical times for billing as a time-based code			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
	□ HE (SP) □ U4 (ICM) □ HJ (Voc) □ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HF (2 nd modifier-SUD) □ HT (Prev/EI)			
STAFF REQUIREMENTS				
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicens	Sed Master's Level (HO) □ CAC I □ RN (TD) □ RXN (SA) Sed EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) □ PA (PA) I EdD/PhD/PsyD (AH) □ CAC II □ QMAP □ MD/DO (AF)			
PLACE OF SERVICE (POS)				
☑CMHC (53) ☑ Inpt Hosp (21) ☑ Inpt PF (51)	.) 🗵 PF-PHP (52)			

EVALUATION AND MANAGEMENT - HOSP	PITAL OBSERVATION - 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	Initial observation care, per day, for the evaluation and management of a patient OBH					
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						
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
The following codes are used to report the encounter(s) by the supervising physician or other qualified health care	Technical Documentation Requirements					
professional with the patient when designated as	See Page 346 See Appendix G for more information on E/M ser	vices				
"observation status." This refers to the initiation of	See Appendix of the morniation on Lywiser	vices.				
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. The physician who is the admitting physician must append						
modifier AI to all claims.						
mounter // to an elains.						
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.						
NOTES	EXAMPLE ACTIVITIES					
APPLICABLE DODINATION(C)	LINIT					
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	UNIT DURATION ☑ Encounter ☐ 15 Minutes See chart for	typical times for				
 ✓ Child (0-11) ✓ Foung Addit ✓ Addit (21-64) ✓ Geriatric (65+) 		ne-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	Te basea code				
X Individual	☑ HE (SP) ☐ U4 (ICM)	☐ HJ (Voc)				
☐ Face-to-Face ☐ Group (HQ)	☐ TG (Other SP) ☐ TM (ACT)	☐ HQ (Clubhouse)				
☐ Video Conf (GT) ☐ Family (HR) ☐ Telephone ☐ Family (HR)	☐ HK (Residential) ☐ HM (Respite)	☐ TT (Recovery)				
☐ Family (HS)	☑ HF (2 nd modifier-SUD)	☐ HT (Prev/EI)				
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ LCSW (AJ) ☐ Unlicensed	Master's Level (HO) □LAC □ LPN/LVN (TE) □ RN (TD) □	RxN (SA)				
▼ Intern	EdD/ PhD/PsyD (HP)	PA (PA)				
☐ LMFT ☐ Licensed Edl	D/PhD/PsyD (AH) ☐CACIII ☐ QMAP	MD/DO (AF)				
PLACE OF SERVICE (POS)						
☑CMHC (53) ☑ Inpt Hosp (21) ☑ Inpt PF (51)	☑ PF-PHP (52)					

EVALUATION AND MANAGEMEN	IT - HOSPITAL INPATII	NT- INITIAL HOSP	ITAL CARE		
CPT®/HCPCS PROCEDURE CODE		DE DESCRIPTION		USAGE	
99221	Initial hospital c	are, per day, for th	e evaluation	✓ Medicaid	
33221		nt of a patient (low		- Ivieuicaiu	
SERVICE DESCRIPTION		UMENTATION RE	QUIREMENTS		
Initial inpatient/partial hospital encounter, per day, with patient by the admitting MD/DO. Usually, the problem requiring admission are low severity. Three key compone are required: • Detailed/comprehensive history • Detailed/comprehensive examination • Medical decision-making that is straightforward/of a complexity When counseling and/or coordination of care domina (more than 50%) the MD/DO-patient and/or family encour (face-to-face time on the floor/unit/hospital), time considered the key/controlling factor to qualify for the least of service.	Technical Documents See Page 346 Service Content Documentation 1. Reason for each findings and 2. Assessment, 3. Plan for care 4. Date and ide 5. Past diagnos 6. Appropriate 7. Patient's progression in d 8. Counseling a • Where tin more than and coord	Technical Documentation Requirements See Page 346 Service Content Documentation for each patient encounter includes: 1. Reason for encounter and relevant history, physical examination findings and prior diagnostic tests 2. Assessment, clinical impression and diagnosis 3. Plan for care 4. Date and identity of provider 5. Past 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 • 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			
		encounter was us for more informat	<u> </u>	•	
NOTES	EXAMPLE ACTIV	/ITIES	·		
This procedure code represents all services rendered on DOS. Only one 99221 should be rendered per admissi MD/DO typically spends 30 minutes at the patient's bedsi	on.				
APPLICABLE POPULATION(S)	UNIT		DURATION		
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65-	Day	☐ 15 Minutes ☐ 1 Hour	See chart for type billing as a time		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERV	/ICE CATEGORY(IE	S)		
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☑ Family (HR/HS)	☑ HE (SP) ☐ TG (Other SP ☐ HK (Resident ☑ HF (2 nd modit	ial) 🗆 HM	(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS					
□ Bachelor's Level (HIV) □ LPC □ Unlicer □ Intern □ LMFT □ License	sed Master's Level (HO) sed EdD/ PhD/PsyD (HP) d EdD/PhD/PsyD (AH)	□CAC I □ R □CAC II ☒ A	N (TD) PN (SA) □ PA	N (SA) (PA) D/DO (AF)	
PLACE OF SERVICE (POS)					
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (5)	2)				

	EVALUATION AND MA	NAGEMENT - H	OSPITAL INPATIEN	IT- INITIAL HOSP	ITAL CARE	
CPT®/HCPCS PROCEDUF	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	99221		Initial hospital car			✓ OBH
			and management			
SERVICE DESCRIPTION			MINIMUM DOCU		-	
Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are low severity. Three key components are required: • Detailed/comprehensive history • Detailed/comprehensive examination • Medical decision-making that is straightforward/of 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.			findings and p Assessment, c Plan for care Date and iden Past diagnoses Appropriate h Patient's progrevision in diag Counseling an Where time more than s and coordin Time spent	or each patient encounter and release orior diagnostic tilinical impression tity of provider sealth risk factors ress, response to gnosis if applicated/or activities per is significant to 50% of time sper must also be docencounter was us	ncounter includevant history, pheests and changes in ole erformed to coolencounter, docut with patient wuired cumented (e.g., sed counseling/	treatment, and rdinate patient care imentation that ras used counseling "20 minutes of the coordinating care")
NOTES			EXAMPLE ACTIVIT		tion on Eyivi serv	ices.
This procedure code rep DOS. Only one 99221 MD/DO typically spends	should be rendered p	er admission.				
APPLICABLE POPULATION	DN(S)		UNIT		DURATION	
⊠ Adol (12-17) (18-	20) 🗵 Ge	lult (21-64) eriatric (65+)		□ 15 Minutes □ 1 Hour	See chart for t billing as a tim	ypical times for e-based code
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifie	•	(ACT) [(Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R	N (TD) APN (SA)	Rxn (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (POS)					
☑ Inpt Hosp (21)	☑ Inpt PF (51)	PF-PHP (52)				

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - IN				ITAL CARE		
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
99222		Initial hospital care, p			☑ Medicaid	
		and management of a	<u> </u>			
SERVICE DESCRIPTION		MINIMUM DOCUME		-		
Initial inpatient/partial hospital encoupatient by the admitting MD/DO. Urequiring admission are moderate	sually, the problem(s)	Technical Documenta See Page 346 Service Content	·			
components are required: • Comprehensive history • Comprehensive examination • Medical decision-making of mod When counseling and/or coordinatio (more than 50%) the MD/DO-patient a (face-to-face time on the floor/u considered the key/controlling factor of service.	 Documentation for each patient encounter includes: Reason for encounter and relevant history, physical examination findings and prior diagnostic tests Assessment, clinical impression and diagnosis Plan for care Date and identity of provider Past 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 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 enco See <u>Appendix G</u> for m		ed counseling/ co		
NOTES		EXAMPLE ACTIVITIES				
This procedure code represents all se DOS. Only one 99222 should be remained by the MD/DO typically spends 50 minutes at	ndered per admission.	Partial hospital ad blended family, tr treatment to cont depression.	ansferred fro	m inpatient settin	g, for continued	
APPLICABLE POPULATION(S)		UNIT		DURATION		
☑ Child (0-11)☑ Young Adult☑ Adol (12-17)☑ (18-20)	✓ Adult (21-64)✓ Geriatric (65+)	□ Day □ 1	L5 Minutes L Hour	See chart for typ billing as a time-		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE O	•	•		
☑ Face-to-Face☐ Video Conf (GT)☐ Group (House Family (House)☐ Family (House)	Q)	□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier-SU)		(ACT)	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/EI)	
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ LI ☐ Intern ☐ LI	C Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP)	CAC II 🗵 RI	PN/LVN (TE) N (TD) NPN (SA) MAP MAP	` '	
PLACE OF SERVICE (POS)						
☑ Inpt Hosp (21) ☑ Inpt PF (51) × PF-PHP (52)					

EVALUATION AND MANAGEMENT - H	IOSPITAL INPATIENT - 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)					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s)	Technical Documentation Requirements See Page 346					
requiring admission are moderate severity. Three key	Service Content					
components are required:	Documentation for each patient encounter includes:					
Comprehensive history	1. Reason for encounter and relevant history, physical examination	on				
Comprehensive examination	findings and prior diagnostic tests					
Medical decision-making of moderate complexity	2. Assessment, clinical impression and diagnosis					
When counseling and/or coordination of care dominates	3. Plan for care					
(more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is	Date and identity of provider Past diagnoses					
considered the key/controlling factor to qualify for the level	6. Appropriate health risk factors					
of service.	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					
	 Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counsel 					
	and coordinating care is required	6				
	 Time spent must also be documented (e.g., "30 minutes of t 	:he				
	50 minute encounter was used counseling/ coordinating care")					
	See Appendix G for more information on E/M services.					
NOTES	EXAMPLE ACTIVITIES					
This procedure code represents all services rendered on the DOS. Only one 99222 should be rendered per admission.	Partial hospital admission for an adolescent patient from chaotic blended family, transferred from inpatient setting, for continued					
MD/DO typically spends 50 minutes at the patient's bedside.	treatment to control symptomatic expressions of hostility and					
, , , . , . ,	depression.					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes See chart for typical times for					
	□ Day □ 1 Hour billing as a time-based code					
	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)					
☐ Face-to-Face ☐ Individual	\Box TG (Other SP) \Box TM (ACT) \Box HQ (Clubhou	ıse)				
☐ Video Conf (GT) ☐ Group (HQ)	☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery					
☐ Telephone ☑ Family (HR/HS)	☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)					
STAFF REQUIREMENTS						
I I Bachelor S Level (HIV)	Master's Level (HO) □LAC □ LPN/LVN (TE) □ RN (SA)					
Intern ☐ LPC ☐ Unlicensed I	ECOL PND/PSYD (HP) TICACII XI APN (SA) LI PA (PA)					
☐ LMFT ☐ Licensed Edit	D/PhD/PsyD (AH) □CACIII □ QMAP ☑ MD/DO (AF)					
PLACE OF SERVICE (POS)						
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)						

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT- 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) Medicaid				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are acute/high severity. Three key components are required: • Comprehensive history • Comprehensive 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.	 Documentation for each patient encounter includes: Reason for encounter and relevant history, physical examination findings and prior diagnostic tests Assessment, clinical impression and diagnosis Plan for 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.	 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				
☑ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ billing as a time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☑ Family (HR/HS)	 ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☑ HF (2nd modifier-SUD) ☐ HT (Prev/EI) 				
STAFF REQUIREMENTS					
☐ Bachelor's Level (HIN) ☐ LPC ☐ Unlicensed	I Master's Level (HO) □CAC I □ RN (TD) □CAC I □ RN (TD) □CAC I □ RN (SA) □D(PhD/PsyD (AH) □CAC II ☑ APN (SA) □CACII □ QMAP □CACII □ QMAP				
PLACE OF SERVICE (POS)					

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT- 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)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Initial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are acute/high severity. Three key components are required: • Comprehensive history • Comprehensive 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 346 Service Content Documentation for each patient encounter includes: 1. Reason for encounter and relevant history, physical examination findings and prior diagnostic tests 2. Assessment, clinical impression and diagnosis 3. Plan for care 4. Date and identity of provider 5. Past 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 • Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required • The time spent must also be documented (e.g., "50 minutes of the 70 minute encounter was used counseling/coordinating care")			
NOTES	See Appendix G for more information on E/M services. 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.	 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			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ billing as a time-based code			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☑ Family (HR/HS)	 ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☐ HT (Prev/EI) 			
STAFF REQUIREMENTS				
□ LPC □ Unlicensed	d Master's Level (HO) □ CAC I □ RN (TD) □ CAC I □ RN (TD) □ CAC I □ RN (SA) □ PA (PA) □ CAC II □ APN (SA) □ MD/DO (AF)			
PLACE OF SERVICE (POS)				

EVALUATION AN	D MANAGEMENT - HOSPIT	AL OBSERVATION -	SUBSEQUENT OF	SERVATION CARE			
CPT®/HCPCS PROCEDURE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE		
99224 requires problem focused in	nterval history, problem	Subsequent hosp	ital care, per day	, for the			
focused exam, and straight	forward or low complexity	evaluation and m	nanagement of a	patient.	☑ Medicaid		
medical decision making. Ty	pical time is 15 minutes.						
99225 expanded problem focused	interval history, expanded						
problem focused exam, and	l moderate complexity						
medical decision making. Ty	pical time is 25 minutes.						
99226 requires detailed interval hi	story, detailed exam, high						
complexity medical decision	n making Typical time is 35						
minutes.							
SERVICE DESCRIPTION		MINIMUM DOCU	MINIMUM DOCUMENTATION REQUIREMENTS				
All levels of subsequent observation	on care include reviewing	Technical Docum	Technical Documentation Requirements				
the medical record and reviewing	the results of diagnostic	See Page 346					
studies and changes in the patient	's status (i.e., changes in	See Appendix G f	or more informa	tion on E/M service	es.		
history, physical condition, and res							
since the last assessment.							
This code is used for all services pr	ovided on the date the						
physician or NPP (qualified Non-Ph	ysician Practitioner) first						
provides the Observation care, reg	ardless of the number of						
days since admission.							
The physician who is the admitting	g physician must append						
modifier AI to all claims.							
The physician/NPP may only bill fo	r one E&M code per day.						
Services provided in multiple locat							
should be included in the single co							
Services provided subsequent to the							
should be billed using one of the s							
Choose the code based on the who							
or subsequent care and by the leve							
NOTES		EXAMPLE ACTIVI	TIES				
APPLICABLE POPULATION(S)		UNIT		DURATION			
☑ Child (0-11) ☑ Young Adul	t 🗵 Adult (21-64)	☑ Encounter	☐ 15 Minutes	See chart for typ	ical times for		
☑ Adol (12-17) (18-20)	☑ Geriatric (65+)	☐ Day	☐ 1 Hour	billing as a time-	based code		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERV	ICE CATEGORY(IE	S)			
□ 🗵 Individua		⊠ HE (SP)	□ U4	(ICM)	HJ (Voc)		
⊠ Face-to-Face ☐ Group (H		☐ TG (Other SP)	□ TM	1 (ACT)	HQ (Clubhouse)		
☐ Video Conf (GT)		☐ HK (Residentia	al) 🗆 HN		TT (Recovery)		
☐ Telephone ☐ Family (H		☑ HF (2 nd modifie			HT (Prev/EI)		
STAFF REQUIREMENTS	,						
☐ Peer Specialist			□LAC □ L	PN/LVN (TE)			
L L Bachelor S Level (HIV)	` '	d Master's Level (HO)		N (TD) 💛 🔼 RXI			
IXI INTERN		d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)		PN (SA)			
	LI LICETISEO E	uu, riiu, rsyu (AN)	□CACIII □ C	MAP 🔼 MI	D/DO (AF)		
PLACE OF SERVICE (POS)							
☑ Outpt Hospital(22)							

EVALUATION A	ND MANAGEM	IENT - HOSPITA	L OBSERVATION - :	SUBSEQUEN	т ов	SERVATION	N CARE	
CPT®/HCPCS PROCEDURE CODE			PROCEDURE COD					USAGE
99224 requires problem focused focused exam, and straigh medical decision making. 99225 expanded problem focused problem focused exam, at medical decision making. 99226 requires detailed interval	It forward or lo Typical time is d interval histo nd moderate co Typical time is	w complexity 15 minutes. bry, expanded omplexity 25 minutes.	Subsequent hosp evaluation and m					☑ ОВН
complexity medical decisi		_						
minutes.								
SERVICE DESCRIPTION			MINIMUM DOCU				TS	
All levels of subsequent observate the medical record and reviewing studies and changes in the patient history, physical condition, and resince the last assessment. This code is used for all services physician or NPP (qualified Non-provides the Observation care, redays since admission. The physician who is the admitting modifier Al to all claims. The physician/NPP may only bill Services provided in multiple loc should be included in the single of Services provided subsequent to should be billed using one of the Choose the code based on the wor subsequent care and by the let	g the results of nt's status (i.e., esponse to man provided on the Physician Practice gardless of the ng physician must for one E&M coations, e.g. ER coations, et al. Exponse the initial hosp subsequent cathether the service.	diagnostic changes in nagement) e date the itioner) first e number of ust append ode per day. or office pital care re codes.	See Page 346 See Appendix G for more information on E/M services. he first er of end day. e s.			es.		
NOTES			EXAMPLE ACTIVIT	TIES				
APPLICABLE POPULATION(S)		1. (24.64)	UNIT			DURATIO		1
☑ Child (0-11)☑ Young Ad☑ Adol (12-17)☑ (18-20)	⊠ Ge	ult (21-64) riatric (65+)	☐ Day	☐ 15 Minut		billing as a		cal times for pased code
	al HQ) HR)		PROGRAM SERVI ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☐ HF (2 nd modifie	[[]	⊒ U4 ⊒ TM	(ICM) (ACT) I (Respite)	□ H □ T	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII		PN/LVN (TE) N (TD) PN (SA) MAP	⊠ RxN ⊠ PA (⊠ MD,	
PLACE OF SERVICE (POS)								
☑ Outpt Hospital(22))	

EVALUATION AND MANAGEMENT - HOS	PITAL INPATIENT - SUBSEQUENT HOSPITAL CARE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
99231	Subsequent hospital care, per day (stable, ☑ Medicaid				
	recovering or improving patient)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Subsequent hospital care includes medical record review,	Technical Documentation Requirements				
diagnostic studies review, along with a review of changes in	See Page 346				
patient's status (i.e., changes in history, physical condition	Service Content				
and response to management) since the last assessment by	Documentation for each patient encounter includes:				
MD/DO. Requires at least 2 of these 3 components:	Reason for encounter (i.e., follow-up on condition Condition being followed.	1)			
A problem-focused interval history	 Condition being followed Any changes in relevant history, physical examina 	tion findings			
 A problem-focused interval history A problem-focused examination 	and/or prior diagnostic tests	tion infamgs,			
Medical decision-making that is straightforward/of low	Assessment, clinical impression/diagnosis				
complexity	5. Plan for care				
completing,	6. Date and identity of provider				
When counseling and/or coordination of care dominates	7. Past and present diagnoses				
(more than 50%) the MD/DO-patient and/or family encounter	8. Appropriate health risk factors				
(face-to-face time on the floor/unit/hospital), time is	9. Patient's progress, response to and changes in tre	eatment, and			
considered the key/controlling factor to qualify for the level	revision in diagnosis if applicable				
of service.	10. Counseling and/or activities performed to coording	nate patient			
	care				
	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 				
	15 minute encounter was used counseling/ coo				
	See Appendix G for more information on E/M service	S.			
NOTES	EXAMPLE ACTIVITIES				
Usually, the patient is stable, recovering/improving. The	Subsequent hospital visit for 14-year-old female in				
MD/DO typically spends 15 minutes at the patient's bedside.	of inpatient treatment; now behaviorally stable a satisfactory progress in treatment.	nd making			
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)		cal times for			
✓ Adol (12-17) (18-20) ✓ Geriatric (65+)	☐ Day ☐ 1 Hour billing as a time-b				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
		HJ (Voc)			
☑ Face-to-Face ☑ Individual		HQ (Clubhouse)			
☐ Video Conf (GT) ☐ Group (HQ)		TT (Recovery)			
☐ Telephone ☑ Family (HR/HS)	☑ HF (2 nd modifier-SUD)	HT (Prev/EI)			
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Respector's Level (HN) ☐ LCSW (AJ) ☐ Unlicensed N	Master's Level (HO) □LAC □ LPN/LVN (TE) □ RxN	(SA)			
Bactieioi S Level (HIV)	sed EdD/ PhD/PsyD (HP) LICAC I LI RN (TD)				
✓ Intern ☐ LMFT ☐ Licensed EdD		/DO (AF)			
PLACE OF SERVICE (POS)	LICACIII LI QIVIAF				
✓ Inpt Hosp (21) ✓ Inpt PF (51) ✓ PF-PHP (52)					
三 III III III III III III III III III I					

EVALUATION AND MANAGEMENT - HOS	PITAL INPATIENT - SUBSEQUENT HOSPITAL CARE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
99231	Subsequent hospital care, per day (stable,				
	recovering or improving patient)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Subsequent hospital care includes medical record review,	Technical Documentation Requirements				
diagnostic studies review, along with a review of changes in patient's status (i.e., changes in history, physical condition	See Page 346				
and response to management) since the last assessment by	Service Content Documentation for each nations encounter includes:				
MD/DO. Requires at least 2 of these 3 components:	Documentation for each patient encounter includes: 1. Reason for encounter (i.e., follow-up on condition)				
They be a required at reast 2 of these 3 components.	Condition being followed				
A problem-focused interval history	3. Any changes in relevant history, physical examination findings,				
A problem-focused examination	and/or prior diagnostic tests				
Medical decision-making that is straightforward/of low	4. Assessment, clinical impression/diagnosis				
complexity	5. Plan for care				
	6. Date and identity of provider				
When counseling and/or coordination of care dominates	7. Past and present diagnoses				
(more than 50%) the MD/DO-patient and/or family encounter	8. Appropriate health risk factors				
(face-to-face time on the floor/unit/hospital), time is	9. Patient's progress, response to and changes in treatment, and				
considered the key/controlling factor to qualify for the level	revision in diagnosis if applicable				
of service.	10. Counseling and/or activities performed to coordinate patient				
	care				
	Where time is significant to encounter, documentation that more than 50% of time spent with nation; was used counseling.				
	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")				
	See Appendix G for more information on E/M services.				
NOTES	EXAMPLE ACTIVITIES				
Usually, the patient is stable, recovering/improving. The	Subsequent hospital visit for 14-year-old female in middle phase imperior to the part of the				
MD/DO typically spends 15 minutes at the patient's bedside.	of inpatient treatment; now behaviorally stable and making				
ADDITION (C)	satisfactory progress in treatment. UNIT DURATION				
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	UNIT DURATION ☑ Encounter ☐ 15 Minutes See chart for typical times for				
✓ Cinid (0-11) ✓ Foung Addit ✓ Addit (21-04) ✓ Addit (21-04) ✓ Addit (21-04) ✓ Geriatric (65+)	□ Day □ 1 Hour billing as a time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
· ·					
☑ Face-to-Face ☑ Individual	$\Box TG \; (Other \; SP) \qquad \Box \; TM \; (ACT) \qquad \Box \; HQ \; (Clubhouse)$				
☐ Video Conf (GT) ☐ Group (HQ)	☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery)				
☐ Telephone ☑ Family (HR/HS)	☑ HF (2 nd modifier-SUD) □ HT (Prev/EI)				
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ LCSW (AJ) ☐ Unlicensed	Master's Level (HO) □LAC □ LPN/LVN (TE) ☑ RxN (SA)				
	EdD/ PhD/PsyD (HP) LICAC I LI RN (ID)				
□ LMFT □ Licensed Ed	D/PhD/PsyD (AH) □CAC II ☑ APN (SA) ☐ FA (FA) □CAC II ☑ APN (SA) ☑ FA (FA) □CAC III □ QMAP ☑ MD/DO (AF)				
PLACE OF SERVICE (POS)					
 ✓ Inpt Hosp (21) ✓ Inpt PF (51) ✓ PF-PHP (52) 					
ptosp (==)					

EVALUATION AND MANAGEMENT - HO	OSPITAL INPATIENT- SUBSEQUENT HOSPITAL CARE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
99232	Subsequent hospital care, per day (patient responding inadequately to therapy or has ✓ Medicaid				
	developed a minor complication)				
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: • An expanded problem-focused interval history • An expanded problem-focused examination • Medical decision-making of moderate complexity 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.	Technical Documentation Requirements See Page 346 Service Content Documentation for each patient encounter includes: 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				
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.	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				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ billing as a time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☑ Telephone☑ Family (HR/HS)	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
☐ Bachelor's Level (HIN) ☐ LPC ☐ Unlicense	d Master's Level (HO)				
PLACE OF SERVICE (POS)					
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)					

EVALUATION AND MANAGEMENT - HOS	PITAL INPATIENT- 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)				
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: • An expanded problem-focused interval history • An expanded problem-focused examination • Medical decision-making of moderate complexity 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.	Technical Documentation Requirements See Page 346 Service Content Documentation for each patient encounter includes: 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 • 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 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.	 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				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ billing as a time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☑ Family (HR/HS)	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
□ Bachelor's Level (HN) □ LPC □ Unlicensed Ed Licensed Ed License	sed Master's Level (HO) □CAC I □ RN (TD) □CAC I □ RN (SA) □CAC I □ RN (SA) □CAC I □ RN (SA) □CAC II ☑ APN (SA) □CAC II ☑ APN (SA) □CAC II □ QMAP				
PLACE OF SERVICE (POS)					
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)					

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Subsequent hospital care, per day (unstable				
99233	patient or the development of significant				
	complications or problems)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Subsequent hospital care includes medical record review,	Technical Documentation Requirements				
diagnostic studies review, along with a review of changes in	See Page 346				
patient's status (i.e., changes in history, physical condition	Service Content				
and response to management) since the last assessment by	Documentation for each patient encounter includes:				
MD/DO. Requires at least 2 of these 3 components:	Reason for encounter (i.e., follow-up on condition Condition being followed.)	n)			
A detailed interval biotom	2. Condition being followed	ation findings			
 A detailed interval history A detailed examination 	3. Any changes in relevant history, physical examina	ation imaings,			
 A detailed examination Medical decision-making of high complexity 	and/or prior diagnostic tests 4. Assessment, clinical impression/diagnosis				
• Wedical decision-making of high complexity	5. Plan for care				
When counseling and/or coordination of care dominates	6. Date and identity of provider				
(more than 50%) the MD/DO-patient and/or family encounter	7. Past and present diagnoses				
(face-to-face time on the floor/unit/hospital), time is	8. Appropriate health risk factors				
considered the key/controlling factor to qualify for the level	9. Patient's progress, response to and changes in tro	eatment. and			
of service.	revision in diagnosis if applicable	, , , , , , , , , , , , , , , , , , ,			
	10. Counseling and/or activities performed to coordi	nate patient			
	care				
	 Where time is significant to encounter, docum 	entation 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 	0 minutes of the			
	35 minute encounter was used counseling/ coo				
	See Appendix G for more information on E/M service	es.			
NOTES	EXAMPLE ACTIVITIES				
Usually, the patient is unstable/has developed a significant	Subsequent hospital visit for an adolescent patient				
complication/new problem. The MD/DO typically spends 35	unsafe, and noncompliant with multiple expectations for				
minutes at the patient's bedside.	participation in treatment/service plan and behavior on unit.				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)					
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour billing as a time-l	oased code			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
		HJ (Voc)			
☐ Video Conf (GT) ☐ Group (HQ)		HQ (Clubhouse)			
☐ Telephone ☐ Family (HR/HS)	, , ,	TT (Recovery)			
CTAFF DEOLUDEMENTS	□ HF (2 nd modifier-SUD)	HT (Prev/EI)			
STAFF REQUIREMENTS Peer Specialist	□ LAC □ LPN/LVN (TE) □				
□ Rachelor's Level (HN) □ LCSW (AJ) □ Unlicensed N	Vlaster's Level (HO) □CACI □ RN (TD) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	` '			
Intern LPC ☐ Unlicensed E	EDD/ PND/PSYD (HP) TCACIL X APN (SA) LI PA				
☐ LMFT ☐ Licensed EdD	D/PhD/PsyD (AH) \square CACIII \square QMAP \square MD)/DO (AF)			
PLACE OF SERVICE (POS)					
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)					

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT - SUBSEQUENT HOSPITAL CARE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Subsequent hospital care, per day (unstable				
99233	patient or the development of significant				
	complications or problems)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Subsequent hospital care includes medical record review,	Technical Documentation Requirements				
diagnostic studies review, along with a review of changes in	See Page 346				
patient's status (i.e., changes in history, physical condition	Service Content				
and response to management) since the last assessment by	Documentation for each patient encounter includes:				
MD/DO. Requires at least 2 of these 3 components:	1. Reason for encounter (i.e., follow-up on condition	ገ)			
A detailed interval history	2. Condition being followed	ation findings			
A detailed interval history A detailed examination	3. Any changes in relevant history, physical examina	ation illialings,			
 A detailed examination Medical decision-making of high complexity 	and/or prior diagnostic tests 4. Assessment, clinical impression/diagnosis				
• Wedical decision-making of high complexity	5. Plan for care				
When counseling and/or coordination of care dominates	6. Date and identity of provider				
(more than 50%) the MD/DO-patient and/or family encounter	7. Past and present diagnoses				
(face-to-face time on the floor/unit/hospital), time is	8. Appropriate health risk factors				
considered the key/controlling factor to qualify for the level	9. Patient's progress, response to and changes in tro	eatment, and			
of service.	revision in diagnosis if applicable	, , , , , , , , , , , , , , , , , , ,			
	10. Counseling and/or activities performed to coordi	nate patient			
	care				
	 Where time is significant to encounter, docum 	entation that			
	more than 50% of time spent with patient was				
	and coordinating care is required				
	• Time spent must also be documented (e.g., "20 minutes of the				
	35 minute encounter was used counseling/ co				
	See Appendix G for more information on E/M service	es.			
NOTES	EXAMPLE ACTIVITIES				
Usually, the patient is unstable/has developed a significant	Subsequent hospital visit for an adolescent patie				
complication/new problem. The MD/DO typically spends 35	unsafe, and noncompliant with multiple expectations for				
minutes at the patient's bedside.	participation in treatment/service plan and behavior on unit.				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes See chart for typ				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour billing as a time-	based code			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☑ Individual		HJ (Voc)			
☐ Video Conf (GT) ☐ Group (HQ)		HQ (Clubhouse)			
☐ Telephone ☑ Family (HR/HS)	, , , ,	TT (Recovery)			
	☑ HF (2 nd modifier-SUD)	HT (Prev/EI)			
STAFF REQUIREMENTS Peer Specialist					
□ Rachelor's Level (HN) □ LCSW (AJ) □ Unlicensed N	Master's Level (HO) □LAC □ LPN/LVN (TE) □ RXN	l (SA)			
Intern ☐ LPC ☐ Unlicensed E	EDD/ PND/PSYD (HP) TCACIL X APN (SA) LI PA				
☐ LMFT ☐ Licensed EdD	D/PhD/PsyD (AH) □CACIII □ QMAP ☑ MD)/DO (AF)			
PLACE OF SERVICE (POS)					

EV	ALUATION A	AND MANA	GEMENT - HOSPI	TAL INPATIENT - SU	JBSEQUENT HOS	SPITAL CARE	
CPT®/HCPCS PROCEDU	RE CODE			PROCEDURE COD	E DESCRIPTION		USAGE
99234 requires detailed comprehensive of complexity med minutes	exam, straigh	nt forward	or low	Same day admit/d Evaluation and Ma	_		✓ Medicaid
99235 requires compre	hensive histo	ory, compr	ehensive exam,				
moderate compl	exity med de	ecision mak	ing, Typical				
time 50 minutes							
99236 requires compre high complexity							
minutes							
SERVICE DESCRIPTION			:	MINIMUM DOCU			
The following codes are management services p				Technical Docume See Page 346	entation Require	ements	
Hospital inpatient servi				See Appendix G fo	or more informat	ion on F/M service	25
patients in a "partial ho				See Appendix o	or more imormal	ion on Eylvi service	
used to report these pa		-					
psychiatry notes in the							
The following codes are							
inpatient hospital care	services prov	ided to pa	tients admitted				
and discharged on the	same date of	service.					
This code is used for all	services pro	vided on th	ne date the				
physician or NPP (qualit	•						
provides the inpatient h							
of days since admission	1.						
The physician who is th	e admitting	ohvsician n	nust append				
modifier AI to all claims		,					
The physician /NDD may	, anly hill for	ono E9.M.	sada nar day				
The physician/NPP may Services provided in mu	-						
should be included in the	•		or office)				
	_						
Services provided subse							
should be billed using o codes.	ne or the sur	osequent o	DSELVATION CALE				
NOTES				EXAMPLE ACTIVIT	TIES		
APPLICABLE POPULATI	ON(S)			UNIT		DURATION	
	Young Adul	t ×	Adult (21-64)	☑ Encounter	☐ 15 Minutes	See chart for typ	ical times for
	18-20)	X	Geriatric (65+)		☐ 1 Hour	billing as a time-	based code
ALLOWED MODE(S) OF				PROGRAM SERVI	•	•	
▼ Face-to-Face	☑ Individu			⊠ HE (SP)			IJ (Voc)
☐ Video Conf (GT)	☐ Group (I			☐ TG (Other SP)			IQ (Clubhouse)
☐ Telephone		•		☐ HK (Residential ☑ HF (2 nd modifie		· · ·	T (Recovery) IT (Prev/EI)
STAFF REQUIREMENTS	, ,	ПЭ)		™ (2 [™] IIIOuille	:1-300)		ii (Piev/Ei)
☐ Peer Specialist					□LAC □ L	PN/LVN (TE)	
☐ Bachelor's Level (HN)		☐ LCSW (AJ		Master's Level (HO)		N (TD) X RX	
▼ Intern		☐ LPC ☐ LMFT		EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II 🗵 A	NPN (SA)	(PA) D/DO (AF)
		LIVII I			□CACIII □ C	(MAP	0,00 (Al)
PLACE OF SERVICE (PO		()					
☑ Outpt Hospital(22)	ĭ PF-PHF	' (52)					
☑ Inpt Hosp (21)							
☑ Inpt PF (51)							

EV	ALUATION AND MANAGE	MENT - HOSPI	TAL INPATIENT - SU	BSEQUENT HOS	SPITAL CARE	
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	or comprehensive history		Same day admit/d	_		
	exam, straight forward or		Evaluation and Ma	nagement servi	ces.	☑ OBH
	decision making, Typical t	ime 40				
minutes	hensive history, compreh	oncivo ovam				
	exity med decision making					
time 50 minutes	exity med decision making	s, Typicai				
	hensive history, comprehe	ensive exam,				
	med decision making, Typ					
minutes						
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION RE	QUIREMENTS	
The following codes are	used to report evaluation	n and	Technical Docume	ntation Require	ements	
	rovided to hospital inpation		See Page 346			
	ces include those services		See Appendix G fo	r more informat	ion on E/M servi	ces.
	spital" setting. These code					
	rtial hospitalization service					
	full text of the CPT code se used to report observation					
-	services provided to patien					
and discharged on the s		into dannitted				
_						
	services provided on the					
	ied Non-Physician Practiti					
of days since admission	nospital care, regardless of	i the number				
•						
	e admitting physician mus	t append				
modifier AI to all claims						
The physician/NPP may	only bill for one E&M cod	le per day.				
Services provided in mu	Iltiple locations (e.g. ER or	office)				
should be included in th	ie single code.					
Services provided subse	equent to the initial observ	vation care				
should be billed using o	ne of the subsequent obs	ervation care				
codes.						
NOTES			EXAMPLE ACTIVIT	IES		
APPLICABLE POPULATION	ON(S)		UNIT		DURATION	
		ult (21-64)		☐ 15 Minutes	See chart for ty	oical times for
	_	riatric (65+)		□ 1 Hour	billing as a time	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE	E CATEGORY(IE	S)	
▼ Face-to-Face	☑ Individual		ĭ HE (SP)			HJ (Voc)
☐ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)			HQ (Clubhouse)
☐ Telephone	☑ Family (HR)		☐ HK (Residential)			TT (Recovery)
	☐ Family (HS)		☑ HF (2 nd modifier	r-SUD)		HT (Prev/EI)
STAFF REQUIREMENTS	T + CC) A / (A I)		Marka da Laval (110)		DAL (L) (AL (TE)	AL (CA)
☐ Peer Specialist ☐ Bachelor's Level (HN)	☐ LCSW (AJ) ☐ LPC		Master's Level (HO) EdD/ PhD/PsyD (HP)		. , ,	(N (SA) A (PA)
☑ Intern	□ LMFT		D/PhD/PsyD (AH)		` '	D/DO (AF)
				□CACIII □ C	QMAP	
PLACE OF SERVICE (POS	5)					
☑ Outpt Hospital(22)	☑ PF-PHP (52)					
☑ Inpt Hosp (21)						
☑ Inpt PF (51)						

EV	ALUATION AND MAN	IAGEMENT – HO	OSPITAL INPATIENT	r - HOSPIT	AL DIS	CHARGE		
CPT®/HCPCS PROCEDURE C	ODE		PROCEDURE COD	E DESCRIP	NOIT			USAGE
	99238		Discharge day ma	nagement	; 30 m	ninutes or le	ess	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
The total duration of MD/D	O time spent (The tot	tal time spent	Technical Documentation Requirements					
may or may not be continuo	ous and need not be i	in direct	See Page 346					
contact with the patient) for hospital discharge of a patient,		Service Content						
including as appropriate, final examination of the patient,		 Final examina 	tion of pat	ient				
discussion of the hospital stay, instructions for continuing care		Continuing ca	re instructi	ions				
to all relevant caregivers, and preparation of discharge		3. Prescriptions						
records, prescriptions and r	eferral forms.		Referrals					
			See <u>Appendix G</u> for		format	tion on E/M	service	es.
NOTES			EXAMPLE ACTIVIT	TIES				
APPLICABLE POPULATION(S	S)		UNIT			DURATIO	N	
-		dult (21-64)		☐ 15 Min		Minimum	•	
⊠ Adol (12-17) (18-20	•	eriatric (65+)	- /	☐ 1 Hour		Maximum	: 30 Mi	nutes
ALLOWED MODE(S) OF DEL	IVERY		PROGRAM SERVI	CE CATEGO		•		
⊠ Face-to-Face	⊠ Individual		⊠ HE (SP)			(ICM)	□HJ	, ,
	☐ Group (HQ)		☐ TG (Other SP)			1 (ACT)		(Clubhouse)
` '	☑ Family (HR/HS)		☐ HK (Residentia	•				(Recovery)
			☑ HF (2 nd modifie	er-SUD)	(Resp	ite)	□нт	(Prev/EI)
STAFF REQUIREMENTS								
☐ Peer Specialist	□ LCSW (AJ)	☐ Unlicensed N	Master's Level (HO)	□LAC		PN/LVN (TE)	⊠ RxN	I (SA)
☐ Bachelor's Level (HN) ☑ Intern	□ LPC `´	☐ Unlicensed E	EdD/ PhD/PsyD (HP)	□CAC II		N (TD) .PN (SA)	□ PA	
E liiteiii	☐ LMFT	☐ Licensed EdD	D/PhD/PsyD (AH)			MAP		/DO (AF)
PLACE OF SERVICE (POS)						(1 * 1/ 1)		
✓ Inpt Hosp (21)								
⊠ Inpt PF (51)								
⊠ PF-PHP (52)								
211 1111 (JZ)								

EVALUATION AND MANAG	SEMENT – HO	OSPITAL INPATIENT	- HOSPITAL	DISCHARGE		
CPT®/HCPCS PROCEDURE CODE		PROCEDURE COD	E DESCRIPTION	NC		USAGE
99238		Discharge day ma	nagement; 3	0 minutes or le	ess.	☑ OBH
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
The total duration of MD/DO time spent (The total	time spent	Technical Docum	entation Req	uirements		
may or may not be continuous and need not be in o	lirect	See Page 346				
contact with the patient) for hospital discharge of a patient,		Service Content				
including as appropriate, final examination of the patient,		 Final examinat 	tion of patien	t		
discussion of the hospital stay, instructions for continuing care		Continuing car	re instruction	S		
to all relevant caregivers, and preparation of discharge		3. Prescriptions				
records, prescriptions and referral forms.		Referrals				
		See <u>Appendix G</u> for		mation on E/M	service	S.
NOTES		EXAMPLE ACTIVIT	TIES			
APPLICABLE POPULATION(S)		UNIT		DURATIO	N	
	t (21-64)		☐ 15 Minute		•	
	atric (65+)	- 1	☐ 1 Hour	Maximum	: 30 Mi	nutes
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVI		•		
☑ Face-to-Face ☑ Individual		✓ HE (SP)		U4 (ICM)		(Voc)
☐ Video Conf (GT) ☐ Group (HQ)		☐ TG (Other SP)		TM (ACT)		Q (Clubhouse)
☐ Telephone ☑ Family (HR/HS)		☐ HK (Residentia	•	HM (Respite)		(Recovery)
		☑ HF (2 nd modifie	er-SUD)		□нт	(Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ LCSW (AJ) ☐	☐ Unlicensed N	Master's Level (HO)		☐ LPN/LVN (TE)	⋈ RxN	(SA)
LI LBACHEINE STEVELLEINI	☐ Unlicensed E	EdD/ PhD/PsyD (HP)		□ RN (TD)	□ PA (
□ LMFT □	☐ Licensed EdD	D/PhD/PsyD (AH)		⊠ APN (SA) □ QMAP		/DO (AF)
PLACE OF SERVICE (POS)			<u> </u>	L QIVIAI		
✓ Inpt Hosp (21)						
☑ Inpt 110sp (21) ☑ Inpt PF (51)						
·						
☑ PF-PHP (52)						

EVALUATION AND MANAGEMENT -	- HOSPITAL INPATIENT - HOSPITAL DISCHARGE			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
99239	Discharge day management; more than 30 ✓ Medicaid			
99239	minutes			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
The total duration of MD/DO time spent (The total time	Technical Documentation Requirements			
spent may or may not be continuous and need not be in	See Page 346			
direct contact with the patient) for hospital discharge of a	Service Content			
patient, including as appropriate, final examination of the	Examination of patient			
patient, discussion of the hospital stay, instructions for	2. Continuing care instructions			
continuing care to all relevant caregivers, and preparation of	3. Prescriptions			
discharge records, prescriptions and referral forms.	4. Referrals			
NOTES	See Appendix G for more information on E/M services.			
NOTES	EXAMPLE ACTIVITIES			
ADDUCABLE DOBUM ATION/C)	DUDATION	_		
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: 30 minutes			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	Day 1 Hour Maximum: N/A	_		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
	$oxed{oxed}$ HE (SP) $oxed{\Box}$ U4 (ICM) $oxed{\Box}$ HJ (Voc) $oxed{\Box}$ TG (Other SP) $oxed{\Box}$ TM (ACT) $oxed{\Box}$ HQ (Clubhous	۵١		
☐ Video Conf (GT) ☐ Group (HQ)	☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhous ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery)	2)		
☐ Telephone ☑ Family (HR/HS)	 ☑ The (Residential) ☑ The (Resolvery) ☑ HF (2nd modifier-SUD) ☑ HT (Prev/EI) 			
STAFF REQUIREMENTS	⊠ TIF (2 * HIOUTHET-30D)			
☐ Peer Specialist	LAC DLPN/LVN (TE)			
□ Rachelor's Level (HN) □ LCSW (AJ) □ Unlicensed	Master's Level (HO) CACL CIPN (TD) X RXN (SA)			
Intern □ LPC □ Unlicensed	TEAD/ PND/PSYD (HP) TICACII XI APN (SA) LI PA (PA)			
LIMFT Licensed Ed	dD/PhD/PsyD (AH) □CACIII □ QMAP ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)				
☑ Inpt Hosp (21)				
☑ Inpt PF (51)				
☑ PF-PHP (52)				

EVALUATION AND MANAGEMEN	NT – HOSPITAL INPATIENT - HOSPITAL DISCHARGE
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
99239	Discharge day management; more than 30
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
The total duration of MD/DO time spent (The total time spent may or may not be continuous and need not be in direct contact with the patient) 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 discharge records, prescriptions and referral forms.	Technical Documentation Requirements See Page 346 Service Content 1. Examination of patient 2. Continuing care instructions of 3. Prescriptions 4. Referrals See Appendix G for more information on E/M services.
NOTES	EXAMPLE ACTIVITIES
APPLICABLE POPULATION(S)	UNIT DURATION
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2nd modifier-SUD) ☐ HT (Prev/EI)
STAFF REQUIREMENTS	
□ Bachelor's Level (HN) □ LPC □ Unlicen	nsed Master's Level (HO) DCAC I
PLACE OF SERVICE (POS)	
☑ Inpt Hosp (21)☑ Inpt PF (51)☑ PF-PHP (52)	

	EVALUATION AND MANA	GEMENT - CONSULTATION	ONS - OFFI	ICE OR OTH	ER OUTP	ATIENT	
CPT®/HCPCS PROCEDU	RE CODE		PROCED	URE CODE I	DESCRIPT	ION	USAGE
	99241		for a nev	other outp v or establis problem fo	shed patie	nt.	☑ Medicaid
This consultation code	may only be utilized as te	lephonic prescriber-	-	focused ex			
	ion regarding a patient. T			ision makin	_		
may not be used if a pa			minutes.		6) .) p.oa.		
SERVICE DESCRIPTION					ENTATIO	N REQUIREMI	ENTS
A consultation is a servi	ce rendered by an MD/DC	/prescribing Nurse				quirements, S	
whose opinion/ advice i	regarding evaluation and/	or management of a	1. Docu	mentation (of written	, verbal/share	-
	lested by another MD/DO, scribing Nurse consultant			ds request uest for cor		from attendi	ng MD/DO
	ng direct consultation serv			son for con			
	rse for the purposes of "co th other physicians/qualifi			vices and su sultant	pplies per	formed/orde	red by
professionalsconsiste patient's and/or family'	ent with the nature of the part of the par	problem(s) and the		al length of e, whicheve			e-to-face or floor
patient o ana, or ranni,			2. Coun	seling and/			to coordinate
			• Time			documented	
				utes of the nseling/coo		e encounter w care")	as used
			3. Сору	of written i	_		nt to referring
			MD/I 4. Form		opy of con	sultant's note	9
				ring MD/D0			
					_	D/DO request	ed both
						nt's opinion	., 1
						arding patien	
NOTES				E ACTIVITIE		rmation on E,	ivi services.
	s reported by the consulta	nt for the day of				/-un on side e	ffects per order
	Section II.G.1. for details a	-					the physician on
			-				ANCE FOR THIS
			CODE.				
APPLICABLE POPULATION	ON(S)		UNIT			DURATION	
			X				
	•	ult (21-64)	Encount	☐ 15 Mi		Min: 8 min	
⊠ Adol (12-17) (1	.8-20) ⊠ Ge	riatric (65+)	er	☐ 1 Hou	ır	Max: N/A	
ALLOWED MADDE(C) OF	DELIVERY		☐ Day	NA CEDVACE	CATECOI	אייייייייייייייייייייייייייייייייייייי	
ALLOWED MODE(S) OF	DELIVERY		≥ HE (SF	M SERVICE	U4 (IC		HJ (Voc)
☑ Face-to-Face	☑ Individual		☐ TG (O	-	☐ TM (A	•	HQ (Clubhouse)
☑ Video Conf (GT)	☐ Group (HQ)		-	esidential)	□ HM (F	•	TT (Recovery)
✓ Telephone	☑ Group (HQ) ☑ Family (HR/HS)		☑ HF (2 ⁿ	•	□ 111V1 (1		HT (Prev/EI)
- relephone	_ ranning (ring risg)		modifier				(1104) 21)
STAFF REQUIREMENTS							
☐ Peer Specialist	☐ LCSW (AJ)	☐ Unlicensed Master's Le	val (HO)	□LAC	☐ LPN/LV	N (TE)	1 (CA)
☐ Bachelor's Level (HN)		☐ Unlicensed EdD/ PhD/P	. ,	□CAC I	☐ RN (TD)) <u>N</u> DA	
☑ Intern	☐ LMFT	☐ Licensed EdD/PhD/PsyE		□CAC II □CACIII	APN (Sample of the property of the prop		/DO (AF)
PLACE OF SERVICE (POS	S)						
☑ CMHC (53)		RHC (72)	⊠ ER (23	3)			
☑ Office (11)		ndependent Clinic (49)	⊠ NRSA				
⊠Outpt Hospital(22)	☑ FQHC (50)	. ,	⊠Telehe				

E	VALUATION AND	MANAGEMENT - CONSULTA	TIONS - OFF	ICE OR OTH	HER OUTPA	ATIENT	
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDU	RE CODE DE	SCRIPTIO	N	USAGE
This consultation code n prescriber-to-prescriber consultation code may r	consultation rega	rding a patient. This	a new or e problem fo exam strai	ther outpat stablished p ocused histo ght forward pical time 1	patient. Re ory, proble d med deci	quires m focused sion	☑ ОВН
SERVICE DESCRIPTION	lot be used if a pa	dent is present.	MINIMUM	DOCUME	NTATION R	REQUIREMEN	TS
A consultation is a service whose opinion/ advice respecific problem is requesource. An MD/DO/press for the purposes of provide MD/DO/pressribing Nurscoordination of care with	egarding evaluation ested by another Moribing Nurse considing direct consulting direct consulting for the purposes the other physicians/off with the nature of the status	tation services to another sof "counseling and/or	1. Docum reques 5. Reques 6. Reaso 7. Servic 8. Total latime, service 2. Counse patient • Time service 3. Copy of MD/DC 4. Formal 5. Referring 6. Evidence consult	Documenta nentation of st in patient est for consu- est for consu- es and sup- length of till whichever in eling and/or care spent must 20 minute eling/coord f written re- oreport/cop- ng MD/DO' ce that referation and co	ition Requi f written, we t record: ultation fro iltation polies performe of enco- is approprial also be do encounter dinating car port sent be by of consults s name rring MD/I	irements, Seed verbal/shared on attending or med/ordered ounter (face-trate) performed to cumented (e. was used re") by consultant ltant's note DO requested sopinion	e Page 346 I medical records MD/DO Id by consultant o-face or floor coordinate g., "15 minutes to referring both
						ding patient's nation on E/M	
NOTES			EXAMPLE A	ACTIVITIES			
Only one consultation is service. Please refer to S documentation.			the physici	an. The pat	tient does i	not see the pl	ects per order of hysician on that FOR THIS CODE.
APPLICABLE POPULATIO	N(S)		UNIT			DURATION	
·	Young Adult 3-20)	☑ Adult (21-64) ☑ Geriatric (65+)	区 Encounter □ Day	☐ 15 M ☐ 1 Ho		Min: 8 min Max: N/A	
ALLOWED MODE(S) OF I	DELIVERY			SERVICE C			
☑ Face-to-Face☑ Video Conf (GT)☑ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/		☑ HE (SP) ☐ TG (Oth ☐ HK (Resi ☑ HF (2 nd i SUD)	idential)	□ U4 (IC □ TM (A □ HM (F	ACT) \square Respite) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT	☐ Unlicensed EdD/ Phi	D/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/LV □ RN (TD) ☑ APN (S/ □ QMAP) ⊠ RxN ⊠ PA	
PLACE OF SERVICE (POS) ☑ CMHC (53) ☑ Office (11) ☑Outpt Hospital (22)	✓ NF (32)✓ SNF (31)✓ FQHC (50)	☑ RHC (72) ☑ Independent Clinic (49)	⊠ ER (23) ⊠ NRSATF ⊠ Telehea				

	EVALUATION AND	MANAGEMENT - CO	NSULTATIONS - OFF	ICE OR OTHER O	UTPATIENT	
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODI	E DESCRIPTION		USAGE
making, Typica 99243 requires detaile complexity me minutes 99244 requires compr	ed exam straight forw I time 30 minutes ed history, detailed ex d decision making, Ty rehensive history, con plexity med decision	ward med decision warm low wpical time 40 nprehensive exam	Office or other Ou and Management		ations Evaluation	☑ Medicaid
99245 requires compr high complexit minutes	ehensive history, con y med decision makir					
SERVICE DESCRIPTION	N		MINIMUM DOCUI	MENTATION REQ	UIREMENTS	
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. The services of the billing prescriber must be face to face. 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 patient's condition(s), the appropriate E/M procedure code is used in lieu of 99251. Please refer to Section Appendix G for details about documentation.		Technical Documentation Requirements See Page 346 1. Documentation of written, verbal/shared medical records request in patient record: 9. Request for consultation from attending MD/DO 10.Reason for consultation 11.Services and supplies performed/ordered by consultant 12.Total length of time (face-to-face or floor time, whichever is appropriate) 2. Counseling and/or activities performed to coordinate patient care • Time spent must be documented (e.g., "15 mins of the 20 mins were 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 patient's condition 8. Results of tests/procedures ordered/performed See Appendix G for more information on E/M services.				
NOTES			EXAMPLE ACTIVIT			
			An RN sees a patie physician. The pat 99211 –SEE SEPAR	ient does not see	the physician on	
APPLICABLE POPULAT	TION(S)		UNIT		DURATION	
⊠ Adol (12-17)	(18-20)	☑ Adult (21-64) ☑ Geriatric (65+)			See chart for ty billing as a time	
ALLOWED MODE(S) C	DELIVERY		PROGRAM SERVICE ☑ HE (SP)			1 H1 (Voc)
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/H	HS)	☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifie	□ TM) □ HM	1 (ACT) E // (Respite) E] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)
STAFF REQUIREMENT	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT	☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH)	□CAC I □ RI	PN (SA)	N (SA) (PA) D/DO (AF)
PLACE OF SERVICE (PO						
区 CMHC (53) ☑ Office (11) ☑ Outpt Hospital(22) ☑ NF (32)	☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Independent Clin	⊠ ER (23) ⊠ NRSATF (5 ⊠ Telehealth ic (49)				

	EVALUATION AND MANAGEMENT - CO	DNSULTATIONS - OFFICE OR OTHER OUTPATIE	NT			
CPT®/HCPCS PROCED	URE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
problem focus making, Typica 99243 requires detaile complexity me minutes 99244 requires compr moderate com time 60 minute 99245 requires compr high complexit	ded problem focused history, expanded ed exam straight forward med decision I time 30 minutes ed history, detailed exam low d decision making, Typical time 40 rehensive history, comprehensive exam plexity med decision making, Typical esserbensive history, comprehensive exam y med decision making, Typical time 80	Office or other Outpatient Consultations Ev and Management Services	valuation ☑ OBH			
minutes SERVICE DESCRIPTION	V	MINIMUM DOCUMENTATION REQUIREME	 ENTS			
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. The services of the billing prescriber must be face to face. 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 patient's condition(s), the appropriate E/M procedure code is used in lieu of 99251. Please refer to Section Appendix G for details about documentation.		Technical Documentation Requirements See Page 346 1. Documentation of written, verbal/shared medical records request in patient record: 13.Request for consultation from attending MD/DO 14.Reason for consultation 15.Services and supplies performed/ordered by consultant 16.Total length of time (face-to-face or floor time, whichever is appropriate) 2. Counseling and/or activities performed to coordinate patient care • Time spent must be documented (e.g., "15 mins of the 20 mins were 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 patient's condition 8. Results of tests/procedures ordered/performed See Appendix G for more information on E/M services.				
NOTES		EXAMPLE ACTIVITIES				
		An RN sees a patient to follow-up on side education. The patient does not see the phy 99211 –SEE SEPARATE GUIDANCE FOR THIS	sician on that day. BILL			
APPLICABLE POPULAT	• •	UNIT DURA				
⊠ Adol (12-17)	☑ Young Adult ☑ Adult (21-64) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour billing	art for typical times for as a time-based code			
ALLOWED MODE(S) C	OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)	 ☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2nd modifier-SUD) ☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respiter Substitution) 	☐ HJ (Voc) ☐ HQ (Clubhouse) te) ☐ TT (Recovery) ☐ HT (Prev/El)			
STAFF REQUIREMENT	S					
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐	☐ LPC ☐ Unlicensed	Master's Level (HO)	E RxN (SA) RxN (SA) PA (PA) MD/DO (AF)			
PLACE OF SERVICE (PO	•					
区 CMHC (53) ☑ Office (11) ☑Outpt Hospital(22 ☑ NF (32)	 ☑ SNF (31) ☑ FQHC (50) ☑ NRSATF (57) ☑ RHC (72) ☑ Independent Clinic (49) 					

EVALUATION AND IVIANAGE	MENT - CONSULTATIONS - INPATIENT	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
	Inpatient consultation for a new or established	
99251	patient; the presenting problem(s) are self-limited	☑ Medicaid
	or minor	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
A consultation is a service rendered by an MD/DO whose	Technical Documentation Requirements	
opinion/ advice regarding evaluation and/or management of a	See Page 346 Service Content	
specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate	Documentation of written, verbal/shared medical re	cords request in
diagnostic and/or therapeutic services at the	patient record:	corus request iii
same/subsequent visit. Three key components are required:	Request for consultation from attending MD/DO	
same/subsequent visit. Three key components are required.	Reason for consultation Reason for consultation	
Problem-focused history	Services and supplies performed/ordered by con	sultant
Problem-focused examination	4. Total length of time of encounter (face-to-face o	
Straightforward medical decision-making	whichever is appropriate)	
on angrigor mana moantan accident maning	 Counseling and/or activities performed to coordi 	nate patient care
When counseling and/or coordination of care dominates	Where time is significant to encounter, documentation	
(more than 50%) the MD/DO-patient and/or family encounter	of time spent with patient was counseling and coordina	ting care is required
(face-to-face time on the floor/unit/hospital), time is	Time spent must also be documented (e.g., "15 minutes	of the 20 minute
considered the key/controlling factor to qualify for the level of	encounter was used counseling/coordinating care")	
service.	 6. Copy of written report sent by consultant to refe Formal report/copy of consultant's note 	rring MD/DO
	Referring MD/DO's name	
	Evidence that referring MD/DO requested both const	sultation and
	consultant's opinion	
	Advice and/or opinion regarding patient's condition	
	 Results of tests/procedures ordered/performed 	
	See Annendix G for more information on E/M service	es
NOTES	See Appendix G for more information on E/M service EXAMPLE ACTIVITIES	es.
NOTES Only one consultation is reported by the consultant per	See Appendix G for more information on E/M servic EXAMPLE ACTIVITIES	es.
Only one consultation is reported by the consultant per		es.
Only one consultation is reported by the consultant per admission. For 99251, the presenting problem(s) are usually		es.
Only one consultation is reported by the consultant per		es.
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 mins at the patient's bedside. If subsequent to the completion of a consultation, the consultant assumes responsibility for		es.
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 mins at the patient's bedside. If subsequent to the completion of a		es.
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 mins 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.	EXAMPLE ACTIVITIES	es.
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 mins 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	UNIT DURATION	
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 mins 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 Minimum: 20 Mi	inutes
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 mins 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) Solve Child (0-11) Solve Young Adult Adult (21-64)	UNIT DURATION Encounter □ 15 Minutes Maximum: See 2	inutes Appendix G for
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 mins 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 SEncounter □ 15 Minutes Maximum: See 1 □ Day □ 1 Hour typical times and	inutes Appendix G for
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 mins 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) Solve Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+)	UNIT DURATION □ Encounter □ 15 Minutes	inutes Appendix G for
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 mins 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) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+)	UNIT DURATION Solve Encounter □ 15 Minutes	inutes Appendix G for d billing as time-
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 mins 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) ACC Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	UNIT DURATION Minimum: 20 Minimum: See your properties typical times and based code PROGRAM SERVICE CATEGORY(IES) HE (SP) UNIT DURATION Maximum: See your properties typical times and based code	inutes Appendix G for
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 mins 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) I Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ)	UNIT DURATION Minimum: 20 Mi Maximum: See 2 typical times and based code PROGRAM SERVICE CATEGORY(IES) □ HE (SP) □ U4 (ICM) □ H □ TG (Other SP) □ TM (ACT) □ H	inutes Appendix G for I billing as time-
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 mins 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) ACC Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	UNIT □ DURATION □ Encounter □ 15 Minutes	inutes Appendix G for I billing as time-
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 mins 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) I Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ)	UNIT □ DURATION □ Encounter □ 15 Minutes	inutes Appendix G for I billing as time- IJ (Voc) IQ (Clubhouse) T (Recovery)
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 mins 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) In Child (0-11) In Young Adult In Adult (21-64) In Adult (21-64) In Individual In Group (HQ) In Individual In Group (HQ) In Individual In Telephone In Individual Individua	UNIT □ DURATION □ Encounter □ 15 Minutes	inutes Appendix G for I billing as time- IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
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 mins 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) Individual Adult (21-64) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Face-to-Face Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN)	UNIT □ DURATION □ Minimum: 20 Minimum: See Minimum: Minimum: See Minimum:	inutes Appendix G for I billing as time- IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
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 mins 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) Solving Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS Peer Specialist LCSW (AJ) Unlicensed LPC Unlicensed	UNIT □ DURATION □ Minimum: 20 Minimum: See And Service CATEGORY(IES) □ Day □ 1 Hour □ Hour □ 15 Minutes □ Maximum: See And See Code □ PROGRAM SERVICE CATEGORY(IES) □ TG (Other SP) □ TG (Other SP) □ TG (Other SP) □ HK (Residential) □ HM (Respite) □ THOM (ACT) □ HM (Respite) □ THOM (Respite)	inutes Appendix G for I billing as time- IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
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 mins 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) ACCIDITATION SINGLEMENTS Face-to-Face Video Conf (GT) Group (HQ) Family (HR/HS) STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) LIDER OF MODE SINGLEMENTS LIDER OF LIVERY LIDER OF LI	UNIT DURATION Minimum: 20 Minimum: See And typical times and based code PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☐ U4 (ICM) ☐ H ☐ TG (Other SP) ☐ TM (ACT) ☐ H ☐ HK (Residential) ☐ HM (Respite) ☐ T ☐ HF (2 nd modifier-SUD) ☐ RX Master's Level (HO) ☐ CAC ☐ ☐ RN (TD) ☐ RX EDD/ PhD/PsyD (HP) ☐ CAC ☐ ☐ RN (TD) ☐ PAPN (SA) ☐ PAPN (SA) ☐ PAPN (SA)	inutes Appendix G for I billing as time- IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI) N (SA)
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 mins 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) Solve Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS Peer Specialist LCSW (AJ) Unlicensed LPC Unlicensed	UNIT □ DURATION □ Minimum: 20 Minimum: See And Service CATEGORY(IES) □ Day □ 1 Hour □ Hour □ 15 Minutes □ Maximum: See And See Code □ PROGRAM SERVICE CATEGORY(IES) □ TG (Other SP) □ TG (Other SP) □ TG (Other SP) □ HK (Residential) □ HM (Respite) □ THOM (ACT) □ HM (Respite) □ THOM (Respite)	inutes Appendix G for I billing as time- IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI) N (SA)
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 mins 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) AC Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS Peer Specialist CSW (AJ) Unlicensed Education CLCSW (AJ) Unlicensed CLCSW (AJ) Unl	UNIT □ DURATION □ Minimum: 20 Minimum: See And Service CATEGORY(IES) □ Day □ 1 Hour □ Hour □ 15 Minutes □ Maximum: See And See Code □ PROGRAM SERVICE CATEGORY(IES) □ TG (Other SP) □ TG (Other SP) □ TG (Other SP) □ HK (Residential) □ HM (Respite) □ THOM (ACT) □ HM (Respite) □ THOM (Respite)	inutes Appendix G for I billing as time- IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI) N (SA)

EVALUATION AND MANAGEN	MENT - CONSULTATIONS - INPATIENT	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION U	JSAGE
99251	minor	∕ ОВН
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. Three key components are required: • Problem-focused history • Problem-focused examination • Straightforward medical decision-making 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 346 Service Content Documentation of written, verbal/shared medical records repatient record: 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 twhichever is appropriate) 5. Counseling and/or activities performed to coordinate path of time is significant to encounter, documentation that more of time spent with patient was counseling and coordinating care • Time spent must also be documented (e.g., "15 minutes of the 2 encounter was used counseling/coordinating care") 6. Copy of written report sent by consultant to referring M encounter formal report/copy of consultant's note • Referring MD/DO's name • Evidence that referring MD/DO requested both consultation consultant's opinion • Advice and/or opinion regarding patient's condition • Results of tests/procedures ordered/performed See Appendix G for more information on E/M services.	cime, atient care re than 50% e is required 20 minute ID/DO
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 mins 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	
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	Minimum: 20 Minutes □ 15 Minutes □ Day □ 1 Hour Minimum: 20 Minutes Maximum: See Append typical times and billing based code	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☑ Family (HR/HS)	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Club ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Reco ☒ HF (2nd modifier-SUD) ☐ HT (Prev	very)
STAFF REQUIREMENTS		
□ Bachelor's Level (HN) □ LPC □ Unlicensed	Master's Level (HO)	.F)
PLACE OF SERVICE (POS)		
	PF (51) PHP (52) health (02)	

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT				
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 Medicaid			
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. Three key components are required: • Expanded problem-focused history • Expanded problem-focused examination • Straightforward medical decision-making When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (faceto-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 346 Service Content Documentation of written, verbal/shared medical records request in patient record: 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 • 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 • 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 See Appendix G for more information on E/M services.			
NOTES	EXAMPLE ACTIVITIES			
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.	 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			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	Minimum: 40 Minutes □ 15 Minutes □ Day □ 1 Hour Minimum: 40 Minutes Maximum: See Appendix G for typical times and billing as time- based code			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☑ Family (HR/HS)	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
□ LPC □ Unlicensed E	Master's Level (HO)			
PLACE OF SERVICE (POS)				
☑ NF (32) ☑ Inpt Hosp (21) ☑ PF-PHP (52) ☑ SNF (31) ☑ Inpt PF (51) ☑ Telehealth (02))			

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT					
CPT®/HCPCS PROCEDUI	RE CODE	PROCEDURE CODE DESCRIPTION USAGE			
	99252	Inpatient consultation for a new or established			
	99232	patient; the presenting problem(s) are of low severity			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
A consultation is a service	e rendered by an MD/DO whose opir	nion/ Technical Documentation Requirements			
advice regarding evalua-	ation and/or management of a spe	ecific See Page 346			
problem is requested	by another MD/DO/other approp	riate Service Content			
source. An MD/DO co	nsultant may initiate diagnostic an	d/or Documentation of written, verbal/shared medical records request in			
therapeutic services at	the same/subsequent visit. Three	key patient record:			
components are require	d:	 Request for consultation from attending MD/DO 			
		2. Reason for consultation			
 Expanded problem 		3. Services and supplies performed/ordered by consultant			
	-focused examination	4. Total length of time of encounter (face-to-face/floor time,			
 Straightforward m 	edical decision-making	whichever is appropriate)			
Add 1: 1/		5. Counseling and/or activities performed to coordinate patient care			
	or coordination of care dominates (r				
	n-patient and/or family encounter (
	or/unit/hospital), time is considered	• Time spent must also be documented (e.g., "30 minutes of the 40 minute			
key/controlling factor to	qualify for the level of service.	encounter was used counseling/coordinating care")			
		6. Copy of written report sent by consultant to referring MD/DO			
		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			
		See Appendix I for more information on E/M services.			
NOTES		EXAMPLE ACTIVITIES			
	eported by the consultant per admission of low severity groblem(s) are usually of low severity				
	pends 40 minutes at the patient's beds	, , , , , , , , , , , , , , , , , , , ,			
	pletion of a consultation, the consultar	management of gastritis; patient readily accepts the need for further treatment.			
•	r management of a portion/all of the	further treatment.			
patient's condition(s), the	appropriate E/M procedure code is us	sed			
in lieu of 99252.					
APPLICABLE POPULATION	DN(S)	UNIT DURATION			
		Minimum: 40 Minutes			
	✓ Young Adult ✓ Adult (21-64				
☑ Adol (12-17)	(18-20) 🗵 Geriatric (65				
ALLOWED MODE(S) OF	DELIVERY	based code PROGRAM SERVICE CATEGORY(IES)			
		□ HE (SP) □ U4 (ICM) □ HJ (Voc)			
☑ Face-to-Face	☑ Individual	\Box TG (Other SP) \Box TM (ACT) \Box HQ (Clubhouse)			
✓ Video Conf (GT)	☐ Group (HQ)				
		☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery)			
☐ Telephone	☑ Family (HR/HS)	☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☐ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)			
☐ Telephone STAFF REQUIREMENTS					
STAFF REQUIREMENTS Peer Specialist	⊠ Family (HR/HS)	☐ HT (Prev/EI)			
STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN)	☑ Family (HR/HS) ☐ LCSW (AJ) ☐ Unlic	ensed Master's Level (HO) CAC I RN (TD) RXN (SA) PRA (PA)			
STAFF REQUIREMENTS Peer Specialist	☑ Family (HR/HS) ☐ LCSW (AJ) ☐ Unlic ☐ LPC ☐ Unlic	ensed EdD/PhD/PsyD (AH) EMAGE PhD/PsyD (AH)			
STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern	☐ LCSW (AJ) ☐ Unlic☐ LPC ☐ Unlic☐ LMFT ☐ Licen:	ensed Master's Level (HO)			
STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (POS	□ LCSW (AJ) □ Unlic □ LPC □ Unlic □ LMFT □ Licens	ensed EdD/PhD/PsyD (AH) EMAGE PhD/PsyD (AH)			
STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (POS	□ LCSW (AJ) □ Unlic □ LPC □ Unlic □ LMFT □ Licen:	ensed EdD/PhD/PsyD (AH) EMAGE PhD/PsyD (AH)			
STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (POS	□ LCSW (AJ) □ Unlic □ LPC □ Unlic □ LMFT □ Licens	ensed EdD/PhD/PsyD (AH) EMAGE PhD/PsyD (AH)			

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT							
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CODE DESCRIPTION USAG				
			Inpatient consultation for a new or established				
	99253		patient; the presenting problem(s) are of moderate				
			severity				
SERVICE DESCRIPTION			MINIMUM DOCU		-		
	rendered by an MD/DO who		Technical Docum	entation Require	ements		
	evaluation and/or managen		See Page 346				
	sted by another MD/DO/or o		Service Content	£	/ala a u a al u a a al a a l u a a a u a	laa aa a b :a	
	D/DO consultant may initiat eutic services at the same/su		patient record:	if written, verbai/	shared medical record	is request in	
visit. Three key componer		ibsequent	l '	onsultation from	attending MD/DO		
visit. Three key componer	nts are required.		2. Reason for co		attending MD/DO		
 Detailed history 					d/ordered by consulta	ant	
 Detailed examination 	n				er (face-to-face/floor		
	ıking of low complexity		whichever is a		,	,	
					rformed to coordinate	patient care	
When counseling and/or of	coordination of care domina	tes (more			ounter, documentation th		
	patient and/or family encoun			spent with patient	was used counseling and	l coordinating	
	unit or hospital), time is con		care is required	nust also he docum	ented (e.g., "40 minutes o	of the 55	
key/controlling factor to o	qualify for the level of service	e.			eling/coordinating care")	of the 55	
					consultant to referring	MD/DO	
				t/copy of consultar	ıt's note		
			Referring MD				
			Evidence that consultant's (n requested both consult	ation and	
				•	patient's condition		
				sts/procedures orde			
					ion on E/M services.		
NOTES			EXAMPLE ACTIVI	TIES			
	ported by the consultant per a						
	problem(s) are usually of mode pically spends 55 mins at the p						
	ne completion of a consultation						
	sibility for management of a p						
), the appropriate E/M proced	lure code is					
used in lieu of 99253.							
APPLICABLE POPULATION	V(S)		UNIT		DURATION		
W Child (0.44)	W Valor	(24.64)	[F] [□ 45 N4:	Minimum: 55 Minute		
☑ Child (0-11)	_	: (21-64) htric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Maximum: See Appe typical times and bill		
☑ Adol (12-17)	Addit (16-20) 🖾 Geria	iti it (03+)	— Day		based code	ing as time-	
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERVI	CE CATEGORY(IE			
			⊠ HE (SP)	□ U4	•	(Voc)	
▼ Face-to-Face	☑ Individual		☐ TG (Other SP)		•	(Clubhouse)	
☑ Video Conf (GT) ☐ Telephone	□ Group (HQ) 区 Family (HR/HS)		☐ HK (Residentia	I) □ HM	1 (Respite) ☐ TT	(Recovery)	
— тетернопе	E Fairling (TIN/113)		☑ HF (2 nd modifie	er-SUD)	□нт	(Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist	□ LCSW (AJ) [☐ Unlicensed I	Master's Level (HO)		PN/LVN (TE) ☐ RxN (SA)	
☐ Bachelor's Level (HN) ☑ Intern			EdD/ PhD/PsyD (HP)		N (TD) PA (PA)		
	□ LMFT [☐ Licensed Ed[D/PhD/PsyD (AH)		MAP MD/DO	(AF)	
PLACE OF SERVICE (POS)							
⊠ NF (32)	☑ Inpt PF (51)						
✓ SNF (31)							
☑ Inpt Hosp (21)	▼ Telehealth (02)						

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT						
CPT®/HCPCS PROCEDURE	CODE	PROCEDURE CODE DESCRIPTION	USAGE			
		Inpatient consultation for a new or established				
	99253	patient; the presenting problem(s) are of moderate				
		severity				
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
A consultation is a service	rendered by an MD/DO whose	Technical Documentation Requirements				
	evaluation and/or management of a	See Page 346				
	ted by another MD/DO/or other	Service Content				
	D/DO consultant may initiate	Documentation of written, verbal/shared medical record	ds request in			
•	eutic services at the same/subsequent	patient record:				
visit. Three key componer	nts are required:	1. Request for consultation from attending MD/DO				
		2. Reason for consultation				
 Detailed history 		3. Services and supplies performed/ordered by consult				
Detailed examination		4. Total length of time of encounter (face-to-face/floor	time,			
 Medical decision-ma 	king of low complexity	whichever is appropriate)				
		5. Counseling and/or activities performed to coordinate				
	coordination of care dominates (more	Where time is significant to encounter, documentation that is of the time spent with patient was used sourceling and soor				
	patient and/or family encounter (face-	of the time spent with patient was used counseling and coor required	umating care is			
	unit or hospital), time is considered the	■ Time spent must also be documented (e.g., "40 minutes of the	ne 55 minute			
key/controlling factor to o	qualify for the level of service.	encounter was used counseling/coordinating care")				
		6. Copy of written report sent by consultant to referrin	g MD/DO			
		Formal report/copy of consultant's note				
		Referring MD/DO's name				
		Evidence that referring physician requested both consultations consultant's eminion	ion and			
		consultant's opinion Advice and/or opinion regarding patient's condition				
		Results of tests/procedures ordered/performed				
		See Appendix G for more information on E/M services.				
NOTES		EXAMPLE ACTIVITIES				
	ported by the consultant per admission.					
	problem(s) are usually of moderate					
	pically spends 55 mins at the patient's					
	ne completion of a consultation, the					
	sibility for management of a portion/all					
), the appropriate E/M procedure code is					
used in lieu of 99253.	1/6)	LIANT				
APPLICABLE POPULATION	u(s)	UNIT DURATION				
V Child (0.44)	W Name W Adult /24 CA	Minimum: 55 Minut				
☑ Child (0-11)	✓ Young ✓ Adult (21-64)	Encounter ☐ 15 Minutes Maximum: See Appe				
☑ Adol (12-17)	Adult (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour typical times and bill	iirig as time-			
ALLOWED MODE(S) OF D	EI IVEDV	based code PROGRAM SERVICE CATEGORY(IES)				
ALLOWED MODE(S) OF D	ELIVERT	` ,	(Voc)			
▼ Face-to-Face	☑ Individual	, ,	(VOC) (Clubhouse)			
✓ Video Conf (GT)	☐ Group (HQ)		(Recovery)			
☐ Telephone	☑ Family (HR/HS)		(Prev/EI)			
STAFF REQUIREMENTS			(1 1 C V / L I)			
☐ Peer Specialist		LAC □ LPN/LVN (TE)				
☐ Bachelor's Level (HN)	, ,	Master's Level (HO) \Box CACL \Box RN (TD) \Box RXN (SA				
☑ Intern		Edd/ Phd/Psyd (HP)				
	☐ LMFT ☐ Licensed Ed	D/PhD/PsyD (AH) □CACIII □ QMAP ☑ MD/DC) (AF)			
PLACE OF SERVICE (POS)						
⊠ NF (32)	☑ Inpt PF (51)					
⊠ SNF (31)	☑ PF-PHP (52)					
☑ Inpt Hosp (21)	☑ Telehealth (02)					

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT							
CPT®/HCPCS PROCEDURE C	ODE		PROCEDURE CODE DESCRIPTION USA				USAGE
			Inpatient consult	tation for a ne	w or	established	
	99254		patient; the presenting problem(s) are of moderate to Medicaid				☑ Medicaid
			high severity.				
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATION	I REQ	UIREMENTS	
A consultation is a service re	ndered by an MD/DO wh	ose opinion/	Technical Docum	nentation Req	quirer	nents	
advice regarding evaluation	n and/or management	of a specific	See Page 346		-		
problem is requested by	another MD/DO/other	appropriate	Service Content				
source. An MD/DO consul	tant may initiate diagn	ostic and/or	Documentation of	of written, ver	rbal/s	hared medical record	ls request in
therapeutic services at the	e same/subsequent visit	t. Three key	patient record:				
components are required:			 Request for cor 		atten	ding MD/DO	
			2. Reason for con		.,		
 Comprehensive history 	/					dered by consultant	late beauty
 comprehensive examin 	nation		appropriate)	time of encoun	iter (ta	ace-to-face/floor time, v	vnicnever is
 Medical decision-maki 	ng of moderate complex	city		d/or activities ne	erforn	ned to coordinate patier	nt care
						er, documentation that	
When counseling and/or co	ordination of care domi	inates (more				sed counseling and coo	
than 50%) the physician-pa			required				
to-face time on the floor/u						d (e.g., "50 minutes of t	he 80 minute
key/controlling factor to qua	alify for the level of servi	ce.			•	rdinating care")	- NAD /DO
			Formal report/			onsultant to referring	טט/טט
			Referring MD/I		aiit 5 i	iote	
			• •		O requ	ested both consultation	and
			consultant's op	oinion	•		
			 Advice and/or of 		• •		
			Results of tests				
					rmatio	on on E/M services.	
NOTES			EXAMPLE ACTIVITIES				
Only one consultation is report 99254, the presenting problem			Initial hospital consultation for a 27-year-old female patient with a				
severity. The consultant typical		-	diffusely positive medical review of systems and a history of				
bedside. If subsequent to the co		•	multiple surgeries.				
consultant assumes responsibil	ity for management of a por	rtion/all of					
the patient's condition(s), the a	ppropriate E/M procedure	code is used					
in lieu of 99254.							
APPLICABLE POPULATION(S	<u>i)</u>		UNIT			DURATION	
E 01 11 1 (0 44)		l. (24 C4)		П 45 м; ·		Minimum: 80 Minute	
☑ Child (0-11)	-	ılt (21-64)	☑ Encounter ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	☐ 15 Minute		Maximum: See Appe	
☑ Adol (12-17)	Adult (18-20) 🗵 Ger	iatric (65+)	□ Day	☐ 1 Hour		typical times and bill	ing as time-
ALLOWED MODE(C) OF DEL	IV/FDV		DDOCDANA CEDV	UCE CATECOR		based code	
ALLOWED MODE(S) OF DEL	IVEKY		PROGRAM SERV	ICE CATEGOR			() (= =)
☑ Face-to-Face	☑ Individual		⊠ HE (SP)			4 (ICM) ☐ HJ	
☑ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)			· ·	(Clubhouse)
☐ Telephone	☑ Family (HR/HS)		☐ HK (Residentia ☑ HF (2 nd modifi	•	шп		(Recovery) (Prev/EI)
CTAFF DECLUDENATION			⊠ HF (2 [™] III0uIII	iei-30D)			(PIEV/EI)
STAFF REQUIREMENTS ☐ Peer Specialist				□LAC		N/LVN (TE)	
☐ Bachelor's Level (HN)	☐ LCSW (AJ)		Master's Level (HO)			(TD) `)
⊠ Intern	□ LPC		dD/ PhD/PsyD (HP)			$N(SA)$ \square PA (PA)	
	☐ LMFT	□ Licensea Eat	D/PhD/PsyD (AH)	□CACIII	□ QN	MAP ⊠ MD/DO	(AF)
PLACE OF SERVICE (POS)							
☑ NF (32)	☑ Inpt PF (51)						
⊠ SNF (31)	☑ PF-PHP (52)						
☑ Inpt Hosp (21)	☑ Telehealth (02)						

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT							
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CO	DE DESCRIPT	ION		USAGE
			Inpatient consul	tation for a ne	ew o	r established	
	99254		patient; the presenting problem(s) are of moderate to				✓ OBH
			high severity.	0,	•		
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATIO	N RE	OUIREMENTS	
	endered by an MD/DO whose opi	nion/	Technical Docum				
	on and/or management of a spe		See Page 346	nemation ite	4		
	another MD/DO/other approp		Service Content				
	Iltant may initiate diagnostic ar				rhal	shared medical record	ls request in
	ne same/subsequent visit. Three		patient record:	or written, ve	ibaij	sharea medicar record	is request iii
components are required:	ie same/subsequent visit. Tillee	кеу	Request for co	nsultation from	atte	nding MD/DO	
components are required.			Reason for cor		ı atte	nang wib/bo	
Comprehensive histor					ned/o	rdered by consultant	
Comprehensive histor	•					face-to-face/floor time, v	vhichever is
comprehensive exam			appropriate)				
Ivieaicai aecision-mai	ring of moderate complexity		Counseling and	d/or activities p	erfor	med to coordinate patie	nt care
						nter, documentation that	
_	oordination of care dominates (-	ent with patient	t was	used counseling and coo	rdinating care is
	atient and/or family encounter (required				
	unit/hospital), time is considered	the				ted (e.g., "50 minutes of t	the 80 minute
key/controlling factor to qu	ualify for the level of service.					ordinating care")	* MD/DO
				•		consultant to referring	טטילטואן צ
			Formal report/Referring MD/		lant S	note	
					O rec	uested both consultation	n and
			consultant's or	_	0 100	jacstea both consultation	Tuna
			 Advice and/or 		ing pa	atient's condition	
			Results of tests	s/procedures o	rdere	d/performed	
			See <u>Appendix G</u>	for more info	rmat	ion on E/M services.	
NOTES			EXAMPLE ACTIV	/ITIES			
	ted by the consultant per admission.	or	Initial hospital consultation for a 27-year-old female patient with a				
	n(s) are usually of moderate to high		diffusely pos	itive medical	revie	w of systems and a his	story of
	illy spends 80 minutes at the patient's		multiple surgeries.				
-	completion of a consultation, the ility for management of a portion/all (√f.					
	appropriate E/M procedure code is us						
in lieu of 99254.	appropriate L/W procedure code is d.	cu					
APPLICABLE POPULATION	(S)		UNIT			DURATION	
	4-7					Minimum: 80 Minute	25
☑ Child (0-11)	✓ Young ✓ Adult (21-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6	1)	☑ Encounter	☐ 15 Minut	es	Maximum: See Appe	
⊠ Adol (12-17)	Adult (18-20) Seriatric (6)		☐ Day	□ 1 Hour		typical times and bill	
	Addit (10 20) - Gendanc (0	, . ,				based code	ing as time
ALLOWED MODE(S) OF DE	IIVFRY		PROGRAM SERV	/ICF CATEGOR	RY(IF		
			⊠ HE (SP)			J4 (ICM)	(Voc)
▼ Face-to-Face	☑ Individual		☐ TG (Other SP)	1			(Clubhouse)
✓ Video Conf (GT)	☐ Group (HQ)		☐ HK (Residenti			, ,	(Recovery)
☐ Telephone	☑ Family (HR/HS)		☑ HF (2 nd modif	•	ш,		(Prev/EI)
STAFF DECLIDEMENTS			™ (Z * IIIOuli	iei-30D)			(FIEV/LI)
STAFF REQUIREMENTS ☐ Peer Specialist						PN/LVN (TE)	
☐ Bachelor's Level (HN)			Master's Level (HO)	□LAC □CAC I		N (TD))
☑ Intern			EdD/ PhD/PsyD (HP)	□CAC II		$PN(SA)$ \square PA (PA)	
	☐ LMFT ☐ Licen	sed Ed	D/PhD/PsyD (AH)	□CACIII		MAP MD/DO	(AF)
PLACE OF SERVICE (POS)							
☑ NF (32)	☑ Inpt PF (51)						
⊠ SNF (31)	☑ INPCT (51) ☑ PF-PHP (52)						
⊠ Inpt Hosp (21)	☑ Telehealth (02)						
- 111pt 1103p (21)	_ referication (02)						

	EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT					
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCRIPTION			USAGE
			Inpatient consultation for a new or established			
	99255		patient; the presenting problem(s) are of			
			moderate to high severity	у.		
SERVICE DESCRIPTION			MINIMUM DOCUMENTA	TION REC	QUIREMENTS	
A consultation is a serv	vice rendered by an	MD/DO whose	Technical Documentation	n Require	ments	
opinion/ advice regarding	g evaluation and/or ma	anagement of a	See Page 346			
specific problem is re-			Service Content			
appropriate source. Ar		•	Documentation of written,	, verbal/sh	ared medical recor	ds request in
diagnostic and/or therape		ne/subsequent	patient record:		1: 110/00	
visit. Three key compone			 Request for consultation Reason for consultation 	from atte	nding MD/DO	
Comprehensive hist			Services and supplies pe	rformed/o	rdered by consultant	t
Comprehensive exa			4. Total length of time of e	-	•	
Medical decision-m			appropriate)			
When counseling and/or			Counseling and/or activi			
than 50%) the physician-			 Where time is significant 			
to-face time on the floor, key/controlling factor to			50% of the time spent work care is required	ith patient	was used counseling	g and coordinating
key/controlling factor to	quality for the level of	service.	■ Time spent must also be	document	ed (e.g., "75 minutes	s of the 110
			minute encounter was u			
			6. Copy of written report se			/ID/DO
			 Formal report/copy of co 		note	
			Referring MD/DO's name This is a second to be			antan and
Not a Covered Benefit U	nder Medicare		 Evidence that referring N consultant's opinion 	viD/DO req	uestea both consult	ation and
			Advice and/or opinion re	egarding pa	tient's condition	
			 Results of tests/procedu 			
			See <u>Appendix G</u> for more	informat	ion on E/M service	es.
NOTES			EXAMPLE ACTIVITIES			
Only one consultation is reported by the consultant per admission.						
			 Initial hospital consult 		•	
For 99255, the presenting p	roblem(s) are usually of m	noderate to high	a diffusely positive me		•	
For 99255, the presenting preservity. The consultant type	roblem(s) are usually of mically spends 110 mins at	noderate to high the patient's	·		•	•
For 99255, the presenting p	roblem(s) are usually of m ically spends 110 mins at s hospital floor or unit. If s	noderate to high the patient's subsequent to	a diffusely positive me		•	
For 99255, the presenting pr severity. The consultant typi bedside and on the patient's the completion of consultati for management of a portio	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assumn/all of the patient's conc	noderate to high the patient's subsequent to es responsibility lition(s), the	a diffusely positive me		•	
For 99255, the presenting pr severity. The consultant typi bedside and on the patient's the completion of consultati for management of a portio appropriate E/M procedure	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assumn/all of the patient's concode is used in lieu of 99	noderate to high the patient's subsequent to es responsibility lition(s), the	a diffusely positive me multiple surgeries.		iew of systems and	
For 99255, the presenting pr severity. The consultant typi bedside and on the patient's the completion of consultati for management of a portio	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assumn/all of the patient's concode is used in lieu of 99	noderate to high the patient's subsequent to es responsibility lition(s), the	a diffusely positive me		dew of systems and burners and burners and burners and burners and burners are burners and burners and burners and burners are burners and burners and burners are burners and burners are burners and burners are burners and burners are burners are burners and burners are burners are burners and burners are	d a history of
For 99255, the presenting preserity. The consultant typic bedside and on the patient's the completion of consultation management of a portion appropriate E/M procedure APPLICABLE POPULATION	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assum n/all of the patient's concode is used in lieu of 992	noderate to high the patient's subsequent to es responsibility dition(s), the 255.	a diffusely positive me multiple surgeries.	edical rev	DURATION Minimum: 110 m	d a history of
For 99255, the presenting pp severity. The consultant typi bedside and on the patient's the completion of consultati for management of a portio appropriate E/M procedure APPLICABLE POPULATIO Child (0-11)	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assumn/all of the patient's concode is used in lieu of 997 N(S)	noderate to high the patient's subsequent to es responsibility dition(s), the 255.	a diffusely positive me multiple surgeries. UNIT Electric 15 M	edical rev	DURATION Minimum: 110 m Maximum: N/A	d a history of
For 99255, the presenting preserity. The consultant typic bedside and on the patient's the completion of consultation management of a portion appropriate E/M procedure APPLICABLE POPULATION	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assumn/all of the patient's concode is used in lieu of 997 N(S)	noderate to high the patient's subsequent to es responsibility dition(s), the 255.	a diffusely positive me multiple surgeries.	edical rev	DURATION Minimum: 110 m Maximum: N/A See Appendix G f	d a history of innutes
For 99255, the presenting preserity. The consultant typic bedside and on the patient's the completion of consultation management of a portion appropriate E/M procedure APPLICABLE POPULATIO Child (0-11) Adol (12-17)	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assum n/all of the patient's concode is used in lieu of 992 N(s) Young Adult (18-20) G	noderate to high the patient's subsequent to es responsibility dition(s), the 255.	a diffusely positive me multiple surgeries. UNIT ☑ Encounter ☐ 15 M ☐ Day ☐ 1 Ho	edical rev	DURATION Minimum: 110 m Maximum: N/A See Appendix G f and billing as tim	d a history of innutes
For 99255, the presenting pp severity. The consultant typi bedside and on the patient's the completion of consultati for management of a portio appropriate E/M procedure APPLICABLE POPULATIO Child (0-11)	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assumulall of the patient's concode is used in lieu of 997 N(S) Young Adult (18-20) GELIVERY	noderate to high the patient's subsequent to es responsibility dition(s), the 255.	a diffusely positive me multiple surgeries. UNIT ☑ Encounter ☐ 15 M ☐ Day ☐ 1 Ho PROGRAM SERVICE CATE	dinutes our	DURATION Minimum: 110 m Maximum: N/A See Appendix G f and billing as tim S)	ninutes for typical times e-based code
For 99255, the presenting preserity. The consultant typic bedside and on the patient's the completion of consultatifor management of a portion appropriate E/M procedure APPLICABLE POPULATIO Child (0-11) Adol (12-17) ALLOWED MODE(S) OF E Face-to-Face	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assum n/all of the patient's concode is used in lieu of 997 N(S) Young Adult (18-20) CELIVERY Individual	noderate to high the patient's subsequent to es responsibility dition(s), the 255.	a diffusely positive me multiple surgeries. UNIT □ Encounter □ 15 M □ Day □ 1 Ho PROGRAM SERVICE CATE □ HE (SP)	dinutes our	DURATION Minimum: 110 m Maximum: N/A See Appendix G f and billing as tim S)	ninutes for typical times e-based code
For 99255, the presenting preserity. The consultant typic bedside and on the patient's the completion of consultatifor management of a portion appropriate E/M procedure APPLICABLE POPULATIO Child (0-11) Adol (12-17) ALLOWED MODE(S) OF E Face-to-Face Video Conf (GT)	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assum n/all of the patient's concode is used in lieu of 992 N(s) Young Adult (18-20) G DELIVERY Individual Group (HQ)	noderate to high the patient's subsequent to es responsibility dition(s), the 255.	a diffusely positive me multiple surgeries. UNIT □ Encounter □ 15 M □ Day □ 1 Ho PROGRAM SERVICE CATE □ HE (SP) □ TG (Other SP)	Ainutes our EGORY(IE:	DURATION Minimum: 110 m Maximum: N/A See Appendix G f and billing as tim S) J4 (ICM)	ninutes For typical times e-based code I HJ (Voc) I HQ (Clubhouse)
For 99255, the presenting preserity. The consultant typic bedside and on the patient's the completion of consultatifor management of a portion appropriate E/M procedure APPLICABLE POPULATIO Child (0-11) Adol (12-17) ALLOWED MODE(S) OF E Face-to-Face	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assum n/all of the patient's concode is used in lieu of 997 N(S) Young Adult (18-20) CELIVERY Individual	noderate to high the patient's subsequent to es responsibility dition(s), the 255.	a diffusely positive me multiple surgeries. UNIT Encounter	Ainutes our EGORY(IE:	DURATION Minimum: 110 m Maximum: N/A See Appendix G f and billing as tim S) J4 (ICM) TM (ACT) TM (ACT) TM (Respite)	ninutes For typical times e-based code I HJ (Voc) I HQ (Clubhouse) I TT (Recovery)
For 99255, the presenting preserity. The consultant typic bedside and on the patient's the completion of consultatifor management of a portion appropriate E/M procedure APPLICABLE POPULATIO Child (0-11) Adol (12-17) ALLOWED MODE(S) OF E Face-to-Face Video Conf (GT)	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assum n/all of the patient's concode is used in lieu of 992 N(s) Young Adult (18-20) G DELIVERY Individual Group (HQ)	noderate to high the patient's subsequent to es responsibility dition(s), the 255.	a diffusely positive me multiple surgeries. UNIT □ Encounter □ 15 M □ Day □ 1 Ho PROGRAM SERVICE CATE □ HE (SP) □ TG (Other SP)	Ainutes our EGORY(IE:	DURATION Minimum: 110 m Maximum: N/A See Appendix G f and billing as tim S) J4 (ICM) TM (ACT) TM (ACT) TM (Respite)	ninutes For typical times e-based code I HJ (Voc) I HQ (Clubhouse)
For 99255, the presenting preserity. The consultant typic bedside and on the patient's the completion of consultatifor management of a portion appropriate E/M procedure APPLICABLE POPULATIO Child (0-11) Adol (12-17) ALLOWED MODE(S) OF COMPANY AND CONFORM ADDITIONAL CONFORMATIONAL CONFORMATIONA	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assum n/all of the patient's concode is used in lieu of 992 N(S) Young Adult (18-20) G DELIVERY Individual Group (HQ) Family (HR/HS)	noderate to high the patient's subsequent to es responsibility lition(s), the 255. dult (21-64) reriatric (65+)	a diffusely positive me multiple surgeries. UNIT Encounter	Minutes FEGORY(IE	DURATION Minimum: 110 m Maximum: N/A See Appendix G f and billing as tim S) J4 (ICM)	iniutes for typical times e-based code I HJ (Voc) I HQ (Clubhouse) I TT (Recovery) I HT (Prev/EI)
For 99255, the presenting pp severity. The consultant typi bedside and on the patient's the completion of consultati for management of a portio appropriate E/M procedure APPLICABLE POPULATIO Child (0-11) Adol (12-17) ALLOWED MODE(S) OF DE Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN)	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assum n/all of the patient's concode is used in lieu of 992 N(s) Young	noderate to high the patient's subsequent to es responsibility lition(s), the 255. dult (21-64) feriatric (65+)	a diffusely positive me multiple surgeries. UNIT ☑ Encounter ☐ 15 M ☐ Day ☐ 1 Ho PROGRAM SERVICE CATE ☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier-SUD) Master's Level (HO) ☐ CAC	Alinutes FEGORY(IE	DURATION Minimum: 110 m Maximum: N/A See Appendix G f and billing as tim S) J4 (ICM) TM (ACT) HM (Respite)	d a history of ninutes for typical times e-based code I HJ (Voc) I HQ (Clubhouse) I TT (Recovery) I HT (Prev/EI)
For 99255, the presenting pp severity. The consultant typi bedside and on the patient's the completion of consultati for management of a portio appropriate E/M procedure APPLICABLE POPULATIO Child (0-11) Adol (12-17) ALLOWED MODE(S) OF DE Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assum n/all of the patient's concode is used in lieu of 992 N(S) Young Adult (18-20) G DELIVERY Individual Group (HQ) Family (HR/HS)	dult (21-64) ceriatric (65+) Unlicensed I	a diffusely positive me multiple surgeries. UNIT Encounter	Alinutes FEGORY(IE	DURATION Minimum: 110 m Maximum: N/A See Appendix G f and billing as tim S) J4 (ICM) TM (ACT) HM (Respite) PN/LVN (TE) RXN PN (SA) RM MD	d a history of ninutes for typical times e-based code I HJ (Voc) I HQ (Clubhouse) I TT (Recovery) I HT (Prev/EI)
For 99255, the presenting preserity. The consultant typic bedside and on the patient's the completion of consultatifor management of a portion appropriate E/M procedure APPLICABLE POPULATIO Child (0-11) Adol (12-17) ALLOWED MODE(S) OF E Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assum n/all of the patient's concode is used in lieu of 992 N(s) Young Adult (18-20) G DELIVERY Individual Group (HQ) Family (HR/HS) LCSW (AJ) LPC LMFT	dult (21-64) ceriatric (65+) Unlicensed I	a diffusely positive me multiple surgeries. UNIT Encounter	Alinutes FEGORY(IE	DURATION Minimum: 110 m Maximum: N/A See Appendix G f and billing as tim S) J4 (ICM) TM (ACT) HM (Respite) PN/LVN (TE) RXN PN (SA) RM MD	d a history of minutes for typical times e-based code I HJ (Voc) I HQ (Clubhouse) I TT (Recovery) I HT (Prev/EI) I (SA) (PA)
For 99255, the presenting pp severity. The consultant typi bedside and on the patient's the completion of consultati for management of a portio appropriate E/M procedure APPLICABLE POPULATIO Child (0-11) Adol (12-17) ALLOWED MODE(S) OF E Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assum n/all of the patient's concode is used in lieu of 992 N(s) Young Adult (18-20) G DELIVERY Individual Group (HQ) Family (HR/HS) LCSW (AJ) LPC LMFT	dult (21-64) ceriatric (65+) Unlicensed I	a diffusely positive me multiple surgeries. UNIT Encounter	Alinutes FEGORY(IE	DURATION Minimum: 110 m Maximum: N/A See Appendix G f and billing as tim S) J4 (ICM) TM (ACT) HM (Respite) PN/LVN (TE) RXN PN (SA) RM MD	d a history of minutes for typical times e-based code I HJ (Voc) I HQ (Clubhouse) I TT (Recovery) I HT (Prev/EI) I (SA) (PA)
For 99255, the presenting pp severity. The consultant typi bedside and on the patient's the completion of consultati for management of a portio appropriate E/M procedure APPLICABLE POPULATIO Child (0-11) Adol (12-17) ALLOWED MODE(S) OF E Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (POS)	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assum n/all of the patient's concode is used in lieu of 992 N(s) Young Adult (18-20) G DELIVERY Individual Group (HQ) Family (HR/HS) LCSW (AJ) LPC LMFT Inpt PF (51)	dult (21-64) ceriatric (65+) Unlicensed I	a diffusely positive me multiple surgeries. UNIT Encounter	Alinutes FEGORY(IE	DURATION Minimum: 110 m Maximum: N/A See Appendix G f and billing as tim S) J4 (ICM) TM (ACT) HM (Respite) PN/LVN (TE) RXN PN (SA) RM MD	d a history of minutes for typical times e-based code I HJ (Voc) I HQ (Clubhouse) I TT (Recovery) I HT (Prev/EI) I (SA) (PA)
For 99255, the presenting properties of the completion of consultant typic bedside and on the patient's the completion of consultatifor management of a portion appropriate E/M procedure APPLICABLE POPULATIO Child (0-11) Adol (12-17) ALLOWED MODE(S) OF E Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (POS) SNF (32) SNF (31)	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assum n/all of the patient's concode is used in lieu of 992 N(s) I Young Adult (18-20) G DELIVERY Individual Group (HQ) Family (HR/HS) LCSW (AJ) LPC LMFT Inpt PF (51) PF-PHP (52)	dult (21-64) ceriatric (65+) Unlicensed I	a diffusely positive me multiple surgeries. UNIT Encounter	Alinutes FEGORY(IE	DURATION Minimum: 110 m Maximum: N/A See Appendix G f and billing as tim S) J4 (ICM) TM (ACT) HM (Respite) PN/LVN (TE) RXN PN (SA) RM MD	d a history of minutes for typical times e-based code I HJ (Voc) I HQ (Clubhouse) I TT (Recovery) I HT (Prev/EI) I (SA) (PA)
For 99255, the presenting pp severity. The consultant typi bedside and on the patient's the completion of consultati for management of a portio appropriate E/M procedure APPLICABLE POPULATIO Child (0-11) Adol (12-17) ALLOWED MODE(S) OF E Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (POS)	roblem(s) are usually of mically spends 110 mins at shospital floor or unit. If sion, the consultant assum n/all of the patient's concode is used in lieu of 992 N(s) Young Adult (18-20) G DELIVERY Individual Group (HQ) Family (HR/HS) LCSW (AJ) LPC LMFT Inpt PF (51)	dult (21-64) ceriatric (65+) Unlicensed I	a diffusely positive me multiple surgeries. UNIT Encounter	Alinutes FEGORY(IE	DURATION Minimum: 110 m Maximum: N/A See Appendix G f and billing as tim S) J4 (ICM) TM (ACT) HM (Respite) PN/LVN (TE) RXN PN (SA) RM MD	d a history of minutes for typical times e-based code I HJ (Voc) I HQ (Clubhouse) I TT (Recovery) I HT (Prev/EI) I (SA) (PA)

	EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT						
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	99255		Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.				
SERVICE DESCRIPTION					OUIREMENTS		
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: • Comprehensive history • Comprehensive examination • Medical decision-making of high complexity When counseling and/or coordination of care dominates (more than 50%) the physician-patient and/or family encounter (faceto-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.			MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Page 346 Service Content Documentation of written, verbal/shared medical records request in patient record: 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 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") 6. Copy of written report sent by consultant to referring MD/DO 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				
				procedures order or more informa	tion on E/M service	es.	
NOTES 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 mins at the patient's bedside and on the patient's hospital floor or unit. If subsequent to the completion of consultation, the consultant assumes responsibility for management of a portion/all of the patient's condition(s), the			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 POPULATIO	code is used in lieu of 99255.		UNIT		DURATION		
☑ Child (0-11) ☑ Adol (12-17)	⊠ Young ⊠ Adult	: (21-64) tric (65+)	☑ Encounter □ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 110 m Maximum: N/A See <u>Appendix G</u> t and billing as tim	for typical times	
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERVI	CE CATEGORY(I	ES)		
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residentia)☑ HF (2nd modified)	I)	TM (ACT) \square HM (Respite) \square] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LPC [☐ Unlicensed E	d Master's Level (HO)			(PA)	
PLACE OF SERVICE (POS)							
☑ NF (32) ☑ SNF (31) ☑ Inpt Hosp (21)	☑ Inpt PF (51) ☑ PF-PHP (52) ☑ Telehealth (02)						

EVALUATION AND MANAGEMENT – EMERGENCY DEPARTMENT							
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. ☑ Medicaid						
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 patients in the emergency department.	Technical Documentation Requirements See Page 346 See <u>Appendix G</u> for more information on E/M services.						
NOTES	EXAMPLE ACTIVITIES						
APPLICABLE POPULATION(S)	UNIT DURATION						
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	 ☑ Encounter ☐ Day ☐ 15 min ☐ 1 Hour ☐ See Appendix G for typical times and billing as timebased code 						
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)						
 ☑ Face-to-Face ☑ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☑ Family (HR/HS) 	 ☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2nd modifier-SUD) ☐ HT (Prev/EI) 						
STAFF REQUIREMENTS							
□ Bachelor's Level (HN) □ LPC □ Unlicensed	I Master's Level (HO) □ LAC □ LPN/LVN (TE) □ RxN (SA) I EdD/ PhD/PsyD (HP) □ CAC II □ RN (TD) □ PA (PA) JD/PhD/PsyD (AH) □ CAC III □ QMAP □ MD/DO (AF)						
PLACE OF SERVICE (POS)							
⊠ ER (23) ⊠ Telehealth (02)							

EVALUATION AND MANAGEMENT – EMERGENCY DEPARTMENT						
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. ☑ 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 patients in the emergency department.	Technical Documentation Requirements See Page 346 See <u>Appendix G</u> for more information on E/M services.					
NOTES	EXAMPLE ACTIVITIES					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	 ☑ Encounter ☐ Day ☐ 15 min ☐ 1 Hour ☐ See Appendix G for typical times and billing as timebased code 					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☑ Family (HR/HS)	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☒ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)					
STAFF REQUIREMENTS						
□ Bachelor's Level (HN) □ LPC □ Unlicensed	Master's Level (HO) □ LAC □ LPN/LVN (TE) □ RxN (SA) EdD/ PhD/PsyD (HP) □ CAC II □ RN (TD) □ PA (PA) □ CAC II □ APN (SA) □ PA (PA) □ CAC III □ QMAP □ MD/DO (AF)					
PLACE OF SERVICE (POS)						
区 ER (23) ☑ Telehealth (02)						

EVALUATION AND MANAGEMENT - NURSING FACILITY - INITIAL SERVICES							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION U	JSAGE					
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 Care Services	☑ Medicaid					
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.	Technical Documentation Requirements See Page 346 See Appendix G for more information on E/M services.						
NOTES	EXAMPLE ACTIVITIES						
APPLICABLE POPULATION(S)	UNIT DURATION						
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☐ Day ☐ 15 Minutes times and billing a code						
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)						
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☑ Family (HR/HS)	☐ HK (Residential) ☐ HM (Respite) ☐ TT ((Voc) Q (Clubhouse) (Recovery) (Prev/El)					
STAFF REQUIREMENTS							
□ Bachelor's Level (HN) □ LPC □ Unlicensed I	Master's Level (HO) □LAC □ LPN/LVN (TE) □ RXN (SA) EdD/ PhD/PsyD (HP) □CAC II □ RN (TD) □ PA (PA) D/PhD/PsyD (AH) □CAC II □ QMAP □ MD/DO						
PLACE OF SERVICE (POS)							
⋈ NF (32)⋈ SNF (31)⋈ Telehealth (02)							

EVALUATION AND MANAGEMENT - NURSING FACILITY - INITIAL 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 Care Services	☑ ОВН			
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.	Technical Documentation Requirements See Page 346 See Appendix G for more information on E/M services	i.			
NOTES	EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☐ Day ☐ 15 Minutes times and billing code	G for typical ng as time-based			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☑ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ H ☐ HK (Residential) ☐ HM (Respite) ☐ T	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
□ Bachelor's Level (HN) □ LPC □ Unlicensed	Master's Level (HO) □ LAC □ LPN/LVN (TE) ☑ RxN (B EdD/ PhD/PsyD (HP) □ CAC II ☑ RN (TD) ☑ PA (P D/PhD/PsyD (AH) □ CAC III ☑ APN (SA) ☑ MD/I	PA)			
PLACE OF SERVICE (POS)					
☑ NF (32)☑ SNF (31)☑ Telehealth (02)					

EVALUATION AND MANAGEMENT - NURSING FACILITY - SUBSEQUENT SERVICES							
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODI	E DESCRIPTION		USAGE	
99307 requires problem focused interval history, problem focused examination, straight forward medical decision making, Typical time 10 minutes 99308 requires expanded problem focused interval history, expanded problem focused examination, low complexity medical decision making, Typical time 15 minutes			Subsequent Nursi	ng Facility Services.		☑ Medicaid	
99309 requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time is 25 minutes							
·	o interval history, con high complexity medic s 35 minutes	•					
SERVICE DESCRIPTIO			MINIMUM DOCU	MENTATION REQUI	REMENTS		
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. All levels of subsequent nursing facility care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the patient'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.			Technical Documentation Requirements See Page 346 See Appendix G for more information on E/M services.				
NOTES			EXAMPLE ACTIVIT	TIES			
ADDUCADUE DODUU	TION(C)		LIAUT		DUDATION		
• •	☑ Young Adult	☑ Adult (21-64) ☑ Geriatric (65+)	UNIT☑ Encounter☐ Day	☐ 15 Minutes ☐ 1 Hour	See Appendi times and bil based code	x G for typical ling as time-	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE				
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/H	IS)	□ HE (SP) □ TG (Other SP) □ HK (Residential □ HF (2 nd modifie)		r) □ HC spite) □ TT	(Voc) (Clubhouse) (Recovery) (Prev/El)	
STAFF REQUIREMEN	TS						
☐ Bactlefor's Level (FIN) ☐ LPC ☐ Unlicensed E		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ LPN/L □CAC I □ RN (TI □CAC II ☑ APN (□CACIII □ QMAI	D)	N (SA) (PA) D/DO (AF)		
PLACE OF SERVICE (F	OS)						
☑ NF (32) ☑ SNF (31) ☑ Telehealth (02)							

EVALUATION AND MANAGEMENT - NURSING FACILITY - SUBSEQUENT SERVICES							
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODI	E DESCRIPTION		USAGE	
99307 requires problem focused interval history, problem focused examination, straight forward medical decision making, Typical time 10 minutes 99308 requires expanded problem focused interval history, expanded problem focused examination, low complexity medical decision making, Typical time 15 minutes			Subsequent Nursi	ng Facility Services.		☑ ОВН	
99309 requires deta	niled interval history, d moderate complexity						
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 DOCU	MENTATION REQUI	REMENTS		
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. All levels of subsequent nursing facility care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the patient'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.			Technical Documentation Requirements See Page 346 See Appendix G for more information on E/M services.				
NOTES			EXAMPLE ACTIVIT	TIES			
ADDUCADIE DODUI	ATION/C)		LINUT		DUDATION		
APPLICABLE POPUL ☑ Child (0-11) ☑ Adol (12-17)	☑ Young Adult (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	UNIT☑ Encounter☐ Day	☐ 15 Minutes ☐ 1 Hour	See Appendi times and bi based code	x G for typical lling as time-	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE				
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR/H	IS)	☑ HE (SP)☐ TG (Other SP)☐ HK (Residential)☑ HF (2nd modifie)		Γ) □ HC spite) □ TT	(Voc) Q (Clubhouse) (Recovery) T (Prev/El)	
STAFF REQUIREMEN	NTS						
☐ Bachelor's Level (HN ☑ Intern	Intern		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□ LAC □ LPN/L □ CAC I □ RN (T □ CAC II ☑ APN (□ CACIII □ QMAI	D) 🗵 Rx (SA) 🗵 PA	N (SA) (PA) D/DO (AF)	
PLACE OF SERVICE (POS)						
☑ NF (32)☑ SNF (31)☑ Telehealth (02)							

	EVALUATION AND MA	NAGEMENT -	NURSING FACILITY	- DISCHA	RGE SERV	ICES	
CPT®/HCPCS PROCEDUF	RE CODE		PROCEDURE COD	E DESCRIP	TION		USAGE
99315 nursing facility dis minutes or less 99316 nursing facility dis than 30 minutes			Nursing Facility dis	scharge se	ervices.		☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATIO	ON REQUIF	REMENTS	
Used to report total duration other qualified health car facility discharge of a part appropriate final examination the nursing facility stay of is not continuous. Instructoral relevant care given records, prescriptions ar	are professional for the tient, the codes include nation of the patient, di even if the time spent cotions are given for cors, the preparation of di	final nursing e as scussion of on that date ntinuing care	Technical Docum See Page 346 See <u>Appendix G</u> fo		•		ces.
NOTES			EXAMPLE ACTIVIT	TIES			
4001164015 000111 4TIC	22/2)					DUDATION	
APPLICABLE POPULATION	DN(S)		UNIT			DURATION	in C for to mind
☑ Child (0-11)☑ You☑ Adol (12-17)☑ (18-2)	_	ult (21-64) riatric (65+)	☑ Encounter ☐ Day	☐ 15 Mi ☐ 1 Hou			ix G for typical illing as time-
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE	CE CATEGO	ORY(IES)		
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifie) [□ U4 (ICM) □ TM (ACT □ HM (Res) □ H0 pite) □ T1	(Voc) Q (Clubhouse) Γ (Recovery) Γ (Prev/EI)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	I □CAC	□ LPN/LVN □ RN (TD) ☑ APN (SA) □ QMAP	` ′ ⊠ R› ⊠ PÆ	kn (SA) A (PA) D/DO (AF)
PLACE OF SERVICE (POS)						
☑ NF (32) ☑ SNF (31) ☑ Telehealth (02)							

EVALUATION AND MANAGEMENT	- NURSING FACILITY - DISCHARGE SERVICES
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
99315 nursing facility discharge day management; 30 minutes or less 99316 nursing facility discharge day management; more than 30 minutes	Nursing Facility discharge services. ☑ OBH
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 patient, the codes include as appropriate final examination of the patient, 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.	Technical Documentation Requirements See Page 346 See Appendix G for more information on E/M services.
NOTES	EXAMPLE ACTIVITIES
APPLICABLE POPULATION(S) ☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17) (18-20) ☐ Geriatric (65+)	UNIT □ Day □ 15 Minutes □ Day □ 1 Hour □ Day □ 1 Hour □ Day □ Da
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
 ☑ Face-to-Face ☑ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☑ Family (HR/HS) 	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☒ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)
STAFF REQUIREMENTS	
□ Bacrielor's Level (FIN) □ LPC □ Unlicensed	□ LAC □ LPN/LVN (TE) □ RN (TD) □ RN (TD) □ PA (PA) □ LD/PhD/PsyD (AH) □ QMAP □ QMAP □ QMAP
PLACE OF SERVICE (POS)	
☑ NF (32)☑ SNF (31)☑ Telehealth (02)	

	EVALUAT	TON AND MANAGEM	ENT - NURSING F	FACILITY - C	OTHER		
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CO	DDE DESCR	IPTION		USAGE
99318 require detailed int examination, low to mode making. Typical time is 30	rate complexity n	•	Annual Nursing	Facility Ass	sessment.		☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DO	CUMENTAT	ION REQUIREM	IENTS	
This is an annual Nursing Facility Assessment.			Technical Documentation Requirements See Page 346 See Appendix G for more information on E/M services.				
NOTES			EXAMPLE ACTIV	VITIES			
APPLICABLE POPULATION	(S)		UNIT			DURATI	
, ,	oung Adult -20)	✓ Adult (21-64)✓ Geriatric (65+)	☑ Encounter □ Day		l 15 Minutes l 1 Hour	typical t	endix G for imes and billing based code
ALLOWED MODE(S) OF DE	LIVERY		PROGRAM SER	VICE CATE	GORY(IES)		
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ ☑ Family (HR,	·	☑ HE (SP) ☐ TG (Other SP ☐ HK (Resident ☑ HF (2 nd modi	ial)	□ U4 (ICM) □ TM (ACT) □ HM (Respit	:e) 🗆 1	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed Maste ☐ Unlicensed EdD/ ☐ Licensed EdD/PhI	PhD/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN □ RN (TD) ☑ APN (SA) □ QMAP	⊠ R: ⊠ P.	xN (SA) A (PA) ID/DO (AF)
PLACE OF SERVICE (POS)							
⋈ NF (32)⋈ SNF (31)⋈ Telehealth (02)							

	EVALUA1	TON AND MANAGEM	ENT - NURSING F	ACILITY -	OTHER		
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CO	DDE DESCR	RIPTION		USAGE
99318 require detailed int examination, low to mode making. Typical time is 30	rate complexity n	•	Annual Nursing	Facility As	ssessment.		☑ ОВН
SERVICE DESCRIPTION			MINIMUM DOO	CUMENTA	TION REQUIREM	IENTS	
This is an annual Nursing F	acility Assessmen	t.	See Page 346		n Requirements information on E		ces.
NOTES			EXAMPLE ACTIV	VITIES			
APPLICABLE POPULATION	(S)		UNIT			DURATI	ON
	oung Adult -20)	☑ Adult (21-64)☑ Geriatric (65+)	☑ Encounter ☐ Day	_	☐ 15 Minutes ☐ 1 Hour	typical t	endix G for imes and billing based code
ALLOWED MODE(S) OF DE	LIVERY		PROGRAM SER	VICE CATE	GORY(IES)		
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ ☑ Family (HR,		□ HE (SP) □ TG (Other SP □ HK (Resident ☑ HF (2 nd modified)	ial)	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite		HJ (Voc) HQ (Clubhouse) FT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS							
☐ Peer Specialist☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed Maste ☐ Unlicensed EdD/ ☐ Licensed EdD/PhI	PhD/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN □ RN (TD) ☑ APN (SA) □ QMAP	⊠ R: ⊠ P/	xN (SA) A (PA) ID/DO (AF)
PLACE OF SERVICE (POS)							
☑ NF (32) ☑ SNF (31) ☑ Telehealth (02)							

EVALUATION AND MANAGEMENT - DOMICILIARY, REST	HOME, CUSTODIAL CARE – NEW & ESTABLISHED	PATIENT
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
New Patient	Domiciliary, rest home, custodial care	
99324 requires problem focused history, problem focused	services	☑ Medicaid
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		
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		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
These codes are used to report E/M services in a facility which provides	Technical Documentation Requirements	
room, board and other personal assistance services, generally on a long	See Page 346	
term basis. They are also used to report E/M services in an assisted living	See Appendix G for more information on E/M s	ervices.
facility. The facility services do not include a medical component. NOTES	EXAMPLE ACTIVITIES	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT DURATION	
☑ Child (0-11) ☑ Young Adult (18- ☑ Adult (21-64)		x G for typical times
 ✓ Adol (12-17) ✓ Balance (22 0 1) ✓ Geriatric (65+) 		time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
· ·	, ,	□ HJ (Voc)
☑ Face-to-Face	1 , ,	☐ HQ (Clubhouse)
oxtimes Video Conf (GT) $oxtimes$ Group (HQ)		☐ TT (Recovery)
☐ Telephone ☑ Family (HR/HS)		☐ HT (Prev/EI)
STAFF REQUIREMENTS	111 (2 mounter 555)	= 111 (11ev/21)
□ Page Specialist	□ LAC □ LPN/LVN (TE) □ .	
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed Maste	er's Level (HO)	N (SA)
□ LPC □ Unlicensed EdD/ □ LMFT □ Licensed EdD/PhI	O/PSVD (AH) LICAC II KI APN (SA)	(PA) D/DO (AF)
· ·	OFFSYD (AIT) □ CACIII □ QMAP 점 IVII	5,50 (Al)
PLACE OF SERVICE (POS)		
☑ ACF (13)		
☑ Cust Care (33)		
☐ Grp Home (14)		
☑ Telehealth (02)		

EVALUATION AND MANAGEMENT - DOMICILIARY, REST	HOME, CUSTODIAL CARE – NEW & ESTABLISHED PATIENT	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE	
New Patient	Domiciliary, rest home, custodial care	
99324 requires problem focused history, problem focused	services ☑ OBH	
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 <u>Established patient</u>		
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 SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
These codes are used to report E/M services in a facility which provides	Technical Documentation Requirements	
room, board and other personal assistance services, generally on a long	See Page 346	
term basis. They are also used to report E/M services in an assisted living	See Appendix G for more information on E/M services.	
facility. The facility services do not include a medical component. NOTES	EXAMPLE ACTIVITIES	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT DURATION	
☑ Child (0-11) ☑ Young Adult (18- ☑ Adult (21-64)		nes
☑ Adol (12-17) 20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour and billing as time-based code	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face ☑ Individual	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)	
	☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse))
☐ Telephone	☐ HK (Residential) ☐ HM ☐ TT (Recovery)	
STAFF REQUIREMENTS	□ HF (2 nd modifier-SUD) (Respite) □ HT (Prev/EI)	
□ Peer Specialist	LAC DLPN/LVN (TE)	
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed Maste	Pr's Level (HO) \square CAC I \square RN (TD) $\stackrel{!}{\boxtimes}$ RxN (SA)	
□ LPC □ Unlicensed EdD/Ph □ LMFT □ Licensed EdD/PhD	D/PSVD (AH) LICAC II KI APN (SA)	
	CACIII QMAP	
PLACE OF SERVICE (POS)		
☑ ACF (13) ☑ Cust Care (33)		
☑ Grp Home (14)		
☑ Telehealth (02)		

EVALUATION AND MANAGEMENT -	HOME – NEW & ESTABLISHED PATIENT	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
New Patient	Home care services	
99341 requires problem focused history, problem focused		☑ Medicaid
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		
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		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENT	S
These codes are used for face to face services in a private for the	Technical Documentation Requirements See Page 346	
evaluation and management of an individual with presenting problem(s) of varying severity.	See Appendix G for more information on E/M	services
NOTES	EXAMPLE ACTIVITIES	SCI VICCS.
THO I LO	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT DURATION	
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)		ix G for typical times
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)		s time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
		□ HJ (Voc)
☑ Video Conf (GT) ☐ Group (HQ)		☐ HQ (Clubhouse)
☐ Telephone ☐ Family (HR/HS)	· · · · · · · · · · · · · · · · · · ·	TT (Recovery)
,,,,,	□ HF (2 nd modifier-SUD) (Respite) [☐ HT (Prev/EI)
STAFF REQUIREMENTS Peer Specialist		
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed Ma		RxN (SA)
☑ Intern ☐ LPC ☐ Unlicensed Ed	D/ PND/PSYD (HP) TICACII 🗵 APN (SA)	PA (PA)
☐ LMFT ☐ Licensed EdD/	PND/PsyD (AH)	MD/DO (AF)
PLACE OF SERVICE (POS)		
☑ Telehealth (02)		
☑ Home (12)		

EVALUATION AND MANAGEMENT -	HOME – NEW & ESTABLISHED PATIENT	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
New Patient	Home care services	
99341 requires problem focused history, problem focused		☑ OBH
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		
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		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
These codes are used for face to face services in a private for the	Technical Documentation Requirements	
evaluation and management of an individual with presenting	See Page 346	
problem(s) of varying severity.	See Appendix G for more information on E/M se	ervices.
NOTES	EXAMPLE ACTIVITIES	
	1	
APPLICABLE POPULATION(S)	UNIT DURATION	
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)		G for typical times
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	,	time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face ☑ Individual		HJ (Voc)
☑ Video Conf (GT) ☐ Group (HQ)	, , ,	HQ (Clubhouse)
☐ Telephone ☑ Family (HR/HS)	,	TT (Recovery)
	∠ HF (2 nd modifier-SUD) (Respite) ∠	HT (Prev/EI)
STAFF REQUIREMENTS		
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ LCSW (AJ) ☐ Unlicensed Ma	ster's Level (HO)	RxN (SA)
□ LPC □ Unlicensed Edi		PA (PA)
□ LMFT □ Licensed EdD/F	PhD/PsyD (AH) ☐CACIII ☐ QMAP	MD/DO (AF)
PLACE OF SERVICE (POS)		
▼ Telehealth (02)		
☑ Telenealth (02) ☑ Home (12)		
- · · · · · · · · · · · · · · · · · · ·		

EV	ALUATION AND MANA	AGEMENT - CASE	MANAGEMENT -	MEDICAL TEA	AM C	ONFERENCE	
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE COD	DE DESCRIPTI	ON		USAGE
	99366		Medical team cor team, face-to-fac minutes or more, qualified health c	e with patier , participation	nt and	d/or family, 30	✓ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	•		UIREMENTS	
Face-to-face participation by a minimum of 3 practitioners from different specialties/disciplines, each of whom provide direct care to the patient, with the patient and/or family member(s), community agencies, surrogate decision maker(s) (e.g., legal guardians and/or care givers). Participants are actively involved in the development, revision, coordination, and implementation of the BH treatment services provided to the patient. *Not to be used for supervision Team conference services by a physician with the patient and/or family present are reported with an appropriate E/M procedure code. NOTES Reporting/billing participants have rendered face-to-face evaluation(s)/treatment(s) to the patient, 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 participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. If services are performed by a LAC/CAC provider, a SUD Primary		Technical Docum See Page 346 Service Content 1. The reason goal or age treatment/ 2. Description 3. Participants - Specifi - Patient 4. Summary or recommend 5. Plan for next treatment i	for the team nda? How do service plan? of the servic s in team con c providers w t and any fan if contributed dations ext contact(s) is prescribed on needed wi for more info	confices the confidence of the	ference. What we service relate ovided. In the including: redentials nembers who at rmation and treding treatment pecific), any follow parties tion on E/M services	tend atment goals, what ow-up or vices.	
Diagnosis is required. APPLICABLE POPULATION	N(S)		UNIT			DURATION	
☑ Child (0-11)☑ Adol (12-17)☑ (18	/oung Adult	Adult (21-64) Geriatric (65+)	☑ Encounter □ Day	☐ 15 Minute		Minimum: 30 M Maximum: N/A	
ALLOWED MODE(S) OF D	DELIVERY		PROGRAM SERVI			•	
☑ Face-to-Face ☑Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) ☑ Family/collatera	il (HR/HS)	☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifie	ıl)		и (ACT) — П и (Respite) — П] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (AJ) 区 LPC 区 LMFT	☑ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	⊠ RI	PN (SA)	xn (SA) A (PA) ID/DO (AF)
PLACE OF SERVICE (POS)							
区 CMHC (53) 区 Office (11) 区 ACF (13) 区 Cust Care (33)	☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54) ☑ NF (32)	☑ PRTF (56)☑ Shelter (04)☑ SNF (31)☑ FQHC (50)	⊠ RHC (7′ ⊠Telehea ⊠ School ⊠ Other F	lth (02) (03)			

EVALUATION AND MANAGEMENT - CASE	MANAGEMENT - MEDICAL TEAM CONFERENCE			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
	Medical team conference with interdisciplinary			
99366	team, face-to-face with patient and/or family, 30 ☐ OBH			
33300	minutes or more, participation by a non-physician			
	qualified health care professional			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Face-to-face participation by a minimum of 3 practitioners from different specialties/disciplines, each of whom provide direct care to the patient, with the patient and/or family member(s), community agencies, surrogate decision maker(s) (e.g., legal guardians and/or care givers). Participants are actively involved in the development, revision, coordination, and implementation of the BH treatment services provided to the patient. *Not to be used for supervision Team conference services by a physician with the patient and/or family present are reported with an appropriate E/M procedure code. NOTES Reporting/billing participants have rendered face-to-face evaluation(s)/treatment(s) to the patient, 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 participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided. 3. Participants in team conference including: - Specific providers with credentials - Patient and any family members who attend 4. Summary of contributed information and treatment recommendations 5. Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), any follow-up or coordination needed with 3 rd parties See Appendix G for more information on E/M services. EXAMPLE ACTIVITIES Patient and/or family participate in a multi-disciplinary team conference.			
APPLICABLE POPULATION(S)	UNIT DURATION			
✓ Child (0-11) ✓ Young Adult ✓ Adult (21-64)	☑ Encounter ☐ 15 Minutes			
✓ Adol (12-17) (18-20) ✓ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
□ Face-to-Face □ Individual □ Group (HQ) □ Telephone □ Family/collateral (HR/HS)	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2nd modifier-SUD) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
✓ LPC ✓ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) □ CAC II □ APN (SA) □ PA (PA) □ CAC III □ CAC II □ APN (SA) □ PA (PA) □ CAC III □ CAC II □ APN (SA) □ PA (PA)			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ Grp Home (14) ☑ PRTF (56) ☑ Office (11) ☑ Home (12) ☑ Shelter (04) ☑ ACF (13) ☑ ICF-MR (54) ☑ SNF (31) ☑ Cust Care (33) ☑ NF (32) ☑ FQHC (50)	☑ RHC (72)☑ Telehealth (02)☑ School (03)☑ Other POS (99)			

EVALUATION AND MANAGEMENT -	CASE MANAGEMENT - 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		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
Face-to-face participation by a minimum of 3 practition including a Psychiatrist, from different specialties/disciplication of whom provide direct care to the patient, without patient and/or family member(s), community agency surrogate decision maker(s) (e.g., legal guardians and/or givers). Participants are actively involved in the developm revision, coordination, and implementation of the treatment services provided to the patient. *Not to be used for supervision This code is for physician/prescriber services only. All others are passed on 99368 as applicable.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided. 3. Participants in team conference including: - Specific providers with credentials 4. Summary of contributed information and treatment recommendations 5. Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), and any follow-up or coordination needed with 3 rd parties See Appendix G for more information on E/M services.		
NOTES Reporting/billing participants have rendered face-to-	face No patient and/or family is present during this multidisciplinary		
evaluation(s)/treatment(s) to the patient, independent of team conference, within the previous 60 days. The treatment conference starts at the beginning of a case review and end the conclusion of the review. Time related to record kee and generating a report is not reported/billed. The report participant is present for all time reported. Team conference of less than 30 minutes duration are not reported. No not than one individual from the same specialty may report 95 at the same encounter. If services are performed by a LAC/CAC provider, a SUD Print Diagnosis is required.	eam ds at pring reting noces nore 0366		
APPLICABLE POPULATION(S)	UNIT DURATION		
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (6.0)	5+) Day 1 Hour Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
☑ Face-to-Face☑ Individual☑ Group (HQ)☑ Telephone☑ Family (HR/HS)	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)		
STAFF REQUIREMENTS			
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlice ☑ Intern ☑ LMFT ☑ Licens	ensed Master's Level (HO) ensed EdD/ PhD/PsyD (HP) ended EdD/PhD/PsyD (AH) □ CAC II □ RN (TD) □ CAC II □ APN (SA) □ MD/DO (AF)		
PLACE OF SERVICE (POS)	DUG (73)		
☑ CMHC (53) ☒ Grp Home (14) ☒ PRTF (56 ☒ Office (11) ☒ Home (12) ☒ Shelter (☒ ACF (13) ☒ ICF-MR (54) ☒ SNF (31) ☒ Cust Care (33) ☒ NF (32) ☒ FQHC (50	04) 区 Telehealth (02) 区 School (03)		

EVALUATION AND MANAGEMENT - CASE	MANAGEMENT - MEDICAL TEAM CONFERENCE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Medical team conference with interdisciplinary				
99367	team, patient and/or family not present, 30	☑ OBH			
	minutes or more, participation by physician				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Face-to-face participation by a minimum of 3 practitioners,	Technical Documentation Requirements				
including a Psychiatrist, from different specialties/disciplines,	See Page 346				
each of whom provide direct care to the patient, without the patient and/or family member(s), community agencies,	Service Content 1. The reason for the team conference. What wa	s the intended			
surrogate decision maker(s) (e.g., legal guardians and/or care	goal or agenda? How does the service relate to				
givers). Participants are actively involved in the development,	treatment/service plan?	o trie			
revision, coordination, and implementation of the BH	Description of the service provided.				
treatment services provided to the patient.	3. Participants in team conference including:				
ti datinent ser rices promueu to the putient	- Specific providers with credentials				
*Not to be used for supervision	4. Summary of contributed information and treat	tment			
·	recommendations				
This code is for physician/prescriber services only. All others	5. Plan for next contact(s) including treatment go	oals, what			
use 99366 or 99368 as applicable.	treatment is prescribed (be specific), and any f	follow-up or			
	coordination needed with 3 rd parties				
	See Appendix G for more information on E/M servi	ces.			
NOTES	EXAMPLE ACTIVITIES				
Reporting/billing participants have rendered face-to-face	No patient and/or family is present during this multi	disciplinary			
evaluation(s)/treatment(s) to the patient, independent of any	team conference with a physician.				
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					
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences					
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more					
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences					
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter.					
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. APPLICABLE POPULATION(S)	UNIT DURATION				
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. APPLICABLE POPULATION(S) Young Adult Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: 30 Mi	inutes +			
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) Geriatric (65+)	⊠ Encounter	inutes +			
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. APPLICABLE POPULATION(S) Young Adult Adult (21-64)	☐ Day ☐ 15 Minutes ☐ Minimum: 30 Minimum: 30 Minimum: N/A PROGRAM SERVICE CATEGORY(IES)				
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) Geriatric (65+)	□ Encounter □ 15 Minutes	IJ (Voc)			
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) ALLOWED MODE(S) OF DELIVERY	□ Encounter □ 15 Minutes	IJ (Voc) IQ (Clubhouse)			
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. APPLICABLE POPULATION(S) ☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17) (18-20) ☐ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ☐ Individual	□ Encounter □ 15 Minutes	IJ (Voc) IQ (Clubhouse) T (Recovery)			
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ☑ Face-to-Face ☐ Individual ☑ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS)	□ Encounter □ 15 Minutes	IJ (Voc) IQ (Clubhouse)			
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. APPLICABLE POPULATION(S) ☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17) (18-20) ☐ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS) STAFF REQUIREMENTS	□ Day	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)			
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. APPLICABLE POPULATION(S) ACMINISTRY Young Adult Adult (21-64) ACMINISTRY Adult (21-64) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS Peer Specialist LCSW (AJ) Unlicensed Individual Light Conference Individual Light Confer	□ Day □ 1 Hour Maximum: 30 Minimum: 30 Minimum: N/A □ Day □ 1 Hour Maximum: N/A □ PROGRAM SERVICE CATEGORY(IES) □ HE (SP) □ U4 (ICM) □ H □ TG (Other SP) □ TM (ACT) □ H □ HK (Residential) □ HM (Respite) □ T □ HK (Residential) □ HM (Respite) □ T □ HF (2 nd modifier-SUD) □ H Master's Level (HO) □ LAC □ LPN/LVN (TE) □ RN Master's Level (HO) □ LPN/LVN (TE) □ RN Master's LP	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI)			
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS LCSW (AJ) Unlicensed Bachelor's Level (HN) LPC Unlicensed Unlicensed Unlicensed Unlicensed Unlicensed Unlicensed Unlicensed Unlicensed	Encounter	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI) N (SA) (PA)			
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS Peer Specialist LCSW (AJ) Unlicensed LPC Unlicensed LMFT Unlice	Encounter	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI)			
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. APPLICABLE POPULATION(S) Child (0-11)	Encounter	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI) N (SA) (PA)			
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS Peer Specialist LCSW (AJ) Unlicensed LPC Unlicensed LPC Unlicensed LPC Unlicensed Ed PLACE OF SERVICE (POS) CMHC (53) Grp Home (14) PRTF (56)	□ Day □ 1 Hour Maximum: 30 Mingrams □ Day □ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES) □ HE (SP) □ U4 (ICM) □ HO □ TG (Other SP) □ TM (ACT) □ HO □ HK (Residential) □ HM (Respite) □ TO □ HK (Residential) □ HM (Respite) □ TO □	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI) N (SA) (PA)			
and generating a report is not reported/billed. The reporting participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. APPLICABLE POPULATION(S) Child (0-11) Young Adult Adult (21-64) Adol (12-17) (18-20) Geriatric (65+) ALLOWED MODE(S) OF DELIVERY Face-to-Face Individual Video Conf (GT) Group (HQ) Telephone Family (HR/HS) STAFF REQUIREMENTS Peer Specialist LCSW (AJ) Unlicensed Education Entering Education	Encounter	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI) N (SA) (PA)			

EVALUATION AND MANAGEMENT - CAS	E MANAGEMENT - 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	☑ Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	•			
Face-to-face participation by a minimum of 3 practitioners from different specialties/disciplines, each of whom provide direct care to the patient, with the patient and/or family member(s), community agencies, surrogate decision maker(s) (e.g., legal guardians and/or care givers). Participants are actively involved in the development, revision, coordination, and implementation of the BH treatment services provided to the patient. *Not to be used for supervision	Technical Documentation Requirements				
NOTES	See <u>Appendix G</u> for more information on E/M services EXAMPLE ACTIVITIES				
Reporting/billing participants have rendered face-to-face evaluation(s)/treatment(s) to the patient, 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 participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter. If services are performed by a LAC/CAC provider, a SUD Primary Diagnosis is required.	No patient and/or family is present during a multidiscip conference without a physician present.	llinary team			
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	⊠ Encounter□ 15 MinutesMinimum: 30 M□ Day□ 1 HourMaximum: N/A	inutes +			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face	□ TG (Other SP) $□$ TM (ACT) $□$ H $□$ HK (Residential) $□$ HM (Respite) $□$ T	J (Voc) Q (Clubhouse) Γ (Recovery) Τ (Prev/EI)			
STAFF REQUIREMENTS					
	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH) □ LAC □ LPN/LVN (TE) □ RNN (SA) □ PA (PA) □ MD/DO □ MD/DO				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Grp Home (14) ☑ PRTF (56) ☑ Office (11) ☑ Home (12) ☑ Shelter (04) ☑ ACF (13) ☑ ICF-MR (54) ☑ SNF (31) ☑ Cust Care (33) ☑ NF (32)	☑ Telehealth (02)☑ School (03)☑ Other POS (99)				

EVALUATION AND MANAGEMENT - CASE MANAGEMENT - 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				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Face-to-face participation by a minimum of 3 practitioners from different specialties/disciplines, each of whom provide direct care to the patient, with the patient and/or family member(s), community agencies, surrogate decision maker(s) (e.g., legal guardians and/or care givers). Participants are actively involved in the development, revision, coordination, and implementation of the BH treatment services provided to the patient. *Not to be used for supervision	rs Technical Documentation Requirements				
NOTES	EXAMPLE ACTIVITIES				
Reporting/billing participants have rendered face-to-face evaluation(s)/treatment(s) to the patient, 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 participant is present for all time reported. Team conferences of less than 30 minutes duration are not reported. No more than one individual from the same specialty may report 99366 at the same encounter.	No patient and/or family is present during a multidiscipli conference without a physician present.	mary team			
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A	nutes +			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	(),			
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ HK (Residential) ☐ HM (Respite) ☐ TT	(Voc) (Clubhouse) (Recovery) (Prev/El)			
STAFF REQUIREMENTS					
Bachelor's Level (HN) Intern ■ Unlicensed I	Master's Level (HO)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ Grp Home (14) ☒ PRTF (56) ☒ Office (11) ☒ Home (12) ☒ Shelter (04) ☒ ACF (13) ☒ ICF-MR (54) ☒ SNF (31) ☒ Cust Care (33) ☒ NF (32)	☑ Telehealth (02) ☑ School (03) ☑ Other POS (99)				

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE – PHONE								
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCRIPTION					USAGE
*This code has very spe requirements. Follow CP		documentation	patient, parent, or guardian not originating from a related E/M service provided within the					☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCL	•	ON REOU	IRFMFNI	rs	
Non-face-to-face E/M services provided by a physician or other qualified health professional to a patient using the telephone, upon initiation by an established patient (i.e., patient, 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 346 Service Content 1. Nature of service rendered and pertinent details 2. Disposition See Appendix G for more information on E/M services.					
NOTES			EXAMPLE ACTIVI	ITIES				
99441 may be reported only for established patients. The patient/patient's parent/guardian must initiate the contact; 99441 may not be used for calls initiated by physician or other qualified health professional. Calls resulting in a face-to-face encounter for the same problem referenced on the call 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. Likewise, if the call relates to an E/M service performed and reported by the provider within the previous 7 days (either requested or unsolicited patient follow up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 994441-994443 if you have reported 994441-99444 in the previous 7 days. The call is not reportable if the call relates to a previous call within 7 days since these codes are themselves an E/M service.			An established patient calls the provider with a new complaint. The call cannot be related to an E/M that occurred within the last seven days and cannot trigger an appointment within 24 hours or at the earliest available time. In a five to 10 minute call, the provider gets a brief history from the patient, reviews the patient's current list of medications, and makes a medical decision regarding recommended treatment, with a note to call if symptoms don't improve. The provider documents the specifics and the amount of time for the discussion in the patient's chart. Discussion with other providers is included in the code.					
APPLICABLE POPULATIO	N(S)		UNIT			DURATI	ION	
⊠ Adol (12-17) (18-2	20) ⊠ G∈	lult (21-64) eriatric (65+)	⊠ Encounter □ Day	☐ 15 Mii ☐ 1 Hou	r	Minimu Maximu	_	Minutes Minutes
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERV	ICE CATEG				
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual □ Group (HQ) □ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residentia☑ HF (2nd modified)		□ U4 (I □ TM (□ HM	-		HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed Ec	d Master's Level (HO)					
PLACE OF SERVICE (POS)								
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	⊠ Shelter ⊠ SNF (31 ⊠ FQHC (⊠ RHC (7: ⊠ Inpt Ho	1) 50) 2)	☑ Inpt P ☑ ER (23 ☑ PF-PH ☑ Schoo	B) P (52)	X	Other POS (99)

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE — PHONE							
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE COI	DE DESCRIP	TION		USAGE
*This code has very spe requirements. Follow CF		d documentation	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				
SERVICE DESCRIPTION					ON REOU	IREMENTS	
Non-face-to-face E/M se other qualified health pro- telephone, upon initiatio patient, parent or guardi for a problem that does in	MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Page 346 Service Content 1. Nature of service rendered and pertinent details 2. Disposition See Appendix G for more information on E/M services. EXAMPLE ACTIVITIES						
	only for established r	patients. The			the provi	der with a ne	w complaint. The
99441 may be reported only for established patients. The patient/patient's parent/guardian must initiate the contact; 99441 may not be used for calls initiated by physician or other qualified health professional. Calls resulting in a face-to-face encounter for the same problem referenced on the call 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. Likewise, if the call relates to an E/M service performed and reported by the provider within the previous 7 days (either requested or unsolicited patient follow up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 994441-994443 if you have reported 994441-99444 in the previous 7 days. The call is not reportable if the call relates to a previous call within 7 days since these codes are themselves an E/M service.			An established patient calls the provider with a new complaint. The call cannot be related to an E/M that occurred within the last seven days and cannot trigger an appointment within 24 hours or at the earliest available time. In a five to 10 minute call, the provider gets a brief history from the patient, reviews the patient's current list of medications, and makes a medical decision regarding recommended treatment, with a note to call if symptoms don't improve. The provider documents the specifics and the amount of time for the discussion in the patient's chart. Discussion with other providers is included in the code.				
APPLICABLE POPULATIO			UNIT			DURATION	
⊠ Adol (12-17) (18-	20)	Adult (21-64) Geriatric (65+)	☑ Encounter □ Day	☐ 15 Min ☐ 1 Hour		Minimum: Maximum:	
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERV	ICE CATEGO			
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		⋈ HE (SP)☐ TG (Other SP)☐ HK (Residentia⋈ HF (2nd modifi		□ U4 (I □ TM (□ HM (ACT) Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (AJ ☐ LPC ☐ LMFT		aster's Level (HO) ID/ PhD/PsyD (HP) 'PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	☐ LPN/L\☐ RN (TE☐ APN (S☐ QMAP))	xN (SA) A (PA) ID/DO (AF)
PLACE OF SERVICE (POS)				,		- ()	
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	☑ Shelter (04☑ SNF (31)☑ FQHC (50)☑ RHC (72)☑ Inpt Hosp (☑ Inpt P ☑ ER (23 ☑ PF-PH ☑ Schoo	s) P (52)	☑ Other POS (99)

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE – PHONE						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE			
*This code has very sp requirements. Follow		and documentation	Telephone evaluat service provided by patient, parent, or related E/M service days, nor leading the within the next 24 appointment; 11—	y a physician to a guardian not ori e provided within o an E/M service hours or soones	in established ginating from a in the previous 7 or procedure travailable	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION REQ	UIREMENTS	
Non-face-to-face E/M services provided by a Psychiatrist to a patient using the telephone, upon initiation by an established patient (i.e., patient, 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 346 Service Content 1. Nature of service rendered and pertinent details 2. Disposition See Appendix G for more information on E/M services.			
NOTES			EXAMPLE ACTIVIT		,	
99442 may be reported only for established patients. The patient/patient's parent/guardian must initiate the contact; 99442 may not be used for calls initiated by a physician or other qualified health professional. Calls resulting in a face-to-face encounter for the same problem referenced on the call 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. Likewise, if the call refers to an E/M service performed and reported by that provider within the previous 7 days (either requested or unsolicited patient follow-up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 99441-99443 if you have reported 99441-99444 performed in the previous 7 days. The call is not reportable if the telephone call relates to the previous call within 7 days, since these codes are themselves an E/M			An established patient calls the provider with a new complaint. The call cannot be related to an E/M that occurred within the last seven days and cannot trigger an appointment within 24 hours or at the earliest available time. In an 11 to 20 minute call, the provider gets a brief history from the patient, reviews the patient's current list of medications, and makes a medical decision regarding recommended treatment, with a note to call if symptoms don't improve. The provider documents the specifics and the amount of time for the discussion in the patient's chart. Discussion with other providers is included in the code.			
service. APPLICABLE POPULATION	ION(S)		UNIT		DURATION	
	Young Adult 8-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter☐ DayPROGRAM SERVICE	☐ 15 Minutes ☐ 1 Hour	Minimum: 11 Mi Maximum: 20 M	
_	_		□ HE (SP)	•	•	J (Voc)
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ ☐ Family (HR		☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier	□ TM	I (ACT) □ H I (Respite) □ T	Q (Clubhouse) T (Recovery) T (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RN	N (SA)	
PLACE OF SERVICE (PO		W Heering (2.1)	V Chalk (04)	V Land DE	E4) V 04- 5	OC (00)
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	 ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Inpt Hosp (21) 	⊠ Inpt PF (⊠ ER (23) ⊠ PF-PHP ⊠ School ((52)	O3 (33)

EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE – PHONE							
CPT®/HCPCS PROCEDU			PROCEDURE CODE			USAGE	
*This code has very sp requirements. Follow	99442	documentation	Telephone evaluat service provided b patient, parent, or related E/M servic days, nor leading t within the next 24 appointment; 11 –	☑ ОВН			
SERVICE DESCRIPTION			MINIMUM DOCUI				
Non-face-to-face E/M services provided by a Psychiatrist to a patient using the telephone, upon initiation by an established patient (i.e., patient, 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 346 Service Content 1. Nature of service rendered and pertinent details 2. Disposition See Appendix G for more information on E/M services.				
NOTES			EXAMPLE ACTIVIT				
99442 may be reported only for established patients. The patient/patient's parent/guardian must initiate the contact; 99442 may not be used for calls initiated by a physician or other qualified health professional. Calls resulting in a faceto-face encounter for the same problem referenced on the call 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. Likewise, if the call refers to an E/M service performed and reported by that provider within the previous 7 days (either requested or unsolicited patient follow-up), then the service(s) are considered part of that previous E/M service or procedure. Do not report 99441-99443 if you have reported 99441-99444 performed in the previous 7 days. The call is not reportable if the telephone call relates to the previous call within 7 days, since these codes are themselves an E/M			An established patient calls the provider with a new complaint. The call cannot be related to an E/M that occurred within the last seven days and cannot trigger an appointment within 24 hours or at the earliest available time. In an 11 to 20 minute call, the provider gets a brief history from the patient, reviews the patient's current list of medications, and makes a medical decision regarding recommended treatment, with a note to call if symptoms don't improve. The provider documents the specifics and the amount of time for the discussion in the patient's chart. Discussion with other providers is included in the code.				
service. APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
⊠ Adol (12-17) (1	8-20)	Adult (21-64) Geriatric (65+)	⊠ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 11 Mi Maximum: 20 M		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVIC			1 ()(00)	
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual □ Group (HQ) □ Family (HR/H	S)	□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier)		(ACT) □ H I (Respite) □ T	J (Voc) Q (Clubhouse) Γ (Recovery) Τ (Prev/El)	
STAFF REQUIREMENTS					. ((==)		
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (A. ☐ LPC ☐ LMFT	☐ Unlicensed E	Master's Level (HO) idD/ PhD/PsyD (HP) o/PhD/PsyD (AH)	□ LAC □ LPN □ CAC I □ RN □ CAC II □ APN □ CACIII □ QN	N (SA)	PA)	
PLACE OF SERVICE (PO							
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	 ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Input Hosp (21) 	⊠ Inpt PF (! ⊠ ER (23) ⊠ PF-PHP (⊠ School (0	52)	OS (99)	

	EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE - PHONE							
CPT®/HCPCS PROCEDUI			PROCEDURE CO					USAGE
*This code has very spe guidelines. Follow CPT g	99443	locumentation	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
SERVICE DESCRIPTION				UMENTATIO	N REO	UIREMENT	S	
Non-face-to-face E/M so patient using the teleph established patient (i.e., seeking advice/treatmerequire a face-to-face view of the patient or patient's pare contact; 99443 may be reported patient or patient's pare contact; 99443 may not physician or other qualities resulting in a face-to-face referenced on the call wurgent appointment are part of the pre-service volume Likewise, if the call referenced by that provide requested or unsolicities service(s) are considered procedure. Do not report 199441-99444 in the previous reportable if the telephore within 7 days, since these	one, upon initiation by patient, parent or guant for a problem that d sit. only for established paent/guardian must initiative dealth professionate encounter for the savithin 24 hours/sooneste not reportable; considered work for the billable E/It is to an E/M service peer within the previous of patient follow up) the d part of that previous rt 99441-99443 if you havious 7 days. The call is one call relates to the p	an rdian), who is oes not atients. The ate the ed by a l. Calls me problem available ler the call which service. In the E/M service or nave reported is not previous call	See Page 346 Service Content 1. Nature of service rendered and pertinent details 2. Disposition See Appendix G for more information on E/M services. EXAMPLE ACTIVITIES 3. The call cannot be related to an E/M that occurred within the last see days and cannot trigger an appointment within 24 hours or at the earliest available time. In a 21 to 30 minute call, the provider get brief history from the patient, reviews the patient's current list of medications, and makes a medical decision regarding recomment treatment, with a note to call if symptoms don't improve. The provider documents the specifics and the amount of time for the discussion in the patient's chart. Discussion with other providers included in the code.				complaint. The the last seven burs or at the provider gets a current list of grecommended rove. The time for the	
service. APPLICABLE POPULATION	ON/S)		UNIT			DURATIO	N	
☑ Child (0-11)		dult(21-64)		☐ 15 Mi	nutes	Minimum		inutes
✓ Adol (12-17)	-	eriatric (65+)	□ Day	□ 1 Hou		Maximun		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEGO	PRY(IES			
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi	al)	□ U4 □ TM □ HM	, ,		HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (AJ) ☐ LPC ☐ LMFT	☐ Unlicensed E	d EdD/ PhD/PsyD (HP) □CAC II □ APN (SA) ☒ PA		⊠ RxN ⊠ PA (⊠ MD,			
PLACE OF SERVICE (POS	5)							
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⊠ Hospice (⊠ ICF-MR (5 ⊠ NF (32) ⊠ PRTF (56)	(54) ☑ SNF (31) ☑ ER (23) ☑ FQHC (50) ☑ PF-PHP (52)		Other POS (99)			

	EVALUATION AND MANAGEMENT - NON-FACE-TO-FACE - PHONE							
CPT®/HCPCS PROCEDU			PROCEDURE CODE DESCRIPTION					USAGE
*This code has very spe guidelines. Follow CPT (documentation	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				m a ous 7	☑ ОВН
SERVICE DESCRIPTION				JMENTATIO	N REO	UIREMENT	S	
Non-face-to-face E/M so patient using the teleph established patient (i.e., seeking advice/treatme require a face-to-face view of the patient or patient's pare contact; 99443 may be reported patient or patient's pare contact; 99443 may not physician or other qualities resulting in a face-to-face referenced on the call wurgent appointment are part of the pre-service values Likewise, if the call referenced by that provide requested or unsolicities service(s) are considered procedure. Do not repo 99441-99444 in the prer reportable if the telephowithin 7 days, since these	one, upon initiation by patient, parent or guant for a problem that of sit. only for established pent/guardian must initiated health professionate encounter for the savithin 24 hours/soonese not reportable; considered work for the billable E/rs to an E/M service peer within the previous dipatient follow up) the dipart of that previous tr 99441-99443 if you wious 7 days. The call is one call relates to the patient follows.	atients. The ate the ted by a al. Calls ame problem t available der the call M service. Arformed and 7 days (either en the E/M service or have reported and to revious call	See Page 346 Service Content 1. Nature of service rendered and pertinent details 2. Disposition See Appendix G for more information on E/M services. EXAMPLE ACTIVITIES An established patient calls the provider with a new complaint. call cannot be related to an E/M that occurred within the last sed days and cannot trigger an appointment within 24 hours or at the earliest available time. In a 21 to 30 minute call, the provider ged brief history from the patient, reviews the patient's current list medications, and makes a medical decision regarding recomme treatment, with a note to call if symptoms don't improve. The provider documents the specifics and the amount of time for the discussion in the patient's chart. Discussion with other provider included in the code.				complaint. The the last seven urs or at the provider gets a current list of recommended ove. The time for the	
service. APPLICABLE POPULATION	ON/S)		UNIT			DURATIO	N	
☑ Child (0-11)		dult (21-64)	☑ Encounter	☐ 15 Mi	nutes	Minimum		inutes
⊠ Adol (12-17)	•	Geriatric (65+)	□ Day	☐ 1 Hou	r	Maximum	n: <u>30</u> M	inutes
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEGO				
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi	•	□ U4 □ TM □ HM	, ,		HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	d EdD/ PhD/PsyD (HP) □CAC II □ RN (TD) ☑ PA		⊠ RxN ⊠ PA (I ⊠ MD/			
PLACE OF SERVICE (POS								
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (: ☑ ICF-MR (5 ☑ NF (32) ☑ PRTF (56)	54) ☑ SNF (31) ☑ ER (23) ☑ FQHC (50) ☑ PF-PHP (52)		X	Other POS (99)		

TREATMENT - INTENSIVE - P	ARTIAL 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)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
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.	Technical Documentation Requirements See Page 346 Service Content: 1. Initial/intake history/exam documenting symptoms or problems necessitating treatment 2. Individualized treatment/service plan 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 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 For an acute problem, document treatment is expected to improve health status/function of patient For chronic problems, document stabilization/ maintenance				
NOTES	EXAMPLE ACTIVITIES				
Interventions cannot be purely recreational/diversionary in nature. Interventions must be individualized and based on the goals specified in the patient's treatment/service plan. <i>Per CMS</i> , this procedure code is only used for partial hospitalization programs (PHPs).					
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter ☐ 15 Minutes Minimum: 45 Minutes ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☐ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
	laster's Level (HO) □ LAC □ LPN/LVN (TE) □ RxN (SA) □ CAC I □ RN (TD) □ PA (PA) (PhD/PsyD (AH) □ CAC II □ QMAP □ MD/DO (AF)				
PLACE OF SERVICE (POS)					
区 CMHC (53) ☑Outp Hospital(22) ☑ PF-PHP (52)					

TREATMENT - INTENSIVE - 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)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
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.	Technical Documentation Requirements See Page 346 Service Content: 1. Initial/intake history/exam documenting symptoms or problems necessitating treatment 2. Individualized treatment/service plan 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 3. Target symptoms, goals of therapy and methods of monitoring outcome 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 For an acute problem, document treatment is expected to improve health status/function of patient For chronic problems, document stabilization/ maintenance				
NOTES	EXAMPLE ACTIVITIES				
Interventions cannot be purely recreational/diversionary in nature. Interventions must be individualized and based on the goals specified in the patient's treatment/service plan. <i>Per CMS</i> , this procedure code is only used for partial hospitalization programs (PHPs).					
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 45 Minutes ☐ Day ☐ 1 Hour ☐ Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☐ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
	laster's Level (HO) □CAC I ☑ RN (TD) □CAC I ☑ RN (TD) □CAC I ☑ APN (SA) □CAC II ☑ APN (SA)				
PLACE OF SERVICE (POS)					
区 CMHC (53) ☑Outp Hospital(22) ☑ PF-PHP (52)					

GO177 G	TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)					
SERVICE DESCRIPTION Additional problems per session (AS minutes or more) Minimum DOCUMENTATION REQUIREMENTS	CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
Problems per session (45 minutes or more)						
MINIMUM DOCUMENTATION REQUIREMENTS	G0177					
Psychosocial skills development and rehabilitation services to improve social functioning in areas important to somprove social functioning in areas important to improve social functioning in areas important to solution in a management and relabilitation services of 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, community mobility, symptom management and reduction. 2. Individualized treatment/service plan on 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 2. Plan must state type, amount, frequency, and duration of services to be furnished and indicate diagnoses and anticipated goals 3. Targets symptoms, goals of therapy and methods of monitoring outcome 3. 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 5. For an acute problems, document that treatment is expected to improve health status/function is expected to improve health status/function is expected to improve health status/function is expected. 5. Indicate time spent in training and educational services and relevance to care and treatment of patient's MH condition NOTES This is an individual skills training service. Per CMS, this procedure code is only used for partial hospitalization programs (PHPs). ALOWED MODE(S) OF DELIVERY Brace-to-Face Individual Indiv	OFFILIAN DECORPTION					
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APPLICABLE POPULATION(S)						
□ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Encounter □ 15 Minutes Maximum: 45 Minites □ Adol (12-17) (18-20) ☑ Geriatric (65+) □ Day □ 1 Hour Maximum: N/A ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) □ U4 (ICM) □ HJ (Voc) □ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse) □ HK (Residential) □ HM □ TT (Recovery) □ HK (Residential) □ HM □ TT (Recovery) □ HF (2nd modifier-SUD) (Respite) □ HT (Prev/EI) STAFF REQUIREMENTS □ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed Master's Level (HO) ☑ CAC I ☑ RN (TD) ☑ RXN (SA) ☑ Unlicensed EdD/PhD/PsyD (AH) ☑ CAC II ☑ APN (SA) ☑ MD/DO (AF) PLACE OF SERVICE (POS) ☑ CMHC (53)	programs (PHPs).					
□ Adol (12-17) (18-20) □ Geriatric (65+) □ Day □ 1 Hour Maximum: N/A ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES) □ Face-to-Face □ Individual □ TG (Other SP) □ U4 (ICM) □ THQ (Clubhouse) □ Video Conf (GT) □ Group (HQ) □ HK (Residential) □ HM □ TT (Recovery) □ Telephone □ Family (HR/HS) □ HF (2 nd modifier-SUD) (Respite) □ HT (Prev/EI) STAFF REQUIREMENTS □ Peer Specialist □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ LAC □ RN (TD) □ RXN (SA) □ PA (PA) □ CAC II □ APN (SA) □ PA (PA) □ CAC II □ APN (SA) □ AP		UNIT	DURATION			
ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES) HE (SP)						
☐ Face-to-Face ☐ Individual ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM ☐ TT (Recovery) ☐ HF (2 nd modifier-SUD) ☐ HF (2 nd modifier-SUD) ☐ HT (Prev/EI) ☐ HT (Pr		•	Maximum: N/A			
□ Face-to-Face □ Video Conf (GT) □ Telephone □ Family (HR/HS) □ HK (Residential) □ HM □ TT (Recovery) □ HT (Prev/EI) □ HT (Pr	ALLOWED MODE(S) OF DELIVERY		—			
□ Telephone □ Family (HR/HS) □ HK (Residential) □ HM □ TT (Recovery) □ HT (Prev/EI) □ HF (2 nd modifier-SUD) (Respite) □ HT (Prev/EI) □ HT						
Telephone ☐ Family (HR/HS) ☐ HF (2 nd modifier-SUD) (Respite) ☐ HT (Prev/EI) STAFF REQUIREMENTS ☐ Peer Specialist ☐ P	☐ Video Conf (GT) ☐ Group (HQ)					
STAFF REQUIREMENTS ☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern ☐ LCSW (AJ) ☐ Unlicensed Master's Level (HO) ☐ CAC I ☐ RN (TD) ☐ PACAC II ☐ APN (SA) ☐ PACAC II ☐ APN (SA) ☐ CAC III ☐ APN (SA) ☐ CAC II ☐ APN (SA) ☐ CAC III ☐ APN (SA) ☐ CAC III ☐ APN (SA) ☐ CAC II ☐ APN (SA) ☐ CA	☐ Telephone ☐ Family (HR/HS)	, ,				
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ LCSW (AJ) □ Unlicensed Master's Level (HO) □ CAC I □ RN (TD) □ RXN (SA) □ PPA (PA) □ CAC II □ QMAP □ MD/DO (AF) □ CAC II □ QMAP □ MD/DO (AF) □ CAC II □ QMAP	STAFF REQUIREMENTS	E TIF (2 * Infoditier-300) (Respite)	□ III (FIEV/LI)			
☑ Bachelor's Level (HN) ☑ LCSW (AJ) ☑ Unlicensed Master's Level (HO) ☐ CAC I ☑ RN (TD) ☑ PA (PA) ☑ Intern ☑ LMFT ☑ Licensed EdD/PhD/PsyD (AH) ☐ CAC II ☑ APN (SA) ☑ PA (PA) ☑ CAC II ☑ APN (SA) ☑ MD/DO (AF) PLACE OF SERVICE (POS) ☑ CMHC (53)	□ Peer Specialist		:) _			
■ LMFT ■ Licensed EdD/PhD/PsyD (AH) □ CACII ■ APN (SA) ■ MD/DO (AF) PLACE OF SERVICE (POS) ■ CMHC (53)	Rachelor's Level (HN) LCSW (AJ) Unlicensed M	laster's Level (HO)	🗷 RXN (SA)			
PLACE OF SERVICE (POS) SERVICE (POS)	IXI INTERN	/PhD/PsvD (AH) LICAC II LAPN (SA)				
☑ CMHC (53)	en civil i en cicensed cub,	□CACIII □ QMAP	크 MD/DO (AF)			
·						
≛Uutp Hospital (22)						
	⊠Outp Hospital (22) ☑ PF-PHP (52)					

TREATMENT - INTENSIVE - F	PARTIAL HOSPITALIZATION (PHP)			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
	Training and educational services related to the			
G0177	and treatment of patient's disabling mental heal	th ☑ OBH		
	problems per session (45 minutes or more)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Psychosocial skills development and rehabilitation services to	Technical Documentation Requirements			
improve social functioning in areas important to	See Page 346			
maintaining/re-establishing residency in the community.	Service Content			
Interventions are delivered on an individual basis and are	1. Initial/intake history/exam documenting sym	ptoms/problems		
individualized to meet specific goals and measurable	necessitating treatment			
objectives in the treatment/service plan. Interventions focus	2. Individualized treatment/service plan			
on developing and strengthening competencies in areas such	 Services must be prescribed by an MD/D0 	•		
as anger management, stress management, conflict	under an individualized written plan of tr			
resolution, money management, community mobility,	established by an MD/DO after any neede	ed consultation		
symptom management and reduction.	with appropriate staff membersPlan must state type, amount, frequency,	and duration of		
	services to be furnished and indicate diag			
	anticipated goals			
	3. Target symptoms, goals of therapy and meth	ods of monitoring		
	outcome			
	 Why chosen therapy is appropriate treatr 	·		
	either in lieu of/in addition to another for	m of psychiatric		
	treatment			
	4. Specify estimated duration of treatment, in to	erms of number of		
	sessions			
	For an acute problem, document that tre			
	to improve health status/function of patient 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 patient's MH condition			
NOTES	EXAMPLE ACTIVITIES	iviii condicion		
This is an individual skills training service. <i>Per CMS, this</i>	2,5 (1) 22 / (2) 17 17 12 5			
procedure code is only used for partial hospitalization				
programs (PHPs).				
APPLICABLE POPULATION(S)	UNIT DURA	ATION		
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)		num: 45 Minutes		
☐ Adol (12-17) (18-20) ☑ Geriatric (65+)		mum: N/A		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
W Fare to Fare W to divide a	☑ HE (SP) ☐ U4 (ICM)	☐ HJ (Voc)		
☑ Face-to-Face ☑ Individual	☐ TG (Other SP) ☐ TM (ACT)	☐ HQ (Clubhouse)		
☐ Video Conf (GT) ☐ Group (HQ)	☐ HK (Residential) ☐ HM	☐ TT (Recovery)		
☐ Telephone ☐ Family (HR/HS)	☑ HF (2 nd modifier-SUD) (Respite)	☐ HT (Prev/EI)		
STAFF REQUIREMENTS				
☐ Peer Specialist ☑ LCSW (AJ) ☑ Unlicensed M	aster's Level (HO)	RxN (SA)		
Bachelor's Level (HN)	ID / DPD /DCAD (HD) CAC I KIN (ID)	PA (PA)		
✓ Intern ✓ LMFT ✓ Licensed EdD	/PhD/PsyD (AH) LICAC II LAPIN (SA)	MD/DO (AF)		
	THE/T378 (ATT)	\ /		
PLACE OF SERVICE (POS)				
☑ CMHC (53)				
☑Outp Hospital(22)				
☑ PF-PHP (52)				

ASSESSMENT – ALCOHOL AND DRUG ABUSE							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
	H0001		Alcohol and/or Drug (AOD) Assessment ☑ Medicaid				
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION REC	QUIREMENTS		
The evaluation of an individual to determine the presence, nature and extent of the individual's abuse, misuse and/or addiction to AOD (Alcohol or Drug), with the goal of formulating a substance use related 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. * Use procedure code 90791 for an assessment of a primary mental health diagnostic evaluation * Use procedure code 90791 for an assessment of a primary mental health diagnostic evaluation * Use procedure code 90791 for an assessment of a primary mental health diagnostic evaluation * Use procedure code 90791 for an assessment of a primary mental health diagnostic evaluation * Use procedure code 90791 for an assessment of a primary mental health diagnostic evaluation * Use procedure code 90791 for an assessment of a primary mental health diagnostic evaluation * Use procedure code 90791 for an assessment of a primary mental health diagnostic evaluation * Use procedure code 90791 for an assessment of a primary mental health diagnostic evaluation					ecific to SUD SUD diagnosis		
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, related to SUD diagnoses, and does not include psychotherapeutic services. If appropriate and based on patient stability/status in social detox, Assessment services (H0001) may be provided prior to discharge.							
APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
·	-] Adult (21-64)] Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVIC	E CATEGORY(IE	S)		
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier	□HM	(ACT) I (Respite)	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/EI)	
STAFF REQUIREMENTS	.						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ RI	PN/LVN (TE) N (TD) PN (SA) MAP	` '	
PLACE OF SERVICE (PO	•						
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)☑ Shelter (04)	⊠ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Independent Cl	⊠ In ⊠ EF	pt PF (51) \(\sime\) \(\sime\) \(\sime\) \(\sime\) \(\sime\)	School (03) INRSATF (57) Other POS (99) Telehealth (02)	

ASSESSMENT – ALCOHOL AND DRUG ABUSE							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
	H0001		Alcohol and/or Drug (AOD) Assessment				
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION RE	QUIREMENTS		
The evaluation of an inature and extent of addiction to AOD (A formulating a substant services or appropriate history, mental status SUD, appropriate faming relevant physical and and recommendation communication with family as a substant of the substant	the individual's abusialcohol or Drug), we cell use related diagnored referral. The assessmand diagnosis formulily and social history mental health histories. The evaluation amily or other sources	Technical Documentation Requirements See Page 346 See Page 346 See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or proble 2. Referral source 3. Diagnostic interview examination elements specific to SU 4. Review of psychosocial and family history 4. Review of psychosocial and family history 5. Mental status exam appropriate to determine SUD diagnors in the primary ent of a primary Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or proble 2. Referral source 3. Diagnostic interview examination elements specific to SU 4. Review of psychosocial and family history 5. Mental status exam appropriate to determine SUD diagnors in the primary of the primary in the problem of the primary in the problem of the					
NOTES For assessment of a pri	imary mental health (diagnosis use the	EXAMPLE ACTIVITI	IES			
90791 procedure code re-assessment (s), if re- does not include psych If appropriate and based of Assessment services (H00	quired, related to SUI otherapeutic services on patient stability/statu 01) may be provided pri	D diagnoses, and S. Just in social detox,					
APPLICABLE POPULATI			UNIT		DURATION		
⊠ Adol (12-17) (1	8-20)	Adult (21-64) Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) OF	F DELIVERY		PROGRAM SERVIC				
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier	□ TM □ HM	I (ACT) I (Respite)] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)	
STAFF REQUIREMENTS				_			
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ☒ A	PN/LVN (TE) N (TD) PN (SA) PN (SA) MAP		
PLACE OF SERVICE (PO							
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)☑ Shelter (04)	☑ SNF (31) ☑ FQHC (50) ☑ RHC (72) ☑ Independent C	⊠ In ⊠ EF	pt PF (51) R (23)	School (03) NRSATF (57) Other POS (99) Telehealth (02)	

SCREENING – PROGRAM ELIGIBILITY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0002	Behavioral health screening to determine eligibility for admission to treatment program				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A preliminary 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.	Technical Documentation Requirements See Page 346 Service Content 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 3 rd parties and disposition – need for BH services, referral, etc.				
NOTES	EXAMPLE ACTIVITIES				
Screening may require not only the evaluation of a patient's treatment needs, but also an evaluation of available treatment options. If there is a documented diagnosis, it can be used. If there isn't an existing diagnosis, it needs to be listed as deferred (R69 – illness, unspecified or Z03.89 – encounter for observation for other suspected diseases and conditions ruled out) unless the screener has actually confirmed the diagnosis. If this service is provided by a LAC or CAC, the service must be provided at a facility licensed by OBH, or under the supervision of a licensed physician or licensed practitioner of the healing arts (10 CCR 2505-10) If services are performed by a LAC/CAC provider, a SUD Primary Diagnosis is required.	options. In an integrated care setting, a Behavioral Health Professional may do a brief assessment such as a PHQ-9 to assess for the presence/severity of depression.				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☑ Encounter ☐ 15 Minutes Minimum: N/A ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 	☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) ☐ TG (Other SP) ☑ TM (ACT) ☑ HQ (Clubhouse) ☑ HK (Residential) ☑ HM (Respite) ☑ TT (Recovery) ☑ HF (2nd modifier-SUD) ☑ HT (Prev/EI)				
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed E	sed Master's Level (HO) sed EdD/ PhD/PsyD (AH) Sed EdP/LVN (TE) Red RN (TD) Sed RN (TD) Red RN (SA) Sed RN (FA) Sed				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ ICF-MR (54) ☑ Office (11) ☑ Cust Care (33) ☑ NF (32) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ PRTF (56) ☑ Outp Hospital(22) ☑ Home (12) ☑ Shelter (04)	☑ SNF (31) ☑ Inpt Hosp (21) ☑ School (03) ☑ FQHC (50) ☑ Inpt PF (51) ☑ NRSATF (57) ☑ RHC (72) ☑ ER (23) ☑ Other POS (99) ☑ Independent Clinic (49) ☑ PF-PHP (52) ☑ Telehealth (02)				

SCREENING – PROGRAM ELIGIBILITY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0002	Behavioral health screening to determine eligibility	☑ ОВН			
	for admission to treatment program				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A preliminary procedure limited in nature and intended to merely indicate whether there is a probability that a mental	Technical Documentation Requirements				
health and/or substance use-related problem is present.	See Page 346 Service Content				
Screening may be accomplished using a structured	1. The reason for the visit/call. What was the intende	d goal or			
interview or a formal standardized screening tool that is	agenda? Chief complaint/presenting concern(s) or				
culturally and age-relevant.	2. Referral source and reason(s) for referral	, , ,			
	3. Description of the service				
	4. Review of psychosocial and family history, identified				
	assessment of treatment program appropriateness				
	5. Plan for next contact(s) including any follow-up or				
	needed with 3 rd parties and disposition – need for referral, etc.	Bh services,			
NOTES	EXAMPLE ACTIVITIES				
Screening may require not only the evaluation of a patient's	Screening to determine eligibility, treatment needs an	d treatment			
treatment needs, but also an evaluation of available	options.				
treatment options.	In an integrated care setting, a Behavioral Health Prof	· ·			
If there is a documented diagnosis, it can be used.	do a brief assessment such as a PHQ-9 to assess for th	е			
If there isn't an existing diagnosis, it needs to be listed as	presence/severity of depression.				
deferred (R69 – illness, unspecified or Z03.89 – encounter for observation for other suspected diseases and conditions					
ruled out) unless the screener has actually confirmed the					
diagnosis.					
If this service is provided by a LAC or CAC, the service must					
be provided at a facility licensed by OBH, or under the					
supervision of a licensed physician or licensed practitioner					
of the healing arts (10 CCR 2505-10)					
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: N/A				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☑ Individual		-IJ (Voc)			
☑ Video Conf (GT) ☐ Group (HQ)		HQ (Clubhouse)			
☑ Telephone	, , , , , , , , , , , , , , , , , , , ,	TT (Recovery) HT (Prev/EI)			
STAFF REQUIREMENTS	The Commensus of the Co	11 (1104/21)			
☐ Peer Specialist	Master's Level (HO) □CAC □ PN/LVN (TE) □ RXN	(CA)			
Bactleior S Level (HIV)	END (DED (DOVD (UD)) LICACT LA RIV (TD)				
	EdD/PhD/PsyD (AH) EdD/PhD/PsyD (AH) SCAC II SAPN (SA) SCACIII □ QMAP MD/DO (AF)				
PLACE OF SERVICE (POS)	Ecaciii E Qviai				
 ✓ CMHC (53) ✓ ACF (13) ✓ ICF-MR (54) 		School (03)			
☑ Office (11) ☑ Cust Care (33) ☑ NF (32)		NRSATF (57)			
☑ Mobile Unit (15) ☑ Grp Home (14) ☑ PRTF (56)	☑ RHC (72)	Other POS (99)			
☑ Outp Hospital(22) ☑ Home (12) ☑ Shelter (04)	☑ Independent Clinic (49) ☑ PF-PHP (52) ☑	Telehealth (02)			

	SCREENING – ALCOHOL AND DRUG ABUSE							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COI	DE DESCRIPTION		USAGE		
			Alcohol and/or d					
	H0003		analysis of specir and/or drugs	nens for presenc	e of alcohol	☑ OBH		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
An alcohol and/or drug instruments or procedu an alcohol and/ or drug determine the appropr treatment agency and s differential assessment	ares are used to detect problem. The screen iateness for treatment should occur prior to a	t the presence of ing should t at a specific	Date of servicesScreening rReferral for	vice	plicable)	als		
NOTES			EXAMPLE ACTIV	ITIEC				
NOTES			Screening question					
APPLICABLE POPULATI	ON(S)		UNIT		DURATION			
☑ Child (0-11)☑ Y☑ Adol (12-17)(18-	-	ult (21-64) riatric (65+)	区 Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/ Maximum: N/			
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV		•			
☑ Face-to-Face☑ Video Conf (GT)☑ Telephone	⊠ Individual ⊠ Group (HQ) □ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia☐ HF (2 nd modifi	•	(ACT) □ (Respite) □	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/EI)		
STAFF REQUIREMENTS				<u>_</u>				
⊠ Peer Specialist ⊠ Bachelor's Level (HN ⊠ Intern	⊠ LMFT	✓ Unlicensed	Master's Level (HC EdD/ PhD/PsyD (H D/PhD/PsyD (AH)	' ΙΧΙ ('Δ(' Ι	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA ⊠ QMAP	X RXN (SA)		
PLACE OF SERVICE (PO		W NE (22)	□ pue (=e)		2)	1 = 1 1 (00)		
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)☑ ACF (13)	✓ Cust Care (33)✓ Grp Home (14)✓ Home (12)✓ Hospice (34)✓ ICF-MR (54)	 ☑ NF (32) ☑ PRTF (56) ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) 	☑ RHC (72) ☑ RSATF (55) ☑ NRSATF (57) ☑ Inpt Hosp (2 ☑ Inpt PF (51)	21) 🗵 Scho	HP (52) n/CF (09)	Telehealth (02)		

	TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	USAGE			
	H0004		Behavioral health cominutes	ounseling and	therapy, per 15	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCUM	IENTATION RE	QUIREMENTS		
Individual counseling/therapy outlined in the treatment/service plan. Problem(s) as identified by an assessment and listed in the treatment/service plan. The intended outcome is the management, reduction/resolution of the identified problem(s).			See Page 346 Service Content 1. The reason fo agenda? How plan? 2. Description of 3. The therapeur response to tl 4. How did the sigoals/objective	or the visit/call. or does the service protice intervention the interventi	what was the intice relate to the to rovided n(s) utilized and to n(s)	reatment/service	
NOTES			EXAMPLE ACTIVITIE				
H0004 offers flexibility in terms of time increments and POS. H0004 may include unplanned telephone contact and/or planned contact if medically necessary, clinically justified, and included in the treatment/service plan. Crisis intervention is reported using H2011 in lieu of H0004. If services are performed by a LAC/CAC provider, a SUD Primary Diagnosis is required.							
APPLICABLE POPULAT			UNIT		DURATION		
区 Child (0-11) 区 Adol (12-17)	-	Adult (21-64) Geriatric (65+)		15 Minutes 1 Hour	Minimum: 8 mi Maximum: N/A	nutes	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone	☑ Individual☐ Group (HQ)☑ Family (HR/HS) (for providers only)	or SUD	□ HE (SP) □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier-	⊠ T □ H	M (ACT) [M (Respite) [⊠ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENTS	5						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ☑ F	APN (SA)	kn (SA) A (PA) D/DO (AF)	
PLACE OF SERVICE (PC	•						
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) ☑ ACF (13)	 ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☐ Hospice (34) ☑ ICF-MR (54) 	⋈ NF (32)⋈ PRTF (56)⋈ Shelter (04)⋈ SNF (31)⋈ FQHC (50)	☑ RHC (72) ☑ Independent Cli ☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ ER (23)	inic (49) ⊠ So ⊠ N ⊠ O	F-PHP (52) chool (03) RSATF (57) ither POS (99) elehealth (02)		

	TREATMENT - PSYCHOTHERAPY - INDIVIDUAL PSYCHOTHERAPY						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H0004		Behavioral health minutes	counseling and	therapy, per 15	⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RI	EQUIREMENTS		
Individual counseling/therapy outlined in the treatment/service plan. Problem(s) as identified by an assessment and listed in the treatment/service plan. The intended outcome is the management, reduction/resolution of the identified problem(s).			agenda? Ho plan? 2. Description 3. The therape response to 4. How did the goals/objec 5. Plan for nex needed with	for the visit/call ow does the service p entic interventic o the interventic e service impact tives? kt contact(s) incl h 3rd parties	I. What was the inte vice relate to the tre provided on(s) utilized and the	atment/service e individual's gress towards	
NOTES			EXAMPLE ACTIVIT				
H0004 offers flexibility in terms of time increments and POS. H0004 may include unplanned telephone contact and/or planned contact if medically necessary, clinically justified, and included in the treatment/service plan. Crisis intervention is reported using H2011 in lieu of H0004.							
APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
☑ Child (0-11)	-	Adult (21-64)		■ 15 Minutes	Minimum: 8 mini	utes	
⊠ Adol (12-17)		Geriatric (65+)	- /	☐ 1 Hour	Maximum: N/A		
ALLOWED MODE(S) O ✓ Face-to-Face ✓ Video Conf (GT) ✓ Telephone	F DELIVERY ☑ Individual ☐ Group (HQ) ☑ Family (HR/HS) (f	or SUD	PROGRAM SERVI ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☐ HF (2 nd modifie	⊠ ⊠	U4 (ICM) TM (ACT) HM (Respite)	☑ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)	
STAFF REQUIREMENTS	5						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ ⊠CAC II ⊠	E LPN/LVN (TE) 区 RXN RN (TD) 区 PA (E APN (SA) 区 MD I QMAP	I (SA) PA) /DO (AF)	
PLACE OF SERVICE (PC							
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22) ☑ ACF (13)	 ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54) ☑ NF (32) 	⋈ PRTF (56)⋈ Shelter (04)⋈ SNF (31)⋈ FQHC (50)⋈ RHC (72)	☑ Independent☑ Inpt Hosp (2☑ Inpt PF (51)☑ ER (23)☑ PF-PHP (52)	1) 2	☑ School (03) ☑ NRSATF (57) ☑ Other POS (99) ☑ Telehealth (02)		

TREATMENT ALCOHOL AND DRUG ABUSE - GROUP PSYCHOTHERAPY								
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE COD	E DESCRIPT	ION			USAGE
	H0005		Alcohol and/or drug services; group counseling					☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
A planned therapeutic or counseling activity conducted by the behavioral health clinician in a group setting with 2/more patients (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 patients with a primary SUD in achieving their AOD treatment goals. *Use 90853 procedure code for group psychotherapy for patients with a primary mental health diagnosis			 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided including number of patients present. The therapeutic intervention(s) utilized and the response to the intervention(s). How did the service impact progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination 					
NOTES			needed with		<u> </u>			
H0005 is used for group counseling involving patients other than the patients' 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 POPULATI		01 110004.	UNIT			DURATION		
☑ Child (0-11)☑ Adol (12-17)☑ (18)	Young Adult 8-20)	☑ Adult(21-64) ☑ Geriatric (65+)	☐ Encounter ☐ Day	□ 15 Minu ⊠1 Hour		Minimum: Maximum:	<u>></u> 31 m	nins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	□ Individual ☑ Group (HQ) □ Family (HR/H	S)	⋈ HE (SP)☐ TG (Other SP)☐ HK (Residential⋈ HF (2nd modifiential)	•	× TN	1 (ICM) // (ACT) // (Respite)])]	□ HJ (Voc) □ HQ Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS								
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	✓ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	□ RI	N (TD) PN (SA)	⊠ RxN ⊠ PA (I ⊠ MD/	` '
PLACE OF SERVICE (PO								
区 CMHC (53) ☑ Office (11) ☑Outpt Hospital (22) ☑ ACF (13)	☑ Cust Care (33) ☑ Grp Home (14) ☑ ICF-MR (54) ☑ NF (32)	 ☑ PRTF (56) ☑ Shelter (04) ☑ SNF (31) ☑ FQHC ☑ RHC (72) 	☑ Independent ☑ PF-PHP (52) ☑ School (03) ☑ NRSATF (57)	Clinic (49)	⊠ C	other POS (99	9)	

	T ALCOHOL AND DE	RUG ABUSE - GROU	IP PSYCHO	THERA	APY			
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIP	TION			USAGE
	H0005		Alcohol and/or dr	ug services	; grou	p counseling	3	⊠ 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 patients (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 patients with a primary SUD in achieving their AOD treatment goals.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided including number of patients present. 3. The therapeutic intervention(s) utilized and the response to					
*Use 90853 procedure code for group psychotherapy for patients with a primary mental health diagnosis			the interver 4. How did the	ntion(s). e service im et contact(s	ipact բ) inclu	orogress tow	ards go	pals/objectives? or coordination
NOTES			EXAMPLE ACTIVIT	ΓIES				
H0005 is used for group counseling involving patients other than the patients' 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 POPULATI	ION(S)		UNIT DURATION					
⊠ Adol (12-17) (1	8-20)	☑ Adult(21-64) ☑ Geriatric (65+)	□ Day	□ 15 Minu ⊠1 Hour		Minimum: Maximum:	_	nins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	□ Individual ☑ Group (HQ) □ Family (HR/HS)	☑ HE (SP)☐ TG (Other SP)☐ HK (Residential☑ HF (2nd modifie)	⊠ TIV	(ICM) I (ACT) I (Respite)		☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS								
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (⊠ LPC ⊠ LMFT	✓ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	□ R ⊠ A	N (TD) PN (SΔ)	⊠ RxN ⊠ PA (⊠ MD/	
PLACE OF SERVICE (PO	•							
区 CMHC (53) ☑ Office (11) ☑Outpt Hospital (22) ☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ ICF-MR (54)☑ NF (32)	☑ PRTF (56)☑ Shelter (04)☑ SNF (31)☑ FQHC☑ RHC (72)	☑ Independent © PF-PHP (52) ☑ School (03) ☑ NRSATF (57)	Clinic (49)	⊠ (Other POS (99	9)	

TREATMENT ALCOHOL AND DRUG ABUSE - CASE MANAGEMENT							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H0006		Alcohol and/or drug services; case management				
SERVICE DESCRIPTION	N		MINIMUM DOCUMEN	NTATION REQUIREMENTS			
Services designed to a	assist and support	a patient to gain	Technical Documenta				
access to needed med		-	See Page 346	·			
services as well as pro			Service Content				
transition services. Case management includes:			1. The reason for t	the visit/call. What was the in	tended goal or		
Assessing service nee				oes the service relate to the t	-		
needs, completing re	lated documents, gat	hering information	plan?				
from other sources;	la a de calacidad de la	and the second	2. Description of the	he service provided (specify is	sues addressed		
Treatment/Service p actions to address pa	•	pecifying goals and patient participation,	(adult living skill	Is, family, income/ support, le	gal, medication,		
identifying a course o	-	· · · · · · · · · · · · · · · · · · ·		using, interpersonal, medical/	dental,		
development with pa		r.		er basic resources)			
Referral and related a				lized and the individual's resp			
arranging initial appo	•			es assessing service needs, tre			
		ailable, addresses and services; working with		ent, referral, and monitoring/f	ollow-up, which		
patient/service provide		_	includes care co	•			
		vices after initial referral	4. How did the ser goals/objectives	vice impact the individual's p	ogress towards		
process; and				s: ontact(s) including any follow-	ın or coordination		
Monitoring and follo			needed with 3 rd		ap or coordination		
monitoring progress	• .	e or transition plan and	necaea with 5	parties			
*Use T1017 procedur		anagement for					
patients with a prima							
NOTES			EXAMPLE ACTIVITIES				
Case management invo	lves linking the patie	nt to the direct delivery	Assessing the need for service, identifying and investigating				
of needed services, but	-		available resources, explaining options to patient and assisting in				
which the patient has b	-	_	application process				
include time spent trans services/time spent wait		•	Contact with patient's family members for assistance helping				
appointment. However,			patient access services				
appointment with the p	•		Care Coordination between other service agencies, healthcare				
monitoring and follow-u			providers				
APPLICABLE POPULA			UNIT	DURATION			
	☑ Young Adult	✓ Adult (21-64)		L5 Minutes Minimum: 8 mi	nutes		
	(18-20)	☑ Geriatric (65+)	,	l Hour Maximum: N/A			
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE C				
▼ Face-to-Face	☑ Individual		⊠ HE (SP)		⊠ HJ (Voc)		
✓ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)		☑ HQ (Clubhouse)		
☑ Telephone		HS)	HK (Residential)		☑ TT (Recovery)		
STAFF REQUIREMENT			□ HF (2 nd modifier-SL	וטט	☑ HT (Prev/EI)		
☐ Peer Specialist			×	LAC 🗵 LPN/LVN (TE)			
☑ Bachelor's Level (HN)	Y .		Master's Level (HO)	CACI RN(TD) X R	«N (SA)		
☑ Intern	ĭ LP(EdD/ PhD/PsyD (HP)	ICAC II 🗵 APN (SA) 💆 PA	A (PA)		
			D/PhD/PsyD (AH)	CACIII □ QMAP	D/DO (AF)		
PLACE OF SERVICE (P	OS)						
区MHC (53)	☑ ACF (13)	区F-MR (54)	✓ SNF (31)		School (03)		
☑ Office (11)		☑ NF (32)	☑ FQHC (50)		☑ Other POS (99)		
☑ Mobile Unit (15)	☑ Grp Home (14)		⊠ RHC (72)		⊠ NRSATF (57)		
☑ Outp Hospital (22)	☑ Home (12)	☑ Shelter (04)	☑ Independent Clinic	c (49) 🗵 PF-PHP (52)	☑ Telehealth (02)		

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TREATMENT ALCOHOL AND DRUG ABUSE - CASE MANAGEMENT							
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H0006		Alcohol and/or di	rug services; case	management	⊠ OBH	
SERVICE DESCRIPTIO	N		MINIMUM DOCU	JMENTATION REC	QUIREMENTS		
Services designed to	assist and support a	patient to gain	Technical Docum				
access to needed me			See Page 346				
services as well as pro			Service Content				
transition services. Ca			The reason	for the visit/call.	What was the inter	nded goal or	
Assessing service nee	eds – patient history, id	dentifying patient			ce relate to the trea	-	
from other sources;	lated documents, gath	ering information	plan?				
Treatment/Service p	lan develonment – sna	ecifying goals and			ovided (specify issu		
	tient needs, ensuring p				ome/ support, lega		
Territoria de la companya de la comp	of action; includes trans	·			ersonal, medical/de	ental,	
development with pa				other basic resou		_	
	activities to obtain nee				individual's respon		
	intments for patient w			_	ervice needs, treat		
	patient of services avai of agencies providing se				and monitoring/fol	low-up, which	
	ders to secure access t	_		re coordination)	ha individual's pro	aross towards	
-		ces after initial referral	4. How did the goals/object		he individual's pro	gress towards	
process; and					ding any follow-up	or coordination	
Monitoring and follo				th 3 rd parties	ang any ronow up	or coordination	
monitoring progress	• .	or transition plan and		5 parties			
*Use T1017 procedu		nagement for					
patients with a prima							
NOTES			EXAMPLE ACTIVITIES				
Case management invo	lves linking the patien	t to the direct delivery	Assessing the need for service, identifying and investigating				
of needed services, but	-		available resources, explaining options to patient and assisting in				
which the patient has b	-	-	application pr	ocess			
include time spent trans services/time spent wai		•	Contact with patient's family members for assistance helping				
appointment. However,	- '		patient access services				
appointment with the p	•		Care Coordination between other service agencies, healthcare				
monitoring and follow-ι	ıp.		providers				
APPLICABLE POPULA			UNIT		DURATION		
	☑ Young Adult	☑ Adult (21-64)	☐ Encounter	■ 15 Minutes	Minimum: 8 minu	ites	
	(18-20)	☑ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI				
▼ Face-to-Face	☑ Individual		⊠ HE (SP)	⊠ U4 (I	•	HJ (Voc)	
☑ Video Conf (GT)	☐ Group (HQ)		☐ TG (Other SP)	⊠ TM (•	HQ (Clubhouse)	
▼ Telephone	☑ Family (HR/H	S)	☐ HK (Residentia			TT (Recovery)	
CTAFE DECLUDENTEN	TC	·	⊠ HF (2 nd modifie	er-SUD)	X	HT (Prev/EI)	
STAFF REQUIREMENT ☐ Peer Specialist	13			⊠LAC ⊠ LF	PN/LVN (TE)		
☑ Bachelor's Level (HN)		· '	Master's Level (HO)		N (TD) Y 🗵 RxN		
☑ Intern	ĭ⊠ LPC		EdD/ PhD/PsyD (HP)		PN (SA)	•	
☑ LMFT ☑ Licensed EdD/PhD/PsyD				⊠CACIII □ QI	MAP × MD/	DO (AF)	
PLACE OF SERVICE (P	OS)						
☑ CMHC (53)	⊠ ACF (13)	☑ ICF-MR (54)	☑ SNF (31)	⊠ In _l		School (03)	
☑ Office (11)		☑ NF (32)	☑ FQHC (50)	⊠ Inj	ot PF (51)	Other POS (99)	
☑ Mobile Unit (15)	☑ Grp Home (14)	☑ PRTF (56)	☑ RHC (72)	⊠ ER		NRSATF (57)	
☑ Outp Hospital (22)	☑ Home (12)	≤ Shelter (04)	☑ Independent	Clinic (49) 🗵 PF	-PHP (52)	Telehealth (02)	

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Т	REATMENT – CRISIS - A	LCOHOL AND DRUG ABUSE -				
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTIO	N	USAGE		
H0007		Alcohol and/or drug services; cr (outpatient)	isis intervention	☑ ОВН		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
A planned alcohol and/or drug crisis inter a person to abstain from alcohol and or d		 Date of service Client demographic inforn Specific intervention servi Clients response Referral for treatment (if r Signed with 1st initial, last 	ce used necessary)	ls		
NOTES		EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)		UNIT	DURATION			
⊠ Adol (12-17) (18-20) ⊠	Adult (21-64) Geriatric (65+)	☑ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY	•	()/os)		
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☑ Group (HQ)☑ Family (HR/HS)	5)		ı □TT	(Voc) (Clubhouse) (Recovery) (Prev/EI)		
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern ☑ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) /PhD/PsyD (AH) □ CAC II □ CAC II □ CAC II	⊠ LPN/LVN (⊠ RN (TD) ⊠ APRN (SA) □ QMAP	Y DA (DA)		
PLACE OF SERVICE (POS)	PDTF (FC)	W NDCATE (EZ) W D.: 4	25 (00)			
 ☑ CMHC (53) ☑ Office (11) ☑ Hospice (34) ☑ Outp Hospital(22) ☑ ICF-MR (54) ☑ Cust Care (33) ☑ NF (32) 	✓ Shelter (04)✓ FQHC (50)	 ☑ NRSATF (57) ☑ Inpt Hosp (21) ☑ School ☑ Inpt PF (51) ☑ Other P ☑ PF-PHP (52) 	03)			

RESIDENTIAL - SOCIAL DETO	X- ALCOHOL AND DRUG ABUSE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	⁄ ОВН			
SERVICE DESCRIPTION					
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.	MINIMUM DOCUMENTATION REQUIREMENTS 1. Date of service 2. Start and stop time (duration) 3. Documentation of all monitoring activities 4. Log of vital signs (taken every two (2) hours until the patien remains in a normal range for at least four (4) hours, then taken every eight (8) hours thereafter until discharged.				
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 requipersonnel to complete	iire medical			
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 24 Hour ☐ Day ☐ 1 Hour ☐ Maximum: N/A	rs			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☐ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
Image: State of State	d Master's Level (HO) d EdD/ PhD/PsyD (HP) d D/PhD/PsyD (AH) □ LAC □ X PN/LVN (TE) □ RxN (SA) □ PA (PA) □ APRN (SA) □ MD/DO(AF)				
PLACE OF SERVICE (POS)					
☑ RSATF (55)					

RESIDENTIAL - SOCIAL DETOX- ALCOHOL AND DRUG ABUSE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	☑ 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.	MINIMUM DOCUMENTATION REQUIREMENTS 1. Date of service 2. Start and stop time (duration) 3. Admission criteria 4. Patient informed consent including date and time 5. Medical evaluations 6. Protocols for usual and customary detoxification (individualized detoxification plan) 7. 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.	Unless staffed with medical personnel – Medical evaluat completed. Admission documentation Safe withdrawal Motivational counseling Referral for treatment Additional treatment/service planning, as required, clients with medical conditions, suicidal ideation, propsychiatric conditions, and other conditions, which padditional risk during detoxification. All detox monitoring (including vital signs taken at leuntil remaining in normal range for at least 4 hours; until discharge) Routine monitoring of physical and mental status	for managing egnancy, place clients at east every 2 hours			
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: N/A ☐ Day ☐ 1 Hour ☐ Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ HC ☐ HK (Residential) ☐ HM (Respite) ☐ TT	(Voc) Q (Clubhouse) - (Recovery) Γ (Prev/El)			
□ Intern □ LPC □ Unlicensed □ LMFT □ Licensed Ed□ PLACE OF SERVICE (POS)	d Master's Level (HO) ⊠ LAC □ LPN/LVN (TE) □ RxN (SA) d EdD/ PhD/PsyD (HP) ⊠ CAC II □ APRN (SA) □ PA (PA) dD/PhD/PsyD (AH) ⊠ CACIII □ QMAP □ MD/DO(A				
☑ NRSATF (57)					

RESIDENTIAL - SOCIAL DETOX- ALCOHOL AND DRUG ABUSE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0014	Alcohol and/or drug services; ambulatory detoxification	☑ OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
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. 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.	 Admission documentation Date of service Start and stop time (duration) Safe withdrawal Motivational counseling Referral for treatment Additional treatment/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 treatment/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				
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. This code is for non-Medicaid eligible clients.					
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: N/A ☐ Day ☐ 1 Hour ☐ Maximum: 24 h	our			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	(6.4.)			
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ HG ☐ HK (Residential) ☐ HM (Respite) ☐ TT	I (Voc) Q (Clubhouse) Γ (Recovery) Γ (Prev/El)			
STAFF REQUIREMENTS					
☑ LPC ☑ Unlicensed I ☑ Intern ☑ LMFT ☑ Licensed EdD	Master's Level (HO) ⊠ CAC I ⊠ LPN/LVN (EdD/ PhD/PsyD (HP) ⊠ CAC I □ RN (TD) /PhD/PsyD (AH) □ CAC II □ APRN (SA) □ CACIII □ QMAP	(TE) □ RxN (SA) □ PA (PA) ☑ MD/DO(AF)			
PLACE OF SERVICE (POS)					
☑ Office (11) ☑ RSATF (55) ☑ NRSATF (57)					

	TREATI	MENT - ALCOHOL AND	DRUG ABUSE- INT	TENSIVE (IOP-SUE	D)		
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H0015		Alcohol and/or dr program	ug services; inter	nsive outpatient	☑ Medicaid	
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATION REC	QUIREMENTS		
A structured substance abuse treatment program focusing on assisting patients 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.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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: Patient and/or family specific progress notes (if daily notes do not meet full minimum documentation requirements)				
NOTES			EXAMPLE ACTIVIT	TIES			
Intensive outpatient programing for substance abuse treatment must be in accordance with CCR 502-1 ASAM level II.1 criteria (minimum of 3 hours per day; 9 treatment hours per week for adults, 6 hours per week for adolescents).		 Sessions focus on reducing/eliminating problematic substance use by providing recovery oriented multimodal therapy and education 					
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
☐ Child (0-11)	☑ Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)		☐ 15 Minutes ☐ 1 Hour	Minimum: Progra least 3 hrs/day and days/week Maximum: NA		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/I	HS)	☑ HE (SP)☐ TG (Other SP)☐ HK (Residentia☑ HF (2nd modified)		ACT) □ HC (Respite) □ TT	(Voc) (Clubhouse) (Recovery) (Prev/EI)	
STAFF REQUIREMEN	TS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LC: ⊠ LP(⊠ LM	C 🗵 Unlicensed	l Master's Level (HO) I EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	CAC I	ΔPN (SΔ) × P	xN (SA) A (PA) ID/DO (AF)	
PLACE OF SERVICE (P							
☑ CMHC (53) ☑Office (11) ☑Outp Hospital (22) ☑ACF (13)	☑Cust Care (33) ☑Grp Home (14) ☑ICF-MR (54) ☑NF (32)	☑PRTF (56) ☑ Shelter (04) ☑SNF (31) ☑FQHC (50) ☑ RHC (72)	⊠Independent CI ⊠PF-PHP (52) ⊠School (03) ⊠NRSATF (57)	inic (49) 国 Ot	her POS (99)		

	TREATI	MENT - ALCOHOL AND	DRUG ABUSE- INT	ENSIVE (IOP-SUE	0)		
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H0015		Alcohol and/or dru program	ug services; inter	nsive outpatient	☑ OBH	
SERVICE DESCRIPTIO	N		MINIMUM DOCU	MENTATION REC	QUIREMENTS		
A structured substance abuse treatment program focusing on assisting patients 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.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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: Patient and/or family specific progress notes (if daily notes do not meet full minimum documentation requirements)				
NOTES			EXAMPLE ACTIVIT	TIEC			
Intensive outpatient programing for substance abuse treatment must be in accordance with CCR 502-1 ASAM level II.1 criteria (minimum of 3 hours per day; 9 treatment hours per week for adults, 6 hours per week for adolescents).		 Sessions focus on reducing/eliminating problematic substance use by providing recovery oriented multimodal therapy and education 					
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
☐ Child (0-11)	☑ Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: Progra least 3 hrs/day and days/week Maximum: NA		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/I	HS)	☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential ☑ HF (2 nd modifie		ACT) \square HC (Respite) \square TT	(Voc) ((Clubhouse) (Recovery) (Prev/EI)	
STAFF REQUIREMEN	TS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LC: ⊠ LP(⊠ LM	C 🗵 Unlicensed	l Master's Level (HO) I EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	□CAC I □	$\Delta PN(S\Delta)$ $\boxtimes P$	xN (SA) A (PA) ID/DO (AF)	
PLACE OF SERVICE (P	OS)						
☑ CMHC (53) ☑Office (11) ☑Outp Hospital (22) ☑ACF (13)	☑Cust Care (33) ☑Grp Home (14) ☑ICF-MR (54) ☑NF (32)	☑PRTF (56) ☑ Shelter (04) ☑SNF (31) ☑FQHC (50) ☑ RHC (72)	☑Independent Cli ☑PF-PHP (52) ☑School (03) ☑NRSATF (57)	nic (49) ⊠ Oth	er POS (99)		

	RESIDENTIAL - ACUTE TREATMENT UNIT (ATU)							
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CODE DESCRIPTION USAGE					
			Behavioral health	; residential (hospital residential			
	H0017		treatment program), without room and board, per					
			diem					
SERVICE DESCRIPTION								
24-hour per day hospital f Hospital Authority) without where a planned program evaluation, care and treat functioning for persons with occurs.	Technical Documentation Requirements See Page 346 Service Content Shift Notes or Daily Note (summary of shift notes) 1. Patients 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/service plan goals and/or discharge 5. Any other patient activities or patient general behaviors in milieu 6. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 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 n	ninimum docı	umentation for each	service.		
NOTES			EXAMPLE ACTIVIT	TIES				
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.			*External provider means any provider who is providing a discrete service who is not part of the residential program. Example, a case manager not part of the residential facility could perform a service as part of the transition from the residential program as long as it is not a duplication of a service already provided by the residential facility.					
APPLICABLE POPULATION			UNIT		DURATION			
	_	ult (21-64)		☐ 15 Minute	-			
☐ Adol (12-17) (18-2		riatric (65+)		☐ 1 Hour	Maximum: 24 h	ours		
□ Face-to-Face □ Video Conf (GT) □ Telephone	ELIVERY ☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		PROGRAM SERVI ☐ HE (SP) *young ☐ TG (Other SP) ☐ HK (Residentia ☐ HF (2 nd modifie	g adult C C I) C	□ U4 (ICM) □ □ TM (ACT) □ □ HM (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
STAFF REQUIREMENTS				Пис	V . DAL (1.) (AL (75)			
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	d Master's Level (HO) d EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) □ CAC I □ RN (TD) □ PA (PA) □ CAC II □ APN (SA) □ PA (PA) □ CAC II □ QMAP					
PLACE OF SERVICE (POS)								
☑ CMHC (53)☑ ACF (13)☑ PRTF (56)☑ Other POS (99)								

RESIDENTIAL - ACUTE TREATMENT UNIT (ATU)						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
		Behavioral health; residential (hospital residential				
H0017		treatment program), without room and board, per				
CERVICE DECORPTION		diem	DATATIO	N DECLUDENTALITE		
SERVICE DESCRIPTION	-					
24-hour per day hospital facility (licensed by the Stat Hospital Authority) without room and board, at an Luwhere a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with behavioral health disord occurs.	OC f	Technical Documentation Requirements See Page 346 Service Content Shift Notes or Daily Note (summary of shift notes) 1. Patients current clinical status, e.g. symptoms or pertinent me status and functioning status 2. Participation in treatment 3. Pertinent physical health status information 4. Progress toward treatment/service plan goals and/or discharges. Any other patient activities or patient general behaviors in mi 6. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 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 separated. These services can be all included in the same documentation as				
				ate note. Refer to appr cumentation for each s		
NOTES		EXAMPLE ACTIVIT	TIFS			
LOS averages 3 – 7 days, but generally no longer than All services provided by internal professionals residential settings within the period are covered code. Any discrete services (e.g., family, group and i psychotherapy, psychiatric services, case managem provided by external professionals (non-residential documented, and reported or billed separately from	in the with this ndividual ent, etc.) staff) are	*External provide service who is not manager not part part of the transit	r means any t part of the of the residation from the	y provider who is provion residential program. E lential facility could per e residential program a ady provided by the re	xample, a case form a service as s long as it is not	
APPLICABLE POPULATION(S)		UNIT		DURATION		
☐ Child (0-11) ☑ Young Adult ☑ Adult (2	21-64)	☐ Encounter	☐ 15 Minut			
☐ Adol (12-17) (18-20) 🗵 Geriatr	ic (65+)	☑ Day	☐ 1 Hour	Maximum: 24 ho	ours	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVI	CE CATEGO	RY(IES)		
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☐ Telephone☐ Family (HR/HS)		☑ HE (SP) *young☐ TG (Other SP)☑ HK (Residential☐ HF (2nd modified)	1)	☐ TM (ACT) ☐ ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENTS						
⊠ Intern	Unlicensed E	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dd/PhD/PsyD (AH) □CAC I			(PA)	
PLACE OF SERVICE (POS)						
☑ CMHC (53)☑ ACF (13)☑ PRTF (56)☑ Other POS (99)						

RESIDENTIAL – SHORT TERM						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
	Behavioral health; short-term residential (non-					
H0018	hospital residential treatment program), without	☑ Medicaid				
	room and board, per diem					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
A short-term residential treatment program offering 24-	Technical Documentation Requirements					
hour intensive residential treatment, habilitative, and	See Page 346					
rehabilitative services for up to 30 days in a highly structured, community-oriented environment. This type of	Service Content Shift Notes or Daily Note (summary of shift notes)					
program is appropriate for patients who need concentrated	Patients current clinical status, e.g. symptoms or pertine	nt mental status				
therapeutic services prior to community residence. The	and functioning status					
focus of services is to stabilize the patient and provide a	Participation in treatment					
safe and supportive living environment.	Pertinent physical health status information Progress toward treatment/service plan goals and/or dis	sharga				
	Any other patient activities or patient general behaviors					
	All individual and group services, provided by resident					
	skills training group, individual therapy, med administ	ration services,				
	although included in the per diem, should be identifie					
	These can be all included in the same documentation					
	daily/shift notes or in a separate note. Refer to appro					
	procedure code for required minimum documentation service.	n for each				
	Residential programs who continue to incorporate an	d document				
	the activities of less than bachelor's level staff, must a					
	documentation to support services provided by Medic	caid allowed				
	practitioners during the same per diem billing period.					
NOTES	EXAMPLE ACTIVITIES					
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.	*External provider means any provider who is providi service who is not part of the residential program. Examanager not part of the residential facility could perform to fithe transition from the residential program as a duplication of a service already provided by the residential program as a the could also be used for a Crisis Services Unit the ET modifier.	ample, a case orm a service as long as it is not dential facility.				
APPLICABLE POPULATION(S)	UNIT DURATION					
	□15					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter					
	. ⊔1 Hour					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
W Francis Francis W Ladyddiad		-IJ (Voc)				
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☑ Group (HQ)		HQ (Clubhouse) FT (Recovery)				
☐ Telephone ☐ Family (HR/HS)		HT (Prev/EI)				
	☐ HF (2 nd modifier-SUD)	11 (1104/21)				
STAFF REQUIREMENTS						
▶ Peer Specialist ▶ LCSW (AJ) ▶ Unlicensed Master	S Level (HO)	54)				
☑ Bachelor's Level (HN) ☑ LPC ☑ Unlicensed EdD/ Ph	DD/PsyD (HP) LICACT KN (TD)					
□ LICENSED EdD/PhD/ □ Licensed EdD/PhD/						
PLACE OF SERVICE (POS)	Ecroii — S					
☑ CMHC (53)☑ PRTF (56)						
☑ ACF (13)						
☑ Grp Home (14)						
*if RCCF, use POS 14						

RESIDENT	TAL – SHORT TERM			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without IMOBH room and board, per diem			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
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 patients who need concentrated therapeutic services prior to community residence. The focus of services is to stabilize the patient and provide a safe and supportive living environment.	Technical Documentation Requirements See Page 346 Service Content Shift Notes or Daily Note (summary of shift notes) 1. Patients 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/service plan goals and/or discharge 5. Any other patient activities or patient general behaviors in milieu All individual and group services, provided by residential staff, e. skills training group, individual therapy, med administration serv although included in the per diem, should be identified separate These can be all included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate serv procedure code for required minimum documentation for each service. Residential programs who continue to incorporate and document the activities of less than bachelor's level staff, must also show documentation to support services provided by Medicaid allowe			
NOTES	practitioners during the same per diem billing period. EXAMPLE ACTIVITIES			
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.	*External provider means any provider who is providing a discrete service who is not part of the residential program. Example, a case manager not part of the residential facility could perform a service as part of the transition from the residential program as long as it is not a duplication of a service already provided by the residential facility. This code could also be used for a Crisis Services Unit if billed with the ET modifier.			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ 1 Hour			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☑ Group (HQ)☐ Telephone☑ Family (HR/HS)	⊠ HE (SP)			
STAFF REQUIREMENTS				
☑ Peer Specialist ☒ LCSW (AJ) ☒ Unlicensed Master' ☒ Bachelor's Level (HN) ☒ LPC ☒ Unlicensed EdD/ Ph ☒ LMFT ☒ Licensed EdD/PhD/	nD/PsyD (HP)			
PLACE OF SERVICE (POS)				
 ☑ CMHC (53) ☑ PRTF (56) ☑ ACF (13) ☑ RSATF (55) ☑ Grp Home (14) *if RCCF, use POS 14 				

RESIDENTIAL - LONG TERM								
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE C	ODE DESCRIP	TION			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					☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
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. This code could also be used for a Crisis Stabilization Unit (CSU) if billed with the ET modifier.			Technical Documentation Requirements See Page 346 Service Content Shift Notes or Daily Note (summary of shift notes) 1. Patients 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/service plan goals and/or discharge 5. Any other patient activities or patient general behaviors in milieu 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. Residential programs who continue to incorporate and document the activities of less than bachelor's level staff, must also show documentation to support services provided by Medicaid allowed					
NOTES			practitioners d		e per c	diem billing	period	1.
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.		(e.g., family, group and se management, etc.) re documented, and bes not include services	*External provider means any provider who is providing a discrete service who is not part of the residential program. Example, a case manager not part of the residential facility could perform a service as part of the transition from the residential program as long as it is not a duplication of a service already provided by the residential facility.				ogram. facility could residential	
APPLICABLE POPULATIO	N(S)		UNIT			DURATION		
⊠ Adol (12-17) (18-2	20) ⊠ G	dult (21-64) Geriatric (65+)	☐ Encounter ☑ Day	☐ 15 Minu ☐ 1 Hour		Minimum: Maximum:		ours
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SEF					. ()
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		□ HE (SP) *for child/adol/y □ TG (Other SI □ HK (Residen □ HF (2 nd mod	oung adult P) tial)	□ U4 □ TM □ HM		□ H	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)
STAFF REQUIREMENTS								
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (AJ) 区 LPC 区 LMFT	☑ Unlicensed Master's Lev ☑ Unlicensed EdD/ PhD/P ☑ Licensed EdD/PhD/PsyD	syD (HP)	□LAC □CAC I □CAC II □CACIII	⊠ RN	N (1D) PN (SA)	⊠ Rxf ⊠ PA ⊠ ME	
PLACE OF SERVICE (POS) ☑ CMHC (53) ☑ ACF (13) ☑ Grp Home (14) *if RCCF, use POS 14	☑ PRTF (56) ☑ RSATF (55) ☑ Other POS (99)							

		RESIDENTIAL -	LONG TERM					
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE O	CODE DESCRI	PTION			USAGE
			Behavioral hea	alth; long-ter	m residei	ntial (non-		
	H0019		medical, non-a	acute care in	a residen	ntial treatm	ent	☑ OBH
	H0019		program wher	re stay is typic	cally long	er than 30	days),	
			without room and board, per diem					
SERVICE DESCRIPTION			MINIMUM DO	OCUMENTATI	ION REQI	UIREMENT	S	
A residential treatment		· ·	Technical Doc	umentation l	Requiren	nents		
residential treatment, h			See Page 346					
structured, community			Service Conte					
"transitional living," ser			Shift Notes or				-	
services as well as assis		-		rrent clinical sta functioning stat	_	symptoms or	pertinent	mental
living arrangements. Se	~		Participation	_	lus			
the potential and motiv			3. Pertinent ph		tatus infor	rmation		
through a moderately s			4. Progress to	ward treatmen	t/service p	olan goals an	d/or disch	narge
stresses normalization a integration, including d		•	Any other p		-	_		
case management and			All individual a					
recreational activities;			e.g. skills train					
access to therapeutic in			services, altho	-				
access to therapeatien	iter ventions as necesse	y.	separately. Th					
This code could also be	used for a Crisis Stabili	ization Unit (CSU) if	as the daily/sh					
billed with the ET modi		, ,	service proced each service.	dure code for	required	i iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	documer	itation for
			Residential pr	ograms who	continue	to incorno	rate and	document
			the activities of	-		•		
			documentatio					
			practitioners of					ia anovica
NOTES			EXAMPLE ACT		<u> </u>			
All services provided by i	nternal professionals in	the residential settings	*External prov	vider means a	ny provi	der who is	providing	g a
are covered with this coo	de. Any discrete services	(e.g., family, group and	discrete servic	ce who is not	part of th	ne resident	ial progra	am.
individual psychotherapy			Example, a case manager not part of the residential facility could					
by external professionals	·	· ·	perform a service as part of the transition from the residential program as long as it is not a duplication of a service already					
reported or billed separa for children who are in co						ation of a s	ervice alr	eady
	· · · · · · · · · · · · · · · · · · ·	iit of Human Services.	provided by th	ne residential				
APPLICABLE POPULATION		1 1 (0 4 6 4)	UNIT			DURATION		
	_	Adult (21-64)	☐ Encounter	☐ 15 Min		Minimum:	,	
ALLOWED MODE(S) OF		Geriatric (65+)	PROGRAM SE	☐ 1 Hour		Maximum:	24 Hours	5
ALLOWED MODE(3) OF	DELIVERY		HE (SP)	RVICE CATEG	U4 (I		☐ HJ (V	'ocl
☑ Face-to-Face	☑ Individual		*for child/adol/	voung adult	□ TM (,	•	Clubhouse)
☐ Video Conf (GT)	☑ Marviddal ☑ Group (HQ)		☐ TG (Other S			(Respite)		ecovery)
☐ Telephone	☑ Family (HR/HS)		∠ HK (Resider ∠ HK) ∠ HK ∠ HX ∠ HX	•		(ricspice)	☐ HT (F	• • •
	, (, ,		☐ HF (2 nd mod					101/21/
STAFF REQUIREMENTS								
☑ Peer Specialist	☑ LCSW (AJ)	☑ Unlicensed Master's Le	val (HO)	□LAC		N/LVN (TE)		۸)
☑ Bachelor's Level (HN)	⊠ LPC	☑ Unlicensed EdD/ PhD/P		□CAC I	⊠ RN	(10)	≥ RXIN (3:	
▼ Intern	∠ LMFT	☑ Licensed EdD/PhD/PsyD		□CAC II	IAV ⊠ NO ⊠	N (SA)	⊠ MD/D	•
DI ACE OF CEDIMOE (DO	c)			□CACIII	Z QIV	TAP		
PLACE OF SERVICE (POS	•							
区MHC (53)区 ACF (13)	✓ PRTF (56)✓ RSATF (55)							
⊠ Grp Home (14)	☑ RSATE (55) ☑ Other POS (99)							
*if RCCF, use POS 14	_ Other 1 03 (99)							

TDEATMENT _ ALCOL	IOL AND DRUG ABUSE - METHADONE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
CPT 7 HCPC3 PROCEDURE CODE						
110020	Alcohol and/or drug services; Methadone	V Madisaid				
H0020	administration and/or service (provisions of the					
CERVICE DECORPTION	drug by a licensed program)					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
This service includes the acquisition and cost of the	Technical Documentation Requirements					
Methadone and administration of the drug by an alcohol	See Page 346					
and/or other drug program for the purpose of decreasing	Service Content	l:l-l-\				
or eliminating dependence on opiate substances.	Medication take-home agreements (where 2. Daily dosage	п аррисавіе)				
Note: Mathadana administration is considered only one	, 3					
Note: Methadone administration is considered only one service of an array /set of services, including SUD group an	` '' '	ationt				
individual therapy, and other outpatient services that	5. Daily observation by a medical profession					
should be established as the treatment protocol and	6. Take home documentation can be comple					
carefully monitored for adherence by the treatment facility						
*For patients 17 and under, Federal regulations must be followed		acii uose aiiiouiit				
for this service.	Should be included in the single note.					
NOTES	EXAMPLE ACTIVITIES					
Methadone administration must be provided by a facility with	The measuring, diluting and/or mixing of Metha	done into a dosage				
a controlled substance license from the Office of Behavioral	that is appropriate for the patient's plan of care, administered by a					
Health (OBH), be registered with the Drug Enforcement	qualified physician, physician assistant, or nurse					
Administration (DEA) and have a designated medical director	which is subsequently delivered to the patient f					
to authorize and oversee Opioid Treatment Program (OTP)	Note: this code includes the acquisition of the N					
physicians. Staff must be licensed through the Office of	treatment as a pre-requisite to the actual admir					
Behavioral Health and be certified through Substance Abuse	drugs	1				
and Mental Health Services Administration (SAMHSA) as opioi	a -					
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, wit						
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 patient.						
APPLICABLE POPULATION(S)	UNIT DURATION					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: N/A					
☑ Adol (12-17)* (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face ☑ Individual ☑	1	HJ (Voc)				
☐ Group (HO)	, , , , , , , , , , , , , , , , , , , ,	l HQ (Clubhouse)				
[(G1) Teamily (HR/HS) take nome		l TT (Recovery)				
☐ Telephone	☑ HF (2 nd modifier-SUD) (Respite) □	l HT (Prev/EI)				
STAFF REQUIREMENTS						
L L Peer Specialist	sed Master's Level □LAC ☑ LPN/LVN (TE)					
☐ Bachelor's Level (HN) ☐ LCSW (AJ) (HO) ☐ LPC ☐ Unlicen	□CACL 図 RN (TD)	kN (SA)				
☑ Intern ☑ LPC ☐ Unlicen ☑ LMFT (HP)		A (PA) ID/DO (AF)				
()	d EdD/PhD/PsyD (AH) □CACIII □ QMAP 🔠 🕅	D/DO (AF)				
PLACE OF SERVICE (POS)	, , , , , , , , , , , , , , , , , , ,					
✓ CMHC (53)✓ Home (12)✓ PF-PF	IP 52)					
☑ Cliffic (33)☑ FQHC (50)☑ NRSA	•					
☑ Outp Hospital (22) ☑ RHC (72)	(3.)					
✓ Outp Hospital (22) ☑ Mic (72) ✓ Independent Clinic (49)						

	TRE	ATMENT – ALCOHOL	L AND DRUG ABUS	E - METHADON	NE		
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE COL	DE DESCRIPTIO	N	USAGE	
	H0020		Alcohol and/or drug services; Methadone administration and/or service (provisions of the drug by a licensed program)				
SERVICE DESCRIPTIO	N		MINIMUM DOCU		REQUIREMENTS	;	
This service includes to Methadone and adm and/or other drug proor eliminating depend. Note: Methadone ad service of an array /so individual therapy, ar should be established carefully monitored for this service.	inistration of the drogram for the purpo dence on opiate sub lministration is conset of services, included and other outpatient das the treatment por adherence by the	ug by an alcohol ose of decreasing ostances. sidered only one ding SUD group and services that orotocol and e treatment facility.	Technical Documentation Requirements See Page 346 Service Content 1. Medication take-home agreements (when applicable) 2. Daily dosage 3. Induction notes (when applicable) 4. Daily acknowledgement form signed by patient 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 ACTIVI				
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			 The measuring, diluting and/or mixing of Methadone into a dosage that is appropriate for the patient's plan of care, administered by a qualified physician, physician assistant, or nurse practitioner, which is subsequently delivered to the patient 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. 				
take-home doses phys APPLICABLE POPULA			UNIT		DURATION		
⊠ Adol (12-17)*	⊠ Young Adult (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	区 Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Maximum:	•	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV				
GT)	☑ Individual □ Group (HQ) □ Family (HR/HS)	☑ packaged for take home	☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi]] (In	□ U4 (ICM) □ TM (ACT) □ HM Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENT	TS						
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☐ Unlicensed Ma ☐ Unlicensed EdD ☑ Licensed EdD/F	D/ PhD/PsyD (HP)	□CAC I □ □CAC II □	APN (SA)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVICE (P							
☑ CMHC (53) ☑ Office (11) ☑ Outp Hospital (22)	☑ Home (12)☑ FQHC (50)☑ RHC (72)☑ Independent Cli	☑ PF-PHP ! ☑ NRSATE	•				

PREVENTION/EARLY INTERVEN				TION - ALCOHOL	AND DRUG ABUS	SE	
CPT®/HCPCS PROC	EDURE CODE			PROCEDURE CO	DE DESCRIPTION		USAGE
	H0022			Alcohol and/or of (planned facilitation)	drug intervention ation)	service	☑ ОВН
SERVICE DESCRIPTI	ION			MINIMUM DOC	CUMENTATION R	EQUIREMENTS	
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.			1. Date of service 2. Client demographic information 3. Specific intervention service used 4. Clients response 5. Referral for treatment (if necessary) 6. Signed with 1st initial, last name & credentials				
NOTES				EXAMPLE ACTIV	/ITIES		
					talking to involu ntary commitme		nt manager
APPLICABLE POPUL	LATION(S)			UNIT		DURATION	
⊠ Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult (21 ⊠ Geriatric		☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY				VICE CATEGORY(I		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (H ☑ Family (H	Q)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residenti ☐ HF (2 nd modif	ial) □ HM	(ACT)	(Voc) (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREME	NTS						
☐ Peer Specialist☐ Bachelor's Level (H☐ Intern	HN) 区 LCS 区 LP(区 LM		☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	IXI (.V.)	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA) □ QMAP	X RXN (SA)
PLACE OF SERVICE	(POS)						
区 CMHC (53) ☑ Office (11) ☑ Home (12) ☑ Shelter (04)	 ☒ FQHC (50) ☒ RHC (72) ☒ RSATF (55) ☒ NRSATF (57) ☒ Prison/CF (09) 	⊠ Scho	ol (03)				

PREVENTION/EARLY INTERVENTION – OUTREACH or TREATMENT – REHABILITATION (DROP-IN)					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION	USAGE		
	H0023	Behavioral health outreach service (planned approach to reach a population) /Drop- In Center			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REC	QUIREMENTS		
	oopulation within their environment for	Technical Documentation Require			
	or addressing behavioral health issues	Outreach Service:	Drop-in Center:		
and problems. These individuals	·	The reason for the visit/call.	Name, DOB, or SS#/Medicaid ID #		
consented to receive services, a diagnosis.	nd may or may not have a covered	What was the intended goal or agenda?			
Outreach Service:	Drop-in Center:	Description of the service	Screening initially and every 6		
Developing an alliance with	Drop-in centers are a form of		months to determine probable		
a consumer to bring	outreach where a safe environment		behavioral health diagnosis		
him/her into ongoing	for outreach to and engagement of	Outreach services provided	Daily Sign-in/Sign out with time		
treatment	adolescents or adults with mental	and the individual's response	(for unit calculation)		
	illness is provided.	Plan for next contact(s)	Once/month self-eval by member		
Re-engagement effort	Such sites may be peer driven and	including any follow-up or	on benefits of drop-in service,		
including utilizing drop-in	may be operated independently of	coordination needed with 3 rd	progress toward their recovery		
center services	other behavioral health services.	parties, if applicable	goals, or other information about		
Prevention/Interv activities	Education about behavioral health		their participation		
for individuals and family	systems is provided at these sites.				
NOTES		EXAMPLE ACTIVITIES			
Outreach Service:	Drop-in Center:	Outreach Service:	Drop-in Center:		
Activities occur often off-	Promote ongoing recovery through	Initiating non-threatening conver			
site (e.g., food bank, public	peer support, advocacy,	and informally identifying need for			
shelter, etc.), or by phone,	empowerment and social skills dev.	behavioral health services, with r			
but can be at other POS.		contact over time in an effort to	engage groups		
Do not need confirmed	Do not need confirmed diagnosis	an individual into services			
diagnosis		Respond to referrals as requested	-		
	Inform provider of attendance if in	police, landlords, etc., of individu			
	treatment	suspected of having an SMI/SPMI and in need of BH services			
	Clinical consultation by MA-staff	Outreach to re-engage individual	club-like setting s who Behavioral health		
	available during hours of operation and for peer supervision	are at risk for disengaging from so			
ADDITIONS FOR HATIONS *	utreach ONLY may use with Child (0-11)		DURATION		
▼ Child (0-11)	X Adult (21-64)		Minimum: 8 min		
☑ Adol (12-17) ☑ Young Ad	ult (18-20)		Maximum: N/A		
ALLOWED MODE(S) OF DELIVER		PROGRAM SERVICE CATEGORY(IES)			
		_	Drop-in Center:		
	☑ Individual	For children/adol/young adult:	For adol/young adult: 1st modifier: HE;		
☐ Video Conf (GT)	⊠ Group (HQ)	1 st modifier: HE; 2 nd modifier: HT	2 nd modifier: HQ to distinguish as drop-		
▼ Telephone	☑ Family (HR/HS)	ŭ	in center		
		For adults: 1 st modifier: HT	For adults: 1 st modifier: HQ		
STAFF REQUIREMENTS		The same	(==)		
✓ Peer Specialist✓ Bachelor's Level (HN)	☑ LCSW (AJ) ☑ Unlicensed Master		` ' Ι χ Ι Ρ∨ΝΙ (SΛ) Ι		
☑ Intern	■ LPC ■ Unlicensed EdD/ I	PND/PSYD (HP) INCACII IN APN (' Ι ν Ι DΛ /DΛ \		
	☑ LMFT ☑ Licensed EdD/PhD	D/Psyd (AH) ☑CACIII ☐ QMAF	MD/DO (AF)		
	o-In Centers may use POS 53 or 99 ONLY.				
☑ CMHC (53)**		■ NRSATF (57) ■ PF-P ■	• •		
	ome (14) 🗵 SNF (31)	☑ Inpt Hosp (21) ☑ Scho	` '		
☑ Mobile Unit (15) ☑ Home			er POS (99)**		
☑Outp Hospital(22) ☑ ICF-M		☑ ER (23) ☑ Shelt	ter (04)		
☑ ACF (13) ☑ NF (32	2) ⊠ RSATF (55)				

PREVE	NTION/EARLY INTERVENTION – OUTREA	CH or TREATMENT – REHABILITATIO	N (DROP-IN)	
CPT®/HCPCS PROCEDURE CODI		PROCEDURE CODE DESCRIPTION	USAGE	
	H0023	Behavioral health outreach service (planned approach to reach a population) /Drop- In Center □ OBH		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REC	QUIREMENTS	
A planned approach to reach a	population within their environment for	Technical Documentation Require	ments: See Page 346	
the purpose of preventing and/	or addressing behavioral health issues	Outreach Service:	Drop-in Center:	
and problems. These individuals may or may not have currently consented to receive services, and may or may not have a covered diagnosis.		The reason for the visit/call. What was the intended goal or agenda?	Name, DOB, or SS#/Medicaid ID #	
Outreach Service:	Drop-in Center:	Description of the service	Screening initially and every 6	
Developing an alliance with	Drop-in centers are a form of		months to determine probable	
a consumer to bring	outreach where a safe environment		behavioral health diagnosis	
him/her into ongoing	for outreach to and engagement of	Outreach services provided	Daily Sign-in/Sign out with time	
treatment	adolescents or adults with mental	and the individual's response	(for unit calculation)	
	illness is provided.	Plan for next contact(s)	Once/month self-eval by member	
Re-engagement effort	Such sites may be peer driven and	including any follow-up or	on benefits of drop-in service,	
including utilizing drop-in	may be operated independently of	coordination needed with 3 rd	progress toward their recovery	
center services	other behavioral health services.	parties, if applicable	goals, or other information about	
Prevention/Interv activities for individuals and family	Education about behavioral health systems is provided at these sites.		their participation	
NOTES	systems is provided at these sites.	EXAMPLE ACTIVITIES		
Outreach Service:	Drop-in Center:	Outreach Service:	Drop-in Center:	
Activities occur often off-	Promote ongoing recovery through	Initiating non-threatening conver		
site (e.g., food bank, public	peer support, advocacy,	and informally identifying need for		
shelter, etc.), or by phone,	empowerment and social skills dev.	behavioral health services, with r		
but can be at other POS.		contact over time in an effort to engage		
Do not need confirmed	Do not need confirmed diagnosis	an individual into services		
diagnosis		Respond to referrals as requested	d by Action plan & Support	
	Inform provider of attendance if in	police, landlords, etc., of individu		
	treatment	suspected of having an SMI/SPM		
	Clinical consultation by MA-staff	and in need of BH services		
	available during hours of operation	Outreach to re-engage individual	s who Behavioral health	
	and for peer supervision	are at risk for disengaging from s	ervices education	
	Outreach ONLY may use with Child (0-11)		DURATION	
□ Child (0-11) □ Young Act □ (12.17) □ Young Act □ (13.17) □ Young Act □ (13.17) □ Young Act □ (13.17) □ (13.17	dult (18-20) 🗵 Adult (21-64)		Minimum: 8 min	
△ Adol (12-17)	△ Geriatric (65+)		Maximum: N/A	
ALLOWED MODE(S) OF DELIVER	RY	PROGRAM SERVICE CATEGORY(IES	•	
☑ Face-to-Face	☑ Individual		Drop-in Center:	
☐ Video Conf (GT)	⊠ Group (HQ)		For adol/young adult: 1st modifier: HE; 2nd modifier: HQ to distinguish as drop-	
⊠ Telephone	☑ Family (HR/HS)	1 1	in center	
			For adults: 1st modifier: HQ	
STAFF REQUIREMENTS				
☑ Peer Specialist	☑ LCSW (AJ) ☑ Unlicensed Master	er's Level (HO)	' ' \(\mathbf{V} \) D \(\mathbf{N} \) \(\m	
☑ Bachelor's Level (HN)	■ LPC ■ Unlicensed EdD/	PhD/PsvD (HP)	D) IN DA (DA)	
☑ Intern	☑ LMFT ☑ Licensed EdD/PhI	D/PsyD (AH)	DA) MD/DO (AE)	
PLACE OF SERVICE (DOS) **Dro	p-In Centers may use POS 53 or 99 ONLY			
	lome (14)	✓ RSATF (55) ✓ ER (2		
☑ Office (11) ☑ Home		✓ NRSATF (57)✓ PF-P		
✓ ACF (13)✓ ICF-M		✓ Inpt Hosp (21) ✓ Scho		
✓ Cust Care (33)✓ NF (3)			er POS (99)**	
	, = ····- (· - /	p (,	\ /	

PF	REVENTION/EARLY IN	TERVENTION - EDUCAT	ION			
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DE	SCRIPTION		USA	GE
H0024		Behavioral Health Pre Dissemination Service Direct Contact with Se Knowledge and Attitu	(One-Way ervice Audie	Direct or Non-	☑ 0	ВН
SERVICE DESCRIPTION		MINIMUM DOCUMEN	NTATION RE	QUIREMENTS		
Services delivered to target audiences with affecting knowledge, attitude and/or behav way direct communication education and in dissemination.	vior through one-	 Number of parti Type of service 	cipants			
NOTES		EXAMPLE ACTIVITIES				
Activities affect critical life and social skills, limited to decision-making, refusal skills, crisystematic judgment abilities.	-	Pamphlets, education	ai presenta	tions, Billboard	S	
APPLICABLE POPULATION(S)		UNIT		DURATION		
	Adult (21-64) Geriatric (65+)		Minutes Hour	Minimum: N/ Maximum: N/		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE C	ATEGORY(I	ES)		
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-SU		(ACT) (Respite)		Clubhouse) ecovery)
STAFF REQUIREMENTS						
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern☑ LCSW (AJ)☑ LPC☑ LMFT		Master's Level (HO) EdD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVI ⊠ RN (TD) ⊠ APRN (S □ QMAP	۸) × کا ۲	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO(AF)
PLACE OF SERVICE (POS)						
☑ Office (11) ☑ Home (12) ☑ Mobile Unit (15) ☑ Shelter (04) ☑	∃ RSATF (55) ∃ NRSATF (57) ⊒ Prison/CF (09) ⊒ School (03)	☑ Other POS (99) ☑ Telehealth (02)				

PREVENTION/EARLY INTERVENTION - EDUCATION							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	E DESCRIPTIO)N	USAGE	
	H0025		Behavioral health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)				
SERVICE DESCRIPTION	N		MINIMUM DOCU	IMENTATION	REQUIREMENTS		
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. Prevention activities are delivered prior to the onset of a disorder and are intended to prevent or reduce the risk of developing a behavioral health problem. (SAMSHA). Causes and symptoms of disorders are discussed to encourage early intervention and reduce severity of 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 346 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 ACTIVIT	TIES			
Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities. One of the goals of these activities is to impact the choices individuals make that affect his or her wellness to improve health. If services are performed by a LAC/CAC provider, a SUD Primary Diagnosis is required.			 Classroom educational activities for children or parents focused on skill building and CBT skills to prevent anxiety/depression Education services/programs for youth on substance use Parenting/family management services focused on life/social skills Peer leader/helper programs teaching drug refusal skills and commitment to a drug free lifestyle Small group sessions involving interaction amongst participants Nurturing Parent Program Educational programs (safe and stable families) "Love and Logic" (healthy parenting skills) Multi-family groups that are educational in nature (not therapeutic) 				
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
⊠ Adol (12-17) (1	8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Day	☐ 15 Minutes ☐ 1 Hour	Maximum: N/		
ALLOWED MODE(S)	JF DELIVERY		PROGRAM SERVI	CE CATEGORY			
☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS	s)	▼ HE (SP) *for child/adol/your □ TG (Other SP) □ HK (Residential ☑ HF (2 nd modifie	1)	□ U4 (ICM) □ TM (ACT) □ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☑ HT (Prev/El)	
STAFF REQUIREMENT	rs						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW (☑ LPC ☑ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠CAC II	XI APN (SA)	RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (P	OS)						
区 CMHC (53) ☐ Office (11) ☐ Telehealth (02) ☐ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) ☑ Shelter (04)	区 SNF (31) 区 FQHC (50) 区 RHC (72) 区 School (03	⊠ O	IRSATF (57) Other POS (99)		

PREVENTION/EARLY INTERVENTION - EDUCATION						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
H0025	Behavioral health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
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. Prevention activities are delivered prior to the onset of a disorder and are intended to prevent or reduce the risk of developing a behavioral health problem. (SAMSHA). Causes and symptoms of disorders are discussed to encourage early intervention and reduce severity of 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 346 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. One of the goals of these activities is to impact the choices individuals make that affect his or her wellness to improve health.	 Classroom educational activities for children or parents focused on skill building and CBT skills to prevent anxiety/depression Education services/programs for youth on substance use Parenting/family management services focused on life/social skills Peer leader/helper programs teaching drug refusal skills and commitment to a drug free lifestyle Small group sessions involving interaction amongst participants Nurturing Parent Program Educational programs (safe and stable families) "Love and Logic" (healthy parenting skills) Multi-family groups that are educational in nature (not therapeutic) 					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) *for child/adol/young adult ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ TG (Other SP) ☐ HM ☐ TT (Recovery) ☐ HK (Residential) (Respite) ☒ HT (Prev/EI) ☒ HF (2 nd modifier-SUD)					
STAFF REQUIREMENTS						
Bachelor's Level (HN)	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH) □ CAC I □ RN (TD) □ RxN (SA) □ CAC I □ APN (SA) □ PA (PA) □ CACII □ QMAP □ MD/DO (AF)					
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☒ ACF (13) ☒ ICF-MR (54) ☒ Office (11) ☒ Cust Care (33) ☒ NF (32) ☒Telehealth (02) ☒ Grp Home (14) ☒ PRTF (56) ☒ Outp Hospital(22) ☒ Home (12) ☒ Shelter (04)	 ☑ SNF (31) ☑ NRSATF (57) ☑ FQHC (50) ☑ Other POS (99) ☑ RHC (72) ☑ School (03) 					

PREVENTION/I	EARLY INTER	VENTION - COMM	IUNITY		
CPT®/HCPCS PROCEDURE CODE	P	ROCEDURE CODE	DESCRIPTION		USAGE
H0027	se ge	Icohol and/or dru ervice (broad rang eared toward mod nainstream prever	e of external a difying systems	ctivities s in order to	☑ ОВН
SERVICE DESCRIPTION	IV	IINIMUM DOCUM	IENTATION RE	QUIREMENTS	
Environmental strategies use a broad range of external activities in order to mainstream prevention through pound law. These strategies establish or change communi standards, codes, and attitudes, which decreases the prevalence of alcohol and other drugs within the communication.	olicies 2 ty				
NOTES	EX	XAMPLE ACTIVITI	ES		
	•	Review of scho Community tec Revised adverti Pricing strategi Setting minimu Product use res Workplace sub: New or revised New or revised	hnical assistan sing practices es m age require strictions stance abuse p environmenta	ments policies	islation
APPLICABLE POPULATION(S)		INIT		DURATION	
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65-10)	+) 🗆] Day □	15 Minutes 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		ROGRAM SERVICE		•	
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☑ Group (HQ)☑ Telephone☐ Family (HR/HS)] HE (SP)] TG (Other SP)] HK (Residential)] HF (2 nd modifier-	□ U4 (□ TM (□ HM -SUD) (Respit	(ACT) □ HQ	(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMENTS					
⊠ Intern ⊠ LPC ⊠ L		ster's Level (HO) // PhD/PsyD (HP) nD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA) □ QMAP	⊠ RXN (SA)
PLACE OF SERVICE (POS)					
⊠ CMHC (53) ⊠ Cust Care (33) ⊠ FQHC (50) ⊠ Office (11) ⊠ Grp Home (14) ⊠ RHC (72) ⊠ Mobile Unit (15) ⊠ Home (12) ⊠ Prison/CF (⊠ Telehealth (02) ⊠ Shelter (04) ⊠ School (03) ⊠ Other POS)				

PREVENTI	ON/EARLY IN	TERVENTION - SCRE	ENING		
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
H0028		Alcohol and/or dru identification and a assistance and em does not include a	referral service ployee assistar ssessment	e (e.g. student nce programs),	☑ ОВН
SERVICE DESCRIPTION		MINIMUM DOCUM	MENTATION RI	EQUIREMENTS	
Alcohol and/or drug prevention problem identificati referral services include screening for tendencies to substance abuse and referral for preventive treatme curbing such tendencies if indicated. This service is address the following risk factors: individual attitude substance use, and perceived risks for substance use Identification and referral programs look at the relabetween substance use and a variety of other problemental health problems, family problems, sexually t diseases, school or employment failures and delinquence.	ward ent for provided to es towards e. tionship ems such as cransmitted	3. Number of pa 4. Type of service	p time (duratio articipants	,	
NOTES		EXAMPLE ACTIVIT	IES		
APPLICABLE POPULATION(S)		UNIT		DURATION	
☑ Child (0-11)☑ Young Adult☑ Adult (21-☑ Adol (12-17)☑ (18-20)☑ Geriatric (□ Day □	15 Minutes 11 Hour	Minimum: 8 m Maximum: N/A	-
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVIC			
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☑ Group (HQ)☑ Telephone☑ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier		(ACT) □ HC	(Voc) (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMENTS					
⊠ Intern ⊠ LPC	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA □ QMAP	XI RXN (SA)
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Cust Care (33) ☑ FQHC (52) ☑ Office (11) ☑ Grp Home (14) ☑ RHC (72) ☑ Mobile Unit (15) ☑ Home (12) ☑ RSATF (☑ Telehealth (02) ☑ Shelter (04) ☑ NRSATF	2) 55)	☑ Prison/CF (09)☑ School (03)☑ Other POS (99)			

PREVENTION/EARLY INTERVENTION – ALTERNATIVE SERVICES						
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)	☑ ОВН				
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.	Number of participants Type of service					
NOTES	EXAMPLE ACTIVITIES					
	 Alcohol/tobacco/drug free social and or recreate Community drop in centers Community services Leadership functions Activities involving athletics, art, music, movie 					
APPLICABLE POPULATION(S)	UNIT DURATION					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	区 Encounter □ 15 Minutes Minimum: N/A □ Day □ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	() (==)				
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☑ Group (HQ)☐ Telephone☑ Family (HR/HS)	☐ HK (Residential) ☐ HM ☐ TT	(Voc) (Clubhouse) (Recovery) (Prev/EI)				
STAFF REQUIREMENTS						
☑ Bactreiol S Level (FIN) ☑ LPC ☑ Unlicensed	Master's Level (HO) □ LAC □ LPN/LVN (EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) D/PhD/PsyD (AH) □ CAC II □ APRN (SA) □ CACIII □ QMAP	IXI RXIN (SA)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☒ Grp Home (14) ☒ Prison/CF (09) ☒ Office (11) ☒ Home (12) ☒ School (03) ☒ Mobile Unit (15) ☒ Shelter (04) ☒ Other POS (99) ☒ Cust Care (33) ☒ FQHC (50) ☒ RHC (72)						

		PHONE – CRISIS- E	BEHAVIORAL HEALTH			
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DE	SCRIPTION		USAGE
	H0030		Behavioral Health, Hot	line Service	es	☑ ОВН
SERVICE DESCRIPTION			MINIMUM DOCUMEN	ITATION RE	QUIREMENTS	
Hotline Services are provided telephone support service hours per day, seven (7) hotline anonymously dur requirement for the called program.	ces that are ava days per week. ring a crisis situa	ilable twenty-four (24) Callers often call a ation. There is no	 Date of service Intervention or stands Clients response Referral for treat Signed with 1st in 	ment (if ne	cessary)	ials
NOTES			EXAMPLE ACTIVITIES			
APPLICABLE POPULATIO	N(S)		UNIT		DURATION	
☑ Child (0-11)☑ You☑ Adol (12-17)☑ (18-20)	ung Adult [0) [⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Day □ 1 H		Minimum: Na Maximum: Na	
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERVICE CA		•	
☐ Video Conf (GT)	☑ Individual □ Group (HQ) □ Family (HR/F	HS)	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-SU		(ACT) [(Respite) [] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/El)
STAFF REQUIREMENTS						
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) [/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LV ⊠ RN (TD) ⊠ APRN (S □ QMAP	` ' ⊠ RXN (SA)
PLACE OF SERVICE (POS)						
☑ Office (11)	Shelter (04) QHC (50) HC (72) IRSATF (57)	⊠ Prison/CF (09) ⊠ School (03) ⊠ Other POS (99)				

ASSESSMENT- DIAGNOSIS						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODI	E DESCRIPTION		USAGE
	H0031		Mental health asso	essment, by a no	on–physician	⊠ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION RE	QUIREMENTS	
A face-to-face clinical a mental illness, function information used for th Information may be ob assessment results in the service needs and record. The service can also be of the assessment is need ifferent Level of Care of the terms of the terms of the mental status and diagent service.	al capacity, and other a e treatment of mental tained from collaterals. ne identification of the mmendations for treati used by any MHP when cessary, for example a or program. In completing a full asse- nosis should use proce	additional illness. This patient's BH ment. n an update referral to a essment with dure code	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or age Chief complaint/presenting concern(s) or problem(s) 2. Description of the service 3. Review of psychosocial and family history, patient functioni and other assessment information 4. Plan for next contact(s) including any follow-up or coordina needed with 3 rd parties and disposition – need for BH service referral, etc.			
OPTIONAL DOCUMENT						
If a Mental Status Exam completed, it needs to the minimum requirem deferred diagnosis shou	be completed by staff vents for a 90791. Other	vith at least				
NOTES			EXAMPLE ACTIVIT			
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 patient and is still current. If appropriate and based on patient stability/status in social detox, Assessment services (H0031) may be provided prior to discharge.			 Face-to-face meeting with the patient in order to assess his/her needs Face-to-face meeting with the patient/patient's family to collect social history information With the patient'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 patient to document substantial impairment in role functioning 			
APPLICABLE POPULATI	ON(S)		UNIT		DURATION	
	_	lult (21-64)		☐ 15 Minutes	Minimum: N/A	
		eriatric (65+)		☐ 1 Hour	Maximum: N/A	
☑ Video Conf (GT) ☐ Telephone	⊠ Individual ⊐ Group (HQ) ⊠ Family (HR/HS)		PROGRAM SERVICE ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier	⊠ U4 (⊠ TM) □ HM	ICM)	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)
STAFF REQUIREMENTS					Day (1) (2) (TT)	
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R	PN/LVN (TE)	· ·
PLACE OF SERVICE (PO	•					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)☑ Shelter (04)	☑ FQHC (50 ☑ RHC (72)	⊠ PF-PH	3)	chool (03) ther POS (99) elehealth (02)

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ASSSSMENT- DIAGNOSIS								
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE	DESCRIPTION		USAGE		
	H0031		Mental health asse	essment, by a no	on–physician	⊠ OBH		
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION RE	QUIREMENTS			
mental illness, function information used for the Information may be obtained assessment results in the service needs and record. The service can also be of the assessment is need ifferent Level of Care of the assessment and diagrammental status	oce-to-face clinical assessment that identifies factors of intal illness, functional capacity, and other additional formation used for the treatment of mental illness. Formation may be obtained from collaterals. This ressment results in the identification of the patient's BH vice needs and recommendations for treatment. It is service can also be used by any MHP when an update the assessment is necessary, for example a referral to a rerent Level of Care or program. It is considered the completing a full assessment with intal status and diagnosis should use procedure code			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. 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, patient functioning and other assessment information 4. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition – need for BH services, referral, etc.				
completed, it needs to the minimum requirem deferred diagnosis shou	ents for a 90791. Other							
NOTES			EXAMPLE ACTIVIT					
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 patient and is still current. If appropriate and based on patient stability/status in social detox, Assessment services (H0031) may be provided prior to discharge.			 Face-to-face meeting with the patient in order to assess his/her needs Face-to-face meeting with the patient/patient's family to collect social history information With the patient'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 patient to document substantial impairment in role functioning 					
APPLICABLE POPULATI	ON(S)		UNIT		DURATION			
⊠ Adol (12-17) (18-	20) 🗵 Ge	lult (21-64) eriatric (65+)	□ Day [□ 15 Minutes □ 1 Hour	Minimum: N/A Maximum: N/A			
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC		•			
☑ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residential) ☑ HF (2 nd modifier		(ACT) □ H (Respite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)		
STAFF REQUIREMENTS								
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II □ A	PN/LVN (TE) N (TD) PN (SA) MAP	• •		
PLACE OF SERVICE (PO		V ICE MAD (EA)	V CNF (24)	V loot 5	E (E1)	thor DOC (00)		
 ☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outo Hospital (22) 	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)☑ Shelter (04)	✓ FQHC (50)✓ RHC (72)	⋉ PF-PF	3) ⊠ T IP (52)	ether POS (99) Felehealth (02)		

ASSESSMENT - TREATMENT/SERVICE PLANNING							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	USAGE			
	H0032		Mental health service plan development by non-physician				
SERVICE DESCRIPTION	N		MINIMUM DOCU	JMENTATION RE	QUIREMENTS		
Activities to develop, evaluate, or modify a patient'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 patient as necessary or when a major change in the patient's condition/service needs occurs.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? 2. Description of the service (should include discussion of treatment/service plan development) 3. Completion of or substantial progress toward plan development including required signatures according to agency policies 4. Treatment/service plan revisions should include progress and/or completion of goals 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
NOTES			EXAMPLE ACTIVI	TIES			
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.							
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
☑ Child (0-11) ☑ ☑ Adol (12-17) (1	Young Adult ☑ Ad 8-20) ☑ Ge	ult (21-64) riatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI	•	•		
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifie		(ACT) (Respite)] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)	
STAFF REQUIREMENT	rs						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (AJ) 区 LPC 区 LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R □CAC II ⊠ A	PN/LVN (TE) IN (TD)		
PLACE OF SERVICE (P							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-MR (5 ☑ NF (32) ☑ PRTF (56) ☑ Shelter (⊠ FQHC (9 ⊠ RHC (72	50) 🗵 PF-F 2) 🗵 Scho	PF (51) PHP (52) pol (03) er POS (99)	Telehealth (02)	

ASSESSMENT - TREATMENT/SERVICE PLANNING						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COD	USAGE		
	H0032		Mental health service plan development by non-physician			
SERVICE DESCRIPTION	V		MINIMUM DOCU	MENTATION RE	QUIREMENTS	
Activities to develop, evaluate, or modify a patient'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 patient as necessary or when a major change in the patient's condition/service needs occurs.			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? 2. Description of the service (should include discussion of treatment/service plan development) 3. Completion of or substantial progress toward plan development including required signatures according to agency policies 4. Treatment/service plan revisions should include progress and/or completion of goals 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES			EXAMPLE ACTIVIT			
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.						
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
☑ Child (0-11)☑ Adol (12-17)☑ (18)	Young Adult ⊠ Adu 8-20) ⊠ Ger	ult (21-64) riatric (65+)	☐ Day	□ 15 Minutes □ 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) C	OF DELIVERY		PROGRAM SERVI	•	•	
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☑ HK (Residential☑ HF (2nd modifiential)		(ACT) (Respite) 🗵] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/El)
STAFF REQUIREMENT	'S					
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R	PN/LVN (TE) N (TD) PN (SA) MAP □ Rxi □ Rxi □ MC	
PLACE OF SERVICE (PO						
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-MR (5 ☑ NF (32) ☑ PRTF (56) ☑ Shelter (0	区 FQHC (5 区 RHC (72	50)	HP (52)	Telehealth (02)

TREATMENT - MEDICATION MANAGEMENT							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPTION	ı	USAGE	
	H0033		Oral medication administration, direct observation				
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION R	EQUIREMENTS		
Observing patient taking ensure adequate main deter/prevent deterior. This service includes the products, within a met decreasing or eliminat Administration of Bupi by a qualified physician practitioner in a license. *For patients 17 years are followed for administering NOTES	Technical Documentation Requirements See Page 346 Service Content: 1. Documentation that supports observation of medications administered, including name and dosage 2. Patient response to medications, e.g. is the patient 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 Buprenorphine induction notes (when applicable) & daily acknowledgement form signed by patient is present						
	ed to facilitate medi	cation compliance			eing/encouraging a	nd observing	
This service is designed to facilitate medication compliance and positive outcomes. Patients with low medication compliance history/patients newly on medication are most likely to receive this service. 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. Cannot be billed if the service is part of the E&M service by the same provider on the same day. This code should be billed for the administration of the medication. The medication itself is			 patient taking prescribed medications Reporting back to MHPs licensed to perform medication management services for direct benefit of patient The administration of Buprenorphine products appropriate to a patient's plan of care to the patient for oral ingestion, conducted by a qualified physician, physician assistant, or nurse practitioner or within a licensed methadone facility. 				
billed to Fee for Servic APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
· · ·		☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) O			PROGRAM SERVI				
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS	5)	□ HE (SP) *for child/adol/you □ TG (Other SP) □ HK (Residentia □ HF (2 nd modifie	ng adult 🗵 🗵	U4 (ICM) TM (ACT) HM (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENTS	S						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (☐ LPC ☐ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II	⊠ KN (ID) ⊠ ADN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (PC	OS)						
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outo Hospital (22)	 ☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) 	☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) ☑ Shelter (04)	✓ SNF (31)✓ FQHC (50)✓ RHC (72)✓ Independent C	⊠ C	F-PHP (52) IRSATF (57) Ither POS (99)		

TREATMENT - MEDICATION MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0033	Oral medication administration, direct observation				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Observing patient taking oral prescribed medication(s) to	Technical Documentation Requirements				
ensure adequate maintenance of medication regimen to	See Page 346				
deter/prevent deterioration of patient's condition.	Service Content:				
	1. Documentation that supports observation of medications				
This service includes the administration of Buprenorphine	administered, including name and dosage				
products, within a methadone clinic site, for the purpose of	2. Patient response to medications, e.g. is the patient tolerating				
decreasing or eliminating dependence on opiate substances.	medication well or are there complaints of side effects, problem	ems			
Administration of Buprenorphine products is only conducted	sleeping; is there improvement or not in symptoms. If not				
by a qualified physician, physician assistant, or nurse	tolerating the medication actions taken.				
practitioner in a licensed methadone facility.	3. Every encounter should have its own notation.				
*Fan astinate 17 and	4. For Buprenorphine induction notes (when applicable) & daily				
*For patients 17 years and under, Federal regulations must be	acknowledgement form signed by patient is present				
followed for administering Buprenorphine NOTES	EXAMPLE ACTIVITIES				
This service is designed to facilitate medication compliance					
and positive outcomes. Patients with low medication	patient taking prescribed medications				
compliance history/patients newly on medication are most	Reporting back to MHPs licensed to perform medication				
likely to receive this service. Administration of Buprenorphine	management services for direct benefit of patient	_			
products must be provided within a facility with a controlled	The administration of Buprenorphine products appropriate to a				
substance license from the Office of Behavioral Health (OBH),	patient's plan of care to the patient for oral ingestion, conducted				
registration with the Drug Enforcement Administration (DEA)	by a qualified physician, physician assistant, or nurse practitioner				
and certified through Substance Abuse and Mental Health	or within a licensed methadone facility.				
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. Cannot					
be billed if the service is part of the E&M service by the same					
provider on the same day. This code should be billed for the					
administration of the medication. The medication itself is					
billed to Fee for Service Medicaid					
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: N/A				
	☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
	☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc)				
☑ Face-to-Face	*for child/adol/young adult 🗵 TM (ACT) 🗵 HQ (Clubhou	ise)			
☐ Video Conf (GT) ☐ Group (HQ)	☐ TG (Other SP) ☑ HM (Respite) ☐ TT (Recovery	')			
☐ Telephone ☐ Family (HR/HS)	☑ HK (Residential) ☐ HT (Prev/EI)				
	☑ HF (2 nd modifier-SUD)				
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ LCSW (AJ) ☐ Unlicensed	Master's Level (HO) LAC LPN/LVN (TE) RXN (SA)				
□ Intern Unlicensed	EdD/ PhD/PsyD (HP) CAC I RN (TD) PA (PA) PA (PA)				
☐ LMFT ☐ Licensed Ec	$ID/PhD/PsyD$ (AH) $\square CACIII$ $\square QMAP$ $\square MD/DO$ (AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53)	☑ SNF (31) ☑ PF-PHP (52)				
☑ Office (11) ☑ Cust Care (33) ☑ NF (32)	☑ FQHC (50) ☑ NRSATF (57)				
☑ Mobile Unit (15) ☑ Grp Home (14) ☑ PRTF (56)	☑ RHC (72) ☑ Other POS (99)				
☑Outp Hospital (22) ☑ Home (12) ☑ Shelter (04)	☑ Independent Clinic (49)				

TREATMENT - MEDICATION MANAGEMENT						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE			USAGE
	H0034		Medication training	ng and support,	per 15 minutes	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS	
Activities to instruct, prompt, guide, remind and/or educate patients, families, and/or significant others, based on an understanding of the nature of an adult patient'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 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service 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 ACTIVIT			
Generally face-to-face, but may include telephone contact as needed.			Understanding nature of adult patient'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)			
APPLICABLE POPULATION	ON(S)		Learning self-administration of medication(s) UNIT DURATION			
区 Child (0-11) ☑ Adol (12-17)	⊠ Young ⊠ Ac	lult(21-64) eriatric (65+)		☑ 15 Minutes □ 1 Hour	Minimum: 8 Min Maximum: N/A	nutes
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI			
☑ Face-to-Face☐ Video Conf (GT)☑ Telephone	☑ Individual ☑Group (HQ) ☑ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☑ HK (Residential☑ HF (2nd modifie	⊠ 1 I) ⊠ H	TM (ACT) ⊠ H HM □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)
STAFF REQUIREMENTS						
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	□ Unlicensed Master's Level (HO) □ Unlicensed EdD/ PhD/PsyD (HP) □ Licensed EdD/PhD/PsyD (AH) □ CAC II □ APN (SA) □ CAC II □ CMAP		RN (TD)	(SA) (PA) /DO (AF) tified/Registered dical Assistant
PLACE OF SERVICE (POS			.)	(0.1)	(=0)	
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (3☑ ICF-MR (54☑ NF (32)☑ PRTF (56)		1) ⊠ Oth (50)	PHP (52) er POS (99)	

TREATMENT - MEDICATION MANAGEMENT							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H0034		Medication training	ng and support,	per 15 minutes	⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS		
Activities to instruct, prompt, guide, remind and/or educate patients, families, and/or significant others, based on an understanding of the nature of an adult patient'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 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service 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 ACTIVIT				
Generally face-to-face, but may include telephone contact as needed.			 Understanding nature of adult patient'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	ON(S)		UNIT DURATION				
区 Child (0-11) ☑ Adol (12-17)	Adult (18-20) ⊠ Ge	ult(21-64) riatric (65+)		⊠ 15 Minutes □ 1 Hour	Minimum: 8 Maximum: N		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI				
☑ Face-to-Face☐ Video Conf (GT)☑ Telephone	☑ Individual ☑Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residential ☑ HF (2 nd modifie	⊠ T) ⊠ H	M (ACT)	I HJ (Voc) I HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENTS							
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ F	IN (TD)	RxN (SA) PA (PA) MD/DO (AF) Certified/Registered Medical Assistant	
PLACE OF SERVICE (POS			4) 🖽 🖯	(0.4)	110 (53)		
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (3-☑ ICF-MR (54☑ NF (32)☑ PRTF (56)		1) ⊠ Othe [50)	HP (52) er POS (99)		

TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
H0035	Mental health partial hospitalization, treatment,					
110033	less than 24 hours					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
A treatment alternative to inpatient psychiatric	Technical Documentation Requirements					
hospitalization, which includes comprehensive, structured BH	See Page 346					
services of a nature and intensity (including medical and	Service Content					
nursing care) generally provided in an inpatient setting, as a	Initial/intake documenting symptoms/problems necessitating					
step toward community reintegration. Services include	treatment					
assessment; psychological testing; family, group and individual psychotherapy; medical and nursing support;	 Individualized treatment/service plan Services must be prescribed by an MD/DO and provided under 					
medication management; skill development; psychosocial	plan of treatment established by an MD/DO after consultation					
education and training; and expressive and activity therapies.	with appropriate staff					
cadcation and training, and expressive and activity therapies.	 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 patient					
	3. Target symptoms, goals of therapy and methods of monitoring					
	outcome					
	 Why chosen therapy is appropriate modality either in lieu of/ir 					
	addition to another form of treatment					
	4. Progress notes document services rendered, patient's response					
	and relation to treatment/service plan goals					
	5. Specify estimated duration of treatment, in sessions					
	• For an acute problem, document that treatment is expected to					
	improve health status/function of patient o 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 patient 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 patient's						
present treatment needs.						
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult(21-64)	☑ Encounter ☐ 15 Minutes Minimum: + 4 hrs/day, 5					
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour days/week					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face ☑ Individual	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)					
☐ Video Conf (GT) ☑ Group (HQ)	☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery)					
☐ Telephone 区 Family (HR/HS)						
STAFF REQUIREMENTS						
☐ Peer Specialist	LAC ⊠ LPN/LVN (TE)					
Rachelor's Level (HNI) EX LCSW (AJ) EX Unlicensed	Master's Level (HO) DCACL RN (TD) ' KRN (SA)					
	Edd/ Phd/Psyd (HP) TCACIL X APN (SA) X PA (PA)					
스 LIVIFI 스 LICENSEU EU	ID/PhD/PsyD (AH) ☐CACIII ☑ QMAP ☑ MD/DO (AF)					
PLACE OF SERVICE (POS)						
☑ CMHC (53)						
☑ Outp Hospital (22)						
☑ PF-PHP (52)						

TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
H0035	Mental health partial hospitalization, treatment,					
	less than 24 hours					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
A treatment alternative to inpatient psychiatric	Technical Documentation Requirements					
hospitalization, which includes comprehensive, structured BH	See Page 346					
services of a nature and intensity (including medical and nursing care) generally provided in an inpatient setting, as a	Service Content					
step toward community reintegration. Services include	Initial/intake documenting symptoms/problems necessitating treatment					
assessment; psychological testing; family, group and	Individualized treatment/service plan					
individual psychotherapy; medical and nursing support;	Services must be prescribed by an MD/DO and provided under					
medication management; skill development; psychosocial	plan of treatment established by an MD/DO after consultation					
education and training; and expressive and activity therapies.	with appropriate staff					
<i>y</i> , , , , , , , , , , , , , , , , , , ,	 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 patient					
	3. Target symptoms, goals of therapy and methods of monitoring					
	outcome					
	 Why chosen therapy is appropriate modality either in lieu of/in addition to another form of treatment 					
	Progress notes document services rendered, patient's response					
	and relation to treatment/service plan goals					
	Specify estimated duration of treatment, in sessions					
	For an acute problem, document that treatment is expected to					
	improve health status/function of patient					
	 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 patient 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 patient's present treatment needs.						
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult(21-64)	☑ Encounter ☐ 15 Minutes Minimum: + 4 hrs/day, 5					
✓ Adol (12-17) (18-20) ✓ Geriatric (65+)	□ Day □ 1 Hour days/week					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face ☑ Individual	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)					
☐ Video Conf (GT)	\square TG (Other SP) \square TM (ACT) \square HQ (Clubhouse)					
☐ Telephone	☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery)					
<u> </u>	☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)					
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ LCSW (AJ) ☑ Unlicensed	Master's Level (HO) □CAC I ☑ RN (TD) ☑ RXN (SA)					
Intern X LPC X Unlicensed	ECOL/ PND/PSYD (HP) TICACII XI APN (SA) XI PA (PA)					
☑ LMFT ☑ Licensed Edi	D/PhD/PsyD (AH) □CACIII ☑ QMAP ☑ MD/DO (AF)					
PLACE OF SERVICE (POS)						
☑ CMHC (53)						
☑ Outp Hospital (22)						
☑ PF-PHP (52)						

TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)							
CPT®/HCPCS PROCEDUR	E CODE		PROCED	URE CODE DESCI	RIPTION	USAGE	
	H0036		Community psych face-to-face, per 2		treatment,	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS		
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. *H0036 may be used as an alternative to H0039 for individuals enrolled in a program not overseen by an ACT fidelity review process. * This code is not to be used for children under age 6. NOTES			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 EXAMPLE ACTIVITIES • Symptom assessment and management (i.e., ongoing				
This is an intensive community rehabilitation/resiliency service that provides treatment and restorative interventions to: • Assist individuals to gain access to necessary services • Reduce psychiatric symptoms • Develop optimal community living skills Individuals will experience decreased crisis episodes, and increased community tenure, time working, in school or with social contacts, and personal satisfaction and independence.			assessment, psycho-education, and symptom management efforts) • Supportive counseling and psychotherapy on a planned and asneeded 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 patients • Crisis intervention • Medication training and monitoring • Educating regarding symptom management • Facilitating access to health care • Skills teaching to help client meet transportation needs or access transportation services • Help finding and keeping safe, affordable housing • Home visits				
APPLICABLE POPULATIO	N(S)		UNIT		DURATION		
` '		lult (21-64)	☐ Encounter	■ 15 Minutes	Minimum: 8 mi		
⊠ Adol (12-17) (18-		eriatric (65+)		☐ 1 Hour	Maximum: 4 hi	rs 7 mins	
ALLOWED MODE(S) OF I	DELIVERY ☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		PROGRAM SERVI ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential ☐ HF (2 nd modifie	⊠ U4 (□ TM I) □ HM	(ACT) [(Respite) [□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
☑ Peer Specialist	⊠ LCSW (AJ)	Y Unliconed to	Master's Level (HO)		PN/LVN (TE)	xN (SA)	
☑ Bachelor's Level (HN)☑ Intern	⊠ LPC ⊠ LMFT	☑ Unlicensed B	EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II 🗵 A	IN (TD) IPN (SA)	XN (SA) A (PA) ID/DO (AF)	
PLACE OF SERVICE (POS)							
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outn Hospital (22)	✓ ACF (13) ✓ Cust Care (33) ✓ Grp Home (14)	☑ ICF-MR (54)☑ NF (32)☑ Shelter (04)☑ SNF (31)	☑ RHC (72)	3)			

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TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)							
CPT®/HCPCS PROCEDUR				URE CODE DESCI	<u>`</u>	USAGE	
	Н0036		Community psych face-to-face, per 2		treatment,	⊠ ОВН	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS		
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. *H0036 may be used as an alternative to H0039 for individuals enrolled in a program not overseen by an ACT fidelity review process. * This code is not to be used for children under age 6.			 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 EXAMPLE ACTIVITIES 				
This is an intensive comn	nunity rehabilitation/re	siliency			nagement (i.e., or	ngoing	
service that provides treatment and restorative interventions to:			 assessment, psycho-education, and symptom management efforts) Supportive counseling and psychotherapy on a planned and asneeded 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 patients Crisis intervention Medication training and monitoring Educating regarding symptom management Facilitating access to health care Skills teaching to help client meet transportation needs or access transportation services Help finding and keeping safe, affordable housing Home visits 				
APPLICABLE POPULATIO		L II (24 C4)	UNIT		DURATION		
• •	J	lult (21-64) eriatric (65+)	☐ Encounter ☐ Day	✓ 15 Minutes	Minimum: 8 mi		
ALLOWED MODE(S) OF D		: i ati it (05+)	PROGRAM SERVI	☐ 1 Hour	Maximum: 4 h	15 / 1111115	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential ☑ HF (2 nd modifie	⊠ U4 (□ TM I) □ HM	(ICM) (ACT) (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS					DAL (1) (AL (TE)		
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R	APN (SA)	xN (SA) A (PA) ID/DO (AF)	
PLACE OF SERVICE (POS)							
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outn Hospital (22)	✓ ACF (13)✓ Cust Care (33)✓ Grp Home (14)✓ Home (12)	☑ ICF-MR (54)☑ NF (32)☑ Shelter (04)☑ SNF (31)	☑ RHC (72)	3)			

TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	H0037		Community psych	iatric supportive	treatment,	☑ Medicaid
	110037	face-to-face, per diem				Nieulcalu
SERVICE DESCRIPTION			MINIMUM DOCU			
Comprehensive Psychiat			Technical Docum	entation Require	ements	
services consist of ment		-	See Page 346			
services. A team-based			Service Content			
treatment, rehabilitation					at was the intende	-
Therapeutic intervention	_			w does the servi	ce relate to the tre	eatment/service
promoting symptom sta			plan?	_		
ability to cope and relate		ing the	· ·		d how activity is d	lesigned to
highest level of function	ing in the community.			nctioning in the c		
					n(s) utilized and th	e individual's
*H0036 may be used as				the intervention		
individuals enrolled in a	program not overseer	n by an ACT			he individual's pro	ogress towards
fidelity review process.			goals/objec			
		_			ding any follow-u	p or coordination
* This code is not to be	used for children unde	r age 6.	needed witl			
NOTES			EXAMPLE ACTIVIT			
This is an intensive com	•	•			agement (i.e., ong	
service that provides tre	atment and restorative	9			nd symptom mana	_
interventions to:			* *	unseling and psy	chotherapy on a p	lanned and as-
	als to gain access to ne	cessary	needed basis Support of age appropriate daily living skills			
services						
	atric symptoms	·11-	Encourage engagement with peer support services Development of discharge (transition goals and related planning)			
	nal community living ski		Development of discharge/transition goals and related planning Advantage on basels of nationals.			
Individuals will experien			Advocating on behalf of patients			
increased community te	_		Crisis intervention			
with social contacts, and	i personal satisfaction a	and	Medication training and monitoring			
independence.		HOOSE CRET	Educating regarding symptom management			
CPST up to 4 hours is			Facilitating access to health care			
over 4 hours, report/b			Skills teaching to help client meet transportation needs or access			
family, group and ind			transportation services			
services, case manager		mented, and	 Help finding and keeping safe, affordable housing 			
reported/billed separate	aly from HUU36.		Home visits			
APPLICABLE POPULATION	N(S)		UNIT		DURATION	
		ult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 hrs	8 mins
⊠ Adol (12-17) (18-2	!0) ⊠ Ge	riatric (65+)	☑ Day	☐ 1 Hour	Maximum: 8 ho	urs
ALLOWED MODE(S) OF			PROGRAM SERVI	•	•	
☑ Face-to-Face	Individual		ĭ HE (SP)	⋈ U4		HJ (Voc)
☐ Video Conf (GT)	☑ Group (HQ)		☐ TG (Other SP)			HQ (Clubhouse)
☐ Telephone	☑ Family (HR/HS)		☐ HK (Residential)		TT (Recovery)
— гетернопе			☑ HF (2 nd modifie	r-SUD)		HT (Prev/EI)
STAFF REQUIREMENTS						
Peer Specialist	区SW (AJ)	☑ Unlicensed I	Master's Level (HO)		PN/LVN (TE)	N (SA)
☒ Bachelor's Level (HN)☒ Intern	∠ LPC		EdD/ PhD/PsyD (HP)		IN (ID)	
△ Intern	∠ LMFT	∠ Licensed EdI	D/PhD/PsyD (AH)		PINIOAI	D/DO (AF)
DI ACE OE SERVICE (DOS	1				(iAiCA)	
PLACE OF SERVICE (POS CMHC (53)	ACF (13)	☑ ICF-MR (54	1) 🗵 FQHC (50	1)		
⊠ Office (11)	⊠ Cust Care (33)		FQHC (30 ☑ RHC (72)	'1		
☑ Office (11) ☑ Mobile Unit (15)	⊠ Grp Home (14)	⊠ Shelter (04		13)		
⊠ Outh Hospital(22)	⊠ Home (12)	⊠ SNF (31)	r) ⊠ School (0 ⊠ Other PO	•		

TREATMEN	TREATMENT - REHABILITATION - COMMUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)						
CPT®/HCPCS PROCEDURE CODE			PROCEDURE COD			USAGE	
H003			Community psych	iatric supportive	treatment,	⊠ OBH	
			face-to-face, per o				
SERVICE DESCRIPTION			MINIMUM DOCU				
Comprehensive Psychiatric Supp			Technical Docume	entation Require	ements		
services consist of mental health			See Page 346				
services. A team-based approac			Service Content 1. The reason for the visit. What was the intended goal or				
treatment, rehabilitation/resilie						-	
Therapeutic interventions are strengths-based and focus on			plan?	w does the servi	ce relate to the	treatment/service	
promoting symptom stability, increasing the consumer's ability to cope and relate to others and enhancing the			'	of the service ar	nd how activity is	designed to	
highest level of functioning in th		ing the	-	or the service an		designed to	
ingress level of functioning in the	ic community.			-	n(s) utilized and	the individual's	
*H0036 may be used as an alte	rnative to H003	39 for		the intervention		the marvidual 5	
individuals enrolled in a progra						progress towards	
fidelity review process.		.,	goals/object				
, p					uding any follow-	-up or coordination	
* This code is not to be used for	r children unde	r age 6.	needed with		J	•	
NOTES		EXAMPLE ACTIVIT					
This is an intensive community i			Symptom asse	ssment and mar	nagement (i.e., o	ngoing	
service that provides treatment	and restorative	9				nagement efforts)	
interventions to:			Supportive cou	unseling and psy	chotherapy on a	planned and as-	
 Assist individuals to gain access to necessary 			needed basis				
services			 Support of age appropriate daily living skills 				
 Reduce psychiatric symptoms 			 Encourage eng 	gagement with p	eer support serv	vices	
 Develop optimal community living skills 			 Development 	of discharge/trai	nsition goals and	I related planning	
Individuals will experience decre	eased crisis epis	sodes, and	 Advocating on 	behalf of patien	its		
increased community tenure, til	me working, in	school or	 Crisis intervent 	tion			
with social contacts, and person	al satisfaction a	and	Medication tra	aining and monit	oring		
independence.			Educating regarding symptom management				
CPST up to 4 hours is reported			Facilitating access to health care				
over 4 hours, report/bill H00			Skills teaching to help client meet transportation needs or access				
family, group and individual			transportation services				
services, case management, e		mented, and	Help finding and keeping safe, affordable housing				
reported/billed separately from	н0036.		Home visits	, ,		-	
APPLICABLE POPULATION(S)			UNIT		DURATION		
☑ Child (0-11) ☑ Young Ad	ult 🗵 Ad	ult (21-64)		☐ 15 Minutes	Minimum: 4 hr	rs 8 mins	
☑ Adol (12-17) (18-20)		riatric (65+)	- /	☐ 1 Hour	Maximum: 8 h	nours	
ALLOWED MODE(S) OF DELIVER			PROGRAM SERVI				
☑ Face-to-Face ☑ Indi			⊠ HE (SP)			☐ HJ (Voc)	
U Video Conf (GT)	up (HQ)		☐ TG (Other SP)			☐ HQ (Clubhouse)	
☐ Telephone	ily (HR/HS)		☐ HK (Residential	-		TT (Recovery)	
·			☑ HF (2 nd modifie	r-SUD)		☐ HT (Prev/EI)	
STAFF REQUIREMENTS					DAL/13/AL/TE3		
✓ Peer Specialist✓ Bachelor's Level (HN)	区SW (AJ)		Master's Level (HO)		PN/LVN (TE)	RxN (SA)	
☑ Intern	⊠ LPC		EdD/ PhD/PsyD (HP)		(PN (SA)	PA (PA)	
	∠ LMFT	∠ Licensed Ed[D/PhD/PsyD (AH)		QMAP	MD/DO (AF)	
PLACE OF SERVICE (POS)							
	F (13)	☑ ICF-MR (54	1) ⊠ FQHC (50	0)			
	st Care (33)	⊠ NF (32)	× RHC (72)	•			
	o Home (14)	⊠ Shelter (04		3)			
	me (12)	⊠ SNF (31)	✓ Sther PO				
			RY SERVICES – BEHA		1		

Uniform Service Coding Standards Manual 2017

CPT®/HCPCS PROCEDURE CODE			PROCEDURE COD	USAGE		
	H0038		Self-help/peer se	rvices, per 15	minutes	☑ Medicaid
SERVICE DESCRIPTION	ON		MINIMUM DOCU	MENTATION	REQUIREMENTS	
Patient services (individual/group) provided by person meeting Peer Specialist definition on page 28. Activities are patient-motivated, initiated and/or managed, encourage socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills by: • Exploring patient purposes beyond the identified MI or substance use disorder and the possibilities of recovery • Tapping into patient 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 patients develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired) • Assisting patients with relapse prevention planning			Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided 3. Patient 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 3 rd parties			
NOTES	· ·	-	EXAMPLE ACTIVIT	TIES		
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. Please refer to the definition of Peer Specialist on Page 28. Peer Services (H0038) may be used, when appropriate to			 Peer support services Peer-run employment services Peer mentoring for children/adolescents Recovery groups Warm lines Advocacy services Social Detox example: Peer Services (H0038) are offered to patient in social detox when more stable and prior to discharge to increase engagement and offer support for transition back to outpatient treatment.			
APPLICABLE POPULA	patient in social detox. ATION(S)		UNIT		DURATION	
☑ Child (0-11) ☑ Adol (12-17)	☑ Young Adult [18-20]	⊠ Adult (21-64) ⊠ Geriatric (65+)	☐ Encounter ☐ Day	☑ 15 Minutes ☐ 1 Hour	Minimum: 8 M Maximum: N/A	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI			
☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone	区 Individual 区 Group (HC 区 Family (HR	•	□ HE (SP) *for child/adol/youl TG (Other SP) HK (Residentia HF (2 nd modifie	ng adult 	□ TM (ACT) □ HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) ☑ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMEN	ITS					
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed			Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II	☐ RN (TD) ☐ APN (SA)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	区 Cust Care (33) ☐ Grp Home (14) ☐ Home (12) ☐ ICF-MR (54)	✓ PRTF (56)✓ Shelter (04)	区 FQHC (50) ☐ RHC (72) ☐ Independent Clii ☐ Inpt Hosp (21)	ic (49) ⊠	ER (23)	☑ NRSATF (57) ☑ Other POS (99) ☑ Telehealth (02)

	PEER SUPPORT/RECOVERY SERVICES – BEHAVIORAL HEALTH						
CPT®/HCPCS PROCEDURE			PROCEDURE COD			USAGE	
	H0038		Self-help/peer ser	vices, per 15 mi	nutes	⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS		
Patient services (individual/group) provided by person meeting Peer Specialist definition on page 28. Activities are patient-motivated, initiated and/or managed, encourage socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills by: • Exploring patient purposes beyond the identified MI or substance use disorder and the possibilities of recovery • Tapping into patient 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 patients develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired)			plan? 2. Description of 3. Patient respon	the visit/call. W does the service the service provise to services an ividual's progres ontact(s) includi	hat was the inten relate to the trea rided nd, where approp ss towards goals/o	tment/service riate, how service objectives?	
Assisting patients with r	elapse prevention pla	anning	EVALABLE ACTIVIT	FIFC			
NOTES			EXAMPLE ACTIVIT				
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. Please refer to the definition of Peer Specialist on Page 28. Peer Services (H0038) may be used, when appropriate to patient			 Peer support services Peer-run employment services Peer mentoring for children/adolescents Recovery groups Warm lines Advocacy services Social Detox example: Peer Services (H0038) are offered to patient in social detox when more stable and prior to discharge to increase engagement and offer support for transition back to outpatient treatment.				
status, for a patient in social d APPLICABLE POPULATION			UNIT		DURATION		
☑ Child (0-11)☑ You☑ Adol (12-17)☑ (18-20)	ung Adult ☑ Ad D) ☑ Ge	lult (21-64) eriatric (65+)	☐ Encounter ☐ Day	☑ 15 Minutes ☐ 1 Hour	Minimum: 8 Min Maximum: N/A	nutes	
ALLOWED MODE(S) OF DE	LIVERY		PROGRAM SERVI		•	7.11.67	
☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		■ HE (SP) *for child/adol/your □ TG (Other SP) □ HK (Residential) ☑ HF (2 nd modifier-S	ng adult 🔲 🗀 I	TM (ACT) [HM (Respite) [□ HJ (Voc) □ HQ (Clubhouse) ☑ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENTS							
☑ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □	APN (SA)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)	
PLACE OF SERVICE (POS)	- 41						
☑ Office (11) ☑ Gi ☑ Mobile Unit (15) ☑ Ho	rp Home (14) 🗵 I ome (12) 🗵 S	PRTF (56) Shelter (04)	☑ FQHC (50)☑ RHC (72)☑ Independent Clinic☑ Inpt Hosp (21)	∠ ER(49)∠ PF-	(23)	☑ NRSATF (57) ☑ Other POS (99) ☑ Telehealth (02)	

	TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)						
CPT®/HCPCS PROCEDU			PROCEDURE COD			USAGE	
	H0039		minutes		face-to-face, per 15	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION R	EQUIREMENTS		
A team-based approach rehabilitation and supplinterventions are stren symptom stability, increand relate to others and functioning in the common stability.	ort services. Therapeut gths-based and focus o easing the patient's abi d enhancing the highes	tic In promoting Ility to cope	 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided 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 ACTIVIT				
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 treatment/service planning and coordination. The program 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 an ACT program that is overseen by the Office of Behavioral Health and that maintains a minimum score of "good fidelity.			 Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts) Supportive counseling and psychotherapy on a planned and asneeded basis Medication prescription, administration, monitoring and documentation Dual diagnosis services, including assessment and intervention Support Activities of Daily Living skills (ADLs) through skills training and practice activities Encourage engagement with peer support services 				
APPLICABLE POPULATI	ON(S)		UNIT		DURATION		
☐ Adol (12-17) (18-	·20) 🗵 Ge	dult (21-64) eriatric (65+)	☐ Day	■ 15 Minutes □ 1 Hour	Minimum: 8 mins Maximum: 4 hrs 7	mins	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE				
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		 ⋈ HE (SP) *for young adult onl ☐ TG (Other SP) ☐ HK (Residential ⋈ HF (2nd modifie 	y ⊠ ∵ □	TM (ACT)	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)	
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW (AJ) ☑ LPC ☑ LMFT	☑ Unlicensed B	sed Master's Level (HO) □ LAC □ LPN/LVN (TE) □ RxN (SA) sed EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) □ PA (PA) d EdD/PhD/PsyD (AH) □ CACII □ QMAP □ MD/DO (A			4)	
PLACE OF SERVICE (PO							
巠 CMHC (53) 巠 Office (11) 巠 Mobile Unit (15) 巠 ACF (13)	☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54)	⋈ NF (32)⋈ Shelter (04⋈ SNF (31)⋈ FQHC (50)⋈ RHC (72)	,				

	TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	E DESCRIPTI	ON		USAGE
	H0039		Assertive commu	nity treatme	nt, face-to-	-face, per 15	⊠ OBH
			minutes				
SERVICE DESCRIPTION	to the manifelian of the		MINIMUM DOCU				
A team-based approach rehabilitation and support			Technical Docum See Page 346	entation Ked	quirements	5	
interventions are streng			Service Content				
symptom stability, incre			The reason for the visit. What was the intended goal or				
and relate to others and						te to the treat	
functioning in the comm			plan?				,
			2. Description	of the service	e provided	I	
			3. The therape	eutic interve	ntion(s) uti	lized and the i	ndividual's
			•	the interver			
					act the ind	lividual's progr	ess towards
			goals/objec		to also alto a a	6-11	
				h 3 rd parties	including a	ny rollow-up o	r coordination
NOTES		EXAMPLE ACTIVIT					
	dantive and recovery sk	ill areas.	Symptom asset		manageme	ent (i.e., ongoi	ng
Interventions address adaptive and recovery skill areas, such as housing, school and training opportunities, daily					_	ymptom mana	-
activities, health and safety, medication support, harm			efforts)	,	,	, ,	J
reduction, money management and entitlements, and			Supportive counseling and psychotherapy on a planned and as-				
treatment/service planning and coordination. The program			needed basis				
should include all servic			Medication prescription, administration, monitoring and				
the individual in enrolled			documentatio				
ACT code should only be			Dual diagnosis Support Activity				
an ACT program that is Behavioral Health and t	-		Support Activities of Daily Living skills (ADLs) through skills training and practice activities				
"good fidelity.	inat mamtams a minim	ani score or	Encourage engagement with peer support services				
good nachty.			Development of discharge/transition goals and related planning				
APPLICABLE POPULATION	ON(S)		UNIT	<u> </u>		ATION	·
☐ Child (0-11) 🗵 \	Young Adult 🗵 Ad	dult (21-64)	☐ Encounter		es Minii	mum: 8 mins	
		eriatric (65+)	☐ Day	☐ 1 Hour		mum: 4 hrs 7 r	mins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI			,	. 6
☑ Face-to-Face	☑ Individual		★ HE (SP) *for young adult on		U4 (ICM		J (Voc)
☐ Video Conf (GT)	⊠ Group (HQ)		*for young adult on ☐ TG (Other SP)		区 TM (ACī □ HM (Res	•	Q (Clubhouse) T (Recovery)
☐ Telephone	☑ Group (HQ) ☑ Family (HR/HS)		☐ HK (Residentia		□ HIVI (Nes		T (Prev/EI)
— тетернопе	E raining (ring 113)		☑ HF (2 nd modifie			Ш.,	T (FTEV/LI)
STAFF REQUIREMENTS							
☑ Peer Specialist	☑ LCSW (AJ)	X Unlicensed I	Master's Level (HO)	□LAC	☑ LPN/LVN	I (TE) 🗵 RxN (S	
☒ Bachelor's Level (HN)☒ Intern	☑ Lesw (As)		EdD/ PhD/PsyD (HP)	□CAC I	⊠ RN (TD)	▼ DA (D)	
△ intern	☑ LMFT		D/PhD/PsyD (AH)	□CAC II □CACIII	☑ APN (SA) ☐ QMAP) ⊠ MD/D	O (AF)
PLACE OF SERVICE (POS	3)						
☑ CMHC (53)	✓ Cust Care (33)	⊠ NF (32)	Schoo	I (03)			
☑ Office (11)	☑ Grp Home (14)	⊠ Shelter (0		POS (99)			
☑ Mobile Unit (15)	☑ Home (12)	✓ SNF (31)					
⊠ ACF (13)	☑ ICF-MR (54)		0)				
		☑ RHC (72)					

	TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
	H0040		Assertive commun	ity treatment _l	orogram, per diem	☑ Medicaid	
SERVICE DESCRIPTION	l		MINIMUM DOCUM	MENTATION R	EQUIREMENTS		
A team-based approach rehabilitation and support interventions are strength symptom stability, incoming and relate to others are functioning in the committee of the stability o	port services. Thera ngths-based and foc reasing the patient' nd enhancing the hi	peutic us on promoting s ability to cope	 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service 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 ACTIVIT	IES			
Interventions address such as housing, school activities, health and some reduction, money mare treatment/service plans should include all service the individual in enroll ACT code should only an ACT program that is Behavioral Health and "good fidelity. For ACT up to 4 hours, more than 4 hours, repared the service of t	ol and training oppo afety, medication singement and entitle naning and coordinatices delivered to the led in an ACT progra- be used for individits overseen by the O I that maintains a natice or the leading the open the O port/bill using HOO4	rtunities, daily upport, harm ements, and ion. The program e individual when im. Note that the uals enrolled in Office of ninimum score of	psycho-educati Supportive couneeded basis Medication predocumentation Dual diagnosis Support Activitiand practice ace	ion, and sympt inseling and ps escription, adm services, includies of Daily Livi itivities agement with	nagement (i.e., ong om management et et ychotherapy on a p inistration, monitor ding assessment and ng skills (ADLs) through peer support service ansition goals and reduced the policy of the policy	fforts) lanned and as- ring and d intervention ough skills training	
	Young Adult	⊠ Adult(21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 hrs	s 8 mins	
	.8-20)	☑ Geriatric (65+)		☐ 1 Hour	Maximum: N/A		
ALLOWED MODE(S) O □ Face-to-Face □ Video Conf (GT) □ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/H	IS)	PROGRAM SERVICE ☐ HE (SP) *for young adult only ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier	y 🗵 -	J4 (ICM) IM (ACT) IM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENT	S			Пис	LDNI/LY/NI/TEY		
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW ☑ LPC ☑ LMFT	☑ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP □ Rxi □ Rxi □ PA □ M□		
PLACE OF SERVICE (PC							
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54)	☑ NF (32) ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	⊠ Scho ⊠ Othe	ool (03) er POS (99)			

	TREATMENT - REHABILITATION - ASSERTIVE COMMUNITY TREATMENT (ACT)						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
	H0040		Assertive commun	ity treatment _l	orogram, per diem	⊠ OBH	
SERVICE DESCRIPTION	N		MINIMUM DOCUM	MENTATION R	EQUIREMENTS		
A team-based approace rehabilitation and sup interventions are street symptom stability, incommendate to others and relate to others are functioning in the commendate to the commendate to the commendate to the commendate the commen	port services. Thera ngths-based and foc reasing the patient' nd enhancing the hi	peutic us on promoting s ability to cope	 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service 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 ACTIVIT				
Interventions address such as housing, school activities, health and streduction, money martreatment/service plashould include all service individual in enrol ACT code should only an ACT program that Behavioral Health and "good fidelity. For ACT up to 4 hours, more than 4 hours, re	ol and training oppo safety, medication sinagement and entitl nning and coordinativices delivered to the led in an ACT progra- be used for individis overseen by the Od d that maintains and, report/bill using HO port/bill using HOO4	rtunities, daily upport, harm ements, and ion. The program e individual when m. Note that the uals enrolled in Office of ninimum score of	psycho-educati Supportive couneeded basis Medication predocumentation Dual diagnosis Support Activitiand practice ace	ion, and sympt inseling and ps escription, adm services, includies of Daily Livi itivities agement with	nagement (i.e., ongo om management effor ychotherapy on a pla inistration, monitoring assessment and ng skills (ADLs) throus peer support services ansition goals and relegation	orts) nned and as- ng and intervention gh skills training	
	Young Adult	☑ Adult(21-64)	☐ Encounter	☐ 15 Minutes		3 mins	
☐ Adol (12-17) (1	18-20)	☑ Geriatric (65+)	☑ Day	☐ 1 Hour	Maximum: N/A		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVIC		•		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR/H	S)	 ⋈ HE (SP) *for young adult only ☐ TG (Other SP) ☐ HK (Residential) ☒ HF (2nd modifier 	y ⊠ - □ I	rM (ACT) □ HM (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENT	S						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP □ RXN □ RXN □ PA (F □ MD/□	PA)	
PLACE OF SERVICE (PO	•						
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	☑ NF (32) ☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	⊠ Scho ⊠ Othe	ool (03) er POS (99)			

RESIDENTIAL - SUPPORTED HOUSING						
CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	H0043		Supported housing	g, per diem		☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION REQ	UIREMENTS	
Behavioral health support another natural setting residence, either alone of patient's development of move to independent like needed to ensure succe person's recovery and experient has the opportusituation while continuit treatment, training, supsupervision. Services into whenever people need and on weekends when	for patients living in or with others, to for independence and wing. Services are pressful tenancy and the management in commity to live in a lessing to receive behave port, and a limited dividualized and are them, including after with the formal port.	n a private oster the old eventually rovided as o support the munity life. The restrictive living vioral health amount of e available	 Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided/shift note describing services and the patient's 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 ACTIVIT	IES		
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0043.			 Teaching a patient how to cook in their own home Helping a patient with money management 			
APPLICABLE POPULATION	ON(S)		UNIT		DURATION	
		☑ Adult(21-64) ☑ Geriatric (65+)	☐ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: 24 Ho	ours
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC		•	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS	5)	 ⋈ HE (SP) *for young adult only □ TG (Other SP) □ HK (Residential) ⋈ HF (2nd modifier 	□ HM (F	lct) □ HQ (Clubhouse) Recovery)
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (A ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠CAC II	ADN (SA)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS	•					
区 CMHC (53) 区 Office (11) 区 Home (12)	✓ FQHC (50)✓ RHC (72)✓ Other POS (99)					

	RESIDENTIAL - SUPPORTED HOUSING							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE	EDESCRIPTION		USAGE		
	H0043		Supported housing	g, per diem		⊠ OBH		
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION REQ	UIREMENTS			
Behavioral health support another natural setting residence, either alone patient's development of move to independent lineded to ensure succe person's recovery and expatient has the opportusituation while continuit treatment, training, supsupervision. Services into whenever people need and on weekends when	for patients living or with others, to of independence a wing. Services are passful tenancy and engagement in contribute in a lessing to receive behalport, and a limited dividualized and arthem, including af	in a private foster the nd eventually provided as to support the nmunity life. The s restrictive living vioral health d amount of re available	 Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided/shift note describing services and the patient's 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 ACTIVIT	TIES				
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0043.			 Teaching a patient how to cook in their own home Helping a patient with money management 					
APPLICABLE POPULATION	ON(S)		UNIT		DURATION			
☐ Adol (12-17) (18	Young Adult 3-20)	☑ Adult(21-64) ☑ Geriatric (65+)	□ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: 24 Ho	ours		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC	•				
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/H	IS)	 ⋈ HE (SP) *for young adult only □ TG (Other SP) □ HK (Residential) ⋈ HF (2nd modifier 	□ HM (F	ACT) □ HQ (Respite) □ TT (F	/oc) Clubhouse) Recovery) Prev/El)		
STAFF REQUIREMENTS								
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	☑ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠CAC II	E KN (ID) E APN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)		
PLACE OF SERVICE (POS								
区 CMHC (53) 区 Office (11) 区 Home (12)	区 FQHC (50)区 RHC (72)区 Other POS (99))						

RESIDENTIAL - SUPPORTED HOUSING							
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE	DESCRIPT	ΓΙΟΝ		USAGE
	H0044		Supported housing	g, per mon	th		☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATIO	N REQUIREME	NTS	
Behavioral health suppanother natural setting residence, either alone of development of indeper pendent living. Services successful tenancy and tengagement in commopportunity to live in a continuing to receive Blimited amount of supeare available whenever	in a private the patient's move to inde- ed to ensure recovery and ent has the tuation while upport, and a dualized and cluding after	 Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 2. Description of the service provided/shift note describing services and the patient's 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 				vice plan? scribing ess towards	
working hours and on w	ry.	EXAMPLE ACTIVIT	IEC				
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0044.			 Teaching a patient how to cook in their own home Helping a patient with money management 				
APPLICABLE POPULATION	DN(S)		UNIT			DURATION	
☐ Child (0-11) ☑ Y ☐ Adol (12-17) (18-	_	dult (21-64) eriatric (65+)	☐ Encounter ☐ Day	Month	☐ 15 Mins ☐ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC	E CATEGO	RY(IES)		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		□ HE (SP) *for young adult only □ TG (Other SP) □ HK (Residential) □ HF (2 nd modifier)	/] U4 (ICM)] TM (ACT)] HM (Respite)	□ HJ (Vo □ HQ (Cl □ TT (Re □ HT (Pr	lubhouse) ecovery)
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (AJ) 区 LPC 区 LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CACIII	☑ LPN/LVN (TI ☑ RN (TD) ☑ APN (SA) ☑ QMAP	E) RxN (S PA (PA MD/D	١)
PLACE OF SERVICE (POS	-						
☑ CMHC (53) ☑ Office (11) ☑ Home (12)	✓ FQHC (50)✓ RHC (72)✓ Other POS (99)						

RESIDENTIAL - SUPPORTED HOUSING							
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE	DESCRIP	TION		USAGE
	H0044		Supported housing	g, per mon	th		⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATIC	N REQUIREME	NTS	
Behavioral health suppanother natural setting residence, either alone of development of independent living. Services successful tenancy and tengagement in commopportunity to live in a continuing to receive BH limited amount of supeare available whenever working hours and on we	in a private the patient's move to inde- ed to ensure recovery and ent has the tuation while upport, and a dualized and icluding after	 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided/shift note describing services and the patient's response 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					
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0044.			 Teaching a patient how to cook in their own home Helping a patient with money management 				
APPLICABLE POPULATION	N(S)		UNIT DURATION			DURATION	
☐ Child (0-11)	-	dult (21-64) eriatric (65+)	☐ Encounter ☐ Day	Month	☐ 15 Mins ☐ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC	E CATEGO	PRY(IES)		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		 ⋈ HE (SP) *for young adult only ☐ TG (Other SP) ☐ HK (Residential) ⋈ HF (2nd modifier 	y [U4 (ICM) TM (ACT) HM (Respite)	□ HJ (Vo □ HQ (Cl □ TT (Re □ HT (Pr	lubhouse) covery)
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW (AJ) ☑ LPC ☑ LMFT	☑ Unlicensed I	Sed Master's Level (HO) 区LAC 区LPN/LVN (TE) 区RXN (SA) Sed EdD/ PhD/PsyD (HP) 区CAC II 区 APN (SA) 区 PA (PA) DED/ PhD/PsyD (AH) 区CACIII 区 QMAP 区 MD/DO (AF)			.) ´	
PLACE OF SERVICE (POS							
区 CMHC (53) 区 Office (11) 区 Home (12)	✓ FQHC (50)✓ RHC (72)✓ Other POS (99)						

	RESPITE CARE – FACILITY-BASED							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE		
	H0045		Respite care servi	ces, not in the I	nome, per dien	n 🗵 Medicaid		
SERVICE DESCRIPTION			MINIMUM DOCU			;		
Overnight services prove facility by medical profes practice. Services must maintain the condition and prevent relapse/hot assessment, supervision coordination. Respite of the patient's daily routi	cope(s) of ed to improve/ the patient include rt, and care	Technical Documentation Requirements See Page 346 Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Patient's response 5. Progress toward treatment/service plan goals and objectives						
NOTES			EXAMPLE ACTIVIT			·		
Unlike respite procedure codes S5150 – S5151, H0045 requires skilled practical/professional nursing care to meet the health and physical needs of the patient. Respite care over 4 hours is reported as H0045 (per diem); respite care up to 4 hours (16 units maximum) 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.			(ADLs), routine Assistance wit Assistance wit Cueing and pre Prompting/cue dusting, vacuu Support to ass Assistance/sup recreational/c	e personal hygion h monitoring has h medication a compting for pre- eing to perform ming, etc.) ure the safety of	ene skills, dressealth status and other mediceparation and endousekeeping of patient to district the skills.	d physical condition cal needs eating of meals gactivities (bed making, participate in social,		
APPLICABLE POPULATI			UNIT		DURATION			
		Adult (21-64) Geriatric (65+)	☐ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: Maximum:	4.25 Hours : 24 Hours		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGORY(ES)			
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	図 Individual 図 Group (HQ) □ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential ☑ HF (2 nd modifie	□ 1) ⊠ H	J4 (ICM) FM (ACT) HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)		
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	☐ Unlicensed	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	□CAC II	⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) □ QMAP	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)		
PLACE OF SERVICE (PO								
☑ CMHC (53)☑ ACF (13)☑ Grp Home (14)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)	✓ PRTF (56)✓ SNF (31)✓ FQHC (50)	•	2)				

RESPITE CARE – FACILITY-BASED						
CPT®/HCPCS PROCEDUI	RE CODE		PROCEDURE CODE DESCRIPTION			USAGE
	H0045		Respite care servic	es, not in the l	nome, per diem	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION R	EQUIREMENTS	
Overnight services provi facility by medical profe practice. Services must l maintain the condition a and prevent relapse/hos assessment, supervision coordination. Respite ca the patient's daily routin	Technical Documentation Requirements See Page 346 Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Patient's response 5. Progress toward treatment/service plan goals and objectives EXAMPLE ACTIVITIES					
Unlike respite procedure codes S5150 – S5151, H0045 requires skilled practical/professional nursing care to meet the health and physical needs of the patient. Respite care over 4 hours is reported as H0045 (per diem); respite care up to 4 hours (16 units maximum) 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.			 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 patient Assistance/supervision needed by patient to participate in social, recreational/community activities 			
APPLICABLE POPULATION	ON(S)		UNIT		DURATION	
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-	-	dult (21-64) eriatric (65+)	☐ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4. Maximum: 2	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE	E CATEGORY(I	ES)	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifiel	□ 1 ≥ I	M (ACT) M (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ LCSW (AJ)☐ LPC☐ LMFT	☐ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	□CAC II	☑ LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) □ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS						
☑ CMHC (53)☑ ACF (13)☑ Grp Home (14)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)	✓ PRTF (56✓ SNF (31)✓ FQHC (5		2)		

TREATMENT – ALCOHOL AND DRUG ABUSE						
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	H0047		Alcohol and/or ot otherwise specific		services; not	☑ ОВН
SERVICE DESCRIPTION	ON		MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
-	persons with alcoho ent settings, not else			op time (duratio	n) ame & credentia	als
NOTES			EXAMPLE ACTIVIT	TIES		
APPLICABLE POPUL	ATION(S)		UNIT		DURATION	
·	-	Adult (21-64) Geriatric (65+)		☑ 15 Minutes □ 1 Hour	Minimum: 8 mi Maximum: N/A	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI	CE CATEGORY(II		
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/H	S)	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☐ HF (2 nd modifie		(ACT)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMEN	NTS					
☐ Peer Specialist☐ Bachelor's Level (H☑ Intern	∑ LMFT	•	Master's Level (HO) EdD/ PhD/PsyD (HP) J/PhD/PsyD (AH)	⊠ LAC □ CAC I ⊠ CAC II ⊠ CACIII	☐ LPN/LVN ☐ RN (TD) ☐ APRN (SA) ☐ QMAP	
PLACE OF SERVICE (
区 CMHC (53) ☐ Office (11) ☐ Telehealth (02)	☑ Home (12)☑ Shelter (04)☑ FQHC (50)☑ RHC (72)	⊠ NRSATF (57) ⊠ Prison/CF (09) ⊠ School (03)				

SCREENING – ALCOHOL AND DRUG ABUSE						
CPT®/HCPCS PROCEI	DURE CODE		PROCEDURE CODE DESCRIPTION USAGE			USAGE
	H0048		Alcohol and/or othe handling only, speci		,,	☑ ОВН
SERVICE DESCRIPTION	N		MINIMUM DOCUMENTATION REQUIREMENTS			
hair, saliva, or urine to presence of alcohol at the laboratory analyst approved samples for analyzed in accordant	or drug testing shall b	nalysis for the nd does not include Appropriate and e collected and ate and federal	 Date of service Screening results Signed with 1st 			
NOTES			EXAMPLE ACTIVITIE	:¢		
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.			Collection of hair, saliva, or urine for the purpose of testing for the presence of alcohol or drugs.			
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	
⊠ Adol (12-17) (1	L8-20) ×	Adult (21-64) Geriatric (65+)	□ Day □	15 Minutes 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE			() ()
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS	·)	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-	□ U4 (□ TM □ HM SUD) (Respit	(ACT) □ HC	(Voc) (Clubhouse) (Recovery) (Prev/EI)
STAFF REQUIREMEN	TS					
☐ Peer Specialist ☑ Bachelor's Level (HI ☑ Intern	′ ⊠ LPC ⊠ LMFT	✓ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA ⊠ QMAP	Σ PΔ (SA)
PLACE OF SERVICE (F	•					
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)☑ RSATF (55)	⊠ NRSATF (⊠ Inpt Hos ⊠ Inpt PF (5 ⊠ ER (23)	p (21) ⊠ Prisc 51) ⊠ Scho	on/CF (09)

ASSESSMENT - AT RISK - PRENATAL					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H1000	Prenatal Care, At Risk Assessment	☑ ОВН			
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.	el of 1. Date of service e 2. Start and stop time (Duration)				
NOTES	EXAMPLE ACTIVITIES				
	Face to face risk assessment to determine level of risk to the pregnancy based upon the individual's substance use disorder and other biopsychosocial factors.				
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: 3 ho				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ HE (SP) ☐ U4 (ICM) ☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM (Respite) ☐ HF (2 nd modifier-SUD) ☒ HD (Preg/Parent)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS					
☐ Bachelor's Level (HN) ☐ LPC ☐ Unlicensed Education ☐ LMFT ☐ Licensed Education	Master's Level (HO) ☒ LAC ☐ LPN/LVN EdD/ PhD/PsyD (HP) ☒ CAC I ☐ RN (TD) D/PhD/PsyD (AH) ☒ CAC II ☐ APRN (SA ☒ CACIII ☐ QMAP	\square RXIN (SA) \square DA (DA)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Shelter (04) ☑ Prison/CF (09) ☑ Office (11) ☑ FQHC (50) ☑ School (03) ☑ Home (12) ☑ RHC (72) ☑ NRSATF (57)					

TREATMENT - CASE MANAGEMENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H1002	Care coordination prenatal/case management	☑ ОВН		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Case management means services provided by a certified drug/alcohol treatment counselor to include treatment/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 who is pregnant with a substance use disorder.	 Date of service Start and stop time (duration) Clinical notes 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. Coordinating transitions between residential and outpatient care; Linking clients to primary medical care (prenatal care) Maintaining service coordination with other systems, such as child welfare, probation and TANF			
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 mi ☐ Day ☐ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face	☐ TG (Other SP) ☐ TM (ACT)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)		
STAFF REQUIREMENTS				
□ Intern □ LMFT □ Licensed Ed	Master's Level (HO) □ LAC □ LPN/LVN EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) D/PhD/PsyD (AH) □ CAC II □ APRN (SA □ CACIII □ QMAP			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ Shelter (04) ☑ Prison/CF (09) ☑ Office (11) ☑ FQHC (50) ☑ School (03) ☑ Home (12) ☑ RHC (72) ☑ NRSATF (57)				

PREVENTION/EARLY INTERVENTION - EDUCATION - PRENATAL				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H1003	Prenatal Care, at risk enhanced service, education	☑ ОВН		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Services facilitated by a certified drug/alcohol treatment counselor to help a client develop health and life management skills.	1. Date of service			
NOTES	EXAMPLE ACTIVITIES			
	HIV Prevention class delivered with the context of disorder treatment program.	a substance user		
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: N/A☐ Day ☑ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)		
STAFF REQUIREMENTS				
□ Intern □ LMFT □ Licensed Edl	Master's Level (HO) □ LAC □ LPN/LVN (IN IN I	` ΄		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ Home (12) ☑ Other POS (99) ☑ Office (11) ☑ FQHC (50) ☑ Telehealth (02) ☑ RHC (72) ☑ NRSATF (57)				

TREATMENT – CASE MANAGEMENT - PRENATAL				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H1004	Prenatal follow up home visit	☑ ОВН		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Prenatal Care Coordination follow-up visits provided in the home	 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)	UNIT DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 8 mi☐ Day ☐ 1 Hour ☐ Maximum: N/A	-		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☐ Face-to-Face ☐ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM (Respite) ☐	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ LPC □ Unlicense	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH) ⊠ LAC □ LPN/LVN □ CAC I □ RN (TD) □ CAC I □ APRN (SA □ CACII □ QMAP	☐ RXN (SA) ☐ DA (DA)		
PLACE OF SERVICE (POS)				
⊠ Home (12) ☑ Shelter (04)				

ASSESSMENT - DIAGNOSIS						
CPT®/HCPCS PROCED	URE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE
*Do not submit this code until a State-defined purpose is determined.			-	nt by a licensed b State defined pur		□ ОВН
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS	
A non-medical visit with a patient's family conducted by a non-physician behavioral health professional), for a State-defined purpose			Technical Documentation Requirements See Page 346 Service Content 1. Family's presenting concern(s)/problem(s) 2. Review of medical and medication history, psychosocial, family, and treatment history 3. Mental status exam 4. DSM-5 diagnosis 5. Disposition – need for BH services, referral, etc.			
NOTES			EXAMPLE ACTIVI		· ·	
Functional/risk assessments, genograms, and/or ecomaps may be utilized as part of the family assessment.		Evaluation to gather psychosocial history, presenting concerns, determine diagnosis/diagnoses, baseline level of functioning, determine appropriate level of care or treatment needs and make necessary referrals or open to treatment.				
APPLICABLE POPULAT			UNIT		DURATION	
	-	□ Adult (21-64) □ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) C	F DELIVERY		PROGRAM SERV	ICE CATEGORY(IE		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☐ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi		(ACT) □ H (Respite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/EI)
STAFF REQUIREMENT	S					
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern☐	⊠ LCSW ⊠ LPC ⊠ LMFT	☐ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH)	□CAC I ⊠	ΔPN (SΔ)	RxN (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (PO						
区MHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ Hospice (34)	☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) ☑ Shelter (04)	✓ SNF (31)✓ Independent C✓ Inpt Hosp (21)✓ Inpt PF (51)	⊠ Sch	(23)	Other POS (99)

ASSESSMENT - DIAGNOSIS				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H2000	Comprehensive multidisciplinary evaluation			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
A multidisciplinary evaluation and assessment of a patient'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/service 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).	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. List of other professionals present and agency affiliation 3. Identified risks 4. Description of the service provided 5. Review of psychosocial and family history 6. DSM-5 diagnosis 7. Conclusions and recommendations of the Multidisciplinary team 8. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition – need for BH services, referral, etc.			
NOTES	EXAMPLE ACTIVITIES			
A multidisciplinary team is comprised of family members/ significant others, service providers representing 3 or more disciplines/professions, and others deemed appropriate by the patient, 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). The consumer does not have to be present. Family and/or other involvement as requested by the consumer. At least 3 or more disciplines or professions must be present. All 3 do not need to be from one agency. The facilitator must be from agency.	Complex case reviews To review level of care			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Matter (18-20) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 	⊠ HE (SP) ⊠ U4 (ICM) □ HJ (Voc) □ TG (Other SP) ⊠ TM (ACT) □ HQ (Clubhouse) ⊠ HK (Residential) □ HM (Respite) □ TT (Recovery) ⊠ HF (2 nd modifier-SUD) □ HT (Prev/EI)			
STAFF REQUIREMENTS				
□ Bacnelor's Level (HN) □ LPC □ Unlicensed	Master's Level (HO) ⊠CAC I ⊠ RN (TD) ⊠ RXN (SA) EdD/ PhD/PsyD (HP) ⊠CAC II ⊠ APN (SA) ⊠ PA (PA) ID/PhD/PsyD (AH) ⊠CACIII □ QMAP ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (3 ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (5 ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTF (56)	4) ☑ SNF (31) ☑ ER (23) ☑ Other POS (99) ☑ FQHC (50) ☑ PF-PHP (52)			

ASSESSMENT - DIAGNOSIS				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H2000	Comprehensive multidisciplinary evaluation			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
A multidisciplinary evaluation and assessment of a patient'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/service 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).	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. List of other professionals present and agency affiliation 3. Identified risks 4. Description of the service provided 5. Review of psychosocial and family history 6. DSM-5 diagnosis 7. Conclusions and recommendations of the Multidisciplinary team 8. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition – need for BH services, referral, etc.			
NOTES	EXAMPLE ACTIVITIES			
A multidisciplinary team is comprised of family members/ significant others, service providers representing 3 or more disciplines/professions, and others deemed appropriate by the patient, 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). The consumer does not have to be present. Family and/or other involvement as requested by the consumer. At least 3 or more disciplines or professions must be present. All 3 do not need to be from one agency. The facilitator must be from agency.	Complex case reviews To review level of care			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Matter (18-20) ☑ Geriatric (65+) 	□ Is Minutes			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 	☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☑ TM (ACT) ☐ HQ (Clubhouse) ☑ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
□ Bacnelor's Level (HN) □ LPC □ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) □ CAC I □ RN (TD) □ RNN (SA) □ APN (SA)			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (3 ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (5 ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital (22) ☑ Home (12) ☑ PRTF (56)	4) ☑ SNF (31) ☑ ER (23) ☑ Other POS (99) ☑ FQHC (50) ☑ PF-PHP (52)			

TREATMENT - REHABILITATION- REHABILITATION PROGRAM				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H2001	Rehabilitation program, per ½ day			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
A facility-based, structured rehabilitative skills-building	Technical Documentation Requirements			
program; treatment interventions include problem-solving	See Page 346			
and coping skills development, and skill building to facilitate	Service Content			
independent living and adaptation.	1. The reason for the visit/call. What was the inter	_		
* This code is not to be used for shildren and on one C	agenda? How does the service relate to the trea	itment/service		
* This code is not to be used for children under age 6.	plan? 2. Description of the service			
	3. The therapeutic intervention(s) utilized and the	individual's		
	response to the intervention(s)	iliaiviaaai 3		
	4. How did the service impact the individual's prog	ress towards		
	goals/objectives?	,		
	5. Plan for next contact(s) including any follow-up	or coordination		
	needed with 3 rd parties			
	6. Daily attendance log showing number of hours	in attendance for		
	reporting/billing purposes			
NOTES	EXAMPLE ACTIVITIES			
Discrete services (e.g., family, group and individual	Household management, nutrition, hygiene, money management,			
psychotherapy, psychiatric services, case management, etc.)	parenting skills, etc.			
are documented, and reported or billed separately from	Individual/group skill-building activities focused on development of skills used by patients in living learning working and social			
H2001. Services are available at least 20 – 25 hours/week, at least 4 days/week.	of skills used by patients in living, learning, working and social environments			
least 4 days, week.	 Interventions address co-occurring disabilities r 	nontal hoalth and		
	substance abuse	ientai neaith and		
	 Promotion of self-directed engagement in leisus 	re recreational		
	and community social activities	c, recreational		
	Engaging patient to have input into service deliv	very programming		
	 Patient participation in setting individualized go 			
	his/her own skills and resources related to goal			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: N/A			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: ½ D	ay (4 Hrs)		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face ☑ Individual		☐ HJ (Voc)		
☐ Video Conf (GT) ☑ Group (HQ)		☑ HQ (Clubhouse)		
☐ Telephone ☑ Family (HR/HS)		☑ TT (Recovery)		
	☑ HF (2 nd modifier-SUD)	☐ HT (Prev/EI)		
STAFF REQUIREMENTS Peer Specialist	LAC ☑ LPN/LVN (TE)			
Rachelor's Level (HN) X LCSW (AJ) X Unlicensed	Master's Level (HO)	⊠ RxN (SA)		
Intern I LPC I Unlicensed	ECOJ PROJESYO (HP) TICACII XI APNI (SA)	☑ PA (PA)		
	D/PhD/PsyD (AH) \square CACIII \square QMAP	⊠ MD/DO (AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53)				
☑Outp Hospital (22)				

TREATMENT - REHABILITATION- REHABILITATION PROGRAM				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H2001	Rehabilitation program, per ½ day	⊠ OBH		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
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. * This code is not to be used for children under age 6.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan?			
	 Description of the service 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 Daily attendance log showing number of hours in attendance for 			
NOTES	reporting/billing purposes EXAMPLE ACTIVITIES			
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.	 Household management, nutrition, hygiene, money management, parenting skills, etc. Individual/group skill-building activities focused on development of skills used by patients in living, learning, working and social environments Interventions address co-occurring disabilities mental health and substance abuse Promotion of self-directed engagement in leisure, recreational and community social activities Engaging patient to have input into service delivery programming Patient participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment 			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: N/A☐ ☐ Day ☐ 1 Hour ☐ Maximum: ½ ☐	ay (4 Hrs)		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☑ Group (HQ)☐ Telephone☑ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM (Respite)	□ HJ (Voc) ☑ HQ (Clubhouse) ☑ TT (Recovery) □ HT (Prev/EI)		
STAFF REQUIREMENTS				
☑ Bachelor's Level (FIN) ☑ LPC ☑ Unlicensed ☑ LMFT ☑ Licensed Ed	EdD/ PhD/PsyD (HP)	본 RxN (SA) 본 PA (PA) 본 MD/DO (AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ Outp Hospital (22)				

CRISIS – BEHAVIORAL HEALTH					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H2011	Crisis intervention service, per 15 minutes	☑ Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENT	ΓS			
Unanticipated services rendered in the process of resolving client crisis, requiring immediate attention, that without intervention, could result in the client requiring a higher LOC Services include: immediate crisis intervention to de-escalate the individual or family in crisis, assess dangerousness of situation, determine risk of suicide or danger to others, assess access to or ability to utilize support, triage, assess for an facilitate admission to higher level care or additional forms of treatment if needed to stabilize the immediate situation, When possible, if the client has developed a Wellness Recovery Action Plan (WRAP) and/or psychiatric advance directive, this plan is followed with the client's permission.	Technical Documentation Requirements See Page 346 Service Content 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) and the individual/family's response to the intervention(s) 3. Behavioral health 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				
Services may be provided at any time, day or night and by mobile team/crisis program in a facility/clinic or othe provider as appropriate. May be provided by more than on direct care staff if needed to address the situation (e.g., for safety); all staff involved and their activities are identified an documented. H2011 or 90839/90840 are used in lieu or individual psychotherapy procedure codes when the sessio is unscheduled (e.g., client walk-in), focused on a client crisis and involves immediate and/or special interventions i response.	 Face-to-face/telephone contact to provide immediate, short-term crisis-specific assessment and intervention/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 or placement 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				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 mi ☐ Day ☐ 1 Hour Maximum: 4 hr				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) ☑ U4 (ICM) [☐ HJ (Voc)			
 ☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 	☐ TG (Other SP) ☑ TM (ACT) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ HJ (VOC) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS					
✓ Bacrielor's Level (FIN) ✓ LPC ✓ Unlicense	ed EdD/ PhD/PsyD (HP)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital (22) ☒ Home (12) ☒ PRTF (56)	⊠ SNF (31) ⊠ ER (23)	⊠ School (03) ⊠ NRSATF (57) ⊠ Other POS (99)			

CRISIS – BEHAVIORAL HEALTH							
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H2011		Crisis intervention	Crisis intervention service, per 15 minutes			
SERVICE DESCRIPTION	ON		MINIMUM DO	CUMENTATION	REQUIREMENT	S	
Unanticipated services rendered in the process of resolving a client crisis, requiring immediate attention, that without intervention, could result in the client requiring a higher LOC., Services include: immediate crisis intervention to de-escalate the individual or family in crisis, assess dangerousness of situation, determine risk of suicide or danger to others, assess access to or ability to utilize support, triage, assess for and facilitate admission to higher level care or additional forms of treatment if needed to stabilize the immediate situation, . When possible, if the client has developed a Wellness Recovery Action Plan (WRAP) and/or psychiatric advance directive, this plan is followed with the client's permission.			Technical Documentation Requirements See Page 346 Service Content 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) and the individual/family's response to the intervention(s) 3. Behavioral health 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 ACTI	•			
Services may be provided at any time, day or night and by a mobile team/crisis program in a facility/clinic or other provider as appropriate. 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 or 90839/90840 are 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.			 Face-to-face/telephone contact to provide immediate, short-term crisis-specific assessment and intervention/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 or placement 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 POPULA	ΔΤΙΩΝ(S)		UNIT	with one sown pi	DURATION	iuress the crisis	
		☑ Adult (21-64)	☐ Encounter	■ 15 Minutes	Minimum: 8 min	ns	
		☑ Geriatric (65+)	□ Day	☐ 1 Hour	Maximum: 4 hrs		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SER	RVICE CATEGORY	r(IES)		
☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS	5)	 ☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residential) ☑ HF (2nd modifier-SUD) 	☑ U4 (ICM) ☑ TM (ACT) ☐ HM (Respite)] HJ (Voc)] HQ (Clubhouse)] TT (Recovery)] HT (Prev/EI)	
STAFF REQUIREMEN	NTS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II ⊠	APN (SA)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVICE (POS)						
☑ Office (11) ☑ Mobile Unit (15)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	☑ Independent ☑ ER (23) ☑ PF-PHP (52) ☑ Telehealth (0	<u>\(\)</u>	School (03) NRSATF (57) Other POS (99)	

Uniform Service Coding Standards Manual 2017

TREATMENT - INTENSIVE - DAY TREATMENT						
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CODE DESCRIPTION			USAGE
	H2012		Behavioral health day treatment, per hour			
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RI	QUIREMENTS	
Services rendered by approadolescent community-bate facilities to children and/crange of professional expenservices are provided and education program.	reatment eir families. A zed treatment	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties				
NOTES			EXAMPLE ACTIVIT			
Services provide a minimum of 1 hour for a child/adolescent transitioning back to a traditional classroom setting; 4 hours (preschool – 5 th grade) to 5 hours (6 th – 12 th 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. If services are performed by a LAC/CAC provider, a SUD Primary Diagnosis is required.						
APPLICABLE POPULATION			UNIT		DURATION	
⊠ Adol (12-17) (18-2	20) □ G	dult (21-64) eriatric (65+)	□ Day	□ 15 Minutes ☑ 1 Hour	Minimum: ≥3 Maximum: N	
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERVI			
	☑ Individual☑ Group (HQ)☑ Family (HR/HS)		☑ HE (SP)☐ TG (Other SP)☐ HK (Residential☑ HF (2nd modifie)	U4 (ICM) TM (ACT) HM (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠] LPN/LVN (TE)] RN (TD)] APN (SA) I QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS)						
区 CMHC (53) ☑ Outp Hospital (22) ☑ Grp Home (14)	⊠ ICF-M ⊠ PRTF ⊠ PF-PH	(56)	⊠ School ⊠Other F			

TREATMENT - IN	TENSIVE - DAY TREATMENT			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H2012	Behavioral health day treatment, per hour 区 OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
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.	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties			
NOTES	EXAMPLE ACTIVITIES			
Services provide a minimum of 1 hour for a child/adolescent transitioning back to a traditional classroom setting; 4 hours (preschool – 5^{th} grade) to 5 hours (6^{th} – 12^{th} 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.				
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☐ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: ≥ 31 mins ☐ Day ☑ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☑ Telephone☑ Family (HR/HS)	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☒ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
☑ LPC ☑ Unlicensed ☑ LMFT ☑ Licensed Eco	Master's Level (HO) EdD/ PhD/PsyD (HP) □CAC I			
PLACE OF SERVICE (POS)				
☑ CMHC (53)☑ ICF-MR (54)☑ School☑ Outp Hospital (22)☑ PRTF (56)☑ Other P☑ Grp Home (14)☑ PF-PHP (52)	· ·			

TREATMENT- REHABILITATION - OTHER						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
*This code is not to be a	H2014 used for children unde	er age 6.	Skills training and	development, p	er 15 minutes	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	OUIREMENTS	
Therapeutic activities d barriers and improve so establishing and maintai home, peer group, w specific needs of the pa and training, which red community integration a	ocial functioning in are ining a patient in the co ork/school). Activities tient by promoting ski uces symptomatology	cas essential to community (e.g., cs address the ll development	Technical Docum See Page 346 Service Content 1. The reason agenda? Hoplan? 2. Description increase fur 3. The therape 4. How did the goals/object 5. Plan for nex	for the visit/call bw does the service an of the service an actioning in the eutic activities und e service impact tives?	what was the in ice relate to the to the to the to the to the to the total to the incommunity tilized and the incothe individual's p	reatment/service designed to lividual's response
NOTES			EXAMPLE ACTIVIT			
			 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 patient to function independently Training in appropriate use of community services 			
APPLICABLE POPULATION	ON(S)		UNIT	·	DURATION	
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-	'oung Adult 区 A -20) 区G	dult (21-64) eriatric (65+)		□ 15 Minutes □ 1 Hour □ 1 Hour	Minimum: 8 mi	
ALLOWED MODE(S) OF ☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone			PROGRAM SERVI ☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifie	⊠ (⊠ T I) □ F	J4 (ICM) M (ACT) IM (Respite) ✓	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II 🗵	ΛDN (ΓD)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS	5)					
区 CMHC (53) ☑ Office (11) ☑ Outp Hospital (22)	✓ ACF (13)✓ Cust Care (33)✓ Grp Home (14)	☑ Home (1☑ ICF-MR (☑ NF (32)			C (72) pol (03) er POS (99)	

TREATMENT- REHABILITATION - OTHER						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	DE DESCRIPTION		USAGE
	H2014		Skills training and	l development, p	er 15 minutes	⊠ OBH
*This code is not to be u	ised for children under	age 6.				
SERVICE DESCRIPTION			MINIMUM DOCU			
Therapeutic activities de barriers and improve so establishing and maintain home, peer group, we specific needs of the pat and training, which reducommunity integration a	cial functioning in area ning a patient in the cor ork/school). Activities cient by promoting skill uces symptomatology a	ns essential to mmunity (e.g., address the development	agenda? Hoplan? 2. Description increase full 3. The therape 4. How did the goals/object 5. Plan for nex	for the visit/call. ow does the service are notioning in the ceutic activities ut e service impact tives?	What was the ince relate to the odd how service is ommunity ilized and the incite individual's part of the individual's p	reatment/service
NOTES			EXAMPLE ACTIVI			
			nutrition, hea maintenance • Development diminish tend • Development to function inc	Ils (i.e., grooming Ith and MH educ of living environr of appropriate p encies towards is of basic languag	g, personal hygie ation, money manent) ersonal support solation and with e skills necessary	ne, cooking, inagement and networks to idrawal to enable patient
APPLICABLE POPULATIO	N(S)		UNIT		DURATION	
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-	-	ult (21-64) riatric (65+)	☐ Encounter ☐ Day	☑ 15 Minutes ☐ 1 Hour	Minimum: 8 m Maximum: 8 h	
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERVI			
☑ Face-to-Face☐ Video Conf (GT)☑ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☑ HK (Residentia ☑ HF (2 nd modifie	⊠ T I) □ H	M (ACT)	☑ HJ (Voc) ☑ HQ (Clubhouse) ☑ TT (Recovery) ☑ HT (Prev/El)
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)						
区 CMHC (53) ☑ Office (11) ☑ Outp Hospital (22) ☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	☒ NF (32)☒ Shelter (☒ SNF (31)☒ FQHC (5	⊠ Othe			

PEER SUPPORT/RECOVERY SERVICES - COMMUNITY						
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE COD	USAGE		
	H2015		Comprehensive community support services, per			
	112013		15 minutes			E Wicalcala
SERVICE DESCRIPTION			MINIMUM DOCU			
	dered to community-ba		Technical Docum	entation Req	uirements	
	ollaterals by trained beh		See Page 346			
	h an approved treatmer uring the young person's		Service Content	r +b o visi+/soll	. What was the into	andad gaal ar
	placement. Monitoring				ice relate to the tr	_
	erventions to assist him	, ,	plan?	uoes the serv	ice relate to the ti	eatment, service
	of his/her mental illnes		2. Description of	the service		
• .	situation, including acc		•		n(s) utilized and th	e individual's
	ional and other services	_	response to th			
meet basic human nee	ds.	,	4. How did the se	ervice impact	the individual's pro	ogress towards
			goals/objectiv			
					uding any follow-u	p or coordination
			needed with 3	· ·		
NOTES			EXAMPLE ACTIVIT			_
	ed by a LAC provider, a S	SUD Primary			ng natural support	s for developing a
Diagnosis is required.			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 patient in developing functional, 			
			interpersonal,	family, copin	g and community I	iving skills that are
			negatively impacted by patient's MI			
APPLICABLE POPULATI	• •		UNIT		DURATION	
	-	dult (21-64)		■ 15 Minutes		
		eriatric (65+)	,	☐ 1 Hour	Maximum: 4 h	rs 7 mins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI			7.11.67
☑ Face-to-Face	☑ Individual		☑ HE (SP) ☐ TG (Other SP)		` '	HJ (Voc)
☑ Video Conf (GT)	☑ Group (HQ)		☐ HK (Residential] HQ (Clubhouse)] TT (Recovery)
☑ Telephone	☑ Family (HR/HS)		☑ HF (2 nd modifie			HT (Recovery)
STAFF REQUIREMENTS				.1 300/		III (I I CV/ LI)
▼ Peer Specialist				⊠LAC	☑ LPN/LVN (TE)	
☑ Bachelor's Level (HN)	✓ LCSW (AJ)✓ LPC		Master's Level (HO) EdD/ PhD/PsyD (HP)	□CAC I	⊠ RN (TD)	⊠ RxN (SA) ⊠ PA (PA)
▼ Intern	⊠ LMFT	_	D/PhD/PsyD (AH)	□CAC II	⊠ APN (SA)	⊠ MD/DO (AF)
DI 4 05 05 05 05 05 05 05 05 05 05 05 05 05			- , , ,	□CACIII	⊠ QMAP	, - v j
PLACE OF SERVICE (PO		VICE MD (E4)	▼ CNE (24)	<u> </u>	ont DE (E1)	Other DOC (00)
☑ CMHC (53)☑ Office (11)	✓ ACF (13)✓ Cust Care (33)	✓ ICF-MR (54)✓ NF (32)	☑ SNF (31) ☑ FQHC (50)			Other POS (99) Telehealth (02)
☑ Mobile Unit (15)	☑ Grp Home (14)	☑ NF (32) ☑ PRTF (56)	⊠ RHC (72)		r (23)	i reielleditii (UZ)
☑ Outp Hospital (22)	⊠ Home (12)	✓ PKTF (56)✓ Shelter (04)			chool (03)	

PEER SUPPORT/RECOVERY SERVICES - COMMUNITY						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CO	DE DESCRIPTION	I	USAGE
	H2015		Comprehensive community support services, per			
			15 minutes			
SERVICE DESCRIPTION			MINIMUM DOC			
	dered to community-ba		Technical Docum	nentation Requi	rements	
	ollaterals by trained beh		See Page 346			
	h an approved treatmer uring the young person's		Service Content	or the visit/call N	What was the inten-	dod goal or
	placement. Monitoring			•	e relate to the trea	•
	erventions to assist him		plan?	does the service	e relate to the trea	tillelity service
	of his/her mental illnes		2. Description of	of the service		
	situation, including acc		•		(s) utilized and the	individual's
	ional and other services	-		he intervention		
meet basic human nee	ds.		4. How did the	service impact th	ne individual's prog	ress towards
			goals/objecti			
					ding any follow-up	or coordination
NOTEC			needed with	•		
NOTES			EXAMPLE ACTIV			for doveloping a
			Assist with id natural supple		g natural supports	for developing a
			• • • • • • • • • • • • • • • • • • • •		ual strengths, reso	urces
			preferences		dai strengths, reso	urccs,
					ordination of recov	very/resiliency
				anagement plan		. ,, ,
					in developing func	tional,
			interpersona	l, family, coping	and community livi	ng skills that are
				pacted by patie		
APPLICABLE POPULATI			UNIT	_	DURATION	
· ·	-	dult (21-64)	☐ Encounter	■ 15 Minutes ■ 1	Minimum: 8 mins	
		eriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 hrs	7 mins
ALLOWED MODE(S) OF	- DELIVERY		PROGRAM SERV	<u></u>	<u> </u>	11.07
☑ Face-to-Face	☑ Individual		⊠ HE (SP)			HJ (Voc)
☑ Video Conf (GT)	☑ Group (HQ)		☐ TG (Other SP)			HQ (Clubhouse)
☑ Telephone	☑ Family (HR/HS)		☐ HK (Residenti ☑ HF (2 nd modif	•		TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS			MITTE (2 TITOUTI	lei-30D)	<u> </u>	II (FIEV/LI)
▼ Peer Specialist				⊠LAC 3	LPN/LVN (TE)	
☑ Bachelor's Level (HN)	⊠ LCSW (AJ) ⊠ LPC		Master's Level (HO) EdD/ PhD/PsyD (HP)		RN (TD)	RxN (SA)
▼ Intern	⊠ LMFT		D/PhD/PsyD (AH)	LICAC II	SI APN (SA)	☑ PA (PA) ☑ MD/DO (AF)
				□CACIII □	☑ QMAP	
PLACE OF SERVICE (PO	•					
☑ CMHC (53)	☑ ACF (13)	☑ ICF-MR (54)				Other POS (99)
☑ Office (11)	☑ Cust Care (33)	⊠ NF (32)	⊠ FQHC (5	•		Гelehealth (02)
☑ Mobile Unit (15)	☑ Grp Home (14)	☑ PRTF (56) ☑ Charles (64)	⊠ RHC (72	•	-PHP (52)	
☑ Outp Hospital (22)	☑ Home (12)	Shelter (04)	✓ Inpt Ho	sp (21) 🛚 🗵 Scl	nool (03)	

PEER SUPPORT/RECOVERY SERVICES - COMMUNITY						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION USAGE			USAGE
	H2016		Comprehensive co	ommunity suppo	ort services, per	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS	
Treatment services rendered to community-based children and adolescents and collaterals by trained behavioral health 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 mental illness 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 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties			
NOTES			EXAMPLE ACTIVIT			
CCSS up to 4 hours (16 units) is reported/billed as H2015; CCSS over 4 hours is reported/billed as H2016 (per diem). If services are performed by a LAC provider, a SUD Primary Diagnosis is required.			 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 patient in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by patient's MI 			
APPLICABLE POPULATION	ON(S)		UNIT	, , , , , , , , , , , , , , , , , , ,	DURATION	
⊠ Adol (12-17) (18-	-20) □ G∈	lult(21-64) eriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: 4 hr Maximum: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	•	•	
☑ Face-to-Face☑ Video Conf (GT)☑ Telephone	☑ Individual ☑ Group (HQ) ☑ Family HR/HS)		☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential ☑ HF (2 nd modifie	□ TM I) □ HM	1 (ACT) \square I (Respite) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS						
⊠ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Unlicensed Master's Level (HO) Unlicensed EdD/ PhD/PsyD (HP) Unlicensed EdD/PhD/PsyD (AH) Unlicensed EdD/PsyD (⊠ PA (PA)
PLACE OF SERVICE (POS						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	⊠ ICF-MF ⊠ NF (32) ⊠ PRTF (5 ⊠ Shelter)	C (50) ⊠ EF (72) ⊠ PF		Other POS (99) Telehealth (02)

PEER SUPPORT/RECOVERY SERVICES - COMMUNITY						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
H2016	Comprehensive community support services, per diem					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Treatment services rendered to community-based childre and adolescents and collaterals by trained behavioral hea staff in accordance with an approved treatment/service p for the purpose of ensuring the young person's stability at continued community placement. Monitoring and providi medically necessary interventions to assist him/her to manage the symptoms of his/her mental illness and deal with his/her overall life situation, including accessing need medical, social, educational and other services necessary meet basic human needs.	 Technical Documentation Requirements See Page 346 Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service 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					
CCSS up to 4 hours (16 units) is reported/billed as H20CCSS over 4 hours is reported/billed as H2016 (per diem).	 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 patient in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by patient's MI 					
APPLICABLE POPULATION(S)	UNIT DURATION					
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	+) ☑ Day ☐ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☑ Group (HQ)☑ Telephone☑ Family HR/HS)	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2nd modifier-SUD) ☐ HT (Prev/EI)					
STAFF REQUIREMENTS						
✓ Bachelor's Level (HN) ✓ Intern ✓ LPC ✓ Unlice	nsed Master's Level (HO) □CAC I □ RN (TD) □ RXN (SA) nsed EdD/ PhD/PsyD (HP) □CAC I □ APN (SA) □ PA (PA) ed EdD/PhD/PsyD (AH) □CACII □ QMAP □ MD/DO (AF)					
PLACE OF SERVICE (POS)						
☑ Office (11) ☑ Cust Care (33) ☑ NI ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ PF	EF-MR (54) ☑ SNF (31) ☑ Inpt PF (51) ☑ Other POS (99) F (32) ☑ FQHC (50) ☑ ER (23) ☑ Telehealth (02) RTF (56) ☑ RHC (72) ☑ PF-PHP (52) nelter (04) ☑ Inpt Hosp (21) ☑ School (03)					

	TREATMENT - REHABILITATION- PSYCHOSOCIAL REHABILITATION (PSR)						
CPT®/HCPCS PROCEDUR			PROCEDURE CODE DESCRIPTION USAGE				
-			Psychosocial reh				
	H2017		minutes Medicaid				
SERVICE DESCRIPTION			MINIMUM DOCI	UMENTATION R	EQUIREMENTS		
An array of services, ren	dered in a variety of se	ttings,	Technical Docum				
designed to help patient		-	See Page 346	·			
develop coping strategie			Service Content				
to develop a supportive	environment in which t	o function as			at was the intende		
independently as possible	e.		How does tl	he service relate	to the treatment/s	service plan?	
PSR differs from counsel	ing and nsychotherapy	in that it	-		nd how the service	is designed to	
focuses less on symptom			increase fur	_			
restoring functional capa	-		-		n(s) utilized and the	e individual's	
teaching, practicing/coad				the intervention			
community living compe					the individual's pro	ogress towards	
money management, pe		-	goals/objec			j	
living environment)	5 5,				uding any follow-up	o or coordination	
<u> </u>			needed witl	n 3'" parties			
NOTES			EXAMPLE ACTIV				
Social and interpersonal abi					ce/coaching and sk	_	
developing and/or maintain ability to maintain positive		regaining the		_	(Activities of Daily	Living skills),	
,					nt, interpersonal	. , .	
Independence (e.g., develop					ss skills, housekeep		
handling everyday experien school/work/volunteer sche	_	sure time, and			budgeting, vocation		
	•		 Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being 				
Cognitive and adult role cor			Development of a crisis plan				
develop and maintain cogni functioning such as increase			Identification of existing natural supports and resources for				
better memory, enhancing	•	,	addressing personal needs (e.g., families, employers, and				
,,	, ,		friends)				
			Identification and development of organizational support,				
PSR up to 4 hours (16 un			including such areas as sustaining personal entitlements,				
over 4 hours is reported,	/billed as H2018 (per di	em).	locating and using community resources or other supportive				
			programs				
APPLICABLE POPULATIO			UNIT		DURATION		
	_	ult (21-64)	☐ Encounter	■ 15 Minutes	Minimum: 8 mins		
☑ Adol (12-17) (18-		riatric (65+)	□ Day	☐ 1 Hour	Maximum: 4 hrs	7 mins	
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERV		·	111 (\/o.s)	
☑ Face-to-Face	☑ Individual		☑ HE (SP) ☐ TG (Other SP)			HJ (Voc)	
☐ Video Conf (GT)	☑ Group (HQ)		☐ HK (Residentia			HQ (Clubhouse) TT (Recovery)	
▼ Telephone	☑ Family (HR/HS)		☑ HK (Residentia	•		HT (Prev/EI)	
STAFF REQUIREMENTS			ETTI (Z TITOUTII	(N	сэрпе) 🗆	TIT (FIEV/LI)	
☑ Peer Specialist	V . CO. (*)	V Haller I	Mantaria I and MIC	□LAC 🗵	IPN/LVN (TE)	Z 2 11 (2.1)	
☑ Bachelor's Level (HN)	⊠ LCSW (AJ) ⊠ LPC		Master's Level (HO)	□CAC I	RN (TD)	RxN (SA)	
☑ Intern	⊠ LPC ⊠ LMFT		d EdD/PhD/PsyD (AH) □CAC II S APN (SA) □ MD/DO (AE)				
DI 405 05 05 05 1 2 2 1			, , -,- ,,	□CACIII □] QMAP		
PLACE OF SERVICE (POS)	·	VICE NAD /E	1) V FOUC /	(EO)			
区 CMHC (53) 区 Office (11)	☑ ACF (13)	☑ ICF-MR (54					
⊠ Mobile Unit (15)	☑ Cust Care (33) ☑ Grp Home (14)	☑ NF (32)☑ Shelter (04	⊠ RHC (7 IJ School				
☑ Niobile Offit (15) ☑ Outp Hospital (22)	⊠ Home (12)	⊠ SNF (31)	ارة عدال الله الله الله الله الله الله الله ا				

	TREATMENT - REHABILITATION- PSYCHOSOCIAL REHABILITATION (PSR)					
CPT®/HCPCS PROCEDUR			PROCEDURE CODE DESCRIPTION USAGE			
			Psychosocial rehabilitation services per 15			
	H2017		minutes			
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RI	EQUIREMENTS	
An array of services, ren	dered in a variety of se	ttings,	Technical Docum	entation Requi	rements	
designed to help patient	s capitalize on persona	I strengths, to	See Page 346			
develop coping strategie			Service Content			
to develop a supportive		o function as			at was the intende	
independently as possib	e.				to the treatment/	•
PSR differs from counsel	ing and psychotherapy	in that it			nd how the service	is designed to
focuses less on symptom			increase fun	_	a(s) utilized and th	o individual's
restoring functional capa	abilities. The focus is on	direct skills	-	the intervention	n(s) utilized and the	e maividuai s
teaching, practicing/coad	ching and skills building	, developing	-		the individual's pro	ngress towards
community living compe		_	goals/object		the marviadar 5 pre	ogicos to waras
money management, pe	rsonal grooming, main	tenance of			uding any follow-u	o or coordination
living environment)			needed with		3 ,	
NOTES			EXAMPLE ACTIVI	TIES		
Social and interpersonal abi	ilities (e.g., conversational	competency,			ce/coaching and sk	ills building
developing and/or maintain					(Activities of Daily	_
ability to maintain positive	relationships)			_	nt, interpersonal	0 1/
Independence (e.g., develo	ping and enhancing perso	nal abilities in	communication/assertiveness skills, housekeeping/cleaning			
handling everyday experien	ces such as structuring lei	sure time, and	skills, money management/budgeting, vocational skills building.			
school/work/volunteer sch	edules).		Gaining competence in understanding the role medication plays			
Cognitive and adult role cor	npetency (e.g., task-orien	ted activities to	in the stabilization of the individual's well-being			
develop and maintain cogni			*	nt of a crisis plan		
functioning such as increase	•	ncentration,	Identification of existing natural supports and resources for			
better memory, enhancing	the ability to learn)		addressing personal needs (e.g., families, employers, and			
			friends)			
PSR up to 4 hours (16 un	its) is reported/billed a	s H2017; PSR	 Identification and development of organizational support, including such areas as sustaining personal entitlements, 			
over 4 hours is reported,			locating and using community resources or other supportive			
			programs			
APPLICABLE POPULATIO	N(S)		UNIT		DURATION	
		ult (21-64)		■ 15 Minutes	Minimum: 8 min	S
⊠ Adol (12-17) (18-		riatric (65+)	□ Day	☐ 1 Hour	Maximum: 4 hrs	7 mins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV			
⊠ Face-to-Face	☑ Individual		⊠ HE (SP)			HJ (Voc)
☐ Video Conf (GT)	☑ Group (HQ)		☐ TG (Other SP)			HQ (Clubhouse)
☑ Telephone	☑ Family (HR/HS)		☐ HK (Residentia	,		TT (Recovery)
STAFF REQUIREMENTS			☑ HF (2 nd modifie	er-SUD) (R	espite)	HT (Prev/EI)
➤ Peer Specialist				□LAC	LPN/LVN (TE)	
☑ Bachelor's Level (HN)	⊠ LCSW (AJ)		Master's Level (HO)		RN (TD)	RxN (SA)
▼ Intern	⊠ LPC ⊠ LMFT		ed EdD/ PhD/PsyD (HP)			
		- Licenseu Eul	S, HD, F3yD (AH)	□CACIII □] QMAP	☑ MD/DO (AF)
PLACE OF SERVICE (POS)		W 105 1 12 1	n ======	50)		
☑ CMHC (53)	☑ ACF (13)	☑ ICF-MR (54		-		
☑ Office (11)	☑ Cust Care (33)	☑ NF (32)	⊠ RHC (7			
✓ Mobile Unit (15)✓ Outp Hospital (22)	☑ Grp Home (14)☑ Home (12)	Shelter (04	I) ⊠ School ⊠ Other I			

TREATMENT - REHABILITATION - PSYCHOSOCIAL REHABILITATION (PSR)							
CPT®/HCPCS PROCEDU			PROCEDURE CODE DESCRIPTION USAGE				
	H2018		Psychosocial reha	bilitation service	s, per diem	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION REC	QUIREMENTS		
An array of services, rer designed to help patien develop coping strategito develop a supportive independently as possible PSR differs from counse focuses less on symptom restoring functional cap teaching, practicing/coacommunity living compmoney management, puliving environment)	ts capitalize on person es and skills to deal with environment in which ole. Iling and psychotherap in management and in habilities. The focus is contacting and skills building etencies (e.g., self-care etencies (e.g., self-care etencies (e.g., self-care etencies (e.g.	nal strengths, to th deficits, and in to function as by in that it ore on on direct skills ing, developing e, cooking,	 Technical Documentation Requirements See Page 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service 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 ACTIVI	TIES			
Social and interpersonal at developing and/or maintai ability to maintain positive Independence (e.g., development of the school/work/volunteer school/wor	ning a positive self-image relationships) pping and enhancing personces such as structuring landules). Impedency (e.g., task-orientive abilities, to maximized attention, improved on the ability to learn) points) is reported/billed	 Direct skills teaching, practice/coaching and skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills, money management/budgeting, vocational skills building activities in scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills, money management/budgeting, vocational skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal repeased in the skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills vocational skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills vocational skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills vocational skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills vocational skills building activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills vocational skills building activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills vocational skills building activities of Daily Living skills, housekeeping/cleaning skills vocational skills building activities of Daily Living skills, housekeeping/cleaning skills vocational sk				eping/cleaning onal skills building. le medication plays eing d resources for ployers, and onal support, ntitlements,	
APPLICABLE POPULATION			programs UNIT		DURATION		
⊠ Adol (12-17) (18	-20) 🗵 (Adult (21-64) Geriatric (65+)	⊠ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 h Maximum: N/		
ALLOWED MODE(S) OF ☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	✓ Individual ✓ Group (HQ) ✓ Family (HR/HS)		PROGRAM SERVI ☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifie	□ U4 (□ TM (I) □ HM	ICM) [(ACT) [(Respite) [☐ HJ (Voc) ☑ HQ (Clubhouse) ☑ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENTS			⊞ HE (Z™ IIIOdille	-30DJ		→ III (FIEV/EI)	
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVICE (POS							
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	☑ ICF-MR (54) ☑ NF (32) ☑ Shelter (04) ☑ SNF (31)	☑ FQHC (50)☑ RHC (72)☑ School (03)☑ Other POS				

	TREATMENT - F	REHABILITATION	- PSYCHOSOCIAL R	EHABILITATION ((PSR)	
CPT®/HCPCS PROCEDU			PROCEDURE CODE DESCRIPTION USAGE			
	H2018		Psychosocial reha	bilitation service	s, per diem	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	QUIREMENTS	
An array of services, redesigned to help patien develop coping strategito develop a supportive independently as possil PSR differs from counse focuses less on symptomestoring functional capteaching, practicing/cocommunity living compmoney management, pliving environment)	ts capitalize on persones and skills to deal with environment in which ole. It ing and psychotherapm management and materials and skills building etencies (e.g., self-care	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties				
NOTES			EXAMPLE ACTIVIT	ΓIES		
Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships) Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as structuring leisure time, and school/work/volunteer schedules). 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) PSR up to 4 hours (16 units) is reported/billed as H2017; PSR over 4 hours is reported/billed as H2018 (per diem).			 Direct skills teaching, practice/coaching and skills building activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills, money management/budgeting, vocational skills building. 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 and resources 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 			
APPLICABLE POPULATION			UNIT		DURATION	
	-	Adult (21-64)		☐ 15 Minutes	Minimum: 4 hrs	8 mins
, , ,		Geriatric (65+)		☐ 1 Hour	Maximum: N/A	
ALLOWED MODE(S) OF ☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		PROGRAM SERVI ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia) ☐ HF (2 nd modifie	□ U4 (□ TM (I) □ HM	ICM) (ACT) (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS ☑ Peer Specialist				□LAC 🗵	LPN/LVN (TE)	
☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	RN (TD)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	 ☑ ICF-MR (54) ☑ NF (32) ☑ Shelter (04) ☑ SNF (31) 	☑ FQHC (50) ☑ RHC (72) ☑ School (03) ☑ Other POS			

	TREATMENT - OTHER PROFESSIONAL SERVICES - COMMUNITY-BASED WRAP-AROUND						
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE COL	USAGE			
	H2021		Community-based wrap-around services, per 15 Medicaid				
SERVICE DESCRIPTION	ON		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 Requirement See Page 346 Service Content 1. The reason for the visit. What we agenda? How does the service aplan? 2. Description of the service and he increase functioning in the community in the community living. Services are intended to help stabilize and strengthen the placement of the child/adolescent. 3. The therapeutic intervention(s) response to the intervention(s) 4. How did the service impact the goals/objectives? 5. Plan for next contact(s) including needed with 3rd parties					ements at was the intendence relate to the tree of tree of the tree of the tree of tr	eatment/service designed to ne individual's ogress towards	
NOTES			EXAMPLE ACTIVI				
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 POPUL	ATION(S)		UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)	ĭ Young Adult (18-20)	☐ Adult (21-64) ☐ Geriatric (65+)	☐ Encounter ☐ Day	■ 15 Minutes □ 1 Hour	Minimum: 8 mir Maximum: 4 hr		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV	CE CATEGORY(IE	S)		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/I	⊣s)	☑ HE (SP)☐ TG (Other SP)☐ HK (Residentia☑ HF (2nd modifie	•	(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMEN	NTS						
☑ Peer Specialist☑ Bachelor's Level (HI☑ Intern	N) 区 LCSV 区 LPC 区 LMF	∑ Unlicensed €	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	APN (SA)	로 Rxn (SA) 로 PA (PA) 로 MD/DO (AF)	
PLACE OF SERVICE (
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15)	☑ Home (12)☑ Shelter (04)☑ FQHC (50)	☑ RHC (72)☑ Independent Clinic☑ School (03)	⊠ NRSATF (49) ⊠ Other PC				

	TREATMENT - OTHER PROFESSIONAL SERVICES - COMMUNITY-BASED WRAP-AROUND						
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE	
	H2021		Community-based wrap-around services, per 15 minutes ☑ OBH				
SERVICE DESCRIPTION	ON		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. The reason for the visit. W agenda? How does the ser plan? Description of the service increase functioning in the increase functioning in the increase functioning in the goals/objectives? The therapeutic intervention response to the intervention response to the intervention for the service in plan? Plan for next contact(s) increase delivered in non-traditional manners/places based on a collaborative planning process. Service Content 1. The reason for the visit. W agenda? How does the ser plan? Description of the service in increase functioning in the service in plan? The therapeutic intervention response to the intervention response to the intervention response to the intervention response to the intervention reded with 3rd parties.					at was the intendence relate to the tree of tree of the tree of the tree of tree of the tree of tree of the tree of the tree of tree o	eatment/service designed to ne individual's ogress towards	
NOTES			EXAMPLE ACTIVI				
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 POPUL	ATION(S)		UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)	⊠ Young Adult (18-20)	☐ Adult (21-64) ☐ Geriatric (65+)	☐ Encounter ☐ Day	■ 15 Minutes □ 1 Hour	Minimum: 8 mir Maximum: 4 hr		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI	ICE CATEGORY(IE	S)		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/F	dS)	☑ HE (SP)☐ TG (Other SP)☐ HK (Residentia☑ HF (2nd modified	•	(ACT) \square (Respite) \square	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMEN	NTS						
✓ Peer Specialist✓ Bachelor's Level (HI✓ Intern	N) 🗵 LCSV 🗵 LPC 🗵 LMF	` ´ ✓ ☑ Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	APN (SA)	로 Rxn (SA) 로 PA (PA) 로 MD/DO (AF)	
PLACE OF SERVICE (
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15)	⊠ Shelter (04)	⊠ RHC (72) ⊠ Independent Clinic (⊠ School (03)	☑ NRSATF 49) ☑ Other PC				

TR	EATMENT - OTHE	R PROFESSIONAL SERVIC	ES - COMM	UNITY-BASED	WRAP-AROUNE)
CPT®/HCPCS PROC	EDURE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	H2022		Community-based wrap-around services, per diem			
SERVICE DESCRIPT	ION		MINIMUN	I DOCUMENT	ATION REQUIRE	MENTS
Individualized, commodelivered as an alter may include informa a child/adolescent at maintain/restore suddelivered in non-traccollaborative planning stabilize and strength	See Page 3: Service Cor 1. The rea agenda treatme 2. Descrip increase 3. The the respons 4. How did towards 5. Plan for	son for the visit. How does the ent/service plantion of the service functioning in rapeutic intervese to the interved the service imps goals/objective	What was the int service relate to the ceand how activities the community ention(s) utilized around the individual es?	y is designed to nd the individual's 's progress		
NOTES				ACTIVITIES	nui e partice	
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) Child (0-11) Young Adult			UNIT Encount	☐ 15 Minutes	DURATION Minimum: 4 hr.	
ĭ Adol (12-17)	(18-20)	☐ Geriatric (65+)	er ⊠ Day	☐ 1 Hour	Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY			/ SERVICE CAT	EGORY(IES)	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR/	HS)	☑ HE (SP) ☐ TG (Othe ☐ HK (Resi ☑ HF (2 nd r	er SP) 🔲 🗆 dential) 🔲	TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMI	NTS					
☑ Peer Specialist☑ Bachelor's Level (HN☑ Intern) 🗵 LCS' 🗵 LPC	☑ Unlicensed EdD/ P	hD/PsyD (HP)	□CAC I	NN (ID)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE						
	☑ Shelter (04)	☑ Independent Clinic (49) ☑ School (03) ☑ NRSATF (57)	☑ Other POS	S (99)		

TI	REATMENT - OTHER	PROFESSIONAL SERVICE	S - COMM	UNITY-BASED \	VRAP-AROUNI	ס
CPT®/HCPCS PRO	CEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	H2022		Community-based wrap-around services, per diem			
SERVICE DESCRIP	ΓΙΟΝ		•	M DOCUMENTA	ATION REQUIR	EMENTS
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 See Page 3 Service Co The rea agenda treatme Descripincreas The the individ How di toward Plan fo	Documentation 346 whtent ason for the visit. ? How does the sent/service plan?	What was the inservice relate to ce and how active the community ntion(s) utilized the intervention act the individues?	itended goal or the ity is designed to and the n(s) al's progress
NOTES				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	
` '	•	□ Adult (21-64) □ Geriatric (65+)	□ Encoun ter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 hr Maximum: N/A	
ALLOWED MODE	S) OF DELIVERY		PROGRAI	M SERVICE CAT	EGORY(IES)	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS	· · · · · · · · · · · · · · · · · · ·	☑ HE (SP) ☐ TG (Oth ☐ HK (Res ☑ HF (2 nd SUD)	ner SP) 🔲 TI sidential) 🔲 H	M (ACT) M (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREM	ENTS					
☑ Peer Specialist☑ Bachelor's Level (HI☑ Intern	N) 区 LCSW (区 LPC 区 LMFT	(AJ) Unlicensed Master's Unlicensed EdD/PhD/P Licensed EdD/PhD/P	D/PsyD (HP)	□CAC I 🗵	KN (TD) ΔPN (SΔ)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15)	⊠ Shelter (04)	☑ Independent Clinic (49) ☑ School (03) ☑ NRSATF (57)	☑ Other PO	os (99)		

TREATMENT - VOCATIONAL SERVICES							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION			USAGE	
	H2023		Supported employment, per 15 minutes				
SERVICE DESCRIPTION			MINIMUM DOC	JMENTATIO	ON RE	QUIREMENTS	
Employment services, specialist, to assist pati employment services, competitive employme placement, job coachir are often provided in tintensive of support m needs of the patient.	ve supportive ning sessment, job pports which ope and	 Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? 2. Description of the service provided and the patient's 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 ACTIV				
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).			 Assessing patient's work history, skills, training, education and personal career goals to help match the person with a suitable job Providing patient with information regarding how employment affects disability income and benefits Preparation skills (i.e., resume development, interview skills) Working with individuals and their employers to identify needed accommodations Helping individuals to conduct an individualized job search Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis to help people succeed in their jobs 				
APPLICABLE POPULAT	ION(S)		UNIT			DURATION	
⊠ Adol (12-17) (18	-20) 🗵 G	dult (21-64) Seriatric (65+)	☐ Encounter ☐ Day	□ 1 Hour		Minimum: 8 m Maximum: 4 h	-
ALLOWED MODE(S) O	- DELIVERY		PROGRAM SERV	ICE CATEGO			
☐ Video Conf (GT)	☑ Individual □ Group (HQ) □ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi			I (ICM) // (ACT) // (Respite)	☑ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS							
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT		laster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CACIII	[3	⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) ⊠ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (PO	S)						
区 CMHC (53) ☑ Office (11) ☑ Outp Hospital (22)	☑ACF (13) ☑ Grp Home (14) ☑ Home (12)	☑ Shelter (04)☑ FQHC (50)☑ RHC (72)		ool (03) er POS (99)			

TREATMENT - VOCATIONAL SERVICES							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COI	DE DESCRII	PTION		USAGE
	H2023		Supported employment, per 15 minutes				
SERVICE DESCRIPTION			MINIMUM DOCI	JMENTATI	ON RE	QUIREMENTS	
Employment services, specialist, to assist pati employment services, competitive employment placement, job coachir are often provided in tintensive of support m needs of the patient.	ve supportive ning sessment, job pports which ope and	 Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? 2. Description of the service provided and the patient's 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 ACTIV					
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).			 Assessing patient's work history, skills, training, education and personal career goals to help match the person with a suitable job Providing patient with information regarding how employment affects disability income and benefits Preparation skills (i.e., resume development, interview skills) Working with individuals and their employers to identify needed accommodations Helping individuals to conduct an individualized job search Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis to help people succeed in their jobs 				
APPLICABLE POPULAT	ION(S)		UNIT			DURATION	
☐ Child (0-11) ☑ \(\times \) ☑ Adol (12-17) (18	Young Adult ⊠ A -20) ⊠ G	dult (21-64) Geriatric (65+)	☐ Encounter ☐ Day	□ 15 Min □ 1 Hour		Minimum: 8 m Maximum: 4 h	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV	ICE CATEG		•	
☐ Video Conf (GT)	☑ Individual □ Group (HQ) □ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifi			4 (ICM) // (ACT) // (Respite)	☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed Ed	Master's Level (HO) 区AC 区PN/LVN (TE) 区RXN (SA) EdD/ PhD/PsyD (HP) 区CAC 区 APN (SA) 区 MD/DO (AF) EdD/PhD/PsyD (AH) 区 CAC 区 QMAP 区 MD/DO (AF)			` '	
PLACE OF SERVICE (PO	•						
区 CMHC (53) ☐ Office (11) ☐ Outp Hospital (22)	☑ACF (13) ☑ Grp Home (14) ☑ Home (12)	✓ Shelter (04)✓ FQHC (50)✓ RHC (72)	区 School (区 Other Po	•			

TREATMENT - VOCATIONAL SERVICES					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H2024	Supported employment, per diem				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Employment services, provided by an employment specialist, to assist patients, 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 patient.	 Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? 2. Description of the service provided and the patient's 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				
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).	 Assessing patient's work history, skills, training, education and personal career goals to help match the person with a suitable job Providing patient with information regarding how employment affects disability income and benefits Preparation skills (i.e., resume development, interview skills) Working with individuals and their employers to identify needed accommodations Helping individuals to conduct an individualized job search Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis to help people succeed in their jobs 				
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 4 hrs 8 mins ☐ Day ☐ 1 Hour ☐ Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 	□ HE (SP) □ U4 (ICM) ☑ HJ (Voc) □ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse) □ HK (Residential) □ HM (Respite) □ TT (Recovery) ☑ HF (2 nd modifier-SUD) □ HT (Prev/EI)				
STAFF REQUIREMENTS					
Intern	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) □ LAC □ LPN/LVN (TE) □ RxN (SA) □ PA (PA) □ APN (SA) □ MD/DO (AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ Shelter (04) ☑ Office (11) ☑ Grp Home (14) ☑ FQHC (50) ☑ Outp Hospital(22) ☑ Home (12) ☑ RHC (72)	⊠ School (03) ⊠ Other POS (99)				

TREAT	MENT -	VOCATIONAL SERV	VICES		
CPT®/HCPCS PROCEDURE CODE		PROCED	URE CODE DES	CRIPTION	USAGE
H2024		Supported employment, per diem			
SERVICE DESCRIPTION		MINIMUM DOCU	JMENTATION R	EQUIREMENTS	
Employment services, provided by an employment specialist, to assist patients, requiring intensive supports of the patient specialist, to assist patients, requiring intensive supports and placement services, in gaining and maintaining competitive employment. Services include assessment placement, job coaching, and follow-along supports ware often provided in the community. The scope and intensive of support may change over time, based on needs of the patient.	nt, job vhich	 Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? 2. Description of the service provided and the patient's 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 ACTIVI			
Activities are typically performed by a job developer, coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hour units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).		 Assessing patient's work history, skills, training, education and personal career goals to help match the person with a suitable job Providing patient with information regarding how employment affects disability income and benefits Preparation skills (i.e., resume development, interview skills) Working with individuals and their employers to identify needed accommodations Helping individuals to conduct an individualized job search Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis to help people succeed in their jobs 			
APPLICABLE POPULATION(S)		UNIT		DURATION	
☐ Child (0-11) ☑ Young Adult ☑ Adult (21- ☑ Adol (12-17) (18-20) ☑ Geriatric	,	□ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 hr Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVI			
☑ Face-to-Face ☑ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☑ Telephone ☐ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifie	□ TM al) □ HM	1 (ACT) 1 (Respite)	☑ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS					
☑ Bactieioi 3 Level (TIN) ☑ LPC ☑ Unli	icensed Ed	laster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠CAC II	⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) ⊠ QMAP	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ Shelter ☑ Office (11) ☑ Grp Home (14) ☑ FQHC (5 ☑ Outp Hospital(22) ☑ Home (12) ☑ RHC (72)	50)	School (03) Other POS			

		TREATMENT - \	VOCATIONAL SER	VICES			
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE	
	H2025		Ongoing support to maintain employment, per 15 minutes				
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
Ongoing or episodic suputilized prior to or follo placement, including procompetitive employme natural on-the-job suppintended to provide the placement, continued employment as evidence length of employment,	wing successful em re-vocational skills int placements, dev ports for a patient. ose supports necess employment, advar ced by salary increa	ployment training in non- elopment of This service is sary to ensure icement in ises, increased	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal? 2. Description of the service provide 3. Intervention utilized and patient 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 ACTIV				
This service is a more g structure and approach H2024) and may involvemployment with job s Ongoing support to ma units) is reported/billed reported/billed as H202	n to supported emp e short-term non-c kills assessment an intain employment d as H2025; over 4 l	loyment (H2023 – ompetitive d job skills training. up to 4 hours (16	 Talking with patient about changes in health, work environment/personal environment to identify needed support changes and avoid crises Teaching patient pre-vocational skills Helping patient identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position Visiting patient at job site to identify and address issues pertinent to job retention Working with patient and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance Contacting patient's family/significant other to monitor support 				
APPLICABLE POPULATI	ON(S)		UNIT	d/or resolve issu	DURATION		
☐ Child (0-11) ☑ ☑ Adol (12-17) (18	Young Adult 3-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encounter ☐ Day	□ 15 Minutes □ 1 Hour	Minimum: 8 mir Maximum: 4 hr		
ALLOWED MODE(S) OF	☑ Individual ☑ Group (HQ ☐ Family (HR		PROGRAM SERV ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residenti ☑ HF (2 nd modif	□ U □ TI al) □ H	4 (ICM) M (ACT) M (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS				[F] a			
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (⊠ LPC ⊠ LMFT	☑ Unlicensed Ed	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH) ☑ CAC II ☑ APN (SA) ☑ PA (PA) ☑ CACIII ☑ QMAP ☑ MD/DO (AF)				
PLACE OF SERVICE (PO							
☑ CMHC (53)☑ Office (11)☑ ACF (13)	☑ Grp Home (14)☑ Home (12)☑ PRTF (56)) ⊠ Shelter (04) ⊠ FQHC (50) ⊠ RHC (72)	区 School (03) 区 Other POS				

TREATMENT - VOCATIONAL SERVICES						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE
	H2025		Ongoing support to maintain employment, per 15 minutes			⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS			
Ongoing or episodic sup utilized prior to or follow placement, including procompetitive employment natural on-the-job suppointended to provide the placement, continued enemployment as evidence length of employment, a NOTES This service is a more gestructure and approach	aployment training in non- relopment of This service is sary to ensure acement in asses, increased an the overall loyment (H2023 –	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal? 2. Description of the service provide 3. Intervention utilized and patient 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 3 rd parties EXAMPLE ACTIVITIES • Talking with patient about changes in health, work environment/personal environment to identify needed support			or coordination	
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).			 Teaching pat job perform non-compe Visiting pat pertinent to Working wi establish ef make reaso Contacting 	nance/relations a titive employment ent at job site to o job retention th patient and hi fective supervisionable accommod	implement strate it work including int position identify and add s/her job supervi on and feedback dations to enhance significant other	ress issues
APPLICABLE POPULATION	ON(S)		UNIT		DURATION	
☑ Adol (12-17) (18	oung Adult -20)	✓ Adult (21-64)✓ Geriatric (65+)	☐ Encounter ☐ Day	■ 15 Minutes□ 1 Hour	Minimum: 8 mi Maximum: 4 hr	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV			
☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☑ Group (HQ □ Family (HR	•	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residenti ☑ HF (2 nd modif	דד □ H □ H	M (ACT) [M (Respite) [⊠ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (⊠ LPC ⊠ LMFT		aster's Level (HO) dD/ PhD/PsyD (HP) 'PhD/PsyD (AH)	⊠CAC II	⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) ⊠ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS	•					
☑ CMHC (53) ☑ Office (11) ☑ ACF (13)	☑ Grp Home (14) ☑ Home (12) ☑PRTF (56)) ⊠ Shelter (04) ⊠ FQHC (50) ⊠ RHC (72)	区 School (03 区 Other POS	•		

TREATMENT - VOCATIONAL SERVICES							
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE COD	DE DESCRII	PTION		USAGE
	H2026		Ongoing support to maintain employment, per diem				
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATI	ON RE	QUIREMENTS	
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 patient. 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.			 Description of patient's res How did the goals/object 	for the visi of the serv ponse service im vives? t contact in	t/call. Nice pro npact th	What was the in vide, interventi ne individual's p	ntended goal? ion utilized, and the progress towards or coordination
NOTES			EXAMPLE ACTIVI	TIES			
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).			 Talking with patient about changes in health, work environment/personal environment to identify needed support changes and avoid crises Teaching patient pre-vocational skills Helping patient identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position Visiting patient at job site to identify and address issues pertinent to job retention Working with patient and his/her job supervisor/employer to establish effective supervision and feedback strategies, ways to make reasonable accommodations to enhance job performance Contacting patient's family/significant other to monitor support network and/or resolve issues 				
APPLICABLE POPULATI	ON(S)		UNIT			DURATION	
⊠ Adol (12-17) (18-	-20) 🗵 Ge	dult (21-64) eriatric (65+)	□ Encounter ☑ Day	☐ 15 Min		Minimum: 4 h Maximum: N	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	ICE CATEG		-	
☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia ☑ HF (2 nd modifie	•		(ICM) (ACT) I (Respite)	☑ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSW (AJ) 区 LPC 区 LMFT		aster's Level (HO) dD/ PhD/PsyD (HP) 'PhD/PsyD (AH)	⊠LAC ⊠CAC II ⊠CACIII	×] LPN/LVN (TE)] RN (TD)] APN (SA)] QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (PO							
⊠ CMHC (53) ⊠ Office (11) ⊠ ACF (13)	☑ Grp Home (14)☑ Home (12)☑ PRTF (56)	Shelter (0-FQHC (50)RHC (72)	-	ol (03) · POS (99)			

TREATMENT - VOCATIONAL SERVICES							
CPT®/HCPCS PROCEDU	URE CODE		PROCEDURE COI	DE DESCRIP	TION		USAGE
	H2026		Ongoing support diem	to maintai	n empl	loyment, per	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOC	JMENTATIO	ON RE	QUIREMENTS	
	ipport to maintain emp		Technical Docum	entation R	equire	ements	
utilized prior to or following successful employment			See Page 346				
placement, including pre-vocational skills training in non-			Service Content				
	ent placements, develo					What was the in	-
	ports for a patient. This		· ·		ice pro	vide, interventi	on utilized, and the
	iose supports necessary		patient's res	•			
•	employment, advancer				pact th	ne individual's p	rogress towards
	nced by salary increases	, increased	goals/object				
length of employment	, and job promotion.					g any follow-up	or coordination
			needed with		5		
NOTES			EXAMPLE ACTIV				
	general approach than t					anges in health	
	h to supported employi					nment to ident	ify needed support
H2024) and may involve short-term non-competitive		_	changes and avoid crises				
	skills assessment and jo		Teaching patient pre-vocational skills				
training. Ongoing support to maintain employment up to 4		Helping patient identify and implement strategies that improve					
	orted/billed as H2025; o	over 4 hours is	job performance/relations at work including placement in a				
reported/billed as H20	126 (per diem).		non-competitive employment position				
			Visiting patient at job site to identify and address issues				
			pertinent to job retention				
			Working with patient and his/her job supervisor/employer to				
			establish effective supervision and feedback strategies, ways to				
			 make reasonable accommodations to enhance job performance Contacting patient's family/significant other to monitor support 				
					-	-	to monitor support
40011040150001114	"ON(C)		network and	d/or resolve	eissue		
APPLICABLE POPULAT		dult (24, C4)	UNIT			DURATION	0
	-	dult (21-64)	☐ Encounter	☐ 15 Min	utes	Minimum: 4 h	
. , , , , , , , , , , , , , , , , , , ,		eriatric (65+)	☑ Day	☐ 1 Hour	3DV/IE	Maximum: N	A
ALLOWED MODE(S) O	FUELIVERT		PROGRAM SERV	ICE CATEGO			V III (Vos)
☑ Face-to-Face	☑ Individual		☐ HE (SP) ☐ TG (Other SP)			(ICIVI) I (ACT)	☒ HJ (Voc)☐ HQ (Clubhouse)
☐ Video Conf (GT)	☑ Group (HQ)		☐ HK (Residentia	.1\			☐ TT (Recovery)
☑ Telephone	☐ Family (HR/HS)		☑ HK (Residentia ☑ HF (2 nd modifi		⊔пі∨	1 (Respite)	☐ HT (Prev/EI)
STAFF REQUIREMENTS	c		MITTE (2 THOUIT	ei-30 <i>D</i>]			LITT (FIEV/LI)
☑ Peer Specialist				⊠LAC	Γx	LPN/LVN (TE)	
☑ Bachelor's Level (HN)	LCSW (AJ)		laster's Level (HO)	⊠CAC I		RN (TD)	⊠ RxN (SA)
✓ Intern	⊠ LPC		dD/ PhD/PsyD (HP)	⊠CAC II		APN (SA)	⊠ PA (PA)
	∠ LMFT	∠ Licensed EdD/ → Licensed EdD/	/PhD/PsyD (AH)	⊠ CACIII		QMAP	⊠ MD/DO (AF)
PLACE OF SERVICE (PC	OS)						
☑ CMHC (53)	☑ Grp Home (14)	✓ Shelter (0	4) 🗵 Schoo	ol (03)			
☑ Office (11)	⊠ Home (12)	☑ FQHC (50)) 🗵 Othei	POS (99)			
⊠ ACF (13)	☑ PRTF (56)	⊠ RHC (72)					

TREATMENT - OTHER PROFESSIONAL SERVICES - PSYCHOEDUCATION						
CPT®/HCPCS PROCEDUI	RE CODE		PROCE	DURE CODE DESC	RIPTION	USAGE
	H2027		Psychoeducation	nal service, per 15	minutes	⊠ Medicaid
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATION RE	QUIREMENTS	
Activities rendered by a trained MHP to provide information and education to patients, families, and significant others regarding mental illness, including co-occurring disorders, and treatment specific to the patients.			See Page 346 Service Content 1. The reason agenda? Ho plan? 2. Description 3. How did the progress to		What was the into ee relate to the tro lucation provided ducation impact to ctives?	eatment/service
NOTES			EXAMPLE ACTIV			
This service acknowledges the importance of involving family and/or significant others who may be essential in assisting a patient to maintain treatment and to recover. This code requires the individual to have an active treatment/service plan. It is not the same as outreach and engagement.		 Information, education and training to assist patients, families and significant others in managing psychiatric conditions (e.g., symptoms, crisis "triggers," decompensation, medication actions and interactions) Increasing knowledge of MI and patient-specific diagnoses (e.g., latest research on causes and treatments, brain chemistry and functioning) Understanding importance of patients' individualized treatment/service plans Information, education and training to assist patients, families and significant others in accessing community resources (e.g., first responders with crisis intervention training [CIT], patient advocacy groups) Information, education and training to assist patients, families and significant others with medication management, symptom management, behavior management, stress management, 				
APPLICABLE POPULATION	ON(S)		UNIT	s management	DURATION	
	_	ult (21-64)	☐ Encounter	■ 15 Minutes	Minimum: 8 Mi	
☑ Adol (12-17) (18-		riatric (65+)	□ Day	☐ 1 Hour	Maximum: N/A	
ALLOWED MODE(S) OF			PROGRAM SERV ☑ HE (SP)	ICE CATEGORY(IE	_•	HJ (Voc)
☑ Face-to-Face☐ Video Conf (GT)☑ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		☐ TG (Other SP) ☐ HK (Residentia ☐ HF (2 nd modifi	⊠ TM al) ⊠ HM	(ACT) (Respite) 🗵	HO (VOC) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	ΔPN (SΔ)	본 RxN (SA) 본 PA (PA) 본 MD/DO (AF)
PLACE OF SERVICE (POS						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ ACF (13)	区 Cust Care (33) ☐ Grp Home (14) ☐ Home (12) ☐ Hospice (34)	☑ ICF-MR (5☑ NF (32)☑ PRTF (56)☑ Shelter (0	⊠ FQ ⊠ RH	F (31) ⊠ Oti HC (50) C (72) nool (03)	her POS (99)	

TREATMENT - OTHER PROFESSIONAL SERVICES - PSYCHOEDUCATION						
CPT®/HCPCS PROCEDU	RE CODE		PROCE	DURE CODE DESC	RIPTION	USAGE
	H2027		Psychoeducation	nal service, per 15	minutes	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATION RE	QUIREMENTS	
Activities rendered by a trained MHP to provide information and education to patients, families, and significant others regarding mental illness, including co-occurring disorders, and treatment specific to the patients.			See Page 346 Service Content 1. The reason agenda? Hoplan? 2. Description 3. How did the progress to 4. Plan for nex	for the visit/call. Yow does the service; ede patient/family e wards goals/object contact(s) incluén 3 rd parties	What was the interest relate to the transfer ducation provided ducation impact ctives?	eatment/service
NOTES			EXAMPLE ACTIV			
This service acknowledges the importance of involving family and/or significant others who may be essential in assisting a patient to maintain treatment and to recover. This code requires the individual to have an active treatment/service plan. It is not the same as outreach and engagement.		 Information, education and training to assist patients, families and significant others in managing psychiatric conditions (e.g., symptoms, crisis "triggers," decompensation, medication actions and interactions) Increasing knowledge of MI and patient-specific diagnoses (e.g., latest research on causes and treatments, brain chemistry and functioning) Understanding importance of patients' individualized treatment/service plans Information, education and training to assist patients, families and significant others in accessing community resources (e.g., first responders with crisis intervention training [CIT], patient advocacy groups) Information, education and training to assist patients, families and significant others with medication management, symptom management, behavior management, stress management, and/or crisis management 				
APPLICABLE POPULATION	ON(S)		UNIT	_	DURATION	
		lult (21-64)	☐ Encounter	□ 15 Minutes	Minimum: 8 M	
		eriatric (65+)	□ Day	☐ 1 Hour	Maximum: N/A	
ALLOWED MODE(S) OF ☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		PROGRAM SERV ☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residenti ☐ HF (2 nd modif	al) 🗵 HM	ICM) (ACT) (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS ☐ Peer Specialist					I DNI/I \/NI /TE\	
☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	APN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ Hospice (34)	☑ ICF-MR (5 ☑ NF (32) ☑ PRTF (56) ☑ Shelter (0	⊠ FQ ⊠ RH	F (31) ⊠ Oth HC (50) IC (72) nool (03)	ner POS (99)	

		TRE	ATMENT- REHA	ABILITATION - CLUB	BHOUSE		
CPT®/HCPCS PROC	EDURE CODE			PROCEDURE COD	E DESCRIPTION		USAGE
	H2030			Mental health clubhouse services, per 15 minutes ☑ Medicaid			☑ Medicaid
SERVICE DESCRIPTI	ON			MINIMUM DOCU	MENTATION RE	QUIREMENTS	
Structured, community-based services designed to strengthen and/or regain the patient's interpersonal skills, provide psychosocial support toward rehabilitation, develop environmental supports to help the patient thrive in the community and meet employment and other life goals, and promote recovery from mental illness. Services are provided with staff and members working as teams to address patient'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).			Technical Documentation Requirements See Page 346 Service Content 1. Must be on the treatment/service 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.				
Clinical consultation available during ho	•	•	should be				
NOTES		-		EXAMPLE ACTIVIT	ΓIES		
 Written schedule of activities and expected outcomes 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 opportunities to learn social, vocational, and other skills and gain expertise. Skill building and psycho-education groups are 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/service plan or access through an EHR. 		 Leisure activiti Peer support & empowerment Self-help and s interpersonal & Outreach & En 	es to promote s & Recovery grou t, hope skills training: co skills, etc.	social skills buildings: increasing en ollaborative meal	gagement,		
 The Clubhouse may APPLICABLE POPUL 		ım- specific pi	an	UNIT		DURATION	
☐ Child (0-11) ☑ Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult (⊠ Geriatr	•	☐ Encounter ☐ Day ☐	⊠ 15 Minutes □ 1 Hour	Minimum: 8 mi Maximum: 4 hr	-
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVIO			
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone		vidual up (HQ) ily (HR/HS)		 ⋈ HE (SP) *for adol/young adu □ TG (Other SP) □ HK (Residential ⋈ HF (2nd modifie 	ult only 🔲 T 🗆 H	J4 (ICM) TM (ACT) IM (Respite)	☐ HJ (Voc) ☑ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREME	NTS						
☑ Peer Specialist ☑ Bachelor's Level (H ☑ Intern	N)	☑ LCSW (AJ) ☑ LPC ☑ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II	RNITH	□ RxN (SA) □ PA (PA) □ MD/DO (AF)
PLACE OF SERVICE	(POS)						
区 CMHC (53) ☑ Other POS (99)							

TDEATMENT DE	TREATMENT- REHABILITATION - CLUBHOUSE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
<u> </u>					
H2030	Mental health clubhouse services, per 15 minutes 🗵 OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Structured, community-based services designed to strengthen and/or regain the patient's interpersonal skills, provide psychosocial support toward rehabilitation, develop environmental supports to help the patient thrive in the community and meet employment and other life goals, and promote recovery from mental illness. Services are provided with staff and members working as teams to address patient'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 Provide Network (IPN).	 Technical Documentation Requirements See Page 346 Service Content Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. 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. 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. 				
available during hours of operation.					
NOTES	EXAMPLE ACTIVITIES				
 Written schedule of activities and expected outcomes 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 opportunities to learn social, vocational, and other skills and gain expertise. Skill building and psycho-education groups are 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/service plan or access through an EHR. The Clubhouse may develop a program-specific plan 	empowerment, nope				
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11)	☐ Encounter ☑ 15 Minutes Minimum: 8 mins ☐ Day ☐ 1 Hour Maximum: 4 hrs 7 mins				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☑ HE (SP) □ U4 (ICM) □ HJ (Voc)				
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☐ Telephone☐ Family (HR/HS)	☑ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc) *for adol/young adult only ☐ TM (ACT) ☑ HQ (Clubhous ☐ TG (Other SP) ☐ HM (Respite) ☐ TT (Recovery) ☐ HK (Residential) ☐ HT (Prev/EI) ☑ HF (2nd modifier-SUD)				
STAFF REQUIREMENTS					
✓ Intern ✓ LPC ✓ Unlicense	d Master's Level (HO) □CAC I □RXN (SA) □CAC I □RXN (SA) □CAC I □RXN (SA) □CAC I □RXN (SA) □CAC II □RXN (SA)				
PLACE OF SERVICE (POS)					
区 CMHC (53) ☑ Other POS (99)					

TDEATMENT DE	THARMITATION CHIRDIONS					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
·						
H2031	Mental health clubhouse services, per diem	☑ Medicaid				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	MINIMUM DOCUMENTATION REQUIREMENTS				
Structured, community-based services designed to strengthen and/or regain the patient's interpersonal skills, provide psychosocial support toward rehabilitation, develop environmental supports to help the patient thrive in the community and meet employment and other life goals, and promote recovery from mental illness. Services are provided with staff and members working as	 Technical Documentation Requirements See Page 346 Service Content 1. Must be on the treatment/service plan as an interior one or more goals and objectives. Sign in/out work unit or facilitator records. 2. A daily note including name of group, focus of grad description of the type and level of participation. 	t of each group or roup, time in/out;				
teams to address patient'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 Provide Network (IPN). Clinical consultation by a master's level person should be available during hours of operation.	activities (can be a checklist); description of extrany individual interventions; individual's self-eva 3. Bi-weekly or monthly progress note: includes a comprogress towards the goals that are a focus of clude must be signed or written by program staff bachelor's degree.	aluation of day. description of ubhouse. This				
NOTES	EXAMPLE ACTIVITIES					
 Written schedule of activities and expected outcomes 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 opportunities to learn social, vocational, and other skills and gain expertise. Skill building and psycho-education groups are 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/service plan or access through an EHR The Clubhouse may develop a program- specific plan 	 Vocational and educational services; resume and interview skills Leisure activities to promote social skills building Peer support & Recovery groups: increasing engagement, empowerment, hope Self-help and skills training: collaborative meal prep, interpersonal skills, etc. Outreach & Engagement: identify and resolve barriers to seeking care, relationship building exercises. 					
APPLICABLE POPULATION(S)	UNIT DURATION					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: 4 hrs ☐ Day ☐ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	7 () ()				
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☐ Telephone☐ Family (HR/HS)	*for adol/young adult only ☐ TM (ACT) ☐ TG (Other SP) ☐ HM ☐	□ HJ (Voc) ☑ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)				
STAFF REQUIREMENTS						
⊠ LPC ☑ Unlicense ☐ Unlicense	d EdD/ PhD/PsyD (HP) □CAC II ☑ APN (TD) □	□ RxN (SA) □ PA (PA) □ MD/DO (AF)				
PLACE OF SERVICE (POS)						
区 CMHC (53) 区 Other POS (99)						

TREATMENT. REI	HABILITATION- CLUBHOUSE			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H2031	Mental health clubhouse services, per diem	⊠ OBH		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Structured, community-based services designed to strengthen and/or regain the patient's interpersonal skills, provide psychosocial support toward rehabilitation, develop environmental supports to help the patient thrive in the community and meet employment and other life goals, and promote recovery from mental illness. Services are provided with staff and members working as teams to address patient'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).	 Technical Documentation Requirements See Page 346 Service Content Must be on the treatment/service plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. 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. 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. 			
Clinical consultation by a master's level person should be available during hours of operation.				
NOTES	EXAMPLE ACTIVITIES			
 Written schedule of activities and expected outcomes 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 opportunities to learn social, vocational, and other skills and gain expertise. Skill building and psycho-education groups are 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/service plan or access through an EHR The Clubhouse may develop a program- specific plan 	 Vocational and educational services; resume and Leisure activities to promote social skills building Peer support & Recovery groups: increasing engagement and skills training: collaborative meal poskills, etc. Outreach & Engagement: identify and resolve bacare, relationship building exercises. 	gement, rep, interpersonal		
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11)	☐ Encounter ☐ 15 Minutes Minimum: 4 hr ☑ Day ☐ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☐ Telephone☐ Family (HR/HS)	*for adol/young adult only ☐ TM (ACT) ☐ TG (Other SP) ☐ HM	□ HJ (Voc) ☑ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)		
STAFF REQUIREMENTS				
✓ LPC ✓ Unlicensed	EdD/ PhD/PsyD (HP) □CAC II ☑ APN (SA)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)		
PLACE OF SERVICE (POS)				
区 CMHC (53) ☑ Other POS (99)				

TREATMENT - REHABILITATION - OTHER			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE		
H2032	Activity therapy, per 15 minutes	dicaid	
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 behavioral 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 346 Service Content 1. Reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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.	 Playing basketball with group of adolescents to facilitate pehavior and passing/taking turns. Hiking in community to help a patient with depressive syrreinforce the connection between healthy mind and body exercise. Puppet play with a child to identify feelings and interpersidynamics Art/music activities to improve self-esteem, concentration 	mptoms with	
APPLICABLE POPULATION(S)	UNIT DURATION		
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Allowed Mode(s) OF Delivery ☑ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 mins ☐ Day ☐ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES)		
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☐ Telephone ☐ Family (HR/HS) 	☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc ☐ TG (Other SP) ☑ TM (ACT) ☑ HQ (Clu ☑ HK (Residential) ☐ HM (Respite) ☑ TT (Rec ☑ HF (2 nd modifier-SUD) ☐ HT (Pre	ubhouse) covery)	
STAFF REQUIREMENTS			
IN Intern	Master's Level (HO) □LAC ☑ LPN/LVN (TE) ☑ RxN (SA) EdD/ PhD/PsyD (HP) □CAC II ☑ RN (TD) ☑ PA (PA) D/PhD/PsyD (AH) □CACIII □ QMAP ☑ MD/DO		
PLACE OF SERVICE (POS)			
☑ CMHC (53) ☑ ACF (13) ☑ Home (12) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32)	 ☑ Shelter (04) ☑ SNF (31) ☑ School (03) ☑ FQHC (50) ☑ Other POS (99) 		

TREATMENT - REHABILITATION - OTHER				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H2032	Activity therapy, per 15 minutes			
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 behavioral 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 346 Service Content 1. Reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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.	 Playing basketball with group of adolescents to facilitate prosocial behavior and passing/taking turns. Hiking in community to help a patient with depressive symptoms reinforce the connection between healthy mind and body with exercise. Puppet play with a child to identify feelings and interpersonal dynamics Art/music activities to improve self-esteem, concentration, etc. 			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 8 mins ☐ Day ☐ 1 Hour ☐ Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Video Conf (GT)☑ Telephone☑ Family (HR/HS)	☑ HE (SP) ☑ U4 (ICM) ☑ HJ (Voc) ☐ TG (Other SP) ☑ TM (ACT) ☑ HQ (Clubhouse) ☑ HK (Residential) ☐ HM (Respite) ☑ TT (Recovery) ☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
✓ Intern ✓ LPC ✓ Unlicensed	Master's Level (HO) □LAC ☑ LPN/LVN (TE) ☑ RxN (SA) EdD/ PhD/PsyD (HP) □CAC I ☑ RN (TD) ☑ PA (PA) D/PhD/PsyD (AH) □CACIII □ QMAP ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☒ ACF (13) ☒ ICF-MR (54) ☒ Office (11) ☒ Cust Care (33) ☒ NF (32) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ Home (12)	 ☑ Shelter (04) ☑ SNF (31) ☑ School (03) ☑ FQHC (50) ☑ Other POS (99) 			

TREATMENT- OTHER PROFESSIONAL SERVICE	ES -MULTI-SYSTEMIC THERAPY (MST)
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
H2033	Multi-systemic therapy for juveniles, per 15 minutes
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 346 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided The therapeutic intervention(s) utilized and the individual's/family's response to the intervention(s) How did the service impact the individual's/family's progress towards goals/objectives? 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.	 Strategic family therapy Structural family therapy Behavioral parent training Cognitive behavior therapies
APPLICABLE POPULATION(S)	UNIT DURATION
☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 8 mins ☐ Day ☐ 1 Hour ☐ Maximum: 8 hrs
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☐ Group (HQ)☐ Telephone☑ Family (HR/HS)	□ HE (SP) □ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse) □ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HF (2 nd □ HT (Prev/EI)
STAFF REQUIREMENTS	
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern ☐ LCSW (AJ) ☐ HO) ☐ Unlicensed EdD/ N ☐ LMFT ☐ HP) ☐ Licensed EdD/PhD	□ LAC □ LPN/LVN (TE) □ RxN (SA) PhD/PsyD □ CAC I □ RN (TD) □ PA (PA) □ CAC II □ APN (SA) □ MD/DO (AF)
PLACE OF SERVICE (POS)	
☑ CMHC (53) ☑ Home (12) ☑ School (03) ☑ Office (11) ☑ Shelter (04) ☑ NRSATF (57) ☑ Mobile Unit (15) ☑ Independent Clinic (49) ☒ Other POS (99)	

TREATMENT- OTHER PROFESSIONAL SERVICES -MULTI-SYSTEMIC THERAPY (MST)				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H2033	Multi-systemic therapy for juveniles, per 15 minutes			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
An intensive, home-, family- and community-based treatmen 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 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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			
NOTES	coordination needed with 3 rd parties 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.	 Strategic family therapy Structural family therapy Behavioral parent training Cognitive behavior therapies 			
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☐ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 mins ☐ Day ☐ 1 Hour Maximum: 8 hrs			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☑ Family (HR/HS)	☑ HE (SP) ☑ U4 (ICM) ☐ HJ (Voc) ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clubhouse) ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Recovery) ☑ HF (2nd modifier- ☐ HT (Prev/EI) SUD)			
STAFF REQUIREMENTS				
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ LCSW (AJ) □ LCSW (AJ) □ LPC □ Unlicensed EdD/Ph □ LMFT □ (HP) □ Licensed EdD/Ph	PhD/PsyD			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ Home (12) ☑ School (03) ☑ Office (11) ☑ Shelter (04) ☑ NRSATF (57) ☑ Mobile Unit (15) ☑ Independent Clinic (49) ☑ Other POS (99)				

RESIDENTIAL – ALCOHOL AND DRUG ABUSE						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
H2034	Halfway house	☑ 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.	 Date of service Start and stop time (duration) 					
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)	UNIT DURATION					
☐ Child (0-11)	☐ Encounter ☐ 15 Minutes Minimum: 4hrs ☐ Day ☐ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ H ☐ HK (Residential) ☐ HM (Respite) ☐ T	lJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/El)				
STAFF REQUIREMENTS						
Image: Second of the properties of the propertie	Id Master's Level (HO) Id EdD/ PhD/PsyD (HP) Id CAC I	X RXN (SA)				
PLACE OF SERVICE (POS)						
区 Grp Home (14) 区 RSATF (55)						

TREATMENT – ALCOHOL AND DRUG ABUSE – TREATMENT PROGRAM					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H2036	Alcohol and/or drug treatment program, per diem				
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.	e 1. Date of service 2. Clinical notes • Type of session				
NOTES	EXAMPLE ACTIVITIES				
This code is reserved for use with the Special Connections Program.					
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☐ 15 Minutes Minimum: N/A				
☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☑ Day ☐ 1 Hour Maximum: N/A	1			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☐ Face-to-Face ☐ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS)	☐ HE (SP) ☐ U4 (ICM) ☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM (Respite) ☐ HF (2 nd modifier-SUD) ☒ HD (Preg/Parent)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS					
□ Intern □ LMFT □ Licensed Ed	Master's Level (HO) □ LAC □ LPN/LVN EdD/ PhD/PsyD (HP) □ CAC I □ RN (TD) D/PhD/PsyD (AH) □ CAC II □ APRN (SA □ CACIII □ QMAP	☐ RXN (SA)			
PLACE OF SERVICE (POS)					
☑ Office (11) ☑ RSATF (55)					

	RESIDENTIA	AL - ALCOHOL A	AND DRUG ABUSE -	SOCIAL D	тох		
CPT®/HCPCS PROCEDURE C	ODE		PROCEDURE COD	E DESCRIP	TION		USAGE
2	53005	Performance mea self-assessment, d		evaluation of	patient	☑ Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATIO	N REQUIREM	1ENTS	
Safety screening, including S Behavioral Health Issues	Technical Documentation Requirements See Page 346 Service Content: 1. Result(s) of patient self-assessment(s) or screening including suicidal ideation or homicidal ideation and other behavioral health issues 2. Plan for interventions and monitoring based on patient self-assessment results						
NOTES			EXAMPLE ACTIVIT	TES			
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 patient to ask about safety level to assess for danger to self or others.				
APPLICABLE POPULATION(S	5)		UNIT DURATION				
☐ Child (0-11)	-	ult (21-64) riatric (65+)	☑Encounter ☐ Day	☐ 15 Mi ☐ 1 Hou		Minimui Maximu	•
ALLOWED MODE(S) OF DELI	IVERY		Program Service Category				
☑ Face-to-Face □ Video Conference (GT) □ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS	5)	□ HE (SP) □ TG (Other SP) □ HK (Residential ☑ HF (2 nd modifie	E (SP) ☐ U4 (ICM) ☐ G (Other SP) ☐ TM (ACT) ☐ K (Residential) ☐ HM (Respite) ☐		te)	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/EI)
STAFF REQUIREMENTS							
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW (AJ) ☑ LPC ☑ LMFT	☑ Unlicensed	EdD/ PhD/PsyD (AH) EdD/PhD/PsyD (AH) MCAC I R CAC I A		⊠ LPN/LVN ⊠ RN (TD) ⊠ APN (SA □ QMAP) [⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)							
区 CMHC (53) ☑ Outp Hospital (22) ☑ Independent clinic (49)							

	RESIDENTIA	AL - ALCOHOL A	AND DRUG ABUSE -	SOCIAL D	ETOX		
CPT®/HCPCS PROCEDURE CO	DE		PROCEDURE COD		USAGE		
S	3005		Performance mea self-assessment, d	epression	<u> </u>	·	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATIO	ON REQUIREM	IENTS	
Safety screening, including Su Behavioral Health Issues	Technical Documentation Requirements See Page 346 Service Content: 1. Result(s) of patient self-assessment(s) or screening including suicidal ideation or homicidal ideation and other behavioral health issues 2. Plan for interventions and monitoring based on patient self-assessment results						
NOTES			EXAMPLE ACTIVIT	TES			
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 patient to ask about safety level to assess for danger to self or others.				
APPLICABLE POPULATION(S)			UNIT			DURATIO	N
☐ Child (0-11) ☑ Youn ☑ Adol (12-17) (18-20)	-	ult (21-64) riatric (65+)	⊠Encounter ☐ Day	☐ 15 M ☐ 1 Hou	Minutes Minimu Hour Maximu		•
ALLOWED MODE(S) OF DELIV	/ERY		Program Service Category				
☑ Face-to-Face☐ Video Conference (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS	5)	☑ HE (SP) ☐ U4 (ICM) ☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM (Respite)		te)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	d EdD/ PhD/PsyD (HP) 図CAC I 図 RN (TD) [図 CAC II 図 APN (SA)) <u>X</u>] RxN (SA)] PA (PA)] MD/DO (AF)	
PLACE OF SERVICE (POS)							
区 CMHC (53) Coutp Hospital (22) Independent clinic (49)							

RESPITE CARE - FACILITY/COMMUNITY							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	S5150		Unskilled respite care, not hospice; per 15 minutes				
SERVICE DESCRIPTION	N		MINIMUM DOO	CUMENTATION	N REQUIREMENT	S	
Services rendered in the	•	•	Technical Docum	entation Requir	ements		
other place of service as			See Page 346				
situation/environment of			Service Content				
home environment in or			1. Purpose of co				
outpatient setting. Servi			2. Respite service				
direct assistance with, o					hose instructions v	were followed	
emotional, social and be			4. Patient's response				
by someone other than		-	5. Progress towa	ard treatment/se	ervice plan goals a	nd objectives	
should be flexible to ens	sure that the patient's d	ally routine is					
maintained.			EVALADIE ACTIV	UTIES			
NOTES	-1:111	in and a constant	EXAMPLE ACTIV		fallest/s salessal		
S5150 does not include services; clients who nee					of client (e.g. devel		
		-			rces, WRAP plan d		
receive respite care und		•	Referral to and resources	d establishing a	stronger connection	on to community	
care up to 4 hours (16 u respite care over 4 hour				wilding with not	ural environmenta	l cupport cyctom	
Discrete services (e.g., fa			· ·	-	rompting of activit		
psychotherapy, psychiat							
are documented, and re			(ADLs), routine personal hygiene skills, self-care by obtaining				
S5150.	ported/billed separater	y ITOITI	regular meals/healthy diet options, housekeeping habits, etc.				
33130.			Assistance implementing health status and physical condition				
			 instructions Assistance with implementing medication reminders and 				
*When Home POS is use	ad this refers to either th	ne Resnite	practically addressing medical needs				
Worker's home or the cl			 Assistance/supervision needed by patient to participate in social, 				
code.	ilent s nome, for this pro	ocedure		community activ		ticipate ili sociai,	
couc.			recreational	oninanity activ	ities		
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
	′oung Adult 🗵 Adı	ılt (21-64)	☐ Encounter	■ 15 Minutes	Minimum: 8 Min	utes	
☑ Adol (12-17) (18-	-20) 🗵 Ger	iatric (65+)	☐ Day	□ 1 Hour	Maximum: 4 Hrs	(16 Units)	
ALLOWED MODE(S) C	OF DELIVERY		PROGRAM SERV	VICE CATEGOR	RY(IES)		
☑ Face-to-Face	☑ Individual		☐ HE (SP)	□١	J4 (ICM) [□ HJ (Voc)	
☐ Video Conf (GT)	⊠ Group (HQ)		☐ TG (Other SP)			☐ HQ (Clubhouse)	
☐ Telephone	☐ Family (HR/HS)		☐ HK (Residentia			☐ TT (Recovery)	
			☑ HF (2 nd modifie	er-SUD)		☐ HT (Prev/EI)	
STAFF REQUIREMENT	rs						
Peer Specialist	∠ LCSW (AJ)	☑ Unlicensed I	Master's Level (HO)		LPN/LVN (TE)	RxN (SA)	
☑ Bachelor's Level (HN)	☑ LPC		ensed EdD/ PhD/PsyD (Hp) LICACT KN (ID)				
✓ Intern	☑ LMFT		EdD/PhD/PsyD (AH) □CAC II ☑ APN (SA) ☑ MD/DO (AF)				
PLACE OF SERVICE (PO	OSI						
	☑ Home (12)*	⊠ RHC (72)					
	⊠ PRTF (56)	☑ Other POS (99)				
	☑ FQHC (50)	_ 50.00.1.05 (<i>55</i> ,				

RESPITE CARE - FACILITY/COMMUNITY						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
\$5150		Unskilled respite care, not hospice; per 15 minutes ☑ OBH				
SERVICE DESCRIPTION		MINIMUM DOCUME	ENTATION REQUIREMENT	S		
Services rendered in the patient's home, co other place of service as a temporary relief situation/environment or to provide addition home environment in order to maintain the outpatient setting. Services include observed direct assistance with, or monitoring of the emotional, social and behavioral health need by someone other than the primary careging should be flexible to ensure that the patient maintained.	from stressful onal support in e patient in an ation, support, physical, eds of the patient vers. Respite care	Technical Documentation Requirements See Page 346 Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Patient's response 5. Progress toward treatment/service plan goals and objectives				
S5150 does not include skilled practical/proservices; clients who need that level of moreceive respite care under H0045/T1005. Ucare up to 4 hours (16 units maximum) is rerespite care over 4 hours is reported as S51 Discrete services (e.g., family, group and impsychotherapy, psychiatric services, case mare documented, and reported/billed sepais S5150. *When Home POS is used this refers to eith Worker's home or the client's home, for th code.	 Support to assure the safety of client (e.g. developing safety plan, identifying triggers and resources, WRAP plan development, etc.). Referral to and establishing a stronger connection to community resources Relationship building with natural environmental support system Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, self-care by obtaining regular meals/healthy diet options, housekeeping habits, etc. Assistance implementing health status and physical condition instructions Assistance with implementing medication reminders and practically addressing medical needs Assistance/supervision needed by patient to participate in social, recreational/community activities 					
APPLICABLE POPULATION(S)		UNIT	DURATION			
	Adult (21-64)		Minutes Minimum: 8 Min			
	Geriatric (65+)	□ Day □1H		(16 Units)		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE (
☑ Face-to-Face ☑ Individual ☐ Video Conf (GT) ☑ Group (HQ) ☐ Telephone ☐ Family (HR/HS)	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier-SUD	☐ TM (ACT) ☐ ☐ E HM (Respite) ☐	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMENTS						
☑ Peer Specialist☑ Bachelor's Level (HN)☑ LCSW (☑ LPC☑ LMFT	☑ Unlicensed	Sed Master's Level (HO) □CAC I ☑ LPN/LVN (TE) ☑ RxN (SA) Sed EdD/ PhD/PsyD (HP) □CAC I ☑ APN (SA) ☑ PA (PA) I EdD/PhD/PsyD (AH) □CACIII ☑ QMAP ☑ MD/DO (AF)				
PLACE OF SERVICE (POS)						
 ☑ CMHC (53) ☑ Home (12)* ☑ PRTF (56) ☑ Grp Home (14) ☑ FQHC (50) 	⊠ RHC (72) ⊠ Other POS (99)				

RESPITE CARE – FACILITY/COMMUNITY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
S5151	Unskilled respite care, not hospice; per diem 🗵 OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Services rendered in the patient's home, community or other	Technical Documentation Requirements				
place of service as a temporary relief from stressfu	See Page 346				
situation/environment or to provide additional support ir	Service Content				
home environment in order to maintain the patient in ar	1. Purpose of contact				
outpatient setting. Services include observation, support					
direct assistance with, or monitoring of the physical					
emotional, social and behavioral; health needs of the patient	·				
by someone other than the primary caregivers. Respite care					
should be flexible to ensure that the patient's daily routine is	5				
maintained.					
NOTES	EXAMPLE ACTIVITIES				
S5151 does not include skilled practical or professiona					
nursing services; patients who need that level of monitoring					
should receive respite care under H0045/T1005. Unskilled	· ·				
respite care up to 4 hours (16 units maximum) is reported as					
S5150; respite care over 4 hours is reported as S5151 (per diem). Discrete services (e.g., family, group and individua	Relationship building with natural environmental support system Assistance with /manitoring/grompting of activities of daily living.				
psychotherapy, psychiatric services, case management, etc.	 Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, self-care by obtaining 				
are documented, and reported/billed separately from S5151	regular meals/healthy diet options, housekeeping habits, ,etc.				
are documented, and reported, since separately from 55151	Assistance implementing health status and physical condition				
*When POS Home (12) is used this refers to either the	instructions				
Respite Worker's home or the client's home, for this	Assistance with implementing medication reminders and				
procedure code.	practically addressing medical needs				
	 Assistance/supervision needed by patient to participate in social, 				
	recreational/community activities				
APPLICABLE POPULATION(S)	UNIT DURATION				
	☐ Encounter ☐ 15 Minutes Minimum: 4 7 min				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Day ☐ 1 Hour Maximum: 24 Hours				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☑ Individual	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc)				
☐ Video Conf (GT) ☑ Group (HQ)	\square TG (Other SP) \square TM (ACT) \square HQ (Clubhouse)				
☐ Telephone ☐ Family (HR/HS)	☐ HK (Residential) ☑ HM (Respite) ☐ TT (Recovery)				
, , , , ,	☑ HF (2 nd modifier-SUD) ☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
⊠ Peer Specialist ⊠ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicense	d Master's Level (HO)				
Intern Z LPC Z Unlicense	ensed EdD/ PhD/PsyD (HP)				
☑ LMFT ☑ Licensed E	EdD/PhD/PsyD (AH) □CACIII ☑ QMAP □ MD/DO (AF)				
PLACE OF SERVICE (POS)					
☑ ACF (13) ☑ PRTF (56) ☑ Other POS	S (99)				
☑ Grp Home (14) ☑ FQHC (50)					

TREATMENT - ALCOHOL AND DRUG ABUSE - EDUCATION							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE COD	USAGE			
	S9445		Patient education, not otherwise classified, non-				
			physician provide				
SERVICE DESCRIPTION			MINIMUM DOCU				
A brief one-on-one patient's AOD (Alcoh recommendations regintervention should for has been screened for on AOD use patterns. motivation for behavinclude education, brieferral to more intervices. This procedure code coanalysis) in conjunction results. If the counsel procedure code cannot separately to fee-for-s	ol or drug) use a arding behavior challow as soon as postific presence of AO. The intervention for vior change. Interest counseling, continues the collection with the counseling/education does to be billed. The universite (FFS) by the	 Technical Documentation Requirements See Page 346 Service Content: The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? Description of the service provided, including results of AOD screening, the education provided, strategies used, and the individual's response to the education 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 					
no separate code solel NOTES	y for sample collec	tion.	EXAMPLE ACTIVITIES				
Substance abuse counseling/education services shall be provided along with screening to discuss results with patient. 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			Collection of spec	imen and counse	ling of the result	S.	
should occur only once APPLICABLE POPULAT		5.	UNIT DURATION				
☑ Child (0-11)☑ Adol (12-17)☑ (12-17)	Young Adult 8-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) O	FUELIVEKY		PROGRAM SERVI		4 (ICM)		
☑ Face-to-Face☑ Video Conf (GT)☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/H	IS)	☐ TG (Other SP) ☐ HK (Residential ☑ HF (2 nd modifie	□ тг 	4 (ICM) И (ACT) М (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENTS	S						
✓ Intern ✓ LPC ✓ Unlicensed			HEDD/PhD/PsyD (HP) 되CACT 전 RN (TD) 모 PA (PA		⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)		
PLACE OF SERVICE (PC							
区 CMHC (53) ☑ Office (11) ☑Outp Hospital (22) ☑ ACF (13)	☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)☑ ICF-MR (54)	⊠ NF (32) ☑ PRTF (56) ☑ SNF (31) ☑ FQHC (50)	☒ RHC (72)☒ Independent☒ PF-PHP (52)☒ School (03)	t clinic (49) 🗵 (NRSATF (57) Other POS (99) Telehealth (02)		

TREATMENT - ALCOHOL AND DRUG ABUSE - EDUCATION							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	S9445		Patient education, not otherwise classified, non-				
			physician provide	·			
					•		
A brief one-on-one session in which concerns about a patient'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 patient 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. 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. NOTES Substance abuse counseling/education services shall be provided along with screening to discuss results with patient. The laboratory analysis needed as a prerequisite for this code			Technical Documentation Requirements See Page 346 Service Content: 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties EXAMPLE ACTIVITIES Collection of specimen and counseling of the results.				
should be submitted a covered by Medicaid		•					
should occur only once	•						
APPLICABLE POPULAT			UNIT DURATION				
☑ Child (0-11)☑ Adol (12-17)☑ (18)	Young Adult 8-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	•	•		
☑ Face-to-Face☑ Video Conf (GT)☑ Telephone	☑ Individual □ Group (HQ) □ Family (HR/H	S)	☑ HE (SP)☐ TG (Other SP)☐ HK (Residential☑ HF (2nd modifie	□ TN □ HN	(ICM) I (ACT) I (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)	
STAFF REQUIREMENTS	5						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	Unlicensed □	EdD/ PhD/PsyD (HP) 国CACT 区 RN (TD) IED		⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)		
PLACE OF SERVICE (PO	•						
区 CMHC (53) ☐ Office (11) ☐ Outp Hospital (22) ☐ ACF (13)	 ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12) ☑ ICF-MR (54) 	☑ NF (32) ☑ PRTF (56) ☑ SNF (31) ☑ FQHC (50)	☑ RHC (72)☑ Independent☑ PF-PHP (52)☑ School (03)	clinic (49) 🗵 Te	RSATF (57) elehealth (02) ther POS (99)		

PREVENTION/EARLY INTERVENTION - EDUCATION - SMOKING CESSATION							
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	E DESCRIPTI	ION		USAGE
	S9453		Smoking cessation per session	n classes, no	n-phy	sician provider,	⊠ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION	N REQ	UIREMENTS	
Structured classes rendered for the treatment of tobacco dependence.			Technical Documentation Requirements See Page 346 Service Content 1. What was the intended class goal or agenda? 2. Description of the class material reviewed/presented and				
NOTES			individual's re	•	ass		
This service is for patients with a diagnosis of tobacco dependence or a history of tobacco dependence.			EXAMPLE ACTIVI	IIE3			
APPLICABLE POPULATION	ON(S)		UNIT DURATION				
☐ Child (0-11) ☑ Y ☑ Adol (12-17) (18-	-	Adult (21-64) Geriatric (65+)		☐ 15 Minut ☐ 1 Hour		Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☐ Individual ☑ Group (HQ) ☐ Family (HR/HS)		★ HE (SP) *for adol/young ado □ TG (Other SP) □ HK (Residentia) ★ HF (2nd modified)	1)	□ 1 □ H	rm (act) Hm	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) ☑ HT (Prev/El)
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	ensed Master's Level (HO) ensed EdD/ PhD/PsyD (HP) ed EdD/PhD/PsyD (AH) Ed EdD/PhD/PsyD (AH) ED CAC II ED APN (SA) ED CACIII ED QMAP		N (TD) PN (SA)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)	
PLACE OF SERVICE (POS	5)						
☑ CMHC (53) ☑ Office (11) ☑Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14)	☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	⊠ Shelter ⊠ SNF (31 ⊠ FQHC (5)	⊠ Sch	C (72) nool (03) SATF (57)	☑ Other POS (99)

	PREVENTION/EARLY INTERVENTION - EDUCATION - SMOKING CESSATION						
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COD	E DESCRIPTI	ON		USAGE
	S9453		Smoking cessation per session	n classes, noi	n-phy	sician provider,	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION	I REQ	UIREMENTS	
Structured classes rendered for the treatment of tobacco dependence.			Technical Documentation Requirements See Page 346 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 ACTIVIT	TIES			
	This service is for patients with a diagnosis of tobacco dependence or a history of tobacco dependence.						
APPLICABLE POPULATION	DN(S)		UNIT DURATION				
☐ Child (0-11)	-	dult (21-64) eriatric (65+)		☐ 15 Minute☐ 1 Hour	es	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☐ Individual ☑ Group (HQ) ☐ Family (HR/HS)		□ HE (SP) *for adol/young add □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie	1)		ΓM (ACT) ⊣M	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) ☑ HT (Prev/EI)
STAFF REQUIREMENTS							
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	ed EdD/ PhD/PsyD (HP) 되었다. 되었다. 되었다.		□ RxN (SA) □ PA (PA) □ MD/DO (AF)		
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Office (11) ☑Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)	⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	⊠ Shelter ⊠ SNF (31 ⊠ FQHC (5) [⊠ Scł	C (72) nool (03) SATF (57)	☑ Other POS (99)

PREVENTION/EARLY INTERVENTION- EDUCATION - STRESS MANAGEMENT							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION				USAGE
	S9454		Stress manageme provider, per ses		s, non-p	hysician	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTAT	ION RE	QUIREMENTS	
Structured classes designed to educate patients on the management of stress.			Technical Documentation Requirements See Page 346 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 ACTIVI	TIES			
APPLICABLE POPULATION	ON(S)		UNIT			DURATION	
	O .	dult (21-64) eriatric (65+)	⊠ Encounter □ 15 Minutes				•
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	□ Individual ☑ Group (HQ) □ Family (HR/HS)		□ HE (SP) *child/adol/young □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modificentia)	ıl)		U4 (ICM) TM (ACT) HM espite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☑ HT (Prev/EI)
STAFF REQUIREMENTS							
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC I ⊠CACIII	X I	LPN/LVN (TE) RN (TD) APN (SA) QMAP	□ RxN (SA) □ PA (PA) □ MD/DO (AF)
PLACE OF SERVICE (POS	5)						
☑ CMHC (53) ☑ Office (11) ☑Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)	☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	⊠ Shelter ⊠ SNF (31 ⊠ FQHC	L)	⊠ RHC ⊠ PF-P ⊠ Scho	HP (52)	☑ Other POS (99)

PREVENTION/EARLY INTERVENTION- EDUCATION - STRESS MANAGEMENT							
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CODE DESCRIPTION				USAGE
	S9454		Stress manageme provider, per ses		s, non-p	hysician	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTAT	TION RE	QUIREMENTS	
Structured classes designed to educate patients on the management of stress.			Technical Documentation Requirements See Page 346 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 ACTIVI	TIES			
APPLICABLE POPULATION	DN(S)		UNIT			DURATION	
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-	O .	dult (21-64) eriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A				•
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERV	ICE CATE	GORY(IE	S)	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	□ Individual ☑ Group (HQ) □ Family (HR/HS)		★ HE (SP) *child/adol/young □ TG (Other SP) □ HK (Residentia ☑ HF (2 nd modifie	ıl)		U4 (ICM) TM (ACT) HM espite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☑ HT (Prev/EI)
STAFF REQUIREMENTS							
図 Peer Specialist 図 Bachelor's Level (HN) 図 Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC I ⊠CACII	II X	LPN/LVN (TE) RN (TD) APN (SA) QMAP	□ RxN (SA) □ PA (PA) □ MD/DO (AF)
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ Office (11) ☑Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14)	☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	⊠ Shelter ⊠ SNF (31 ⊠ FQHC (L)	⊠ RHC ⊠ PF-P ⊠ Scho	HP (52)	☑ Other POS (99)

TREATMENT -INTENSIVE - INTENSIVE OUTPATIENT PROGRAM (IOP - MH)						
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	S9480		Intensive outpatient psychiatric (IOP) services, per diem			
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
Services focus on maint abilities for a patient at hospitalization. Service coordinated individuali treatment/service plan and treatment modaliti treatment team.	risk of/with a histons are based on a contract and recovery-contract, utilizing multiple	ory of psychiatric emprehensive and oriented concurrent services	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service 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 3 rd parties. 6. Daily log of attendance and time duration 7. Weekly note re: Patient and/or family specific progress notes (if daily notes do not meet full minimum documentation			
NOTES			requirement			
While services are avail week, at minimum, the patient is directly relate specified in the patient	amount of weekly ed to the goals and	services per objectives	 Sessions focus on reducing/eliminating symptoms that, in the past, have led to the need for hospitalization. 			
APPLICABLE POPULATI			UNIT DURATION			
☑ Child (0-11)☑ Adol (12-17)☑ (18	Young Adult 3-20)	☑ Adult (21-64) ☑ Geriatric (65+)	⊠ Day	☐ 15 Minutes ☐ 1 Hour	5 days/week	able 4 hours/day,
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	•	•	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)	□ HE (SP) □ TG (Other SP) □ HK (Residential ☑ HF (2 nd modifie	□ TM I) □ HM	1 (ACT) □ // (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS					<u> </u>	
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	ΔPN (SΔ)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (PO						
区 CMHC (53) ☑ Office (11) ☑Outp Hospital (22)	☑ ICF-MR (54)☑ PRTF (56)☑ PF-PHP (52)	⊠ Other PO	S (99)			

TREATMENT -INTENSIVE – INTENSIVE OUTPATIENT PROGRAM (IOP – MH)						
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDURE CODE DESCRIPTION USAGE			
	S9480		Intensive outpatient psychiatric (IOP) services, per diem			
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
Services focus on main abilities for a patient at hospitalization. Service coordinated individuali treatment/service plan and treatment modalit treatment team.	risk of/with a histons are based on a concept and recovery-concept, utilizing multiple of	ory of psychiatric emprehensive and oriented concurrent services	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit. What was the intended goal or agenda'			
NOTES EXAMPLE ACTIVITIES						
While services are avail week, at minimum, the patient is directly relate specified in the patient	amount of weekly ed to the goals and	services per objectives	 Sessions focus on reducing/eliminating symptoms that, in the past, have led to the need for hospitalization. 			
APPLICABLE POPULATI	·		UNIT		DURATION	
☑ Child (0-11)☑ Adol (12-17)☑ (18	Young Adult 3-20)	☑ Adult (21-64) ☑ Geriatric (65+)	⊠ Day	☐ 15 Minutes ☐ 1 Hour	5 days/week	able 4 hours/day,
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI		•	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)	□ HE (SP) □ TG (Other SP) □ HK (Residential ☑ HF (2 nd modifie	□ TM I) □ HM	1 (ACT) □ // (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠	ΔPN (SΔ)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (PO	s)					
区 CMHC (53) ☑ Office (11) ☑Outp Hospital (22)	区 ICF-MR (54) 区 PRTF (56) 区 PF-PHP (52)	⊠ Other PO	S (99)			

	CRISIS – BEHAVIORAL HEALTH						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COI		PTION		USAGE
	S9485		Crisis interventio	n mental h	ealth services, per		☑ Medicaid
	35463		diem				M Ivieuicaiu
SERVICE DESCRIPTION					ON REQUIREMEN	TS	
	rendered in the process	-	Technical Docum	nentation F	Requirements		
	nmediate attention, that		See Page 346				
	ılt in the client requiring	-	Service Content				
	mmediate crisis interver	ntion to de-			t/call. What was th		_
	or family in crisis, assess	isida su			f the crisis/need fo		
	ion, determine risk of su s access to or ability to u				ention(s) utilized (echniques, consult		
	or and facilitate admission				oonse to the interv		•
	forms of treatment if ne		3. BH history	unning 5 resp	Jonise to the interv	Citton	(3)
	situation, . When possik		-	needs (imm	nediate, short-tern	n, long-	term) linked
	Wellness Recovery Action				olan (WRAP, advan	_	
(WRAP) and/or psychiat	tric advance directive, th	is plan is	available				
followed with the client	's permission.		-		fied (mental health	n, subst	tance abuse,
			medical, etc	,			
) including any foll	low-up	or coordination
NOTES			needed with	•	\$		
NOTES Services may be provide	ed at any time, day or n	ight and by a	_		contact to provide	imma	diate short-term
	ogram in a facility/cli		 Face-to-face/telephone contact to provide immediate, short-term crisis-specific assessment and intervention/counseling with client 				
	e. May be provided by m		and, as necessary, with client's caretakers/ family members				
	led to address the situa		Referral to other applicable BH services, including pre-inpatient				
	d and their activities are i		screening; activities include telephone contacts/ meeting with				
	r 90839/90840 are us		receiving provider staff				
individual psychotherap	y procedure codes whe	n the session	Face-to-face/telephone consultation with physician/ hospital				
	ent walk-in), focused on		staff, regarding need for psychiatric consultation or placement				
	te and/or special inte	erventions in	Face-to-face/telephone contact with another provider to help thet provides deal with a good first to bloom to be a second of the sec				
response.			 that provider deal with a specific client's crisis Consultation with one's own provider staff to address the crisis 				
APPLICABLE POPULATION	ON/S)		UNIT	with one s	DURATIO		aress the crisis
		ult (21-64)	☐ Encounter	☐ 15 Min			8 mins
	-	riatric (65+)	⊠ Day	☐ 1 Hour			5 1111113
ALLOWED MODE(S) OF	•	, ,	PROGRAM SERV				
			⊠ HE (SP)		☑ U4 (ICM)		l HJ (Voc)
☑ Face-to-Face ☑ Video Conf (GT)	☑ Individual		☐ TG (Other SP)		☑ TM (ACT)		l HQ (Clubhouse)
☑ Video Com (GT) ☑ Telephone	☐ Group (HQ) ☑ Family (HR/HS)			al)	☐ HM (Respite)		l TT (Recovery)
	E Fairilly (TIR/TIS)		☑ HF (2 nd modifi	er-SUD)			l HT (Prev/EI)
STAFF REQUIREMENTS							
Peer Specialist	☑ LCSW (AJ)	☑ Unlicensed I	Master's Level (HO)	⊠LAC	☑ LPN/LVN (TE) <u>x</u>	RxN (SA)
☑ Bachelor's Level (HN) ☑ Intern	⊠ LPC `	☑ Unlicensed I	EdD/ PhD/PsyD (HP)	□CAC II	⊠ RN (TD) ⊠ APN (SA)		PA (PA)
E intern	☑ LMFT	∠ Licensed EdI	D/PhD/PsyD (AH)		□ QMAP	X	MD/DO (AF)
PLACE OF SERVICE (POS	5)						
☑ CMHC (53)	☑ ACF (13)	☑ Hospice (3	4) ⊠ Shelter	(04)	⊠ ER (23)	×	Telehealth (02)
☑ Office (11)	☑ Cust Care (33)	☑ ICF-MR (54		` '	⊠ PF-PHP (52)		` '
☑ Mobile Unit (15)	☑ Grp Home (14)	⊠ NF (32)	✓ FQHC (School (03) ✓		
☑Outn Hospital (22)	X Home (12)	☑ PRTF (56)	X RHC (7	2)	X Other POS (9	۵۱	

CRISIS – BEHAVIORAL HEALTH						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CO			USAGE
	S9485		Crisis intervention	n mental health	services, per	⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOC	JMENTATION R	EQUIREMENTS	
Unanticipated services client crisis, requiring i intervention, could res LOC., Services include: escalate the individual dangerousness of situadanger to others, assess support, triage, assess level care or additional stabilize the immediate client has developed a (WRAP) and/or psychia followed with the client	Technical Docum See Page 346 Service Content 1. The reason agenda? De 2. The therape status, de-e individual/f 3. BH history 4. Treatment i with an exis available 5. Other proble medical, etc	for the visit/call. scription of the entice intervention scalation technically's response needs (immediating crisis plan (versis plan (What was the incrisis/need for con(s) utilized (asseques, consultation to the interventer, lowers, advance of the control of t	risis intervention essment, mental on, referral) and the cion(s) ong-term) linked directive), if		
6. Plan for next contact(s) including any folloneeded with 3 rd parties				uding any follow	-up or coordination	
Services may be provided at any time, day or night and by a mobile team/crisis program in a facility/clinic or other provider as appropriate. 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 or 90839/90840 are 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.			crisis-specific and, as neces Referral to of screening; ac receiving pro Face-to-face/ staff, regardi Face-to-face/ that provider	assessment and sary, with client ther applicable B tivities include to vider staff (telephone consumer need for psycotelephone contained all with a specific sary, with clients and sary, with a specific sary, with a speci	I intervention/cc 's caretakers/ fai H services, inclu- elephone contact Ultation with phy- hiatric consultat- act with another cific client's crisis	ding pre-inpatient ts/ meeting with rsician/ hospital ion or placement provider to help
APPLICABLE POPULAT	ION(S)		UNIT	With one 3 own	DURATION	address the chisis
☑ Child (0-11)	Young Adult ⊠ Ad 8-20) ⊠ Ge	ult (21-64) riatric (65+)	□ Encounter □ Day PROGRAM SERV □ HE (SP) □ TG (Other SP) □ HK (Residentia □ HF (2 nd modifi	⊠ U ⊠ TI ⊡ H	Minimum: 4 h Maximum: N	
STAFF REQUIREMENTS	5					
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II	I LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (PO	OS)					
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (3 ☑ ICF-MR (54 ☑ NF (32) ☑ PRTF (56)		1) 🗵 [50)	ER (23) PF-PHP (52) School (03) Other POS (99)	☑ Telehealth (02)

	RESIDENTIAL – ROOM AND BOARD					
CPT®/HCPCS PROCEDU	RE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	S9976	Lodging, per diem, not otherwise	specified ☑ OBH			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION RI	EQUIREMENTS			
Room and board costs p	er day	 Date of service Start and stop time (durations) Sign with 1st initial, last name 				
NOTES		EXAMPLE ACTIVITIES				
		Room and board provided to clie	nt.			
APPLICABLE POPULATION	DN(S)	UNIT	DURATION			
☐ Child (0-11)	ung Adult	☐ Encounter ☐ 15 Minutes ☑ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A			
ALLOWED MODE(S) OF	DELIVERY	PROGRAM SERVICE CATEGORY(I	ES)			
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) □ Family (HR/HS)	☐ HE (SP) ☐ U4 (☐ TG (Other SP) ☐ TM ☐ HK (Residential) ☐ HM ☐ HF (2 nd modifier-SUD)				
STAFF REQUIREMENTS						
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	☑ LPC ☑ Unlicensed	Master's Level (HO) ⊠ LAC ⊠ CAC I EdD/ PhD/PsyD (HP) ⊠ CAC II D/PhD/PsyD (AH) ⊠ CACIII	☐ LPN/LVN (TE) ☐ RN (TD) ☐ APRN (SA) ☐ APRN (SA) ☐ QMAP ☐ QMAP			
PLACE OF SERVICE (POS)					
⊠ Home (12) ⊠ RSATF (55)						

	RESPITE CARE – FACILITY-BASED					
CPT®/HCPCS PROCEDU	JRE CODE		PROCED	URE CODE DESC	RIPTION	USAGE
	T1005		Respite care servi	ices, up to 15 mii	nutes	☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
Services to temporarily	substitute for primary	caregivers to	Technical Docum	entation Require	ements	
maintain patients in ou	tpatient setting. Servi	ces include	See Page 346			
assistance with/monito			Service Content			
support, safety, and en		•	 Purpose of co 			
care should be flexible	to ensure that the pat	ient's daily	Respite servic			
routine is maintained.			3. Special instruc		ose instruction	s were followed
			4. Patient's resp			
			5. Progress towa		rvice plan goals	and objectives
NOTES			EXAMPLE ACTIVI		<u> </u>	
Unlike respite procedu						vities of daily living
requires skilled practica		-		e personal hygie		
meet the health and ph				_		physical condition
care up to 4 hours (16				th medication an		
respite care over 4 hou			Cueing and pr			
Discrete services (e.g.,			Prompting/cueing to perform housekeeping activities (bed			
psychotherapy, psychia		_	making, dusting, vacuuming, etc.) Support to assure the safety of patient			
are documented, and r	eported or billed sepa	rately from	 Assistance/supervision needed by patient to participate in social, 			
T1005.			Assistance/supervision needed by patient to participate in social, recreational/community activities			
*POS Home (12): Refer	s to aithar tha Basnita	Markar's hama	recreational/community activities			
or the patient's home,						
APPLICABLE POPULATI		е.	UNIT		DURATION	
☑ Child (0-11)		Adult (21-64)	☐ Encounter	☑ 15 Minutes	Minimum: 8 N	Minutes
⊠ Adol (12-17)	-	Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 4 H	
ALLOWED MODE(S) OF		S eriative (65 v)	PROGRAM SERVI			(10 0)
			☐ HE (SP)		•	□ HJ (Voc)
☑ Face-to-Face	☑ Individual		☐ TG (Other SP)			☐ HQ (Clubhouse)
☐ Video Conf (GT)	☑ Group (HQ)		☐ HK (Residentia			☐ TT (Recovery)
☐ Telephone	☐ Family (HR/HS)		☑ HF (2 nd modifie			☐ HT (Prev/EI)
STAFF REQUIREMENTS			,	·		· · ·
☐ Peer Specialist	□ LCSW (AJ	\ □ Unlicensed I	Master's Level (HO)		LPN/LVN (TE)	⊠ RxN (SA)
☐ Bachelor's Level (HN)			EdD/ PhD/PsyD (HP)		RN (TD)	⊠ PA (PA)
☑ Intern	□ LMFT		D/PhD/PsyD (AH)		APN (SA)	☑ MD/DO (AF)
DI 105 05 0500 /- 0	0)			□CACIII □	QMAP	- , ,
PLACE OF SERVICE (PO		W DUC (73)				
☑ CMHC (53)	☑ Home (12)*	⊠ RHC (72)	0)			
☑ ACF (13)	☑ PRTF (56)	☑ Other POS (9	9)			
☑ Grp Home (14)	☑ FQHC (50)					

RESPITE CARE – FACILITY-BASED							
CPT®/HCPCS PROCEDU	RE CODE		PROCED	USAGE			
	T1005		Respite care servi	ices, up to 15 mir	nutes	⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS		
Services to temporarily			Technical Docum	entation Require	ements		
maintain patients in out			See Page 346				
assistance with/monito			Service Content				
support, safety, and env		·	1. Purpose of cor				
care should be flexible t	to ensure that the	patient's daily	2. Respite service			6.11	
routine is maintained.			3. Special instruc		iose instructions v	were followed	
			4. Patient's response			and and the safe and	
NOTEC			5. Progress towa		rvice pian goals ai	nd objectives	
NOTES	a codes CE1EO C	F1F1 T100F	EXAMPLE ACTIVIT		ompting of activit	tion of daily living	
Unlike respite procedur		·					
requires skilled practica meet the health and ph		-			ne skills, dressing, alth status and ph		
care up to 4 hours (16 u				_	d other medical n	•	
respite care over 4 hour		·			aration and eatin		
Discrete services (e.g., f							
psychotherapy, psychia			 Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.) 				
are documented, and re			_	Support to assure the safety of patient			
T1005.		,	Assistance/supervision needed by patient to participate in social,				
			recreational/community activities				
*POS Home (12): Refers	to either the Res	pite Worker's home	,				
or the patient's home, f	or this procedure	code.					
APPLICABLE POPULATION			UNIT		DURATION		
☑ Child (0-11)	Young	■ Adult (21-64)	☐ Encounter	■ 15 Minutes	Minimum: 8 Mi		
⊠ Adol (12-17)	Adult (18-20)	☑ Geriatric (65+)		☐ 1 Hour	Maximum: 4 Hr	s (16 Units)	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	•	•		
☑ Face-to-Face	☑ Individual		☐ HE (SP)			HJ (Voc)	
☐ Video Conf (GT)	☑ Group (HQ)		☐ TG (Other SP)			HQ (Clubhouse)	
☐ Telephone	☐ Family (HR/H	IS)	☐ HK (Residentia			TT (Recovery)	
STACE DECLUDEMENTS			☑ HF (2 nd modifie	er-SUD)	Ц	HT (Prev/EI)	
STAFF REQUIREMENTS ☐ Peer Specialist				□LAC 🗵	LPN/LVN (TE)		
☐ Bachelor's Level (HN)	□ LCSW		Master's Level (HO)		DN (TD)	⊠ RxN (SA)	
☑ Intern	□ LPC		EdD/ PhD/PsyD (HP)	□CAC II 🗵		≥ PA (PA)	
☐ LMFT ☐ Licensed EdD/PhD/PsyD (AH) ☐ CACIII ☐ QMAP ☑ MD/DO				™ID/DO (AF)			
PLACE OF SERVICE (POS							
☑ CMHC (53)	⊠ Home (12)*	☑ RHC (72)					
⊠ ACF (13)	☑ PRTF (56)	☑ Other POS (9	9)				
☑ Grp Home (14)							

TREATMENT – FAMILY/COUPLE COUNSELING - ALCOHOL AND DRUG ABUSE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAG	GE		
T1006	Alcohol and/or substance abuse services, family/couple counseling	ВН		
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.	1. Date of service2. Start and stop time (duration)			
NOTES	EXAMPLE ACTIVITIES			
APPLICABLE POPULATION(S)	UNIT DURATION			
☐ Child (0-11)	☐ Encounter ☐ 15 Minutes Minimum: N/A ☐ Day ☑ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☑ Family (HR/HS)	☐ HE (SP) ☐ U4 (ICM) ☐ HJ (Voc ☐ TG (Other SP) ☐ TM (ACT) ☐ HQ (Clu ☐ HK (Residential) ☐ HM (Respite) ☐ TT (Rec ☐ HF (2 nd modifier-SUD) ☐ HT (Pre	ubhouse) covery)		
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ LPC □ Unlicensed I □ Intern □ LMFT □ Licensed EdD	EdD/ PhD/PsyD (HP)] RxN (SA)] PA (PA)] MD/DO(AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ Shelter (04) ☑ NRSATF (57) ☑ Office (11) ☑ FQHC (50) ☑ Prison/CF (09) ☑ Home (12) ☑ RHC (72) ☑ School (03)	☑ Other POS (99)			

RESIDENTIAL - ALCOHOL A	AND DRUG ABUSE - SOCIAL DETOX				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Alcohol and/or substance abuse services,				
T1007	treatment/service plan development and/or				
	modification, including vital sign monitoring				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREME	NIS			
Initial detox plan for member may be more generally focused on assessment of detox progression, maintaining	Technical Documentation Requirements See Page 346				
member safety. As member progresses in detox and is able	Service Content:				
to participate in planning, a more specific treatment/service	Assessment of detox progression				
plan, focused on aftercare and treatment, as needed, may	Degree of Alcohol or Drug intoxicati	ion and/or withdrawal as			
be developed. This may be the initial plan for a patient	evidenced by breathalyzer, UA, self-				
beginning treatment or the modification of a plan for a	other accepted means				
patient already in treatment. It is typically a scheduled	 Initial vital signs 				
service that is not necessarily delivered in conjunction with	 Need for emergency medical and/o 	r psychiatric services			
another treatment. This service may require the participation of clinicians and specialists in addition to those	 Substance use disorder history and 	degree of personal and			
usually providing treatment.	social dysfunction, as soon as clinica	ally feasible			
	Pregnancy screen				
	Clinical Institute Withdrawal Assess Revised (CIWA AR) or comparable in				
	Revised (CIWA-AR) or comparable in 2. Detox monitoring	nstrument			
	All monitoring activities				
	Vital signs taken at least every 2 hor	urs until remaining in			
	normal range for at least 4 hours; th	hen every 8 hours until			
	discharge				
	Routine monitoring of physical and Defermed for monitoring into monitoring has a				
	Referral for medical interventions based on assessment and monitoring				
	4. Detox plan modification or, as appropria	ate development of a			
	treatment/service plan for aftercare based on assessment and				
	monitoring				
NOTES	EXAMPLE ACTIVITIES				
Facility must be licensed by the Colorado Department of	Monitoring vital signs, administering and rev	viewing CIWA			
Human Services, Office of Behavioral Health as an OBH					
Provider. Detox plan must be provided in accordance with OBH licensure					
APPLICABLE POPULATION(S)	UNIT	DURATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	_	Minimum: 8 minutes			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour	Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	Program Service Category				
│ ☑ Face-to-Face	☑ HE (SP) ☐ U4 (ICM)	☐ HJ (Voc)			
☐ Video Conference (GT) ☐ Group (HQ)	☐ TG (Other SP) ☐ TM (ACT)	☐ HQ (Clubhouse)			
☐ Telephone ☐ Family (HR/HS)	☐ HK (Residential) ☐ HM (Respite ☐ HF (2 nd modifier-SUD)	e) ☐ TT (Recovery) ☐ HT (Prev/EI)			
STAFF REQUIREMENTS	E TH (2 HIOUHIEL-30D)	LIII (FIEV/LI)			
☐ Peer Specialist	Master's Level (HO)	TE)			
Bachelor's Level (HN)	EdD/ PhD/PayD (HP) SCACT SERN (TD)	× RxN (SA) × PA (PA)			
	D/DPD/DG/D (VH) SCACII SAN (SA)	☑ MD/DO (AF)			
DI ACE OF SERVICE (DOS)	SCACIII □ QMAP	· <i>,</i>			
PLACE OF SERVICE (POS) ☑ CMHC (53)					
☑ Civine (33) ☑ Outp Hospital (22)					
Independent clinic (49)					

RESIDENTIAL - ALCOHOL A	AND DRUG ABUSE - SOCIAL DETOX				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Alcohol and/or substance abuse services,				
T1007	treatment/service plan development and/or				
	modification, including vital sign monitoring				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMEN	NTS			
Initial detox plan for member may be more generally	Technical Documentation Requirements				
focused on assessment of detox progression, maintaining	See Page 346				
member safety. As member progresses in detox and is able	Service Content:				
to participate in planning, a more specific treatment/service plan, focused on aftercare and treatment, as needed, may	Assessment of detox progression	/			
be developed. This may be the initial plan for a patient	 Degree of Alcohol or Drug intoxication evidenced by breathalyzer, UA, self- 				
beginning treatment or the modification of a plan for a	other accepted means	report, observation or			
patient already in treatment. It is typically a scheduled	Initial vital signs				
service that is not necessarily delivered in conjunction with	Need for emergency medical and/or	r nsychiatric services			
another treatment. This service may require the	Substance use disorder history and of the standard of the				
participation of clinicians and specialists in addition to those usually providing treatment.	social dysfunction, as soon as clinica	- '			
usually providing treatment.	 Pregnancy screen 				
	Clinical Institute Withdrawal Assessr				
	Revised (CIWA-AR) or comparable in	istrument			
	Detox monitoringAll monitoring activities				
	Vital signs taken at least every 2 hours.	irs until remaining in			
	normal range for at least 4 hours; th	_			
	discharge	,			
	 Routine monitoring of physical and r 	mental status			
	3. Referral for medical interventions based	on assessment and			
	monitoring				
	4. Detox plan modification or, as appropriate development of a				
	treatment/service plan for aftercare based on assessment and monitoring				
NOTES	EXAMPLE ACTIVITIES				
Facility must be licensed by the Colorado Department of	Monitoring vital signs, administering and reviewing CIWA				
Human Services, Office of Behavioral Health as an OBH		Ü			
Provider. Detox plan must be provided in accordance with					
OBH licensure					
APPLICABLE POPULATION(S)		URATION			
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)		Ainimum: 8 minutes			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)		/Jaximum: N/A			
ALLOWED MODE(S) OF DELIVERY	Program Service Category ☑ HE (SP) □ U4 (ICM)	☐ HJ (Voc)			
☑ Face-to-Face	$\square TG (Other SP) \qquad \square TM (ACT)$	☐ HQ (Clubhouse)			
☐ Video Conference (GT) ☐ Group (HQ)	☐ HK (Residential) ☐ HM (Respit	-			
☐ Telephone ☐ Family (HR/HS)		☐ HT (Prev/EI)			
STAFF REQUIREMENTS	,				
☐ Peer Specialist ☑ Rechald (Level (UN) ☑ LCSW (AJ) ☑ Unlicensed	Master's Level (HO)	E) 🗵 RxN (SA)			
Bachelor's Level (HIV)	EdD/ PhD/PayD (HP) SCACT S RN (TD)	⊠ PA (PA)			
☑ Intern ☑ LMFT ☑ Licensed Ed	D/PhD/PsyD (AH) ⊠CAC II ⊠ APN (SA) □ QMAP	☑ MD/DO (AF)			
PLACE OF SERVICE (POS)	Zorom Z Qvini				
☑ Outp Hospital (22)					
☑ Independent clinic (49)					

SUPPORT SERVICES – CHILDCARE – ALCOHOL AND DRUG ABUSE					
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	☑ ОВН			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Care of the children of clients undergoing treatment for alcoholism or drug abuse while the client is in treatment	 Date of service Start and stop time (duration) Signed with 1st initial, last name & credential 	ls			
NOTES	EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 mi ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☑ Telephone☑ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ H ☐ HK (Residential) ☐ HM (Respite) ☐ T	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
⊠ Bachelor's Level (HN) ⊠ LPC ☑ Unlicensed	Master's Level (HO)	⊠ KXIN (SA) ⊠ DA (DA)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ FQHC (50) ☑ Other POS (99) ☑ Office (11) ☑ RHC (72) ☑ Home (12) ☑ NRSATF (57)					

TREATMENT – REHABILITATION – ALCOHOL AND DRUG ABUSE							
CPT®/HCPCS PROCED	URE CODE		PROCE	DURE CODE	DESCRIPTION		USAGE
	T1012		Alcoho develo	•	stance abuse s	ervices, skills	☑ ОВН
SERVICE DESCRIPTION	V		MINIM	UM DOCUM	ENTATION RE	QUIREMENTS	
For those involved in A component helps facil activities. The skills de sufficiency and indepe	litate their manage velopment is aime		 Sta De Re 	scription of s commendati		•	s
NOTES			EXAME	LE ACTIVITIE	S		
			 Development and maintenance of necessary community at daily living skills (i.e., grooming, personal hygiene, cooking, nutrition, health and MH education, money management a 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 			giene, cooking, management and ort networks to vithdrawal	
APPLICABLE POPULAT	ΓΙΟΝ(S)		UNIT			DURATION	
, ,	U	⊠ Adult (21-64) ⊠ Geriatric (65+)	☐ End		15 Minutes 1 Hour	Minimum: 8 m Maximum: N/A	
ALLOWED MODE(S) O	F DELIVERY				CATEGORY(II		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) □ Family (HR/H	IS)	□ нк (SP) Other SP) Residential) ^{2nd} modifier-		(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENT	S						
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSV ⊠ LPC ⊠ LMF		EdD/ PhD,	PsyD (HP)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (S. ⊠ QMAP	⊠ KXN (SA) ⊠ DA (DA)
PLACE OF SERVICE (PC							
☑ Office (11)	⊠ Home (12) ☑ PRTF (56) ☑ Shelter (04)	区 FQHC (50)区 RHC (72)区 RSATF (55)		ATF (57) on/CF (09) ool (03)	⊠ Other PO	S (99)	

SUPPORT SERVICES – I	ANGUAGE – ALCOHOL AND	DRUG ABUSE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE COI	DE DESCRIPTION	USAGE			
T1013		Sign language or oral interpreter for alcohol and/or substance abuse services				
SERVICE DESCRIPTION	MINIMUM DOCI	MINIMUM DOCUMENTATION REQUIREMENTS				
An additional service to assure the treatment for behavioral health clients is understood or received for clients who reasign language or oral interpretation, including but limited the services required by the Americans with Disabilities Act.	uire 2. Start and st	vice op time (duration) n 1 st initial, last name & cre	edentials			
NOTES	EXAMPLE ACTIV	ITIES				
	they understand	oral interpretation provid the treatment or services phol and/or drug abuse se	being provided to them			
APPLICABLE POPULATION(S)	UNIT	DURATI	ON			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ Day	✓ 15 Minutes Minimul☐ 1 Hour Maximul	m: 8 mins m: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERV	ICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☐ Telephone ☑ Family (HR/HS) 	☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia☐ HF (2 nd modifi		☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)			
STAFF REQUIREMENTS						
☐ Bachelor's Level (HN) ☐ LCSW (AJ) ☐ Unlic	ensed Master's Level (HO) ensed EdD/ PhD/PsyD (HP) ed EdD/PhD/PsyD (AH) H Interpreter	□ CAC I □ R	PN/LVN (TE) IN (TD) IN (TD) IPRN (SA) IPRN (
PLACE OF SERVICE (POS)						
⊠ CMHC (53)⊠ACF (13)⊠Hospice (34)⊠ Office (11)⊠Cust Care (33)⊠ICF-MR (54)⊠ Mobile Unit (15)⊠ Grp Home (14)⊠NF (32)⊠Outp Hospital(22)⊠ Home (12)⊠PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ RHC (72)☑ RSATF (55)	⊠Inpt Hosp (21) ⊠Inpt PF (51)	⊠Prison/CF (09) ⊠School (03) ⊠Other POS (99) ⊠ Telehealth (02)			

TREATMEN	T - CASE MANAGEMENT			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
Т1016	Case management, each 15 minutes			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
 Services designed to assist and support a patient to gain access to needed medical, social, educational, and other services. Case management includes: Assessing service needs – patient history, identifying patient needs, completing related documents, gathering information from other sources; Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring patient participation, identifying a course of action; Referral and related activities to obtain needed services – arranging initial appointments for patient with service providers/informing patient of services available, addresses and telephone numbers of agencies providing services; working with patient/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and Monitoring and follow-up – contacting patient/others to ensure patient is following the agreed upon treatment/service plan and monitoring progress and impact of plan. 	Technical Documentation Requirements See Page 346 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service 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, treatment/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 3 rd parties			
NOTES	EXAMPLE ACTIVITIES			
Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and follow-up.	 available resources, explaining options to patient and assisting in application process Contact with patient's family members for assistance helping patient access services Care Coordination between other service agencies, healthcare 			
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☐ Encounter ☑ 15 Minutes Minimum: 8 mins ☐ Day ☐ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS)	PROGRAM SERVICE CATEGORY(IES) □ HE (SP) □ TG (Other SP) □ HK (Residential) □ HK (Residential) □ HF (2 nd modifier-SUD) □ HT (Prev/EI)			
✓ Bacrielor's Level (HN) ✓ LPC ✓ Unlicense	ed Master's Level (HO) □ CAC I ☑ RN (TD) ☑ PA (PA) Ed DD/PhD/PsyD (AH) □ CAC II ☑ APN (SA) ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (5 ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	54)			

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CPT®/HCPCS PROCEDURE		REATMENT - CASE I		DDE DESCRIPTION		USAGE
CFT /TICFCS FROCEDORE						
	T1017		Targeted case management, each 15 minutes ☑ Medicaid			
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS			
Services designed to assist and support a patient diagnosed with or being assessed for a mental health disorder, to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services, including: • Assessing service needs – gathering patient history/collateral info, treatment needs; • Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring participation, identifying a course of action; includes transition plan development • Referral and related activities to obtain needed services – arranging initial appointments for patient with service providers/informing patient of services and/providing contact information for available services; working with patient/collaterals to secure access to services, including contacting agencies for appointments/services after initial referral process; and • Monitoring and follow-up – contacting patient/others to ensure patient is following the agreed upon service or transition plan and monitoring progress and impact of plan. BA-Level staff may ONLY perform service if at a Licensed Mental Health Center and under direction of a physician per Medicaid State Plan Amendment.			 Technical Documentation Requirements See Page 346 Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan? 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) The services utilized and the individual's response to the services (includes assessing service needs, treatment/service plan development, referral, and monitoring/follow-up, which includes care coordination) 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 			
See Appendix E: <u>Targeted Case Management</u>			EXAMPLE ACTIV			
Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and follow-up. T1017* may be used, when appropriate to patient status for an individual in social detox. However, it may not be used for a one-time event (i.e. it is only approved for use when several case management contacts are needed - documentation must support).			 Assessing the need for service, identifying and investigating available resources, explaining options to patient and assisting in application process Contact with patient's family members for assistance helping patient access services Care Coordination between other service agencies, healthcare providers Development and follow-up of a transition plan from the hospital to outpatient services Social Detox example: To link patient from social detox to outpatient services, multiple case management services are offered (calls, meetings with collaterals, etc.) to schedule an intake, obtain records and information and make referrals. 			
APPLICABLE POPULATION	(S)		UNIT	e, obtain records and in	DURATIO	
☑ Child (0-11)☑ You☑ Adol (12-17)☑ (18-20)	ng Adult		□ Encounter □ Day	⊠ 15 Minutes □ 1 Hour	Minimum Maximum	-
☑ Video Conf (GT) ☐	LIVERY Individual Group (HQ) Family (HR/HS)		PROGRAM SERN ☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residenti ☑ HF (2 nd modif	ial) 🗵 HM	T) 🗵 I	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ LCSW (AJ) ☑ LPC ☑ LMFT	☑ Unlicensed Maste ☑ Unlicensed EdD/ I ☑ Licensed EdD/PhD	PhD/PsyD (HP) O/PsyD (AH)	□LAC ☑ LPN/LVN □CAC I ☑ RN (TD) □CAC II ☑ APN (SA) □CACIII □ QMAP	× / ×	RxN (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (POS)						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04☑ SNF (31)☑ FQHC (50)☑ RHC (72)	■ Inpt PF (51)) × (School (03) Other POS (99) Telehealth (02)

TREATMENT - CASE MANAGEMENT								
CPT®/HCPCS PROCEDURE C	ODE		PROCED	PROCEDURE CODE DESCRIPTION USAGE				
	T1017		Targeted	d case manag	ement, each 15	minutes	⊠ OBH	
SERVICE DESCRIPTION			MINIMU	MINIMUM DOCUMENTATION REQUIREMENTS				
Services designed to assist and support a patient diagnosed with or being assessed for a mental health disorder, to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services, including: • Assessing service needs – gathering patient history/collateral info, treatment needs; • Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring participation, identifying a course of action; includes transition plan development • Referral and related activities to obtain needed services – arranging initial appointments for patient with service providers/informing patient of services and/providing contact information for available services; working with patient/collaterals to secure access to services, including contacting agencies for appointments/services after initial referral process; and • Monitoring and follow-up – contacting patient/others to ensure patient is following the agreed upon service or transition plan and monitoring progress and impact of plan. BA-Level staff may ONLY perform service if at a Licensed Mental Health Center and under direction of a physician per Medicaid State Plan Amendment.				e 346 Content e reason for renda? How desatment/servescription of the dedication, edgedical/dental e services (include atment/servescriptions/follow did the serwards goals/den for next content conte	oes the service ice plan? he service provide service provide stills, faucational, housing, vocational, oth lized and the ince assessing service plan developow-up, which into impact the objectives?	hat was the relate to to the relate to the r	ify issues me/ support, legal, ersonal, esources) response to the s, ferral, and re coordination) I's progress	
See Appendix E: <u>Targeted Case Management</u> coordination needed with 3 rd partie				ai ties				
NOTES				E ACTIVITIES			vestigating available	
Case management involves linking the patient to the direct delivery of needed services, but is not itself the direct delivery of a service to which the patient has been referred. Case management does not include time spent transporting the patient to required services/time spent waiting while the patient attends a scheduled appointment. However, it includes time spent participating in an appointment with the patient for purposes of referral and/or monitoring and follow-up. T1017* may be used, when appropriate to patient status for an individual in social detox. However, it may not be used for a one-time event (i.e. it is only approved for use when several case management contacts are needed - documentation must support).			e proce	ss act with patien s services Coordination b ders opment and fo tient services tox example: tient from soci	t's family member etween other serv ollow-up of a trans ial detox to outpar re offered (calls, n	rs for assista vice agencie sition plan f tient service neetings wi	rom the hospital to	
APPLICABLE POPULATION(S	5)		UNIT			DURATIO		
区 Child (0-11)☑ Youn☑ Adol (12-17)☑ (18-20)	g Adult 🗵 Adult (🗵 Geriati		☐ Encor		15 Minutes 1 Hour	Minimur Maximur	m: 8 mins m: N/A	
ALLOWED MODE(S) OF DELI	IVERY		PROGRAM S	ERVICE CATE				
⊠ Video Conf (GT) □ G □ Telephone □ F	ndividual Group (HQ) Gamily (HR/HS)		☑ HE (SP) ☐ TG (Other ☐ HK (Reside ☑ HF (2 nd ma	ential)	☑ U4 (ICM) ☑ TM (ACT) ☑ HM (Respite	e) ×	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENTS								
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed M ☑ Unlicensed E ☑ Licensed EdD	dD/ PhD/PsyD (HP) DCACI	I 🗵 APN (SA)	ر آ	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVICE (POS)								
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital (22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	⊠ SN	HC (50)	☑ Inpt Hosp (☑ Inpt PF (51 ☑ ER (23) ☑ PF-PHP (52) ×	School (03) Other POS (99) Telehealth (02)	

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	RESIDENTIAL	ALCOHOL AN	ID DRUG ABUSE - SO	CIAL DETOX		
CPT®/HCPCS PROCEDURE CO	DDE		PROCEDURE CODE	DESCRIPTION		USAGE
T1019			Personal care service inpatient or resider ICF/MR or IMD, par treatment (code masservices provided b	☑ Medicaid		
SERVICE DESCRIPTION			·	IENTATION REQUIREM	•	
Provision of daily living needs including hydration, nutrition, cleanliness and toiletries for patient. Services designed to maintain the safety and health of the patient, which will generally be similar for all patients.			Technical Documentation Requirements See Page 346			
NOTES EXAMPLE ACTIVITIES						
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.			Hydration, nutrition	1		
APPLICABLE POPULATION(S)			UNIT		DURAT	
☐ Child (0-11)	; Adult (18- ⊠ Adult (⊠ Geriati		☐ Encounter ☐ Day			ım: 8 mins ım: N/A
ALLOWED MODE(S) OF DELIV	VERY		Program Service Ca	itegory		
☑ Face-to-Face ☐ Video Conference (GT) ☐ Telephone	☑ Individual □ Group (HQ) □ Family (HR/HS)		□ HE (SP) □ TG (Other SP) □ HK (Residential) ☑ HF (2 nd modifier-	☐ U4 (ICM) ☐ TM (ACT) ☐ HM (Respite	·)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	☑ Unlicensed	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	ELAC ELPN/LVI ECAC I EN (TD) ECAC II EAPN (SA ECACIII EQMAP		⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)						
区 CMHC (53) Coutp Hospital (22) Independent clinic (49)						

RESIDENTIAL - – ALCOHOL AND DRUG ABUSE - SOCIAL DETOX						
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)				
SERVICE DESCRIPTION		MINIMUM DOCUM				
Provision of daily living needs including hydratinutrition, cleanliness and toiletries for patient. designed to maintain the safety and health of twhich will generally be similar for all patients.	Services	Technical Documentation Requirements See Page 346 Service Content: 1. Patient's identified personal care service needs, as reflected in the treatment/service plan 2. Outcome/plan, indicating any changes in personal care services needed, based on patient's presentation/needs.				
NOTES		EXAMPLE ACTIVITI			7	
Facility must be licensed by the Colorado Depar Human Services, Office of Behavioral Health as Provider.		Hydration, nutrition	ı			
APPLICABLE POPULATION(S)		UNIT			DURATIO	ON
	lult (21-64) eriatric (65+)	☐ Encounter ☐ Day	☑ 15 Minut	tes	Minimur Maximu	n: 8 mins m: N/A
ALLOWED MODE(S) OF DELIVERY		Program Service Ca	ategory			
☑ Face-to-Face ☐ Video Conference (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/H)	S)	☑ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☑ HF (2 nd modifier-]	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern ☐ LCSW (AJ) ☐ LPC ☐ LMFT	☑ Unlicensed	BEDD/ PhD/PsyD (HP) 図CAC II 図 APN (SA)		☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)		
PLACE OF SERVICE (POS)						
区MHC (53)区 Outp Hospital (22)☑ Independent clinic (49)						

RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX					
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				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A 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 patient's motivation and need for further treatment and notes steps taken to connect them to appropriate services upon discharge.	Technical Documentation Requirements See Page 346 Service Content: 1. Screening addresses, at minimum:	change			
NOTES	EXAMPLE ACTIVITIES				
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.	Discharge planning, referral plans, client response to o	discharge plan			
APPLICABLE POPULATION(S)	UNIT DURATIC	N			
☐ Child (0-11)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 HourMaximur	•			
ALLOWED MODE(S) OF DELIVERY	Program Service Category				
☑ Face-to-Face☑ Video Conference (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM (Respite) ☐	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
□ Bachelor's Level (HN) □ LPC □ Unlicense	ed EdD/ PhD/PsyD (HP) XCACII X APN (SA)	RxN (SA) PA (PA) MD/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ Outp Hospital (22) ☑ Independent clinic (49)					

RESIDENTIAL - ALCOHOL AND DRUG ABUSE - SOCIAL DETOX						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
T1023	Screening to determine the appropriateness consideration of an individual for participatio specified program, project or treatment protoper encounter	on in a				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
A 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 patient's motivation and need for further treatment and notes steps taken to connect them to appropriate services upon discharge.	Technical Documentation Requirements See Page 346 Service Content: 3. Screening addresses, at minimum: Continued withdrawal potential Motivation for change Current medical conditions Current SI/Psychiatric conditions Patient readiness for treatment Patient response					
NOTES	EXAMPLE ACTIVITIES					
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.	Discharge planning, referral plans, client resp	oonse to discharge plan				
APPLICABLE POPULATION(S)	UNIT DURATION					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour	Minimum: N/A Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	Program Service Category					
☐ Face-to-Face ☐ Video Conference (GT) ☐ Telephone ☐ Family (HR/HS)	☑ HE (SP) ☐ U4 (ICM) ☐ TG (Other SP) ☐ TM (ACT) ☐ HK (Residential) ☐ HM (Respite) ☑ HF (2 nd modifier-SUD)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)				
STAFF REQUIREMENTS						
Bachelor's Level (HN)	H Master's Level (HO)	E) 区 RXN (SA) 区 PA (PA) 区 MD/DO (AF)				
PLACE OF SERVICE (POS)						
区 CMHC (53) ☑ Outp Hospital (22) ☑ Independent clinic (49)						

SUPPORT SERVICES – TRANSPORTATION – ALCOHOL AND DRUG ABUSE						
CPT®/HCPCS PROCEDUF	RE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	T2001		Non-emergency tra	nsportation		☑ OBH
SERVICE DESCRIPTION			MINIMUM DOCUM	IENTATION RE	QUIREMENTS	
Providing transportation reach their destination is	service for those who are ndependently, be it for co unavailability of means to	mpetency	 Date of servic Start and stop Description of Reason for tra Origin of pick Purpose of tra 	e o time (duration f service renden ansportation up and destinansportation to	on) ered ation	ials
NOTES			EXAMPLE ACTIVITI	FS		
APPLICABLE POPULATION			UNIT		DURATION	
☑ Child (0-11) ☑ Yo ☑ Adol (12-17) (18-2	ung Adult 🗵 Adult (2 0) 🗵 Geriatrio	-		15 Minutes 1 Hour	Minimum: N/ Maximum: N/	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE	E CATEGORY(I	•	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential) ☐ HF (2 nd modifier-		(ACT) □ (Respite) □	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/El)
STAFF REQUIREMENTS						
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	図 LCSW (AJ) 図 LPC 図 LMFT	☑ Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) b/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LVI ⊠ RN (TD) ⊠ APRN (S ⊠ QMAP	X DA (DA)
PLACE OF SERVICE (POS						
区 RSATF (55) 区 NRSATF (57) 区 Other POS (99)						

VIX. 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 patient 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).
- "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), 94 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.

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 patient 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.

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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 patient contact. The start and end time of the treatment service should be routinely documented in the patient's clinical record as part of the progress note.⁹⁵

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 patient 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		

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."

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.⁹⁶

The actual start and stop time or the total amount of time (i.e., duration) spent with a patient must be documented to support coding for encounters based on time.⁹⁷

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 patient 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-patient encounter.⁹⁸ (Refer to Section IV.C.)

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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 patients cannot be charged

for missed appointments. From a risk management perspective, however, Missed Appointments should be documented in

the clinical record.99

X. Procedure Coding and Documentation

i. 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.

ii. 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.

iii. 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 patient)

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

XI. 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)	⁴ http://www.coaccess.com		
Behavioral Healthcare, Inc. (BHI)	⁴ http://www.bhicares.org		
Colorado Health Partnerships (CHP) dba Colorado Health Networks (CHN)	⁴ http://www.chnpartnerships.com		
Foothills Behavioral Health Partners (FBHP)	⁴ http://www.fbhpartners.com		

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.

i. 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)¹⁰⁰

Providers bill the appropriate BHO for the Medicaid behavioral health services rendered. For detailed instructions on completing the UB-04, refer to the <u>Colorado MAP Billing Manuals</u>;¹⁰¹ the 837I Transaction Data Guide; the 837I Implementation Guide or the Web Portal User Guide; and/or the appropriate BHO provider manual.

ii. 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 scanned, 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;¹⁰² the National Uniform Claim Committee (NUCC) 1500 Claim Form Map to the X12 837 Health Care Claim: Professional;¹⁰³ the 837P Transaction Data Guide; the 837P Implementation Guide or the Web Portal User Guide; and/or the appropriate BHO provider manual.

For Revenue Codes, Medicaid providers should bill using the most appropriate Medicaid covered revenue code from the list of revenue codes located in Appendix Q – Revenue Codes in the Appendices section under Billing Manuals on the Department of Health Care Policy and Financing website.

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b. Colorado HCPF Procedure Code Revisions

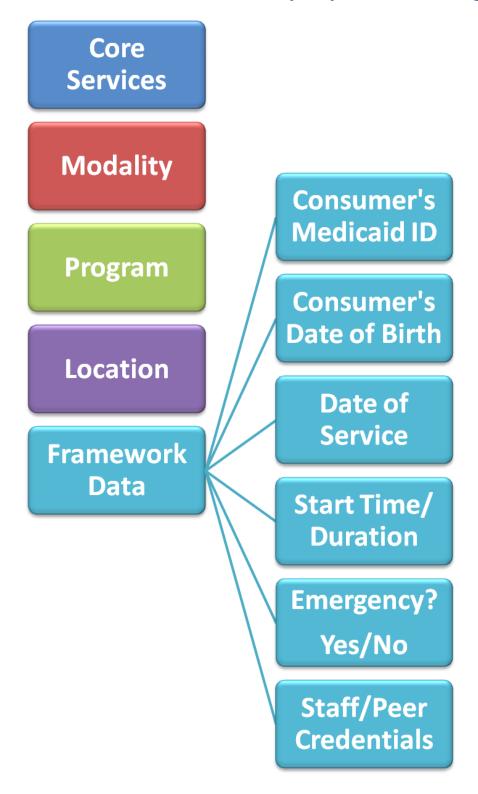
To submit a suggestion to add, delete or change the Colorado Community Behavioral Health Services Program approved procedure code list (Appendix C) submit the following information to the Colorado Department of Health Care Policy and Financing (HCPF):

- 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



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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)	Patient's Home	CMHC Outpatient Center	Emergency Room (ER)	Group Home	Jail/Correctional Facility	Nursing Home	School	Shelter
Framework Data	Patient's Medicaid ID	Patient's Date of Birth (DOB)	Date of Service (DOS)	Start/End Time OR Duration	Emergency? Yes/No	Staff/Peer Credentials		

EXAMPLE: A patient 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)	Patient's Home	CMHC Outpatient Center	Emergency Room (ER)	Group Home	Jail/Correctional Facility	Nursing Home	School	Other POS
Framework Data (All Six Required)	Patient's Medicaid ID	Patient'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 patient receives case management to access needed services in the community:

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	Case Management	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)	Patient's Home	CMHC Outpatient Center	Emergency Room (ER)	Group Home	Jail/Correctional Facility	Nursing Home	School	Other POS
							1	
Framework Data (All Six Required)	Patient's Medicaid ID	Patient's Date of Birth (DOB)	Date of Service (DOS)	Start/End Time OR Duration	Emergency? Yes/No	Staff/Peer Credentials		

Procedure Code: T1017, Case management, each 15 minutes

Appendix B: CDHS OBH Approved Procedure Code List

*yellow highlighting indicates codes that do not require a covered diagnosis (i.e. assessment, crisis, prev/interv); blue highlight identifies exceptions to that rule.

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List			
CPT/HCPCS Procedure Code	Description			
80305	Drug screen, presumptive, optical observation			
80306	Drug screen, presumptive, read by instrument			
82075	Alcohol (ethanol); breath			
90785	Interactive complexity (list separately in addition to the code for the primary service)			
90791	Psychiatric diagnostic evaluation			
90792	Psychiatric diagnostic evaluation with medical services			
90832	Psychotherapy, 30 minutes with the patient and/or family member			
90833	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)			
90834	Psychotherapy, 45 minutes with the patient and/or family member			
90836	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)			
90837	Psychotherapy, 60 minutes with the patient and/or family member			
90838	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)			
90839	Psychotherapy for Crisis, first 60 min			
90840	Psychotherapy for Crisis, each additional 30 minutes (List separately in addition to code 90839 for primary service)			
90846	Family psychotherapy (without the patient present)			
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)			
90849	Multiple-family group therapy			
90853	Group psychotherapy (other than of a multiple-family group)			
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 30 minutes			

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	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List			
CPT/HCPCS Procedure Code	Description			
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 minutes			
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 patient			
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 physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report			
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.			
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.			
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 or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report			
96118	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), per hour of the licensed psychologist or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report			
96119	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), with qualifie health care professional interpretation and report, administered by a technician, per hour of technician time, face-to-face			
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.			
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular			
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 Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work			
97537	environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes			
98960	Education and training for patient self-management			
98962	Education and training for patient self-management			
98966	Telephone assessment and management provided by qualified non-physician health care professional.			

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List			
CPT/HCPCS Procedure Code	Description			
98967	Telephone assessment and management provided by qualified non-physician health care professional.			
98968	Telephone assessment and management provided by qualified non-physician health care professional.			
99201	Office or Other Outpatient Services: requires problem focused history, problem focused examination, and straight forward medical decision making. Typical time spent is 10 minutes.			
99202	Office or Other Outpatient Services: requires expanded problem focused history, expanded problem focused examination, and straightforward medical decision making. Typical time spent is 20 minutes.			
99203	Office or Other Outpatient Services: requires detailed history, detailed examination, and low complexity medical decision making. Typical time spent is 30 minutes.			
99204	Office or Other Outpatient Services: requires comprehensive history, comprehensive examination, and moderate complexity medical decision making. Typical time spent is 45 minutes.			
99205	Office or Other Outpatient Services: requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 60 minutes.			
99211	Office or Other Outpatient Services: Office or other outpatient office visit that may not require the presence of a physician. Usually presenting problems are minimal.			
99212	Office or Other Outpatient Services: requires problem focused history, problem focused examination, and straightforward medical decision making. Typical time spent is 10 minutes.			
99213	Office or Other Outpatient Services: requires expanded problem focused history, expanded problem focused examination, and low complexity medical decision making. Typical time spent is 15 minutes.			
99214	Office or Other Outpatient Services: requires detailed history, detailed examination, and moderate complexity medical decision making. Typical time spent is 25 minutes.			
99215	Office or Other Outpatient Services: requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 40 minutes.			
99217	Observation Care discharge day management when provided on a day other than day of admission.			
99218	Initial observation care, per day, for the evaluation and management of a patient: requires detailed or comprehensive history, detailed or comprehensive exam, and straight forward or low complexity medical decision making, Typical time is 30 minutes			
99219	Initial observation care, per day, for the evaluation and management of a patient: requires comprehensive history, comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes			
99220	Initial observation care, per day, for the evaluation and management of a patient: requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes			
99221	Initial hospital care, per day, for the evaluation and management of a patient (low severity)			

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List			
CPT/HCPCS Procedure Code	Description			
99222	Initial hospital care, per day, for the evaluation and management of a patient (moderate severity)			
99223	Initial hospital care, per day, for the evaluation and management of a patient (high severity)			
99224	Subsequent hospital care, per day, for the evaluation and management of a patient: requires problem focused interval history, problem focused exam, and straight forward or low complexity medical decision making. Typical time is 15 minutes.			
99225	Subsequent hospital care, per day, for the evaluation and management of a patient: expanded problem focused interval history, expanded problem focused exam, and moderate complexity medical decision making. Typical time is 25 minutes.			
99226	Subsequent hospital care, per day, for the evaluation and management of a patient: requires detailed interval history, detailed exam, high complexity medical decision making Typical time is 35 minutes.			
99231	Subsequent hospital care, per day (stable, recovering or improving patient)			
99232	Subsequent hospital care, per day (patient responding inadequately to therapy or has developed a minor complication)			
99233	Subsequent hospital care, per day (unstable patient or the development of significant complications or problems)			
99234	Same day admit/discharge observation/inpatient Evaluation and Management services: requires detailed or comprehensive history, detailed or comprehensive exam, straight forward or low complexity med decision making, Typical time 40 minutes			
99235	Same day admit/discharge observation/inpatient Evaluation and Management services: requires comprehensive history, comprehensive exam, moderate complexity med decision making, Typical time 50 minutes			
99236	Same day admit/discharge observation/inpatient Evaluation and Management services: requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55 minutes			
99238	Discharge day management; 30 minutes or less			
99239	Discharge day management; more than 30 minutes			
99241	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.			
99242	Office or other Outpatient Consultations Evaluation and Management Services: requires expanded problem focused history, expanded problem focused exam straight forward med decision making, Typical time 30 minutes			
99243	Office or other Outpatient Consultations Evaluation and Management Services: requires detailed history, detailed exam low complexity med decision making, Typical time 40 minutes			
99244	Office or other Outpatient Consultations Evaluation and Management Services: requires comprehensive history, comprehensive exam moderate complexity med decision making, Typical time 60 minutes			
99245	Office or other Outpatient Consultations Evaluation and Management Services: requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80 minutes			

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List			
CPT/HCPCS Procedure Code	Description			
99251	Inpatient consultation for a new or established patient; the presenting problem(s) are self-limited or minor			
99252	Inpatient consultation for a new or established patient; the presenting problem(s) are of low severity			
99253	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate severity			
99254	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.			
99255	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.			
99281	Emergency Department Services: requires problem focused history, problem focused examination straight forward medical decision making			
99282	Emergency Department Services: requires expanded problem focused history, expanded problem focused examination low complexity medical decision making			
99283	Emergency Department Services: requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making			
99284	Emergency Department Services: requires detailed history, detailed examination moderate complexity medical decision making			
99285	Emergency Department Services: requires comprehensive history, comprehensive examination high complexity medical decision making. Initial Nursing Facility Care Services: requires detailed or comprehensive history, detailed or comprehensive examination straight forward or low			
99304	complexity medical decision making, Typical time is 25 minutes			
99305	Initial Nursing Facility Care Services: requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time is 35 minutes			
99306	Initial Nursing Facility Care Services: requires comprehensive history, comprehensive examination high complexity medical decision making Typical time is 45 minutes			
99307	Subsequent Nursing Facility Services: requires problem focused interval history, problem focused examination, straight forward medical decision making, Typical time 10 minutes			
99308	Subsequent Nursing Facility Services: requires expanded problem focused interval history, expanded problem focused examination, low complexity medical decision making, Typical time 15 minutes			
99309	Subsequent Nursing Facility Services: requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time is 25 minutes			
99310	Subsequent Nursing Facility Services: requires comp interval history, comprehensive examination high complexity medical decision making, Typical time is 35 minutes			
99315	Nursing Facility discharge services: nursing facility discharge day management; 30 minutes or less			
99316	Nursing Facility discharge services: nursing facility discharge day management; more than 30 minutes			

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List			
CPT/HCPCS Procedure Code	Description			
99318	Annual Nursing Facility Assessment: require detailed interval history, comprehensive examination, low to moderate complexity medical decision making. Typical time is 30 minutes			
99324	Domiciliary, rest home, custodial care services: requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes			
99325	Domiciliary, rest home, custodial care services: requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes			
99326	Domiciliary, rest home, custodial care services: requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes			
99327	Domiciliary, rest home, custodial care services: requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes			
99328	Domiciliary, rest home, custodial care services: requires comprehensive history, comprehensive examination high complexity medical decision making Typical time 75 minutes			
99334	Domiciliary, rest home, custodial care services: requires problem focused interval history, problem focused examination straight forward medical decision making, Typical time 15 minutes			
99335	Domiciliary, rest home, custodial care services: requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making Typical time 25 minutes			
99336	Domiciliary, rest home, custodial care services: requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time 40 minutes			
99337	Domiciliary, rest home, custodial care services: requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes			
99341	Home care services: requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minute			
99342	Home care services: requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes			
99343	Home care services: requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes			
99344	Home care services: requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes			
99345	Home care services: requires comprehensive history, comprehensive examination high complexity medical decision making, Typical time 75 minutes			
99347	Home care services: requires problem focused interval history, problem focused examination straight forward medical decision making, average time 2 minutes			
99348	Home care services: requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making average time 25 minutes			

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List			
CPT/HCPCS Procedure Code	Description			
99349	Home care services: requires detailed interval history, detailed examination moderate complexity medical decision making, average time 40 minutes			
99350	Home care services: requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, average time 60 minutes			
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			
99367	Medical team conference with interdisciplinary team, patient and/or family not present, 30 minutes or more, participation by physician			
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			
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			
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			
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			
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)			
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)			
H0001	Alcohol and/or Drug (AOD) Assessment			
H0002	Behavioral health screening to determine eligibility for admission to treatment program			
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs			
H0004	Behavioral health counseling and therapy, per 15 minutes			
H0005	Alcohol and/or drug services; group counseling			
H0006	Alcohol and/or drug services; case management			
H0007	Alcohol and/or drug services; crisis intervention (outpatient)			
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)			
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)			

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List
CPT/HCPCS Procedure Code	Description
H0014	Alcohol and/or drug services; ambulatory detoxification
H0015	Alcohol and/or drug services; intensive outpatient program
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
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
H0020	Alcohol and/or drug services; Methadone administration and/or service (provisions of the drug by a licensed program)
H0022	Alcohol and/or drug intervention service (planned facilitation)
H0023	Behavioral health outreach service (planned approach to reach a population) /Drop- In Center
H0024	Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with Service Audiences to Affect Knowledge and Attitude)
H0025	Behavioral health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)
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)
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g. student assistance and employee assistance programs), does not include assessment
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g. alcohol free social events)
H0030	Behavioral Health, Hotline Services
H0031	Mental health assessment, by non-physician
H0032	Mental health service plan development by non-physician
H0033	Oral medication administration, direct observation
H0034	Medication training and support, per 15 minutes
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes
H0037	Community psychiatric supportive treatment, face-to-face, per diem
H0038	Self-help/peer services, per 15 minutes
H0039	Assertive community treatment, face-to-face, per 15 minutes

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List
CPT/HCPCS Procedure Code	Description
H0040	Assertive community treatment program, per diem
H0043	Supported housing, per diem
H0044	Supported housing, per month
H0045	Respite care services, not in the home, per diem
H0046	Mental Health Services, Not Otherwise Specified
H0047	Alcohol and/or other drug abuse services; not otherwise specified
H0048	Alcohol and/or other drug testing; collection of handling only, specimens other than blood
H1000	Prenatal Care, At Risk Assessment
H1002	Care coordination prenatal/case management
H1003	Prenatal Care, at risk enhanced service, education
H1004	Prenatal follow up home visit
H2000	Comprehensive multidisciplinary evaluation
H2001	Rehabilitation program, per ½ day
H2011	Crisis intervention service, per 15 minutes
H2012	Behavioral health day treatment, per hour
H2013	Psychiatric Health Facility Service, Per Diem
H2014	Skills training and development, per 15 minutes
H2015	Comprehensive community support services, per 15 minutes
H2016	Comprehensive community support services, per diem
H2017	Psychosocial rehabilitation services, per 15 minutes
H2018	Psychosocial rehabilitation services, per diem
H2021	Community-based wrap-around services, per 15 minutes
H2022	Community-based wrap-around services, per diem
H2023	Supported employment, per 15 minutes
H2024	Supported employment, per diem
H2025	Ongoing support to maintain employment, per 15 minutes

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List
CPT/HCPCS Procedure Code	Description
H2026	Ongoing support to maintain employment, per diem
H2027	Psychoeducational service, per 15 minutes
H2030	Mental health clubhouse services, per 15 minutes
H2031	Mental health clubhouse services, per diem
H2032	Activity therapy, per 15 min
H2033	Multi-systemic therapy for juveniles, per 15 minutes
H2036	Alcohol and/or drug treatment program, per diem
J1630	Injection, Haloperidol, Up to 5 mg
J1631	Injection, Haloperidol Decanoate, per 50 mg
J2315	Injection, Naltrexone, Depot Form, 1 mg
J2680	Injection, Fluphenazine Decanoate, up to 25 mg
J2794	Injection, Risperidone, long acting, 0.5 mg
J3490	Unclassified Drugs
S3005	Performance measurement, evaluation of patient self-assessment, depression
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	Unskilled respite care, not hospice; per diem
S9445	Patient education, not otherwise classified, non-physician provider, individual
S9453	Smoking cessation classes, non-physician provider, per session
S9454	Stress management classes, non-physician provider, per session
S9480	Intensive outpatient psychiatric (IOP) services, per diem
S9485	Crisis intervention mental health services, per diem
S9976	Lodging, per diem, not otherwise specified
T1005	Respite care services, up to 15 minutes
T1006	Alcohol and/or substance abuse services, family/couple counseling
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification, including vital sign monitoring
T1009	Child sitting services for the children of the individual receiving alcohol and/or substance abuse services

	CDHS – OBH Approved Behavioral Health (BH) Procedure Code List									
CPT/HCPCS Procedure Code	Description									
T1012	Alcohol and/or substance abuse services, skills development									
T1013	Sign language or oral interpreter for alcohol and/or substance abuse services, per 15 minutes									
T1016	Case management, each 15 minutes									
T1017	Targeted Case management, each 15 minutes									
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)									
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter									
T2001	Non-emergency transportation									

Appendix C: Colorado Community Behavioral Health Program Procedure Code Categorization

*yellow highlighting indicates codes that do not require a covered diagnosis (i.e. assessment, crisis, prev/interv); blue highlight identifies exceptions to that rule.

		Primary	Secondary		SP		
Code	Description	Category	Category	Tertiary Category	(HE)	(b)(3)	Unit*
				Pathology and			
80305	Drug screen, presumptive, optical observation	Screening	Drug	Laboratory			E
				Pathology and			
80306	Drug screen, presumptive, read by instrument	Screening	Drug	Laboratory			E
				Pathology and			
82075	Alcohol (ethanol); breath	Screening	Alcohol	Laboratory			E
	Interactive complexity (list separately in addition to the			Interactive			
90785	code for the primary service)	Treatment	Psychotherapy	Complexity	Χ		E
90791	Psychiatric diagnostic evaluation	Assessment	Diagnosis	n/a	Х	Χ	E
90792	Psychiatric diagnostic evaluation with medical services	Assessment	Diagnosis	n/a	Χ	Χ	Ε
	Psychotherapy, 30 minutes with the patient and/or family			Individual			
90832	member	Treatment	Psychotherapy	Psychotherapy	X	Χ	E
	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			Individual			
90833	for primary service)	E&M	Psychotherapy	Psychotherapy	Χ	Χ	E
	Psychotherapy, 45 minutes with the patient and/or family			Individual			
90834	member	Treatment	Psychotherapy	Psychotherapy	Х	Χ	E
	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			Individual			
90836	for primary service)	E&M	Psychotherapy	Psychotherapy	Χ	Χ	E
	Psychotherapy, 60 minutes with the patient and/or family			Individual			
90837	member	Treatment	Psychotherapy	Psychotherapy	Χ	Χ	E
	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			Individual		,,	_
90838	for primary service)	E&M	Psychotherapy	Psychotherapy	Χ	Χ	E

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		Primary	Secondary		SP		
Code	Description	Category	Category	Tertiary Category	(HE)	(b)(3)	Unit*
				Psychotherapy			
90839	Psychotherapy for Crisis, first 60 min	Crisis	Psychotherapy	for Crisis	Χ	Х	E
	Psychotherapy for Crisis, each additional 30 minutes (List			Psychotherapy			
90840	separately in addition to code 90839 for primary service)	Crisis	Psychotherapy	for Crisis	Χ	Х	30 M
				Family			
90846	Family psychotherapy (without the patient present)	Treatment	Psychotherapy	Psychotherapy	Χ	Х	E
	Family psychotherapy (conjoint psychotherapy) (with			Family			
90847	patient present)	Treatment	Psychotherapy	Psychotherapy	Χ	Х	E
				Group			
90849	Multiple-family group therapy	Treatment	Psychotherapy	Psychotherapy	Χ	Х	E
	Group psychotherapy (other than of a multiple-family			Group			
90853	group)	Treatment	Psychotherapy	Psychotherapy	Χ	Х	E
	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);		Other Professional				
90875	approximately 30 minutes	Treatment	Services	Biofeedback	Χ	Χ	E
	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);		Other Professional				
90876	approximately 45 minutes	Treatment	Services	Biofeedback	Х		E
	Interpretation or explanation of results of psychiatric,						
	other medical examinations and procedures, or other						
	accumulated data to family or other responsible persons,		Psychological				
90887	or advising them how to assist patient	Assessment	Testing	n/a	Χ		E
	Psychological testing (includes psychodiagnostic						
	assessment of emotionality, intellectual abilities,						1
	personality, and psychopathology; e.g., MMPI, Rorschach,						1
	WAIS), per hour of the psychologist's or physician's time,						1
	both face-to-face time administering tests to the patient						1
	and time interpreting these test results and preparing the		Psychological				1
96101	report	Assessment	Testing	n/a	Х	X	ΙH

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	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		Psychological				
96102	technician, per hour of technician time, face-to-face.	Assessment	Testing	n/a	Х		1 H
	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		Psychological				
96103	interpretation and report.	Assessment	Testing	n/a	Х		1 H
	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 or physician's time, both face-to-face time with						
	the patient and time interpreting test results and preparing		Psychological	,			4
96116	the report	Assessment	Testing	n/a	Х		1 H
	Neuropsychological testing (e.g., Halstead–Reitan						
	Neuropsychological Battery Wechsler Memory Scales, and						
	Wisconsin Card Sorting test), per hour of the licensed						
	psychologist or physician's time, both face-to-face time		Davehalasiaal				
06110	administering tests to the patient and time interpreting these	Assassment	Psychological	n/o	Х		1 H
96118	test results and preparing the report	Assessment	Testing	n/a	^		T 11
	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		Psychological				
96119	technician, per hour of technician time, face-to-face	Assessment	Testing	n/a	Х		1 H
30113	Neuropsychological testing (e.g., Wisconsin Card Sorting	Assessment	resuits	11/4			- ''
	Test), administered by a computer, with qualified health care		Psychological				
96120	professional interpretation and report.	Assessment	Testing	n/a	x		1 H
30120	professional interpretation and report.	ASSESSITION	Testing	11/ 0	^`		- ''

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Therapeutic, prophylactic, or diagnostic injection (specify		Medication				
96372	substance or drug) subcutaneous or intramuscular	Treatment	Management	n/a	Χ		E
	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			,	.,		45.54
97535	contact by provider, each 15 minutes	Treatment	Rehabilitation	n/a	Х		15 M
	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						
97537	minutes	Treatment	Rehabilitation	n/a	Х	х	15 M
37337	Timutes	rreatment	Kenabilitation	Phone		^	15 141
	Telephone assessment and management provided by			Assessment and			
98966	qualified non-physician health care professional.	Assessment	Non-Face-to-Face	Management	Х	Х	15 M
	, , ,			Phone			
	Telephone assessment and management provided by			Assessment and			
98967	qualified non-physician health care professional.	Assessment	Non-Face-to-Face	Management	Х	Х	15 M
				Phone			
	Telephone assessment and management provided by			Assessment and			
98968	qualified non-physician health care professional.	Assessment	Non-Face-to-Face	Management	Х	Χ	15 M
	Office or Other Outpatient Services: requires problem						
	focused history, problem focused examination, and straight						
00004	forward medical decision making. Typical time spent is 10	50.4	Office or Other		V	V	_
99201	minutes.	E&M	Outpatient	New Patient	Х	Χ	Е
	Office or Other Outpatient Services: requires expanded						
	problem focused history, expanded problem focused		Office or Other				
99202	examination, and straightforward medical decision making. Typical time spent is 20 minutes.	E&M	Outpatient	New Patient	Х		E
99202	Office or Other Outpatient Services: requires detailed history,	EQIVI	Outpatient	New Patient	^		
	detailed examination, and low complexity medical decision		Office or Other				
99203	making. Typical time spent is 30 minutes.	E&M	Outpatient	New Patient	Х		E
33203	making, Typical time spent is so minutes.	1 -0141	Outputient	14CW Latient		l	

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Office or Other Outpatient Services: requires comprehensive						
	history, comprehensive examination, and moderate						
	complexity medical decision making. Typical time spent is 45		Office or Other				
99204	minutes.	E&M	Outpatient	New Patient	Χ		E
	Office or Other Outpatient Services: requires comprehensive						
	history, comprehensive examination, and high complexity		Office or Other				
99205	medical decision making. Typical time spent is 60 minutes.	E&M	Outpatient	New Patient	Χ		E
	Office or Other Outpatient Services: Office or other						
	outpatient office visit that may not require the presence of a		Office or Other	Established			
99211	physician. Usually presenting problems are minimal.	E&M	Outpatient	Patient	Χ		E
	Office or Other Outpatient Services: requires problem						
	focused history, problem focused examination, and						
	straightforward medical decision making. Typical time spent		Office or Other	Established			
99212	is 10 minutes.	E&M	Outpatient	Patient	Χ		E
	Office or Other Outpatient Services: requires expanded						
	problem focused history, expanded problem focused						
	examination, and low complexity medical decision making.		Office or Other	Established			
99213	Typical time spent is 15 minutes.	E&M	Outpatient	Patient	Χ		E
	Office or Other Outpatient Services: requires detailed history,						
	detailed examination, and moderate complexity medical		Office or Other	Established			
99214	decision making. Typical time spent is 25 minutes.	E&M	Outpatient	Patient	Х		E
	Office or Other Outpatient Services: requires comprehensive						
	history, comprehensive examination, and high complexity		Office or Other	Established			
99215	medical decision making. Typical time spent is 40 minutes.	E&M	Outpatient	Patient	Х		E
	Observation Care discharge day management when provided		Hospital	Observation Care			
99217	on a day other than day of admission.	E&M	Observation	Discharge	Х		E
	Initial observation care, per day, for the evaluation and				1		
	management of a patient: requires detailed or						
	comprehensive history, detailed or comprehensive exam,						
	and straight forward or low complexity medical decision		Hospital	Initial Observation			
99218	making, Typical time is 30 minutes	E&M	Observation	Care	Х		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Initial observation care, per day, for the evaluation and						
	management of a patient: requires comprehensive history,						
	comprehensive exam, and moderate complexity medical		Hospital	Initial Observation			
99219	decision making, Typical time is 50 minutes	E&M	Observation	Care	Χ		E
	Initial observation care, per day, for the evaluation and						
	management of a patient: requires comprehensive history,						
	comprehensive exam, high complexity medical decision		Hospital	Initial Observation			
99220	making, Typical time is 70 minutes	E&M	Observation	Care	Χ		E
	Initial hospital care, per day, for the evaluation and			Initial Hospital			
99221	management of a patient (low severity)	E&M	Hospital Inpatient	Care	Χ		E
	Initial hospital care, per day, for the evaluation and			Initial Hospital			
99222	management of a patient (moderate severity)	E&M	Hospital Inpatient	Care	Χ		E
	Initial hospital care, per day, for the evaluation and			Initial Hospital			
99223	management of a patient (high severity)	E&M	Hospital Inpatient	Care	Χ		E
	Subsequent hospital care, per day, for the evaluation and						
	management of a patient: requires problem focused interval						
	history, problem focused exam, and straight forward or low						
	complexity medical decision making. Typical time is 15		Hospital	Subsequent			
99224	minutes.	E&M	Observation	Observation Care	Χ		E
	Subsequent hospital care, per day, for the evaluation and						
	management of a patient: expanded problem focused						
	interval history, expanded problem focused exam, and						
	moderate complexity medical decision making. Typical time		Hospital	Subsequent			
99225	is 25 minutes.	E&M	Observation	Observation Care	Χ		E
	Subsequent hospital care, per day, for the evaluation and						
	management of a patient: requires detailed interval history,						
	detailed exam, high complexity medical decision making		Hospital	Subsequent			
99226	Typical time is 35 minutes.	E&M	Observation	Observation Care	Х		E
	Subsequent hospital care, per day (stable, recovering or			Subsequent			
99231	improving patient)	E&M	Hospital Inpatient	Hospital Care	Х		E
	Subsequent hospital care, per day (patient responding						
	inadequately to therapy or has developed a minor			Subsequent	l		_
99232	complication)	E&M	Hospital Inpatient	Hospital Care	Χ		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Subsequent hospital care, per day (unstable patient or the			Subsequent			
99233	development of significant complications or problems)	E&M	Hospital Inpatient	Hospital Care	Χ		E
	Same day admit/discharge observation/inpatient Evaluation						
	and Management services: requires detailed or						
	comprehensive history, detailed or comprehensive exam,						
	straight forward or low complexity med decision making,			Subsequent			
99234	Typical time 40 minutes	E&M	Hospital Inpatient	Hospital Care	Х		E
	Same day admit/discharge observation/inpatient Evaluation						
	and Management services: requires comprehensive history,						
	comprehensive exam, moderate complexity med decision	_		Subsequent	.,		_
99235	making, Typical time 50 minutes	E&M	Hospital Inpatient	Hospital Care	Х		Е
	Same day admit/discharge observation/inpatient Evaluation						
	and Management services: requires comprehensive history,						
00226	comprehensive exam, high complexity med decision making,	50.14		Subsequent	V		_
99236	Typical time 55 minutes	E&M	Hospital Inpatient	Hospital Care	X		E
99238	Discharge day management; 30 minutes or less	E&M	Hospital Inpatient	Hospital Discharge	Χ		E
99239	Discharge day management; more than 30 minutes	E&M	Hospital Inpatient	Hospital Discharge	Х		E
	Office or other outpatient consultation for a new or						
	established patient. Requires problem focused history,						
	problem focused exam straight forward med decision			Office or Other			
99241	making, Typical time 15 minutes.	E&M	Consultations	Outpatient	Х		E
	Office or other Outpatient Consultations Evaluation and						
	Management Services: requires expanded problem focused						
	history, expanded problem focused exam straight forward	_		Office or Other	.,		_
99242	med decision making, Typical time 30 minutes	E&M	Consultations	Outpatient	Х		E
	Office or other Outpatient Consultations Evaluation and						
	Management Services: requires detailed history, detailed						
00243	exam low complexity med decision making, Typical time 40	50.14		Office or Other	V		_
99243	minutes	E&M	Consultations	Outpatient	Χ		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Office or other Outpatient Consultations Evaluation and						
	Management Services: requires comprehensive history,						
	comprehensive exam moderate complexity med decision			Office or Other			
99244	making, Typical time 60 minutes	E&M	Consultations	Outpatient	Χ		E
	Office or other Outpatient Consultations Evaluation and						
	Management Services: requires comprehensive history,						
	comprehensive exam high complexity med decision making,			Office or Other			
99245	Typical time 80 minutes	E&M	Consultations	Outpatient	Х		E
i	Inpatient consultation for a new or established patient; the						
99251	presenting problem(s) are self-limited or minor	E&M	Consultations	Inpatient	Х		E
	Inpatient consultation for a new or established patient; the						
99252	presenting problem(s) are of low severity	E&M	Consultations	Inpatient	Х		E
	Inpatient consultation for a new or established patient; the						
99253	presenting problem(s) are of moderate severity	E&M	Consultations	Inpatient	Χ		E
	Inpatient consultation for a new or established patient; the						
99254	presenting problem(s) are of moderate to high severity.	E&M	Consultations	Inpatient	Х		E
	Inpatient consultation for a new or established patient; the						
99255	presenting problem(s) are of moderate to high severity.	E&M	Consultations	Inpatient	Χ		E
I	Emergency Department Services: requires problem focused						
	history, problem focused examination straight forward		Emergency				
99281	medical decision making	E&M	Department	n/a	Χ		E
	Emergency Department Services: requires expanded problem						
	focused history, expanded problem focused examination low		Emergency				
99282	complexity medical decision making	E&M	Department	n/a	Х		E
	Emergency Department Services: requires expanded problem						
	focused history, expanded problem focused examination		Emergency				
99283	moderate complexity medical decision making	E&M	Department	n/a	Х		E
	Emergency Department Services: requires detailed history,						
	detailed examination moderate complexity medical decision		Emergency				
99284	making	E&M	Department	n/a	Х		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Emergency Department Services: requires comprehensive						
	history, comprehensive examination high complexity medical		Emergency				
99285	decision making.	E&M	Department	n/a	Χ		E
	Initial Nursing Facility Care Services: requires detailed or						
	comprehensive history, detailed or comprehensive						
	examination straight forward or low complexity medical						
99304	decision making, Typical time is 25 minutes	E&M	Nursing Facility	Initial Services	Χ		E
	Initial Nursing Facility Care Services: requires comprehensive						
	history, comprehensive examination moderate complexity						
99305	medical decision making, Typical time is 35 minutes	E&M	Nursing Facility	Initial Services	Χ		E
	Initial Nursing Facility Care Services: requires comprehensive						
	history, comprehensive examination high complexity						
99306	medical decision making Typical time is 45 minutes	E&M	Nursing Facility	Initial Services	Χ		E
	Subsequent Nursing Facility Services: requires problem						
	focused interval history, problem focused examination,						
	straight forward medical decision making, Typical time 10			Subsequent			
99307	minutes	E&M	Nursing Facility	Services	Х		E
	Subsequent Nursing Facility Services: requires expanded						
	problem focused interval history, expanded problem focused						
	examination, low complexity medical decision making,			Subsequent			
99308	Typical time 15 minutes	E&M	Nursing Facility	Services	Х		Е
	Subsequent Nursing Facility Services: requires detailed						
	interval history, detailed examination moderate complexity			Subsequent			_
99309	medical decision making, Typical time is 25 minutes	E&M	Nursing Facility	Services	Χ		Е
	Subsequent Nursing Facility Services: requires comp interval						
	history, comprehensive examination high complexity medical			Subsequent	l		1_
99310	decision making, Typical time is 35 minutes	E&M	Nursing Facility	Services	Χ		E
	Nursing Facility discharge services: nursing facility discharge						l _
99315	day management; 30 minutes or less	E&M	Nursing Facility	Discharge Services	Х		E
	Nursing Facility discharge services: nursing facility discharge						l _
99316	day management; more than 30 minutes	E&M	Nursing Facility	Discharge Services	Χ		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Annual Nursing Facility Assessment: require detailed interval						
	history, comprehensive examination, low to moderate						
	complexity medical decision making. Typical time is 30						
99318	minutes	E&M	Nursing Facility	Other	Х		E
	Domiciliary, rest home, custodial care services: requires						
	problem focused history, problem focused examination		Domiciliary, Rest				
	straight forward medical decision making, Typical time 20		Home, Custodial				
99324	minutes	E&M	Care	New Patient	Х		E
	Domiciliary, rest home, custodial care services: requires						
	expanded problem focused history, expanded problem		Domiciliary, Rest				
	focused examination low complexity medical decision		Home, Custodial				
99325	making Typical time 30 minutes	E&M	Care	New Patient	Х		E
	Domiciliary, rest home, custodial care services: requires		Domiciliary, Rest				
	detailed history, detailed examination moderate complexity		Home, Custodial				
99326	medical decision making, Typical time 45 minutes	E&M	Care	New Patient	Х		E
	Domiciliary, rest home, custodial care services: requires						
	comprehensive history, comprehensive examination		Domiciliary, Rest				
	moderate complexity medical decision making, Typical time		Home, Custodial				
99327	60 minutes	E&M	Care	New Patient	Х		E
	Domiciliary, rest home, custodial care services: requires		Domiciliary, Rest				
	comprehensive history, comprehensive examination high		Home, Custodial				
99328	complexity medical decision making, Typical time 75 minutes	E&M	Care	New Patient	Х		E
	Domiciliary, rest home, custodial care services: requires						
	problem focused interval history, problem focused		Domiciliary, Rest				
	examination straight forward medical decision making,		Home, Custodial	Established			
99334	Typical time 15 minutes	E&M	Care	Patient	Х		E
	Domiciliary, rest home, custodial care services: requires						
	expanded problem focused interval history, expanded		Domiciliary, Rest				
	problem focused examination low complexity medical		Home, Custodial	Established			
99335	decision making Typical time 25 minutes	E&M	Care	Patient	Х		E
	Domiciliary, rest home, custodial care services: requires		Domiciliary, Rest				
	detailed interval history, detailed examination moderate		Home, Custodial	Established			
99336	complexity medical decision making, Typical time 40 minutes	E&M	Care	Patient	Х		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Domiciliary, rest home, custodial care services: requires						
	comprehensive interval history, comprehensive examination		Domiciliary, Rest				
	moderate to high complexity medical decision making,		Home, Custodial	Established			
99337	Typical time 60 minutes	E&M	Care	Patient	X		E
	Home care services: requires problem focused history,						
	problem focused examination straight forward medical						
99341	decision making, Typical time 20 minutes	E&M	Home	New Patient	X		E
	Home care services: requires expanded problem focused						
	history, expanded problem focused examination low						
99342	complexity medical decision making Typical time 30 minutes	E&M	Home	New Patient	X		E
	Home care services: requires detailed history, detailed						
	examination moderate complexity medical decision making,						
99343	Typical time 45 minutes	E&M	Home	New Patient	Χ		E
	Home care services: requires comprehensive history,						
	comprehensive examination moderate complexity medical						
99344	decision making, Typical time 60 minutes	E&M	Home	New Patient	Χ		E
	Home care services: requires comprehensive history,						
	comprehensive examination high complexity medical						
99345	decision making, Typical time 75 minutes	E&M	Home	New Patient	Χ		E
	Home care services: requires problem focused interval						
	history, problem focused examination straight forward			Established			
99347	medical decision making, average time 15 minutes	E&M	Home	Patient	Χ		E
	Home care services: requires expanded problem focused						
	interval history, expanded problem focused examination low			Established			
99348	complexity medical decision making average time 25 minutes	E&M	Home	Patient	Χ		E
	Home care services: requires detailed interval history,						
	detailed examination moderate complexity medical decision			Established			
99349	making, average time 40 minutes	E&M	Home	Patient	Χ		E
	Home care services: requires comprehensive interval						
	history, comprehensive examination moderate to high						
	complexity medical decision making, average time 60			Established			
99350	minutes	E&M	Home	Patient	Χ		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	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			Medical Team			
99366	professional	E&M	Case Management	Conference	Χ		E
	Medical team conference with interdisciplinary team, patient						
	and/or family not present, 30 minutes or more, participation			Medical Team			
99367	by physician	E&M	Case Management	Conference	Χ		E
	Medical team conference with interdisciplinary team, patient						
	and/or family not present, 30 minutes or more, participation			Medical Team			
99368	by non-physician qualified health care professional	E&M	Case Management	Conference	Χ		E
	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						
99441	appointment; 5 – 10 minutes of medical discussion	E&M	Non-Face-to-Face	Phone	Χ		E
	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						
99442	appointment; 11 – 20 minutes of medical discussion	E&M	Non-Face-to-Face	Phone	Х		E
	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						_
99443	appointment; 21 – 30 minutes of medical discussion	E&M	Non-Face-to-Face	Phone	Χ		E
	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						_
G0176	more)	Treatment	Intensive	PHP	Х		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Training and educational services related to the care and						
	treatment of patient's disabling mental health problems per						
G0177	session (45 minutes or more)	Treatment	Intensive	PHP	Χ		E
			Alcohol and Drug				
H0001	Alcohol and/or Drug (AOD) Assessment	Assessment	Abuse	n/a	Χ		E
	Behavioral health screening to determine eligibility for						
H0002	admission to treatment program	Screening	Program Eligibility	n/a	Χ		E
	Alcohol and/or drug screening; laboratory analysis of		Alcohol and Drug				
H0003	specimens for presence of alcohol and/or drugs	Screening	Abuse	n/a		Χ	E
				Individual			
H0004	Behavioral health counseling and therapy, per 15 minutes	Treatment	Psychotherapy	Psychotherapy	Χ	Χ	15 M
			Alcohol and Drug	Group			
H0005	Alcohol and/or drug services; group counseling	Treatment	Abuse	Psychotherapy	Χ	Χ	1 H
			Alcohol and Drug	Case			
H0006	Alcohol and/or drug services; case management	Treatment	Abuse	Management	Χ	Χ	15 M
			Alcohol and Drug				
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	Crisis	Abuse	n/a		Χ	E
	Alcohol and/or drug services; acute detoxification (residential		Alcohol and Drug				
H0011	addiction program inpatient)	Residential	Abuse	Social Detox			D
	Alcohol and/or drug services; sub-acute detoxification		Alcohol and Drug				
H0012	(residential addiction program outpatient)	Residential	Abuse	Social Detox			D
			Alcohol and Drug				
H0014	Alcohol and/or drug services; ambulatory detoxification	Residential	Abuse	Social Detox			D
			Alcohol and Drug	Intensive (IOP -			
H0015	Alcohol and/or drug services; intensive outpatient program	Treatment	Abuse	SUD)			E
	Behavioral health; residential (hospital residential treatment		Acute Treatment				
H0017	program), without room and board, per diem	Residential	Unit (ATU)	n/a	Х		D
	Behavioral health; short-term residential (non-hospital						
	residential treatment program), without room and board,						
H0018	per diem	Residential	Short Term	n/a	Χ	Χ	D

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	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						
H0019	diem	Residential	Long Term	n/a	Х	Х	D
	Alcohol and/or drug services; Methadone administration		Alcohol and Drug				
H0020	and/or service (provisions of the drug by a licensed program)	Treatment	Abuse	Methadone	Х	Х	E
	Alcohol and/or drug intervention service (planned	Prevention/Early	Alcohol and Drug				
H0022	facilitation)	Intervention	Abuse	n/a			E
		Prevention/Early	Outreach or				
	Behavioral health outreach service (planned approach to	Intervention or	Rehabilitation (Drop				
H0023	reach a population) /Drop- In Center	Treatment	In)	n/a	X*		15 M
	Behavioral Health Prevention Information Dissemination						
	Service (One-Way Direct or Non-Direct Contact with Service	Prevention/Early				.,	_
H0024	Audiences to Affect Knowledge and Attitude)	Intervention	Education	n/a		Х	E
	Behavioral health prevention education service (delivery of	Prevention/Early		,			_
H0025	services to affect knowledge, attitude and/or behavior)	Intervention	Education	n/a	Х		E
	Alcohol and/or drug prevention environmental service						
	(broad range of external activities geared toward modifying	D 11 /5 1					
110027	systems in order to mainstream prevention through policy	Prevention/Early	C				E
H0027	and law)	Intervention	Community	n/a			
	Alcohol and/or drug prevention problem identification and	Prevention/Early	Alcohol and Dava				
H0028	referral service (e.g. student assistance and employee assistance programs), does not include assessment	Intervention	Alcohol and Drug Abuse	Corponing			15 M
пииго	Alcohol and/or drug prevention alternatives service (services	intervention	Abuse	Screening			13 101
	for populations that exclude alcohol and other drug use e.g.	Prevention/Early	Alcohol and Drug	Alternative			
H0029	alcohol free social events)	Intervention	Abuse	Services			Е
							E
H0030	Behavioral Health, Hotline Services	Crisis	Non-Face-to-Face	Phone	\ ,		
H0031	Mental health assessment, by non-physician	Assessment	Diagnosis	n/a	Х		E
			Treatment/Service	,		.,	_
H0032	Mental health service plan development by non-physician	Assessment	Planning	n/a	Х	Х	E
			Medication	,	\ *	\ \ \	_
H0033	Oral medication administration, direct observation	Treatment	Management	n/a	X*	X	E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
			Medication				
H0034	Medication training and support, per 15 minutes	Treatment	Management	n/a	Х	Х	15 M
	Mental health partial hospitalization, treatment, less than 24					.,	_
H0035	hours	Treatment	Intensive	PHP	Х	Х	E
110026	Community psychiatric supportive treatment, face-to-face,	Tuestassast	Dahahilitatian	CDCT			15 M
H0036	per 15 minutes Community psychiatric supportive treatment, face-to-face,	Treatment	Rehabilitation	CPST	Х		12 1/1
H0037	per diem	Treatment	Rehabilitation	CPST	Х	Х	D
110037	per diem	Peer	Rendomedion	61 31		,	
H0038	Self-help/peer services, per 15 minutes	Support/Recovery	Behavioral Health	n/a	Χ*	X	15 M
H0039	Assertive community treatment, face-to-face, per 15 minutes	Treatment	Rehabilitation	ACT	Χ	Х	15 M
H0040	Assertive community treatment program, per diem	Treatment	Rehabilitation	ACT	Χ	Χ	D
H0043	Supported housing, per diem	Residential	Supported Housing	n/a	Χ	Χ	D
H0044	Supported housing, per month	Residential	Supported Housing	n/a	Χ	Χ	М
H0045	Respite care services, not in the home, per diem	Respite Care	Facility-Based	n/a		Χ	D
	Alcohol and/or other drug abuse services; not otherwise		Alcohol and Drug				
H0047	specified	Treatment	Abuse	NOS		Х	15 M
110040	Alcohol and/or other drug testing; collection of handling		Alcohol and Drug	,			_
H0048	only, specimens other than blood	Screening	Abuse	n/a			E
H1000	Prenatal Care, At Risk Assessment	Assessment	At Risk	Prenatal			E
H1002	Care coordination prenatal/case management	Treatment	Case Management	n/a			15 M
114.003	Described Compact with an harmond and the advertises	Prevention/Early	Education	Dunnatal			1 H
H1003	Prenatal Care, at risk enhanced service, education	Intervention	Education Alcohol and Drug	Prenatal Case Management			1 11
H1004	Prenatal follow up home visit	Treatment	Abuse	(Prenatal)			15 M
11201	Family assessment by a licensed behavioral health			(
H1011	professional for State defined purposes	Assessment	Diagnosis	n/a	Χ		Е
H2000	Comprehensive multidisciplinary evaluation	Assessment	Diagnosis	n/a	Χ		E
				Rehabilitation			
H2001	Rehabilitation program, per ½ day	Treatment	Rehabilitation	Program	Χ	X	E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
H2011	Crisis intervention service, per 15 minutes	Crisis	Behavioral Health	n/a	Χ	Χ	15 M
H2012	Behavioral health day treatment, per hour	Treatment	Intensive	Day Treatment	Χ	Χ	1 H
H2014	Skills training and development, per 15 minutes	Treatment	Rehabilitation	Other	Χ		15 M
H2015	Comprehensive community support services, per 15 minutes	Peer Support/Recovery	Community	n/a	х	Х	15 M
H2016	Comprehensive community support services, per diem	Peer Support/Recovery	Community	n/a	Х		D
H2017	Psychosocial rehabilitation services, per 15 minutes	Treatment	Rehabilitation	PSR	Χ		15 M
H2018	Psychosocial rehabilitation services, per diem	Treatment	Rehabilitation	PSR	Χ	Χ	D
H2021	Community-based wrap-around services, per 15 minutes	Treatment	Other Professional Services	Community-Based Wrap-Around	Х	Х	15 M
H2022	Community-based wrap-around services, per diem	Treatment	Other Professional Services	Community-Based Wrap-Around	Х		D
H2023	Supported employment, per 15 minutes	Treatment	Vocational Services	n/a			15 M
H2024	Supported employment, per diem	Treatment	Vocational Services	n/a		Χ	D
H2025	Ongoing support to maintain employment, per 15 minutes	Treatment	Vocational Services	n/a		Χ	15 M
H2026	Ongoing support to maintain employment, per diem	Treatment	Vocational Services	n/a		Х	D
H2027	Psychoeducational service, per 15 minutes	Treatment	Other Professional Services	Psychoeducation	Х	Х	15 M
H2030	Mental health clubhouse services, per 15 minutes	Treatment	Rehabilitation	Clubhouse	Χ	Χ	15 M
H2031	Mental health clubhouse services, per diem	Treatment	Rehabilitation	Clubhouse	Χ	Χ	D
H2032	Activity therapy, per 15 min	Treatment	Rehabilitation	Other	Χ	Χ	15 M
H2033	Multi-systemic therapy for juveniles, per 15 minutes	Treatment	Other Professional Services	MST	х	Х	15 M
H2034	Halfway house	Residential	Alcohol and Drug Abuse	Halfway House			D
H2036	Alcohol and/or drug treatment program, per diem	Treatment	Alcohol and Drug Abuse	Treatment Program			D

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	Performance measurement, evaluation of patient self-		Alcohol and Drug				
S3005	assessment, depression	Residential	Abuse	Social Detox	Χ		E
S5150	Unskilled respite care, not hospice; per 15 minutes	Respite Care	Facility/Community	n/a			15 M
S5151	Unskilled respite care, not hospice; per diem	Respite Care	Facility/Community	n/a		Х	D
	Patient education, not otherwise classified, non-physician		Alcohol and Drug				
S9445	provider, individual	Treatment	Abuse	Education	Х	Х	Е
	Smoking cessation classes, non-physician provider, per	Prevention/Early		Smoking			
S9453	session	Intervention	Education	Cessation	Χ		E
	Stress management classes, non-physician provider, per	Prevention/Early		Stress			
S9454	session	Intervention	Education	Management	Х	Χ	E
S9480	Intensive outpatient psychiatric (IOP) services, per diem	Treatment	Intensive	IOP – MH	Χ	Χ	D
S9485	Crisis intervention mental health services, per diem	Crisis	Behavioral Health	n/a	Χ		D
S9976	Lodging, per diem, not otherwise specified	Residential	Room and Board	n/a		Х	D
T1005	Respite care services, up to 15 minutes	Respite Care	Facility-Based	n/a			15 M
	Alcohol and/or substance abuse services, family/couple		Alcohol and Drug	Family/Couple			
T1006	counseling	Treatment	Abuse	Counseling		Χ	1 H
	Alcohol and/or substance abuse services, treatment plan						
	development and/or modification, including vital sign		Alcohol and Drug				
T1007	monitoring	Residential	Abuse	Social Detox	Х		15 M
	Child sitting services for the children of the individual		Alcohol and Drug				
T1009	receiving alcohol and/or substance abuse services	Support Services	Abuse	Childcare			15 M
			Alcohol and Drug				
T1012	Alcohol and/or substance abuse services, skills development	Treatment	Abuse	Rehabilitation			15 M
	Sign language or oral interpreter for alcohol and/or		Alcohol and Drug				
T1013	substance abuse services, per 15 minutes	Support Services	Abuse	Language			15 M

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
T1017	Targeted Case management, each 15 minutes	Treatment	Case Management	n/a	Χ	Х	15 M
	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		Alcohol and Drug				
T1019	to identify services provided by home health aide or CNA)	Residential	Abuse	Social Detox	Χ	Χ	15 M
	Screening to determine the appropriateness of consideration						
	of an individual for participation in a specified program,		Alcohol and Drug				
T1023	project or treatment protocol, per encounter	Residential	Abuse	Social Detox	Х		E
			Alcohol and Drug				
T2001	Non-emergency transportation	Support Services	Abuse	Transportation			E

^{*}Codes highlighted in Yellow indicate Assessment, Screening, Crisis, or Prevention/Intervention codes for which a covered diagnosis is not required. Codes highlighted in Blue indicate those that fall into one of those categories mentioned, but still require a covered diagnosis for submission.

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

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

Appendix D: Peer Specialist Core Competencies

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

Knowledge of Mental Health/Substance Use Conditions and Treatments - 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	Self-care - Recognize when health may compromise the ability to work - Acknowledge that personal wellness is a primary responsibility - Set boundaries between work and personal life
Patients' Rights/Confidentiality/Ethics/Roles - Understand scope of duties and role - Understand HIPAA / protected health information / confidentiality - Maintain professional boundaries - Recognize potential risks - Advocate when appropriate	Teaching Skills - Demonstrate wellness and teach life skills - Encourage the development of natural supports - Assist people to find and use psycho-education materials
InterpersonalSkills - 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	Basic Work Competencies - Seek supervision and/or ask for direction - Accept feedback - Demonstrate conflict resolutions skills - Navigate complex work environments
Resiliency, Recovery and Wellness - 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	Trauma-Informed Support - Understand impact of trauma and responses to trauma - Demonstrate sensitivity and acceptance of individual experiences - Practice cultural sensitivity - Promote shared decision-making

Resources

- 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

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)
- 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

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^{*}Item pertains specifically to Family Advocates/Family Systems Navigators

Appendix E: Case Management

Examples of Case Management

Assessment of service needs:

- Comprehensive assessment/periodic re-assessment of the individual's need for medical, educational, social or other services.
- Activities/Interventions to gather/confirm information coming from the Individual, family and other sources in order to complete assessment.
- 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 treatment/service planning process.

Development of a specific care plan that includes:

- Prioritizing with the Individual and their Family/Supports the referrals and linkages needed so the treatment/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.
- Specifies goals and actions to address the medical, social, educational, and other services needed by the individual.
- Identifies a course of action to respond to assessed needs.
- 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 treatment/service plan.

Referral and related activities to obtain needed services:

- To help an individual obtain needed service including activities that link them to medical, social, or educational providers or other services capable of providing services and assisting in referral/scheduling.
- 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/service plan, that the individual believes they are effective, and wishes to continue according to the current treatment/service plan to insure the patient 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/service 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 patient is getting the services they need.

Case Management does <u>not</u> 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 patient has been referred.

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activities, for which program.	a Medicaid eligible patier	nt may be eligible, but ar	e integral to the adminis	tration of another non-me	edical

Appendix F: Interactive Complexity



Interactive Complexity



Definition

A new concept in 2013, interactive complexity refers to 4 specific communication factors during a visit that complicate delivery of the primary psychiatric procedure.

Report with CPT add-on code 90785

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":

- Psychiatric diagnostic evaluation, 90791, 90792
- Psychotherapy, 90832, 90834, 90837
- Psychotherapy add-on codes, 90833, 90836, 90838, when reported with E/M
- Group psychotherapy, 90853

When performed with psychotherapy, the interactive complexity component (90785) relates only to the increased work intensity of the psychotherapy service, and does not change the time for the psychotherapy service.

May Not Report With

- Psychotherapy for crisis (90839, 90840)
- E/M alone, i.e., E/M service not reported in conjunction with a psychotherapy add-on service
- Family psychotherapy (90846, 990847, 90849)

Typical Patients

Interactive complexity is often present with patients who:

- 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.

Interactive complexity is commonly present during visits by children and adolescents, but may apply to visits by adults, as well.

Report 90785

When at least one of the following communication factors is present during the visit:

- 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.
- Caregiver emotions or behaviors that interfere with implementation of the treatment plan.
- 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.

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.

Complicating Communication Factor Must Be Present During the Visit The following examples are NOT interactive complexity:

- 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 G: Evaluation and Management (E/M) Procedure codes

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

b. 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	

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c. Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care 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

d. Nursing Facility Services

i. Initial Nursing Facility Services

Evaluation and Management Services – Nursing Facility Services – Initial Nursing Facility Services				
Procedure Code	Procedure Code Procedure Code Description			
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. Subsequent Nursing Facility Services

Evaluation a	Evaluation and Management Services – Nursing Facility Services – Subsequent Nursing Facility Services		
Procedure Code	Procedure Code Description		
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	

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iii. Nursing Facility Discharge Services

Evaluatio	Evaluation and Management Services – Nursing Facility Services – Nursing Facility Discharge Services			
Procedure Code	Procedure Code Description			
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		

iv. Other Nursing Facility Services

	Outpatient Evaluation and Management Services – Other Nursing Facility Services Procedure Code Procedure Code Description		
	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

e. 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 patient 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					

f. Hospital Observation Services

i. Initial Observation Care

Evaluation and Management Services – Hospital Observation Services – Initial Observation Care							
Procedure Code	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	Medicaid/OBH					
99220	Requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes	Medicaid/OBH					

ii. Subsequent Observation Care

Evaluation and Management Services – Hospital Observation Services – Subsequent Observation Care							
Procedure Code	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.	Medicaid/OBH					
99226	Requires detailed interval history, detailed exam, and high complexity medical decision making Typical time is 35 minutes.	Medicaid/OBH					

iii. 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 Procedure Code Description U							
99217	Observation Care Discharge Day Management – provided on a day other than day of admission	Medicaid/OBH						

g. Inpatient

i. Initial Hospital Care

Treatment Services – Inpatient Services – Initial Hospital Care								
Procedure Code	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. Subsequent Hospital Care

Treatment Services – Inpatient Services – Subsequent Hospital Care								
Procedure Code Procedure Code Description								
99231	99231 Subsequent hospital care, per day (stable, recovering or improving patient)							
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						

iii. Hospital Discharge Services

Treatment Services – Inpatient Services – Hospital Discharge Services								
Procedure Code	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						

h. Consultations

i. 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 patient 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 patient codes for office or other outpatient services.

Evaluat	Evaluation and Management Services – Consultations – Office or Other Outpatient Consultations								
Procedure Code	Procedure Code Procedure Code Description								
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								
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								

ii. Inpatient Consultations

Consultations that are medically necessary and performed by physicians or other qualified health care professionals are covered services provided to hospital inpatients. 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.

The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated by written report to the requesting physician or other appropriate source.

Initial consultations should be billed using an initial hospital care code regardless of how many days the patient 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.

The code pages for inpatient consultation E&M codes are 99251 – 99255

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

	Treatment Services – Inpatient Services - Consultations									
Procedure Code	re Code Procedure Code Description									
99251	Inpatient consultation for a new or established patient; the presenting problem(s)	Medicaid/OBH								
99251	are self-limited or minor									
99252	Inpatient consultation for a new or established patient; the presenting problem(s)	Medicaid/OBH								
99252	are of low severity									
99253	Inpatient consultation for a new or established patient; the presenting problem(s)	Medicaid/OBH								
99255	are of moderate severity									
99254	Inpatient consultation for a new or established patient; the presenting problem(s)	Medicaid/OBH								
33234	are of moderate to high severity.									
99255	Inpatient consultation for a new or established patient; the presenting problem(s) are of	Medicaid/OBH								
33233	moderate to high severity.									

E/M Components

COMP- ONENT	SIGNIFICANCE OF COMPONENT TO CODING DECISION	# AND TYPES OR LEVELS OF EACH COMPONENT	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 patient 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: "patient here for follow-up" is not sufficient.				
Examinatio n	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.				

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COMP- ONENT	SIGNIFICANCE OF COMPONENT TO CODING DECISION	# AND TYPES OR LEVELS OF EACH COMPONENT	DESCRIPTION	COMMENT
Counseling	Contributory	Not applicable	Interaction with patient (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 patient. Documentation should include a description of the content, time spent counseling and total time of the encounter.
Coordi- nation of Care	Contributory	Not applicable	Contact with other physicians or caregivers on behalf of the patient 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 patient present. Inpatient coordination of care does not need to be face to face with the patient. 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 patient. Inpatient: time spent on at bedside and on the floor or unit with patient 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.

E/M Code Selection Chart

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

					Hist	tory			Exa	am		Medi	cal Dec	ision-Ma	aking	Time
		Code	Туре	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Straightforward	Low complexity	Moderate Complexity	High Complexity	Avg. Time
		99201	New Patient Office or other outpatient Visit *Requires 3 of 3	х				х				х				10 MIN
		99202	New Patient Office or other outpatient Visit *Requires 3 of 3		х				х			x				20 MIN
L		99203	New Patient Office or other outpatient Visit *Requires 3 of 3			х				х			х			30 MIN
OFFICE OR OTHER OUTPATIENT		99204	New Patient Office or other outpatient Visit *Requires 3 of 3				х				х			х		45 MIN
THER OU		99205	New Patient Office or other outpatient Visit *Requires 3 of 3				х				х				х	60 MIN
80		99211	N/A													5
OFFICE O		99212	Established Patient Office or Outpatient Visit *Requires 2 of 3	x				х				х				10 MIN
		99213	Established Patient Office or Outpatient Visit *Requires 2 of 3		х				х				х			15 MIN
		99214	Established Patient Office or Outpatient Visit *Requires 2 of 3			х				х				х		25 MIN
		99215	Established Patient Office or Outpatient Visit *Requires 2 of 3				х				х				х	40 MIN
		99281	Emergency Department Visit *Requires 3	х				х				х				N/A
ICY DEPARTMENT		99282	Emergency Department visit *Requires 3		х				х				х			N/A
		99283	Emergency Department Visit *Requires 3		х				х					х		N/A
EMERGENCY D		99284	Emergency Department Visit *Requires 3			Х				Х				Х		N/A
_		99285	Emergency Department Visit *Requires 3				х				Х				Х	N/A

			Initial Nursing Facility													
	ш	99304	Care. New or			Х	х			х	х	х	х			25 MIN
	INITIAL NURSING HOME CARE		established patient. *Requires 3 of 3.													
	<u>;</u>		Initial Nursing Facility													
	N N N		Care. New or													
	URSIN	99305	established patient.				Х				Х			Х		35 MIN
	₹		*Requires 3 of 3.													
	l ¥i		Initial Nursing Facility													
	\(\bar{2} \)		Care. New or													
		99306	established patient.				Х				Х				Х	45 MIN
			*Requires 3 of 3.													
			Subsequent Nursing													
		99307	Facility Care. New or	Х				Х				х				10 MIN
	ARE	33307	established patient.													20 111111
<u> </u>	E C		*Requires 2 of 3.													
ACI	_ ∑		Subsequent Nursing													
E	Ĭ	99308	Facility Care. New or established patient.		х				х				х			15 MIN
Ž	Ž		*Requires 2 of 3.													
NURSING FACILITY	J.RS		Subsequent Nursing													
Z	ĮŽ		Facility Care. New or													
		99309	established patient.			Х				Х				Х		25 MIN
	SUBSEQUENT NURSING HOME CARE		*Requires 2 of 3.													
	BSE		Subsequent Nursing													
	SUI	99310	Facility Care. New or				х				х				х	35 MIN
		33310	established patient.				^				^				^	33 141114
			*Requires 2 of 3.													
	≥	00045	Nursing Facility													30 or
	E ME	99315	Discharge 30 minutes or less													<30 MIN
	무 없 뭐		Nursing Facility													>30
	NURSING HOME DISCHARGE RANNUAL REVIEW	99316	Discharge >30 minutes													MIN
	RSI		Annual Nursing Facility													
	NU OR A	99318	Assessment *Requires			Х					х		х	х		30 MIN
	0		3 of 3.													
æ			Domiciliary, Rest													
I₹		99324	Home, Custodial Care.	х				х				х				20 MIN
Æ		3332.	New patient.													
			*Requires 3 of 3.													
JST			Domiciliary, Rest													
ਹ੍		99325	Home, Custodial Care. New patient.		Х				х				Х			30 MIN
ME), CUSTODIAL CARE			*Requires 3 of 3.													
호			Domiciliary, Rest													
9			Home, Custodial Care.			.,										
٥		99326	New patient.			Х				Х				Х		45 MIN
DAR			*Requires 3 of 3.													
) B	DOMICILIARY, REST HOME (e.g., BOARDING HO		Domiciliary, Rest									I				
ρ. Ο		99327	Home, Custodial Care.				х				х			х		60 MIN
E (c		3332,	New patient.													
O			*Requires 3 of 3.													
Ĭ			Domiciliary, Rest													
RES		99328	Home, Custodial Care. New patient.				Х				Х				Х	75 MIN
,≅			*Requires 3 of 3.													
IA.	i		Domiciliary, Rest													
<u> </u>		00224	Home, Custodial Care.	.,				.,				,,				45 84151
ΣC		99334	Established patient.	Х				Х				Х				15 MIN
۵			*Requires 3 of 3.													

	1															1
			Domiciliary, Rest													
		99335	Home, Custodial Care. Established patient.		Х				Х				Х			25 MIN
			*Requires 3 of 3.													
i I			Domiciliary, Rest													
		99336	Home, Custodial Care.			v				v				v		40 84181
		99336	Established patient.			Х				Х				Х		40 MIN
			*Requires 3 of 3.													
			Domiciliary, Rest													
		99337	Home, Custodial Care.				Х				х			Х	х	60 MIN
			Established patient.													
			*Requires 3 of 3. Home visit. New													
		99341	Patient *Requires 3	Х				Х				Х				20
			Home visit. New													
		99342	Patient *Requires 3		Х				Х				Х			30
		00242	Home visit . New			v				v				v		45
		99343	Patient *Requires 3			Х				Х				Х		45
		99344	Home visit. New				х				х			х		60
		33311	Patient *Requires 3													
HOME SERVICES		99345	Home visit. New Patient *Requires 3				х				х				х	75
ERV			Home visit.													
E SI		99347	Established Patient	Х				Х				Х				15
o No l			*Requires 2 of 3													
I			Home visit.													
	993	99348	Established Patient		Х				Х				Х			25
			*Requires 2 of 3													
		99349	Home visit. Established Patient			х				х				х		40
		33343	*Requires 2 of 3			^				^				^		40
			Home visit.													
		99350	Established Patient				Х				Х			Х	Х	60
			*Requires 2 of 3													
			Initial Inpatient													
	Ш	99221	Hospital Care. New or			Х				Х		Х	Х			30 MIN
	ARI		established patient. * Requires 3 of 3													
	5		Initial Inpatient													
	Ė	00555	Hospital Care. New or													
(0	IOS	99222	established patient. *				Х				Х			Х		50 MIN
ICES			Requires 3 of 3													
I.N.	NITIAL HOSPITAL CARE		Initial Inpatient													
T SE	=	99223	Hospital Care. New or				х				х				х	70 MIN
E			established patient. * Requires 3 of 3													
HOSPITAL INPATIENT SERVICES			Subsequent Hospital													
Ž	Æ,		Care. New or													
TAL	₹ ₹	99231	established patient.	Х				Х				Х	Х			15 MIN
SPI	SUBSEQUENT HOSPITAL CARE, SUBSEQUENT HOSPITAL CARE		*Requires 2 of 3													
Н	SPI'		Subsequent Hospital													
	오 오	99232	Care. New or		х				х					х		25 MIN
	IN T		established patient. *Requires 2 of 3													
	ŞÇ ŞÇI		Subsequent Hospital													
	3SE(00222	Care. New or			v				v					v	35 84181
	SUE	99233	established patient.			Х				Х					Х	35 MIN
			*Requires 2 of 3													

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

	TIONS	99241	Office or Outpatient Consultation Established Patient *Requires 3	x				х				х				15
	OFFICE OR OTHER OUTPATIENT CONSULTATIONS	99242	Office or Outpatient Consultation Established Patient *Requires 3		х				х			х				30
	OUTPATIEN	99243	Office or Outpatient Consultation Established Patient *Requires 3			x				x			x			40
SNC	OR OTHER	99244	Office or Outpatient Consultation Established Patient *Requires 3				х			x				х		60
CONSULTATIONS	OFFICE	99245	Office or Outpatient Consultation Established Patient *Requires 3				х				х				х	80
Ö		99251	Inpatient Consultation New or Established Patient *Requires 3	х				х				х				20
	LTATIONS	99252	Inpatient Consultation New or Established Patient *Requires 3		х				х			х				40
	T CONSUI	99253	Inpatient Consultation New or Established Patient *Requires 3			х				x			x			55
	INPATIENT CONSULTATIONS	99254	Inpatient Consultation New or Established Patient *Requires 3				х				x			х		80
	_	99255	Inpatient Consultation New or Established Patient *Requires 3				х				х				х	110

E/M Documentation

the examination must be completed by the prescribing physician.

EVALUATION AND MANAGEMENT SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS These codes are used for face to face services for the evaluation and CMS has issued two sets of documentation guidelines for E&M Coding. management of an individual with presenting problem(s) of varying These guidelines provide detailed information on requirements and level of detail expected. These guidelines should be used by all severity. providers and billing staff to determine the level of code. See Section The physician/NPP may usually bill for one E&M code per day. In some II.G.1.C. for a chart that lists key components and average times for circumstances another E&M code for the day may be appropriate but each inpatient code. The following is a brief summary of requirements will be subject to review by the payer. only and should not be used as the sole reference for coding: Some locations for E&M services include codes for new patient and All visits must include documentation of the chief complaint or reason established patient. See Section II.G.1.B. For a decision tree on how to identify new vs. established patients. **OPTION 1**: Documenting services based on the work of the provider: • In general new patients require that the prescriber provide and document all 3 key components that meet the criteria for the code • History: see chart in Section II.G.1.D. for determining level of Established patients generally require that only 2 of the 3 key • Examination (this can be a single system psychiatric examination – components provided and documented meet the criteria for the code see CMS E&M Guidelines 1997 or Section II.G.1.C.) Medical decision-making: see chart in Section II.G.1.D. for selected. • Emergency room E&M codes do not distinguish between new and determining level of medical decision-making. established patients. All 3 key components provided and documented Once the level of each is determined, see Chart in Section II.G.1.E. for must meet criteria for the code selected for every visit. Also time based code selection. coding which is allowed for other E&M codes is not allowed for Emergency Room visits. Outpatient and nursing facility: All 3 Key Components must be Once the location and new vs. established has been determined, choosing documented for new patients. 2 out of 3 key components must be the level of code can be done in one of two ways: documented for established patients. Emergency Room: 3 of 3 key components must be documented at **OPTION 1**: The amount of work of the physician/qualified NPP. each visit. **OPTION 2:** If more than 50% of the billing prescriber's time with the **OPTION 2**: Documenting and coding services based on time spent in individual and family is spent in counseling and coordination of care, then counseling and coordination of care. the service is coded by time spent. This Option requires specific • Document all work completed and: documentation that X minutes of the session lasting Y amount of time Total time of the service was spent on counseling/coordination of care. Time spent in counseling and coordination of care · Content of discussion and medical decision-making See chart in Section II.G.1.E. for code selection based on Average Option 2 is not available for Emergency Room services. **EXAMPLE ACTIVITIES NOTES** The services of the billing prescriber must be face to face 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. 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. 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. Portions of the examination, specifically the vital signs and weight may be completed by nursing or trained medical office staff but the remainder of

Uniform Service Coding Standards Manual 2017

Appendix H: Abbreviations & Acronyms

Uniform Se	rvice 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 or 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 OR 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.
ВНО	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
СВНР	Community Behavioral Health Program
CBT	Cognitive Behavioral Therapy
CCAR	Colorado Patient 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 or Central Nervous System
COA	Council on Accreditation of Services for Families and Children
	Clinical Psychologist
CPST	
CPST CPT®	Community Psychiatric Supportive Treatment
Cri*	Current Procedural Terminology

Uniform Service Coding Standards Manual 2017

Uniform Service	ce 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	Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood
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-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
DYC	Division of Youth Corrections
ECI	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-10-CM	International Classification of Diseases, Tenth 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 Manual 2017

Uniform Service	e 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 OR 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 Manual 2017

Uniform Service	ce 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
ТВ	Tuberculosis
ТВІ	Traumatic Brain Injury
TBS	Therapeutic Behavioral Services
TCM	Targeted Case Management
Temp Lodging	Temporary Lodging
TIN	Tax Identification Number
ТОВ	Type of Bill
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

End Notes

¹ US Department of Health & Human Services (DHHS), Centers for Disease Control & Prevention (DCD) and Centers for Medicare & Medicaid Services (CMS) (2015). *International Classification of Diseases, Tenth Revision – Clinical Modifications (ICD-10-CM)*. Washington, DC: US Government Printing Office (GPO).

² American Medical Association (AMA) (2016). *Current Procedural Terminology (CPT), Professional Edition*. Chicago, IL: American Medical Association (AMA).

³ 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/.

⁴ Program Service Category(ies) applies only to the Colorado Medicaid Community Mental Health Services Program.

⁵ 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).

⁶ 10 Colorado Code of Regulations (CCR) 2505-10, 8.212.4.A.

⁷ 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 – 25.

8 10 CCR 2505-10, 8.212.4.B.

^{ix} US Department of Health & Human Services (HHS), Centers for Disease Control & Prevention (DCD) and Centers for Medicare & Medicaid Services (CMS) (2015). *International Classification of Diseases, Tenth Revision – Clinical Modifications (ICD-10-CM)*. Washington, DC: US Government Printing Office (GPO).

* US DHHS, CDC and CMS (2008). *ICD-10-CM Official Guidelines for Coding and Reporting*. In International Classification of Diseases, Tenth Revision – Clinical Modifications (ICD-10-CM). Washington, DC: US Government Printing Office (GPO).

xi US Department of Health & Human Services (HHS), Centers for Disease Control & Prevention (DCD) and Centers for Medicare & Medicaid Services (CMS) (2015). *International Classification of Diseases, Ninth Revision – Clinical Modifications (ICD-10-CM)*. Washington, DC: US Government Printing Office (GPO).

¹² § 19-1-103, CRS.

¹³ 10 CCR 2505-10,8.765.5.

¹⁴ § 12-29.3-102(13).

¹⁵ § 12-43-202, CRS,

¹⁶ American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*. Chicago, IL: American Medical Association (AMA).

¹⁷ § 12-43-404, CRS.

¹⁸ § 12-43-403(1), CRS.

¹⁹ For Social Workers (SWs), the practice of psychotherapy is limited to LCSWs or LSWs supervised by LCSWs.

²⁰ §§ 12-43-406(1) and 12-43-409, CRS.

²¹ § 12-43-504, CRS.

²² § 12-43-603, CRS.

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<sup>23</sup> § 12-43-602.5, CRS.
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²⁴ § 12-43-304, CRS.

²⁵ § 12-43-303, CRS.

²⁶ § 12-36-106, CRS.

²⁷ Ibid.

²⁸ § 12-38-103(8), CRS.

²⁹ §12-38-103(9), CRS.

³⁰ § 12-38-103(11), CRS.

³¹ § 12-38-103(10)(a), CRS.

³² Ibid.

³³ § 12-38-103(10)(b)(I) – (VI), CRS.

^{34 3} CCR 716-1-14, 1.2.

³⁵ § 12-38-111.5, CRS.

³⁶ 3 CCR 716-1-14, 1.2.

³⁷ § 12-38-111.5, CRS.

³⁸ 3 CCR 716-1-14, 1.14.

³⁹ § 12-38-111.6. CRS.

⁴⁰ 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.

⁴¹ § 12-36-101, CRS.

⁴² § 12-36-106(1)(a), CRS.

⁴³ 6 CCR 1011-1, 24,2.

⁴⁴ Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 4.

⁴⁵ "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.

⁴⁶ Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 15.

⁴⁷ § 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."

⁴⁸ §§ 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."

- ⁴⁹ § 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.
- ⁵⁰ 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.
- ⁵¹ 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).
- ⁵² 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.
- ⁵³ 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.
- ⁵⁴ 2 CCR 502-1, 190.1.
- 55 § 12-43-228, CRS.
- ⁵⁶ 2 CCR 502-1, 21.190.4.
- ⁵⁷ 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.
- ⁵⁸ 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.
- ⁵⁹ 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.
- ⁶⁰ 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.
- 61 42 CFR §§ 410.2, 410.10 and 410.43.
- ⁶² 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.
- ⁶³ 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.

- ⁶⁴ American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*. Chicago, IL: American Medical Association (AMA), page 8.
- ⁶⁵ American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*, pages 27 28. Chicago, IL: American Medical Association (AMA).
- ⁶⁶ 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.
- ⁶⁷ 10 CCR 2505-10, 8.495.1.
- ⁶⁸ 6 CCR 1011-1, 7.1.102(6)(a).
- ⁶⁹ § 26-6-102(33), CRS.
- ⁷⁰ § 25.5-4-103(19.5), CRS.
- ⁷¹ 10 CCR 2505-10, 8.765.1.
- ⁷² 12 CCR 2509-8, 7.701.2.
- ⁷³ 6 CCR 1011-1, 7.1.102(6)(b).
- ⁷⁴ § 26-6-102(33), CRS.
- ⁷⁵ 10 CCR 2509-8, 7.705.91.
- ⁷⁶ §§ 25-3-100.5(1), 27-1-201(1), and 27-10-102(1), CRS; 6 CCR 1011-1, 7-1.102(1), (20).
- ⁷⁷ § 25-1.5-103(1)(a), CRS; § 27-10-101, et seg and 2 CCR 502-1.
- ⁷⁸ 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.
- ⁷⁹ 42 CFR 440.130(d).
- ⁸⁰ 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.
- Ingenix (2008). 2009 Coders' Desk Reference for Procedures. Eden Prairie, MN: Ingenix.
- boxii 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.
- 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.

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.

boxv 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.

how 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.

lxxxvii Medicaid.gov Delivery Systems: Telemedicine. A federal government managed website by the Centers for Medicare & Medicaid Services. 7500 Security Boulevard Baltimore, MD 21244

Medicaid.gov Delivery Systems: Telemedicine. A federal government managed website by the Centers for Medicare & Medicaid Services. 7500 Security Boulevard Baltimore, MD 21244.

lxxxix §25.5-5-414(7)(a) and (b), CRS.

- xc 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.
- xci 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.
- xcii 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.
- ⁹³ New York State Department of Health (2009). *State Medicaid Program Clinical Psychology Procedure Codes & Fee Schedule*. Albany, NY: New York State Department of Health, page 1.
- ⁹⁴ Colorado Department of Health Care Policy & Financing (HCPF) (April, 2008). *Colorado Medical Assistance Program Provider Specialty Manuals*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page S-79.
- ⁹⁵ 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).
- ⁹⁶ US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) (2009). *Chapter 1 General Billing Requirements. Medicare Claims Processing Manual.* Baltimore, MD: US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).
- ⁹⁷ 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.
- ⁹⁸ 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).

⁹⁹ Straheli, W.L. (Editor) (2008). 2008 Behavioral Health Multibook. Dammeron Valley, UT: InstaCode Institute, page C.17.

¹⁰⁰ Colorado Department of Health Care Policy & Financing (HCPF) (February, 2007). *Colorado Medical Assistance Program Provider Billing Manuals*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page B-35 – B-72.

¹⁰¹ Colorado Department of Health Care Policy & Financing (HCPF) (October, 2004). *Colorado Medical Assistance Program Provider Billing Manuals*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page B-7 – B-33.

¹⁰² Colorado Department of Health Care Policy & Financing (HCPF) (October, 2004). *Colorado Medical Assistance Program Provider Billing Manuals*. Denver, CO: Colorado Department of Health Care Policy & Financing (HCPF), page B-7 – B-33.

¹⁰³ National Uniform Claim Committee (NUCC) (November, 2008). *1500 Claim Form Map to the X12 837 Health Care Claim: Professional*. Falls Church, VA: Data Interchange Standards Association (DISA).

¹⁰⁴ US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) (May 4, 2009).
HCPCS Level II Code Modification Request Process. Baltimore, MD: US Department of Health & Human Services (HHS),
Centers for Medicare & Medicaid Services (CMS). Retrieved from
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