# 2018

# **Uniform Service Coding Standards Manual**



# COLORADO

Department of Health Care Policy & Financing



# **COLORADO** Office of Behavioral Health

Department of Human Services

Updated: June 2018 Effective date: July 1, 2018

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Current Procedural Terminology (CPT<sup>®</sup>) procedure codes, descriptors and other data are copyright 2016 American Medical Association (AMA). All Rights Reserved. The AMA assumes no liability for the data contained herein. 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 Capitated Behavioral Health Benefit under the Accountable Care Collaborative.

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 Capitated Behavioral Health Benefit under the Accountable Care Collaborative. The *USCS Manual* also provides guidance in documenting and reporting covered services in coding formats that are in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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

- International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)<sup>1</sup>
- Current Procedural Terminology (CPT<sup>®</sup>), Professional Edition<sup>2</sup>
  - Healthcare Common Procedure Coding System (HCPCS) <sup>3</sup> Capitated Behavioral Health Benefit under the Accountable Care Collaborative

These clinical coding systems are used by HCPF and OBH.

The USCS manual is a living document that is updated each fiscal year to maintain consistency between the RAE 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, 2018. Providers must implement the July 2018 edition by August 1, 2018 for dates of service July 1<sup>st</sup> and thereafter, regardless of submission date.

#### Manual Format b.

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 Appendix C for complete list):

- Screening
- Crisis
- Assessment
- Prevention/Early Intervention Services
- Peer Support/Recovery Services
- Each procedure code page is outlined as follows:
- CPT<sup>®</sup>/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) which apply only to the Colorado Medicaid Community Mental Health Services Program.
- **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/clinic (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)
- 0 Date of service

• Patient's date of birth (DOB)

- **Emergency status** 0
- Start and end time/duration of the service
- Staff/peer credentials 0

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

# II. Colorado Capitated Behavioral Health Benefit under the Accountable Care Collaborative

The Colorado Department of Health Care Policy and Financing (HCPF) contracts with managed care organizations (MCOs), known as regional accountable entities (RAEs), to administer, manage and operate the Colorado Capitated Behavioral Health Benefit under the Accountable Care Collaborative by providing medically necessary covered behavioral health (BH) services.

The Colorado Capitated Behavioral Health Benefit under the Accountable Care Collaborative 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 Capitated Behavioral Health Benefit under the Accountable Care Collaborative covered procedure codes are categorized as either State Plan (SP), (b)(3), or both.

### a. 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.

Medicaid State Plan Program Service Categories			
Category	Category Description		
Inpatient	•		
Outpatient	<ul> <li>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:</li> <li>A. Physician Services, including psychiatric care: Behavioral health services provided within the scope of practice of medicine as defined by State law.</li> </ul>		

	Medicaid State Plan Program Service Categories			
Category	Description			
	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:			
	1. Individual Behavioral Health Therapy: Therapeutic contact with one patient.			
	2. Individual Brief Behavioral Health Therapy: Therapeutic contact with one patient.			
	3. 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			
	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. <b>Outpatient Day Treatment</b> : 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.			
	I. 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 a			
	opiate-dependent person for the purpose of decreasing or eliminating dependence on opiate substances.			

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

Colorado Medicaid's Capitated Behavioral Health Benefit under the Accountable Care Collaborative is 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.

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 Dia	TNOSOS	

### III. Diagnoses

The Colorado Capitated Behavioral Health Benefit under the Accountable Care Collaborative identifies covered diagnoses using the *International Classification of Diseases, Tenth Revision, Clinical Modification* (ICD-10-CM).<sup>iv</sup> 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*,<sup>v</sup> 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 1<sup>st</sup>. 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.<sup>vi</sup>

Non-Covered Diagnosis Codes for use ONLY with Assessment (excluding Treatment Planning), Crisis (excluding		
Psychotherapy for Crisis), and Prevention/Early Intervention Services when no other diagnosis has been determined		
Code	Description	
R69	69 Illness, unspecified	
Z03.89	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 Capitated Behavioral Health Benefit under the Accountable Care Collaborative. 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-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	F42.3
F42.8	F48.1
F48.9	F51.03
F51.09	F51.12
F51.19	F51.9
F60.0	F63.9
F68.10	F69
F90.0	F98.4
F98.8	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

<sup>III</sup> 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" (§ 19-1-103, CRS).
- 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 Social Worker (LCSW) (10 CCR 2505-10,8.765.5).

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 (§ 12-29.3-102(13))." 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 (§ 12-43-202, CRS)." According to the American Medical Association (AMA) Current Procedural Terminology (CPT<sup>®</sup>), "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."<sup>7</sup>

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/clinics (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 or higher 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.

#### **Certified Prevention Specialist** C.

A Certified Prevention Specialist is credentialed by the Colorado Prevention Certification Board, under guidelines set by the International Certification & Reciprocity Consortium (IC&RC).

#### 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.

#### Licensed Addiction Counselor (LAC) e.

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). A 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.

#### 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 (§12-43-404, CRS). 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" (§ 12-43-403(1), CRS).

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 ۲
- 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
- Psychotherapy (For Social Workers (SWs), the practice of psychotherapy is limited to LCSWs or LSWs supervised by LCSWs)
- Consultation, supervision and teaching in higher education (§§ 12-43-406(1) and 12-43-409, CRS)

### 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 (§ 12-43-504, CRS).

*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 (§ 12-43-603, CRS).

*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:

• Evaluation, Assessment, Testing, Diangosis, Treatment or Intervention, Planning, Consultation, Case Management, Education, Supervision, Psychotherapy, Research, Referral, and Crisis Intervention

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 (§ 12-43-602.5, CRS).

### 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 (§ 12-43-304, CRS). 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, psychophysiological and emotional disorder(s) or disability(ies), alcoholism and substance abuse, behavioral abuse (including dangerousness to self or others) and disorders of habit or conduct"
- "Rehabilitation psychology, dealing with the psychological aspects of physical illness, accident, injury or disability and rehabilitation"
- "Health psychology, dealing with the role of psychological factors in health and illness"
- "Forensic psychology, dealing with the relation and application of psychological research and knowledge to legal issues, including but not limited to, assessments of competency in civil or criminal matters, legal questions of sanity, or civil commitment proceedings"
- "Organizational psychology, including assessment and intervention by an employee within his/her organization or by a consultant retained by the organization"
- "Community psychology, emphasizing prevention and early discovery of potential difficulties, rather than awaiting initiation of therapy by affected individual or groups, which is generally practiced outside of an office setting"
- "Psychological evaluation, therapy, remediation, and consultation"
- "Research psychology, applying research methodologies, statistics and experimental design to psychological data" (§ 12-43-303, CRS)

### 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."<sup>vi</sup> The following is a useful overview of the four major types of recovery groups, and (4) building community.<sup>viii</sup> Peer specialists assist patients in navigating treatment systems for mental health and substance use disorders. Peer Specialists "perionates 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 - <u>Appendix D</u>).

### 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 (§ 12-36-106, CRS).

*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 (§ 12-36-106, CRS).

### I. 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 (§ 12-38-103(8), CRS)

*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 (§12-38-103(9), CRS).

### *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 (§ 12-38-103(11), CRS).

*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 (§ 12-38-103(10)(a), CRS)."

- Functions include:
  - "Initiation and performance of nursing care through health promotion"
  - "Supportive or restorative care"
  - "Disease prevention"
  - "Diagnosis and treatment of disease, ailment, pain, injury, deformity and physical or mental condition using specialized knowledge, judgment and skill involving the application of biological, physical, social and behavioral science principles (§ 12-38-103(10)(a), CRS)"
- Services include:
  - "Evaluating health status through collection and assessment of health data"
  - "Health teaching and health counseling"
  - "Providing therapy and treatment that is supportive and restorative to life and well-being, either directly to the patient or indirectly through consultation with, delegation to, supervision of, or teaching of others"
  - "Executing delegated medical functions"
  - "Referring to medical or community agencies those patients who need further evaluation and/or treatment"
  - "Reviewing and monitoring therapy and treatment/service plans (§ 12-38-103(10)(b)(I) (VI), CRS)"

### *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) (3 CCR 716-1-14, 1.2. and § 12-38-111.5, CRS)

*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 (3 CCR 716-1-14, 1.2. and § 12-38-111.5, CRS)."

### 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 (3 CCR 716-1-14, 1.14).

*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 (§ 12-38-111.6, CRS).<sup>8</sup>

### 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 (§ 12-36-101, CRS).

*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 (§ 12-36-106(1)(a), CRS)."

### 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 (6 CCR 1011-1, 24,2).

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 0
  - Jails 0
  - Community correctional facilities and programs
  - Regimented inmate discipline and treatment program
  - Denver Regional Diagnostic Center (DRDC) 0
- 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 programs<sup>9</sup>

"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."<sup>10</sup> A QMAP may administer medications by the following routes of administration:

- Oral
- Sublingual
- Topical
- Eye
- Ear

#### **Treatment Facility** 0.

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.

- Rectal
- Vaginal
- Inhalant
- Transdermal<sup>11</sup>

### 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/clinics (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.	

	Place of Service (POS) Codes		
Code	Name	Description	
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	
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).	

	Place of Service (POS) Codes			
Code Name		Description		
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 <sup>12</sup>	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.		
35-40	Unassigned	N/A		
41	Ambulance – Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.		
42	Ambulance – Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.		
43-48	Unassigned	N/A		
49	Independent Clinic	A location, not part of a hospital and not described by any other POS code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.		
50	Federally Qualified Health Center (FQHC)	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.		
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.		
52	Psychiatric Facility – Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full-time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.		
53	Community Mental Health Center/Clinic (CMHC) <sup>13</sup>	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) <sup>14</sup>	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.		

Place of Service (POS) Codes				
Code	Name	Description		
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.		
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.		
63-64	Unassigned	N/A		
65	End-Stage Renal Disease Treatment Facility	A facility, other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.		
66-70	Unassigned	N/A		
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.		
72	Rural Health Clinic	A certified facility which is located in a rural medically under-served area that provides ambulatory primary medical care under the general direction of a physician.		
73-80	Unassigned	N/A		
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.		
82-98	Unassigned	N/A		
99	Other Place of Service	Other place of service (POS) not identified above.		

## 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.<sup>15</sup>

### 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.). When billing Medicaid providers must use, as a first position modifier, one of the Colorado Community Behavioral Health Program modifiers listed in the chart 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.		
TG	Other State Plan (SP) Services	Other State Plan (SP) services not identified by HE above.		
НК	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 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.
HM	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 over the age of 21 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.

\*When billing H0023 these modifiers must be used as indicated on the code page for the procedure.

### b. Common Behavioral Health Modifiers

Common Behavioral Health CPT <sup>®</sup> Modifiers				
Modifier	Description	Definition		
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.		
CR	Catastrophe/Disaster- Related	Indicates a service/procedure rendered to a victim of a catastrophe/disaster (e.g., Hurricane Katrina). The modifier may be placed in modifier places 2-4.		
ET	Emergency Services	Indicates a rendered emergency service/procedure. Services provided through Colorado Crisis Services should include the ET modifier in places 2-4. For Medicaid, providers should refer to their RAE contracts to determine which crisis codes they can provide.		
GQ	Via Asynchronous Telecommunications System	Indicates the distant site physician (MD/DO)/Mental Health Professional (MHP) certifies that the asynchronous medical file was collected and transmitted to him/her at his/her distant site from an eligible originating site when the <i>telemedicine (telehealth)</i> service/procedure was rendered. The modifier may be placed in modifier places 2-4.		
GT	Via Interactive Audio & Video Telecommunication Systems	Indicates real-time communication between the distant-site physician (MD/DO)/Mental Health Professional (MHP) has taken place with the patient present and participating in the <i>telemedicine (telehealth)</i> service/procedure. The modifier may be placed in modifier places 2-4.		
HF	Substance Abuse (SA) Program	Substance Abuse services, as determined by the provider. The modifier may be placed in modifier places 2-4.		

HR	Family/Couple with Patient Present	The modifier may be placed in modifier places 2-4.
HS	Family/Couple without Patient Present	The modifier may be placed in modifier places 2-4.

# **VII. Procedure Categories**

This section details the procedure codes that are covered under the Colorado Capitated Behavioral Health Benefit under the Accountable Care Collaborative 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." 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." 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 (2 CCR 502-1, 190.1). 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 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 Act (§ 12-43-228, CRS) to administer, score or interpret psychometric or electrodiagnostic testing:

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

### 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 (2 CCR 502-1, 21.190.4).

### 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." 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." 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. Targeted Case Management (TCM) Services

The purpose of targeted case management (TCM) is to assist individuals in gaining access to needed medical, social, educational, and other services. The primary goal of TCM is to optimize the functioning of recipients who have complex needs by coordinating the provision of quality treatment and support services in the most efficient and effective manner. See <u>Appendix E</u> for more information on Targeted Case Management.

### i. Behavioral Health TCM Services

Behavioral health 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. Behavioral Health TCM services may be provided by the following qualified providers:

- Advanced Practice Nurse (APN)
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Addiction Counselor (LAC)
- Psychologist, Psy.D/Ph.D
- Physician/Psychiatrist
- Physician assistant

Behavioral Health TCM services may also be provided in a licensed Community Mental Health Center by practitioners working under the supervision of a qualified provider.

### ii. Substance Abuse TCM Services

Substance abuse TCM Services are defined, per Colorado Medicaid State Plan Amendment, as services that assist individuals diagnosed with or being alcohol or drug dependent in gaining access to medical, social, educational, and other services. Substance abuse TCM services must be provided by qualified provider that is a licensed health practitioner with a certification in addiction counseling or a licensed clinician.

- Licensed health practitioners include:
  - Advanced Practice Nurse (APN)
  - Physician/Psychiatrist
  - Physician assistant
- Licensed clinicians include:
  - Licensed Clinical Social Worker (LCSW)
  - Licensed Professional Counselor (LPC)
  - Licensed Marriage and Family Therapist (LMFT)

- Licensed Addiction Counselor (LAC)
- Licensed Psychologist, Psy.D/Ph.D

Substance abuse Services may also be offered by practitioners working under the supervision of a qualified provider in facilities that have been licensed to provide substance use disorder treatment by the Office of Behavioral Health of the Department of Human Services.

### h. 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. 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 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
- CPT states The psychotherapy codes 90832-90838 include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of family member(s) or other in the treatment process
- **To report psychotherapy, choose the code closest to the actual time (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.

### ii. Medication Management

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

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."

#### iii. 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.

### iv. 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.

#### v. 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 (42 CFR §§ 410.2, 410.10 and 410.43).<sup>16</sup>

### vi. 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).

### i. Evaluation and Management (E/M) Services

Evaluation and management codes are covered by the RAEs 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 RAE 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,<sup>17</sup> coordination of care or both, the service is coded based upon the length of time spent with the patient and/or family.<sup>18</sup>

## 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.<sup>19</sup>

#### See <u>Appendix G</u> for more information on E/M services.

# j. 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." 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.

# *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 (10 CCR 2505-10, 8.495.1).

### *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 (6 CCR 1011-1, 7.1.102(6)(a)).

### 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/clinic (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) (§ 26-6-102(33), CRS), 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) (§ 25.5-4-103(19.5), CRS., 10 CCR 2505-10, 8.765.1, and 12 CCR 2509-8, 7.701.2).

## 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/clinics (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 (6 CCR 1011-1, 7.1.102(6)(b)).

#### vii. Residential Child Care Facility (RCCF)

Residential Child Care Facility (formerly TRCCF) is a licensed residential child care facility (RCCF) (§ 26-6-102(33), CRS) 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 18<sup>th</sup> birthday; youth in the custody of the Division of Youth Corrections (DYC) may be placed in an RCCF by court order past their 18<sup>th</sup> birthday but prior to their 21<sup>st</sup> birthday (10 CCR 2509-8, 7.705.91).

#### 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 (§§ 25-3-100.5(1), 27-1-201(1), and 27-10-102(1), CRS; 6 CCR 1011-1, 7-1.102(1), (20)). 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) (§ 25-1.5-103(1)(a), CRS; § 27-10-101, *et seq* and 2 CCR 502-1).

#### *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.

# k. 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) (42 CFR 440.130(d))."

# 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.

# l. 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." 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:

outline structure:

- CPT<sup>®</sup>/HCPCS Procedure Code The 5-digit numeric Current Procedural Terminology (CPT<sup>®</sup>) 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<sup>xx</sup> and/or the Centers for Medicare and Medicaid Services (CMS).<sup>xxi</sup>
- 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> <u>Documentation Requirements</u>.<sup>xxii</sup>
- 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. xxiii
- 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)
  - 15 Minute Unit = Divide the total duration by 15 minutes (refer to <u>Section VIX.a.</u>)
  - Hour Unit = Calculate the number of units by the total number of hours. For example, a "per hour" procedure code (e.g., 96101) rendered for a total of four (4) hours equals four (4) units.
  - Day (Per Diem) Unit = One day of service, typically of four (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.<sup>xxiv</sup> For encounterbased 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.<sup>xxv</sup> The appropriate modifiers, if applicable, are identified in parentheses.
  - Video Conference is based on the current allowable procedure codes for telemedicine (telehealth).<sup>xxvi</sup>

#### Telemedicine (Telehealth)xxvii

- **EXEMPTING SET UP:** 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.
- Solution 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 (§25.5-5-414(7)(a) and (b), CRS)."
- E 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 Telemedicine Direct Member Services. It is acceptable to use Telemedicine Direct Member Services to facilitate 'live' contact directly between a member and a distance 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.<sup>xxviii</sup>
- Staff Requirements The staff credentials allowed to render the service or procedure, unless specifically restricted by the procedure code description.<sup>xxix</sup> 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).<sup>xxx</sup> The appropriate POS codes are identified in parentheses.

SCREENING – DRUG – PATHOLOGY AND LABORATORY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
80305	Drug screen, presumptive, optical observation	☑ ОВН			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (e.g., immunoassay); capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service.	<ol> <li>Date of service</li> <li>Patient consent</li> <li>Screening results</li> <li>Patient's identified treatment/service plan (if applicable)</li> <li>Referral for treatment (if applicable)</li> <li>Signed with 1<sup>st</sup> initial, last name &amp; credentials</li> </ol>				
NOTES	EXAMPLE ACTIVITIES				
Use code H0048 for collection specimens. Modifier HG only applies for opioid testing.	Enzyme assays measure either the consumption of a substrate or production of a product over time. An example substance could be an opioid compound.				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11)         ☑ Young Adult         ☑ Adult (21-64)           ☑ Adol (12-17)         (18-20)         ☑ Geriatric (65+)	<ul><li>☑ Encounter</li><li>□ 15 Minutes</li><li>□ Day</li><li>□ 1 Hour</li><li>□ Maximum: NA</li></ul>				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>□ Individual</li> <li>□ Group (HQ)</li> <li>□ Family (HR)</li> <li>□ Telephone</li> <li>□ Family (HS)</li> </ul>	□ HE □ U4 □ HJ □ TG □ TM □ HQ □ HK □ HM □ TT □ HT				
STAFF REQUIREMENTS					
	laster's Level (HO) 🛛 LAC 🖾 LPN/LVN (1 dD/ PhD/PsyD (HP) 🖾 CAC I 🖾 RN (TD) dD/ PhD/PsyD (HP) 🖾 CAC II 🖾 APN (SA) /PhD/PsyD (AH) 🖾 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 – I	ATHOLOGY AND L	ABORATORY		
<b>CPT®/HCPCS PROCE</b>	PROCEDURE CO	PROCEDURE CODE DESCRIPTION				
	80306		Drug screen, pr	esumptive, read b	oy instrument	🗹 ОВН
SERVICE DESCRIPTIC	N		MINIMUM DO	CUMENTATION R	EQUIREMENTS	
Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (e.g., immunoassay); read by instrument assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service			<ol> <li>Date of service</li> <li>Patient consent</li> <li>Screening results</li> <li>Patient's identified treatment/service plan (if applicable)</li> <li>Referral for treatment (if applicable)</li> <li>Signed with 1<sup>st</sup> initial, last name &amp; credentials</li> </ol>			
NOTES			EXAMPLE ACTI	VITIES		
	Use code H0048 for collection specimens. Modifier HG only applies for opioid testing.			measure either th product over tim ound.		
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	
	☑ Young Adult 18-20)	🗵 Adult (21-64) 🗵 Geriatric (65+)	Encounter 🗌 Day	□ 15 Minutes □ 1 Hour	Minimum: NA Maximum: NA	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SER	VICE CATEGORY(I	ES)	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☐ Individua ☐ Group (H ☐ Family (H ☐ Family (H	IQ) IR)	□ не □ тG □ нк		M DHQ	
STAFF REQUIREMEN	ITS					
□ Peer Specialist □ Bachelor's Level (HN ⊠Intern	I) X LC X LP X LN	C 🗍 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	図LAC 図CAC I 図CAC II 図CACIII	⊠ LPN/LVN (1 ⊠ RN (TD) ⊠ APN (SA) □ QMAP	E) X RxN (SA) PA (PA) MD/DO(AF)
PLACE OF SERVICE (I ⊠ CMHC (53) ⊠ Office (11) ⊠ Home (12)	POS)	⊠ NRSATF (57) ⊠ Prison/CF (09 ⊠ School (03)	区 Other POS (	99)		

	SCR	EENING – PATHOLOGY	AND LABORATORY -	ALCOHOL			
CPT <sup>®</sup> /HCPCS PROCE	DURE CODE	PROCEDURE CODE DESCRIPTION USAGE				SAGE	
	82075		Alcohol (ethanol); b	reath			OBH
SERVICE DESCRIPTIC	)N		MINIMUM DOCUM	IENTATION RE		TS	
	administered to test oxication of an indivi		<ol> <li>Date of service</li> <li>Client consent</li> <li>Screening resu</li> <li>Signed with 1s</li> </ol>	: ults	ame & crede	ntials	
NOTES			EXAMPLE ACTIVITI	C			
collection, handling, sample viability for e	videntiary and thera	g procedures assuring	Breathalyzer admin intoxication	istered to test			conol
APPLICABLE POPULA			UNIT		DURATION		
	-	Adult (21-64)		15 Minutes	Minimum:		
	•	Geriatric (65+)	· · ·	1 Hour	Maximum:	NA	
ALLOWED MODE(S) Face-to-Face Video Conf (GT) Telephone	☐ Individual ☐ Group (HQ) ☐ Family (HR) ☐ Family (HS)		PROGRAM SERVICE HE (SP) TG (Other SP) HK (Residential)	□ U4 ( □ TM	ICM)		Clubhouse) Recovery)
STAFF REQUIREMEN	115				<b>1</b>	) (NI (TE)	
☑ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	I) 区 LCSW (A 区 LPC 区 LMFT	🗵 Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	区 LPN/I 区 RN (T 区 APRN 区 QMA	D) I (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (F							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ OutpHospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> <li>☑ Hospice (34)</li> </ul>	⊠ NF (32) ⊠ PRTF (56) ⊠ Shelter (04)	<ul> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> <li>☑ RSATF (55)</li> <li>☑ NRSATF (57)</li> <li>☑ Inpt Hosp (21)</li> </ul>	<ul> <li>☑ Inpt PF (5</li> <li>☑ ER (23)</li> <li>☑ PF-PHP (5</li> <li>☑ School (0</li> <li>☑ Other PO</li> </ul>	52) 3)		

	TREA	TMENT - PSYCHOTH	ERAPY - INTERACT	IVE COMPLEXITY		
<b>CPT®/HCPCS PROCE</b>	OURE CODE		PROCEDURE CO	USAGE		
	90785* ADD-ON			olexity (list separa he primary servic		☑ Medicaid
SERVICE DESCRIPTIO	N		MINIMUM DOC	UMENTATION RE	QUIREMENTS	
Code 90785 is an add-on code used to report the interactive complexity. Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. Some common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Patients that require this service are those who have third parties such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care (see <u>Appendix F</u> for more information).			met		umentation require	
NOTES		· · ·	EXAMPLE ACTIV	<b>ITIES</b>		
This code is to be rep diagnostic psychiatrid psychotherapy (9083 performed with an ev (90833, 90836, 90836 99350), and group ps	c evaluation (90791, 2-90834-90837), psy valuation and manag 8, 99201-99255, 9930	90792), chotherapy when ement service 04-99337, 99341-				
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
	⊠ Young Adult 18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minutes □ 1 Hour	Minimum: NA Maximum: NA	
ALLOWED MODE(S)				ICE CATEGORY(II		
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ TG (Other SP) ⊠ HK (Residenti		(ACT) □ HQ □ TT (	Voc) (Clubhouse) Recovery) (Prev/El)
STAFF REQUIREMEN	TS					
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	) 🗵 LCSW 🗵 LPC 🗵 LMFT	⊠Unlicensec	d Master's Level (HO I EdD/ PhD/PsyD (HP dD/PhD/PsyD (AH)		□ LPN/LVN (T □ RN (TD) ☑ APN (SA) □ QMAP	E) 🗵 RxN (SA) 🗵 PA (PA) 🗵 MD/DO(AF)
PLACE OF SERVICE (F						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ ICF-MR (54) ⊠ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	区 Inpt Hosp 区 Inpt PF (5 区 ER (23) 区 PF-PHP (5	1) I Teleho I Other	ıl (03) ealth (02) POS (99)

	TREA	TMENT - PSYCHOTH	ERAPY - INTERACT	IVE COMPLEXITY		
CPT <sup>®</sup> /HCPCS PROCE	DURE CODE	PROCEDURE CO	USAGE			
	90785* ADD-ON			blexity (list separa he primary servic	•	⊠ ОВН
SERVICE DESCRIPTIO	N		MINIMUM DOC	UMENTATION RE	QUIREMENTS	
Code 90785 is an add-on code used to report the interactive complexity. Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure. Some common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients. Patients that require this service are those who have third parties such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care (see <u>Appendix F</u> for more information).			met		umentation require	
NOTES	• <u>• • • • •</u>		EXAMPLE ACTIV	ITIES		
This code is to be rep diagnostic psychiatric psychotherapy (9083 performed with an ev (90833, 90836, 90836 99350), and group ps	c evaluation (90791, ) 2-90834-90837), psy valuation and manag 8, 99201-99255, 9930	90792), chotherapy when ement service 04-99337, 99341-				
APPLICABLE POPULA			UNIT		DURATION	
	⊠ Young Adult 18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minutes □ 1 Hour	Minimum: NA Maximum: NA	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV	ICE CATEGORY(IE	ES)	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>☑ HK (Residentia)</li> </ul>		(ACT) □ HQ □ TT (	Voc) (Clubhouse) Recovery) (Prev/El)
STAFF REQUIREMEN	TS					
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	) 🗵 LCSW 🗵 LPC 🗵 LMFT	⊻Unlicensec	d Master's Level (HO I EdD/ PhD/PsyD (HP dD/PhD/PsyD (AH)		□ LPN/LVN (T □ RN (TD) ☑ APN (SA) □ QMAP	E) 🗵 RxN (SA) 🗵 PA (PA) 🗵 MD/DO(AF)
PLACE OF SERVICE (F						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ ICF-MR (54) ⊠ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5	1) I Teleh I Other	ol (03) ealth (02) POS (99)

	ASSES	SSMENT - DIAGNOSIS			
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DES	SCRIPTION		USAGE
9079	1	Psychiatric diagnost	ic evaluation		☑ Medicaid
SERVICE DESCRIPTION		MINIMUM DOCUMEN	TATION REQUIREM	IENTS	
Psychiatric diagnostic evaluation is a assessment, including history, menta The evaluation may include commun sources and review and ordering of The MHP interviews the patient in a appropriate initial diagnostic examin patient's history and assessing his/h disposition. The MHP may spend tim friends, co-workers, or other source <b>* BA-level MHPs use procedure code</b> <b>* Prescribers use procedure code 9</b>	al status, and recommendations nication with family or other diagnostic studies. culturally and developmentally nation, which includes taking the er mental status, as well as ne communicating with family, s as part of this examination, e H0031.	<ul> <li>Service Content</li> <li>1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s)</li> </ul>			
NOTES		EXAMPLE ACTIVITIES			
In certain circumstances one or mor members, guardians, or significant of patient. Codes 90791 may be report the same day, for the patient, when are conducted with the patient and services as being provided to the par other party in such circumstances. C once per day but not on the same da management service performed by to patient. The psychiatric diagnostic e interactive complexity services when the delivery of the psychiatric proce reported with add-on code 90785 us are used for assessment(s) and re-ass not include psychotherapeutic service may not be reported on the same da patient in crisis state is reported wit (H2011, 90839-90840). 90839-90840 day as 90791 If appropriate and based on patient Assessment services (90791) may be	diagnosis/diagnoses, b care or treatment need	aseline level of fund	tioning, determine	appropriate level of	
APPLICABLE POPULATION(S)		UNIT		DURATION	
Child (0-11) Young Adu	· /		15 Minutes	Minimum: N/A	
Adol (12-17) (18-20)	🗵 Geriatric (65+)		1 Hour	Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY           Image: Space-to-Face         Image: Image: Space-to-Face           Image: Video Conf (GT)         Group (HQ)           Image: Telephone         Family (HR)           Image: Family (HR)         Family (HR)	)	PROGRAM SERVICE CATEGORY(IES)         Image: He (SP)       Image: U4 (ICM)       Image: HJ (Voc)         Image: TG (Other SP)       Image: TM (ACT)       Image: HQ (Clubhous)         Image: HK (Residential)       Image: HM (Respite)       Image: TT (Recovery)         Image: HK (Residential)       Image: HM (Respite)       Image: HT (Prev/EI)			Clubhouse) Recovery)
STAFF REQUIREMENTS					
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	🗵 LPC 🛛 🗵 Unlie	censed Master's Level (HO) censed EdD/ PhD/PsyD (HP nsed EdD/PhD/PsyD (AH)		□ LPN/LVN (TE) □ RN (TD) ☑ APN (SA) □ QMAP	□ RxN (SA) □ PA (PA) □ MD/DO(AF)
PLACE OF SERVICE (POS)					
☑ CMHC (53)         ☑ ACF (13)           ☑ Office (11)         ☑ Cust Care (           ☑ Mobile Unit (15)         ☑ Grp Home           ☑ Outp Hospital (22)         ☑ Home (12)	(14) 🗵 NF (32)	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	<ul> <li>☑ Inpt Hosp (21)</li> <li>☑ Inpt PF (51)</li> <li>☑ ER (23)</li> <li>☑ PF-PHP (52)</li> </ul>		ol (03) nealth (02) r POS (99)

ASSES:	SMENT - DIAGNOSIS			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
90791	Psychiatric diagnostic evaluation	⊡ OBH		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREM	MENTS		
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)			
NOTES	EXAMPLE ACTIVITIES			
In certain circumstances one or more other informants (family 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, diagnosis/diagnoses, baseline level of fun care or treatment needs and make neces	ctioning, determine appropriate level of		
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: N/A Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
<ul> <li>☑ Individual</li> <li>☑ Face-to-Face</li> <li>□ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>□ Family (HR)</li> <li>□ Telephone</li> <li>□ Family (HS)</li> </ul>	⊠ HE (SP)       ⊠ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       ⊠ TM (ACT)       □ HQ (Clubhouse)         ⊠ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)       □ HT (Prev/EI)			
STAFF REQUIREMENTS				
Bachelor's Level (HN)  LPC  Unlice	ensed Master's Level (HO) ⊠LAC ensed EdD/ PhD/PsyD (HP) □CAC I ed EdD/PhD/PsyD (AH) □CAC II □CACIII	□ LPN/LVN (TE) □ RxN (SA) □ RN (TD) □ PA (PA) ⊠ APN (SA) □ MD/DO(AF) □ 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)           ☑ SNF (31)         ☑ Inpt PF (51)           ☑ FQHC (50)         ☑ ER (23)           ☑ RHC (72)         ☑ PF-PHP (52)	⊠ School (03) ⊠ Telehealth (02) ⊠ Other POS (99)		

		ASSESS	MENT - DIAGNOSIS				
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DI	ESCRIPTION		USAGE	
90	792		Psychiatric diagnostic	evaluation with m	nedical services	☑ Medicaid	
SERVICE DESCRIPTION							
<ul> <li>SERVICE DESCRIPTION</li> <li>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.</li> <li>In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the patient.</li> <li>* This code is for Prescribers (or prescriber interns) only.</li> <li>MOTES</li> <li>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</li> </ul>			MINIMUM DOCUMENTATION REQUIREMENTS         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         EXAMPLE ACTIVITIES         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 POPULATION(S)			UNIT		DURATION		
Image: Child (0-11)         Image: Young A           Image: Adol (12-17)         (18-20)	dult	⊠ Adult (21-64) ⊠ Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE C		((0)) =		
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> <li>☑ Family</li> </ul>	HQ) HR)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>☑ HK (Residential)</li> </ul>	⊠ TN	1 (ACT)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS						c)	
<ul> <li>Peer Specialist</li> <li>Bachelor's Level (HN)</li> <li>Intern</li> </ul>	□ LCSW □ 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) 🗵 RxN (SA) 🗵 PA (PA) 🗵 MD/DO(AF)	
PLACE OF SERVICE (POS)			_				
Image: CMHC (53)       Image: CMHC (53)         Image: CMHC (53)       Image: CMHC (13)         Image: CMHC (11)       Image: CMHC (12)         Image: CMHC (12)       Image: CMHC (13)         Image: CMHC (12)       Image: CMHC (13)         Image: CMHC (13)	re (33) ne (14)	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	<ul> <li>☑ Shelter (04)</li> <li>☑ SNF (31)</li> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> <li>☑ Independent Clinic</li> </ul>	⊠ Inpt Hos ⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5) (49)	51) 🗵 NRS. 🗵 Tele	ool (03) ATF (57) health (02) er POS (99)	

		ASSESS	MENT - DIAGNOSIS			
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE	DESCRIPTION		USAGE
90	792		Psychiatric diagnost	ic evaluation with m	nedical services	🗹 ОВН
SERVICE DESCRIPTION			MINIMUM DOCUM	ENTATION REQUIR	EMENTS	
Psychiatric diagnostic evaluation medical assessment, including his physical examination elements as recommendations. The evaluation with family or other sources, pres- review and ordering of laborators In certain circumstances one or m members, guardians, or significant the patient. * This code is for Prescribers (or NOTES Codes 90792 may be reported me not on the same day by the same diagnostic evaluations are condu- informants. Report services as be not the informant or other party 90792 may be reported once per an evaluation and management s provider for the same patient. Th evaluation may include interactiva add-on code) when factors exist for psychiatric procedure. 90792 is u assessment (s), if required, and d services. Psychotherapy provided to a with the appropriate crisis code ( 90840 cannot be billed on the same and based on patient stability/sta	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s)</li> <li>Referral source</li> <li>Psychiatric diagnostic interview examination elements</li> <li>Review of medical and medication history, psychosocial, family, and treatment history</li> <li>mental status exam</li> <li>Diagnostic formulation</li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3rd parties and disposition</li> </ol> EXAMPLE ACTIVITIES 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.</li></ul>					
services (90792) may be provided	phor to discharge.					
APPLICABLE POPULATION(S)			UNIT		DURATION	
☑ Child (0-11) ☑ Young A		(21-64)	Encounter	□ 15 Minutes	Minimum: N/A	
Adol (12-17) (18-20)		tric (65+)	Day     PROGRAM SERVICE		Maximum: N/A	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> <li>☑ Family</li> </ul>	al HQ) HR)		Image: PROGRAM SERVICE         Image: PROgram Serv	区 U4 区 TN	I (ACT) E I (Respite) E	] HJ (Voc) ] HQ (Clubhouse) ] TT (Recovery) ] HT (Prev/EI)
STAFF REQUIREMENTS						()
<ul> <li>Peer Specialist</li> <li>Bachelor's Level (HN)</li> <li>Intern</li> </ul>	□ LCSW (AJ) □ LPC □ LMFT	Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP EdD/PhD/PsyD (AH)		□ LPN/LVN □ RN (TD) □ APN (SA) □ QMAP	(TE) ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (POS)						
Image: CMHC (53)       Image: Cust Call         Image: CMHC (53)       Image: Cust Call         Image: CMHC (11)       Image: Cmm Call         Image: CMHC (12)       Image: Cmm Call         Image: CMHC (13)       Image: CMHC (13)	ne (14) 🗵 PRTF L2) 🗵 Shelt (34) 🖾 SNF (	(56) er (04) 31)	⊠ RHC (72) ⊠ Independent Clini ⊠ Inpt Hosp (21) ⊠ Inpt PF (51) ⊠ ER (23)	<ul> <li>☑ PF-PHP (!</li> <li>☑ School (0</li> <li>☑ NRSATF (</li> <li>☑ Telehealt</li> <li>☑ Other PC</li> </ul>	)3) (57) th (02)	

TREATMENT - PSYCH	OTHERAPY - INDIVIDUAL PSYCHOTHERAPY			
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
90832	Psychotherapy, 30 minutes with the patient 🗹 Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Face-to-face psychotherapy with a patient. If a family member is present, the focus of the session is still on th patient and not on the family unit.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content         <ol> <li>The reason for the visit. What was the intended goal of How does the service relate to the treatment/service</li> <li>Description of the service</li> <li>The therapeutic intervention(s) utilized and the individual response to the intervention(s)</li> <li>How did the service impact the individual's progress to goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coor needed with 3<sup>rd</sup> parties</li> </ol> </li> </ul>			
NOTES	EXAMPLE ACTIVITIES			
reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation management services, use the appropriate psychotherapy add code. All providers, licensed or unlicensed, are required to pra- psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a patient in crisis state is reported the appropriate crisis code (H2011, 90839-90840). 90839-908 cannot be billed in addition to psychotherapy by the same head care professional on the same day. Use add-on code 90785 for interactive complexity as appropriate	-on ctice with IO Ith			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-6)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (6)         ALLOWED MODE(S) OF DELIVERY       ☑         ☑ an in an intervention       ☑ Individual	5+)     Day     1 Hour     Maximum: 37 Minutes       PROGRAM SERVICE CATEGORY(IES)			
I Face-to-Face □ Group (HQ) I Video Conf (GT) □ Family (HR) □ Telephone □ Family (HS)	☑ HE (SP)       ☑ U4 (ICM)       ☐ HJ (Voc)         □ TG (Other SP)       ☑ TM (ACT)       □ HQ (Clubhou         ☑ HK (Residential)       □ HM (Respite)       □ TT (Recovery         □ HT (Prev/EI)       □ HT (Prev/EI)			
STAFF REQUIREMENTS				
□ Peer Specialist	Image: Second Control of			
PLACE OF SERVICE (POS)				
☑ CMHC (53)         ☑ ACF (13)         ☑ Hospice (           ☑ Office (11)         ☑ Cust Care (33)         ☑ ICF-MR (!           ☑ Mobile Unit (15)         ☑ Grp Home (14)         ☑ NF (32)           ☑ Outp Hospital (22)         ☑ Home (12)         ☑ PRTF (56)	▲ SNF (31)         ☑ Inpt PF (51)         ☑ Telehealth (02)           ☑ FQHC (50)         ☑ ER (23)         ☑ Other POS (99)			

TREATMENT - PSYCHOTHE	RAPY - INDIVIDUAL PSYCHOTHERAPY				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
90832	Psychotherapy, 30 minutes with the patient I OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ol> </li> </ul>				
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 by the same health care professional on the same day. Use add-on code 90785 for interactive complexity as appropriate.					
APPLICABLE POPULATION(S)	UNIT DURATION				
$\boxtimes$ Child (0-11) $\boxtimes$ Young Adult $\boxtimes$ Adult (21-64) $\boxtimes$ Adult (12-17) (18-20) $\boxtimes$ Coriettie (51-1)	Encounter 15 Minutes Minimum: 16				
☑ Adol (12-17)         (18-20)         ☑ Geriatric (65+)           ALLOWED MODE(S) OF DELIVERY	Day      1 Hour  Maximum: 37 PROGRAM SERVICE CATEGORY(IES)	winnutes			
☑ Face-to-Face       ☑ Individual         ☑ Face-to-Face       □ Group (HQ)         ☑ Video Conf (GT)       □ Family (HR)         □ Telephone       □ Family (HS)	Image: Service CATEGORT(IES)         Image: Service CATEGORT(IES) <td< td=""><td>□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)</td></td<>	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)			
STAFF REQUIREMENTS		(TE)			
□ Bachelor's Level (HN)	EVACULAR CONVERSENT OF CONVERSENT. CONVERSENT OF CONVERSENT OF CONVERSENT OF CONVERSENT OF CONVERSENT. CONVERSENT OF CONVERSENT OF CONVERSENT OF CONVERSENT. CONVERSENT OF CONVERSENT. CONVERSENT OF CONVERSENT. CON				
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) ⊠ Inpt PF (51) ⊠ Tel	nool (03) ehealth (02) ner POS (99)			

	EVALUATION AND	MANAGEMENT - F	PSYCHOTHERAPY – IN	DIVIDUAL PSYC	HOTHERAPY	
<b>CPT®/HCPCS PROCED</b>	URE 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	N			ENTATION REQ	UIREMENTS	
SERVICE DESCRIPTION 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.						
NOTES						
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 POPULAT	TION(S)		UNIT		DURATION	
区 Child (0-11) ⊠ Adol (12-17) (1	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	] 15 Minutes ] 1 Hour	Minimum: 16 M Maximum: 37 M	
ALLOWED MODE(S) C			PROGRAM SERVICE			
Telephone	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>□ Family (HR)</li> <li>□ Family (HS)</li> </ul>		☑ HE (SP) □ TG (Other SP) ☑ HK (Residential)	⊠ U4 ( ⊠ TM □ HM	(ACT) □ H (Respite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)
STAFF REQUIREMENT	S					
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern		🗆 Ur	nlicensed Master's Level nlicensed EdD/ PhD/PsyD ensed EdD/PhD/PsyD (A			TE) ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (PO						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	⊠ Inpt F ⊠ Inpt F ⊠ ER (2: ⊠ PF-PF	PF (51) ⊠ T 3) ⊠ O	chool (03) elehealth (02) hther POS (99)

EVALUATION AND MANAGEMENT	- PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY					
CPT <sup>®</sup> /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.						
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)           ☑ Adol (12-17)         (18-20)         ☑ Geriatric (65+)	Encounter     15 Minutes       Day     1 Hour       Maximum: 37 Minutes					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> <li>☑ Family (HR)</li> <li>□ Family (HS)</li> </ul>	☑ HE (SP)       ☑ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       ☑ TM (ACT)       □ HQ (Clubhouse)         ☑ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/El)       □ HT (Prev/El)					
STAFF REQUIREMENTS						
Image: Bachelor's Level (HN)   Image: LPC   Image: Bachelor's Level (HN)     Image: Bachelor's Level (HN)   Image: LPC   Image: Bachelor's Level (HN)     Image: Bachelor's Level (HN)   Image: Bachelor's Level (HN)   Image: Bachelor's Level (HN)     Image: Bachelor's Level (HN)   Image: Bachelor's Level (HN)   Image: Bachelor's Level (HN)     Image: Bachelor's Level (HN)   Image: Bachelor's Level (HN)   Image: Bachelor's Level (HN)     Image: Bachelor's Level (HN)   Image: Bachelor's Level (HN)   Image: Bachelor's Level (HN)	Unlicensed Master's Level (HO)       □LAC       □LPN/LVN (TE)       ⊠ RxN (SA)         Unlicensed EdD/ PhD/PsyD (HP)       □CAC I       □RN (TD)       ⊠ PA (PA)         Licensed EdD/PhD/PsyD (AH)       □CAC II       ⊠ APN (SA)       ⊠ 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)       ☑ Telehealth (02)         ☑ FQHC (50)       ☑ ER (23)       ☑ Other POS (99)         ☑ RHC (72)       ☑ PF-PHP (52)					

	TREAT	MENT - PSYCHOTHE	RAPY – INDIVIDUA	L PSYCHOTH	IERAPY			
<b>CPT®/HCPCS PROCED</b>	OURE CODE		PROCEDURE COD	E DESCRIPTI	ON			USAGE
	Psychotherapy, 45 minutes with a patient 🗹 Medicaid					🗹 Medicaid		
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATION	N REQU	REMENT	s	
Face-to-face psychotl member is present, tl patient and not on th	<ul> <li>How does t</li> <li>Description</li> <li>The therape response to</li> <li>How did the goals/object</li> <li>Plan for new</li> </ul>	for the visit. he service re of the servic eutic interver the interver e service imp tives? ct contact(s)	What w late to t ce ntion(s) ntion(s) pact the	vas the int the treatn utilized a individua	nent/se nd the i l's prog			
NOTES			EXAMPLE ACTIVI	h 3 <sup>rd</sup> parties				
If psychotherapy is prov management services, L code. All providers, licer psychotherapy only with accordance with State r Psychotherapy provided the appropriate crisis co cannot be billed in addit the same health care pr Use add-on code 90785	ise the appropriate psy ised or unlicensed, are nin their areas of comp ules and regulations. I to a patient in crisis s ide (H2011, 90839-908 ion to psychotherapy ofessional. for interactive comple	rchotherapy add-on e required to practice betency, in tate is reported with 40). 90839-90840 on the same day by						
APPLICABLE POPULA	TION(S)		UNIT		0	URATION	N	
	Young Adult 18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	⊠ Encounter □ Day	□ 15 Minut □ 1 Hour		/linimum: /laximum		
ALLOWED MODE(S)			PROGRAM SERVI					
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>□ Family (HR)</li> <li>□ Family (HS)</li> </ul>		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>☑ HK (Residentia)</li> </ul>	×	3 U4 (IC 3 TM (A 3 HM (R	CT)	□ нс □ тт	(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMEN	rs							
Peer Specialist     Bachelor's Level (HN)     Intern	⊻ LC ⊻ LP0 ⊻ LM	C 🛛 🗵 U	nlicensed Master's Le nlicensed EdD/ PhD/P censed EdD/PhD/PsyE	ver (HO) syD (HP)	ILAC ICAC I ICAC II ICACIII	□ LPN/L □ RN (T ☑ APN ( □ QMA	D) (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (P								
☑ CMHC (53) ☑ Office (11) ☑Mobile Unit (15) ☑ Outp Hospital (22)	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	<ul> <li>☑ Shelter (04)</li> <li>☑ SNF (31)</li> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> </ul>	X	Inpt Ho: Inpt PF ER (23) PF-PHP	(51)	🗵 Tele	ool (03) ehealth (02) er POS (99)

		MENT - PSYCHOTHE	RAPY – INDIVIDUAL PSYCH				
CPT <sup>®</sup> /HCPCS PROCE	DURE CODE		PROCEDURE CODE DESCR	RIPTION	USAGE		
	90834		Psychotherapy, 45 minutes with a patient I OBH				
SERVICE DESCRIPTIO	N		MINIMUM DOCUMENTA	TION REQUIREMENTS	•		
Face-to-face psychot member is present, t patient and not on th	he focus of the session		<ul> <li>How does the servi</li> <li>Description of the s</li> <li>The therapeutic interesponse to the interesponse to the interesponse to the service goals/objectives?</li> </ul>	visit. What was the inten ce relate to the treatmer ervice ervention(s) utilized and ervention(s) impact the individual's p ct(s) including any follow	nt/service plan? the individual's progress towards		
NOTES				ties			
If psychotherapy is prov management services, t code. All providers, licer psychotherapy only witi accordance with State r Psychotherapy provided the appropriate crisis co cannot be billed in addi the same health care pr Use add-on code 90785	use the appropriate psy nsed or unlicensed, are hin their areas of comp rules and regulations. d to a patient in crisis st ode (H2011, 90839-908 tion to psychotherapy or rofessional.	chotherapy add-on required to practice etency, in ate is reported with 40). 90839-90840 on the same day by					
APPLICABLE POPULA	TION(S)		UNIT	DURATION			
	-	🗵 Adult (21-64)		Ainutes Minimum: 38			
	1	🗵 Geriatric (65+)	□ Day □ 1 Ho		2 Minutes		
ALLOWED MODE(S)	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		PROGRAM SERVICE CATE ☑ HE (SP) □ TG (Other SP) ☑ HK (Residential)		□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMEN				LAC DLPN/LVN	(TE)		
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	区 LCS 区 LPC 区 LMI	×υ	nlicensed Master's Level (HO) nlicensed EdD/ PhD/PsyD (HP) censed EdD/PhD/PsyD (AH)	CAC I CPN/LVN CAC I RN (TD) CAC II APN (SA) CACIII QMAP	X RXN (SA)		
PLACE OF SERVICE (P							
⊠ CMHC (53) ⊠ Office (11) ⊠Mobile Unit (15) ⊠ Outp Hospital (22)	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	<ul> <li>☑ Hospice (34)</li> <li>☑ ICF-MR (54)</li> <li>☑ NF (32)</li> <li>☑ PRTF (56)</li> </ul>	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	🗵 Inpt PF (51)	3 School (03) 3 Telehealth (02) 9 Other POS (99)		

EVALUATION AND MANAGEMENT - PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY							
CPT <sup>®</sup> /HCPCS PROCEDU	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	90836* ADD-ON		Psychotherapy, 45 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)				
SERVICE DESCRIPTION	l		MINIMUM DOCU	MENTATION RE	QUIREMENTS	-	
same day as an Evalua same prescriber. The t separately identifiable	erapy with a patient pr tion and Management s wo services must be sig . If a family member is p still on the patient and	Technical DocumeSee Page 346Service Content1.The reason 1agenda? Horplan?2.Description3.The theraperesponse to4.How did thegoals/object5.Plan for nexneeded with	For the visit. What for the visit. What w does the service utic intervention the intervention service impact f cives? t contact(s) inclu	ements at was the intended ce relate to the tre n(s) utilized and the	atment/service e individual's gress towards o or coordination		
NOTES						5.	
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 POPULAT	ION(S)		UNIT		DURATION		
Image: Child (0-11)         Image: Second secon	Young Adult 🛛 🗵 A 8-20) 🖾 G	dult (21-64) ieriatric (65+)	Encounter [ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 38 Mir Maximum: 52 Mir		
ALLOWED MODE(S) O Face-to-Face Video Conf (GT) Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		PROGRAM SERVIC ☑ HE (SP) □ TG (Other SP) ☑ HK (Residential	⊠ U4 ( ⊠ TM	ICM) 🗌 HJ (ACT) 🗍 HQ (Respite) 🗍 TT	'Voc) (Clubhouse) (Recovery) (Prev/El)	
STAFF REQUIREMENTS	S					<u>,</u>	
Peer Specialist Bachelor's Level (HN) Intern	icensed Master's Level icensed EdD/ PhD/Psy nsed EdD/PhD/PsyD (/			) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)			
					leen (24) 🖾 C	h = =1 (02)	
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> </ul>	Hospice (34) ICF-MR (54) NF (32) PRTF (56)	区 Shelter (04) 区 SNF (31) 区 FQHC (50) 区 RHC (72)	⊠ Inpt F ⊠ Inpt F ⊠ ER (2 ⊠ PF-PF	PF (51) ⊠ Te 3) ⊠ Ot	hool (03) elehealth (02) ther POS (99)	

	EVALUATION AND I	MANAGEMENT - PS	YCHOTHERAPY -	INDIVIDUAL PSYC	CHOTHERAPY	
CPT <sup>®</sup> /HCPCS PROCED			PROCEDURE CO	DE DESCRIPTION		USAGE
	90836* ADD-ON		performed with service (list sepa	Psychotherapy, 45 minutes with a patient when performed with an evaluation and management service (list separately in addition to the code for primary service)		
SERVICE DESCRIPTION	1		MINIMUM DOC	CUMENTATION RE	QUIREMENTS	•
Face-to-face psychoth same day as an Evalua same prescriber. The t separately identifiable focus of the session is family unit.	tion and Managemen wo services must be . If a family member	nt service by the significant and is present, the	See Page 346 Service Content 1. The reaso agenda? H plan? 2. Descriptio 3. The thera response f 4. How did t goals/obje 5. Plan for m needed w	n for the visit. Wh How does the serv on of the service peutic interventio to the interventio he service impact ectives? ext contact(s) incl ith 3 <sup>rd</sup> parties	nat was the inten- ice relate to the n(s) utilized and n(s) the individual's p uding any follow	treatment/service the individual's progress towards -up or coordination
NOTES			See <u>Appendix G</u> EXAMPLE ACTIV	for more informa	tion on E/M serv	ices.
Incidental telephone c not reportable as psyc If psychotherapy is pro- evaluation and manag psychotherapy add-on unlicensed, are require within their areas of co- rules and regulations. Psychotherapy provide reported with the app 90840). 90839-90840 o psychotherapy on the professional. Use add-on code 9078 appropriate.	hotherapy. by ided by a prescribe ement services, use f code. All providers, ed to practice psycho competency, in accord ed to a patient in cris ropriate crisis code (I cannot be billed in ac same day by the sam	r with an the appropriate licensed or otherapy only dance with State is state is H2011, 90839- ddition to he health care				
APPLICABLE POPULAT	ION(S)		UNIT		DURATION	
	8-20) S	☑ Adult (21-64) ☑ Geriatric (65+)	Encounter	15 Minutes 1 Hour VICE CATEGORY(II	Minimum: 38 M Maximum: 52	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>☑ HK (Residential</li> </ul>	) × U4	(ICM) (ACT) I (Respite) (Respite)	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS	S					
Peer Specialist Bachelor's Level (HN) Intern	LCSW LPC LMFT	🗆 Unli	icensed Master's Le icensed EdD/ PhD/P nsed EdD/PhD/PsyE	PsyD (HP)	II 🗵 APN (SA)	(TE) ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (PC	DS)					
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	区 Shelter (04 区 SNF (31) 区 FQHC (50) 区 RHC (72)	) Inpt Hosp (2 Inpt Inpt ER (2 FF-P	1) 🗵 🗵 PF (51) 🗵 23)	School (03) Telehealth (02) Other POS (99)

TREATMENT - PSYCHOTHE	RAPY – INDIVIDUAL PSYCHOTHERAPY				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
90837	Psychotherapy, 60 minutes with a patient IV Medicaid				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ol> </li> </ul>				
NOTES	EXAMPLE ACTIVITIES				
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.					
APPLICABLE POPULATION(S)	UNIT DURATION				
区 Child (0-11) 区 Young Adult 区 Adult (21-64) 区 Adol (12-17) (18-20) 区 Geriatric (65+)	Encounter □ 15 Minutes Minimum: 53 Minutes     Day □ 1 Hour Maximum: no max				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> <li>☑ Family (HR)</li> <li>□ Family (HS)</li> </ul>	Image: Book of the set o				
STAFF REQUIREMENTS					
I Bachelor's Level (HN) Intern	sed Master's Level (HO)     Image: Lac				
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)       Telehealth (02)         FQHC (50)       ER (23)       Other POS (99)         RHC (72)       PF-PHP (52)				

TREATMENT - PSYCHOTHERA	APY – INDIVIDUAL PSYCHOTHERAPY			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
90837	Psychotherapy, 60 minutes with a patient	🗹 ОВН		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
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			
NOTES Incidental telephone conversations and consultations are not	EXAMPLE ACTIVITIES			
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.				
APPLICABLE POPULATION(S)	UNIT DURATION			
Child (0-11)      Young Adult      Adult (21-64)	Encounter 🛛 15 Minutes Minimum: 53 Minu	ites		
☑ Adol (12-17) (18-20)  ☑ Geriatric (65+)	Day 1 Hour Maximum: no max			
ALLOWED MODE(S) OF DELIVERY          Image: State of the stat	PROGRAM SERVICE CATEGORY(IES)         Image: He (SP)       Image: Ud (ICM)         Image: TG (Other SP)       Image: TM (ACT)         Image: HK (Residential)       Image: HM         Image: HK (Residential)       Image: HK         Image: HK (Residential)       Ima	ubhouse) covery)		
Peer Specialist	LAC DLPN/LVN (TE)			
□ Bachelor's Level (HN)	ed Master's Level (HO) □CAC I □ RN (TD) ed EdD/ PhD/PsyD (HP) □CAC II ☑ APN (SA) EdD/PhD/PsyD (AH) □CAC II ☑ QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)		
PLACE OF SERVICE (POS)				
☑ Office (11)         ☑ Cust Care (33)         ☑ ICF-MR (54)         [           ☑ Mobile Unit (15)         ☑ Grp Home (14)         ☑ NF (32)         [	☑Shelter (04)       ☑ Inpt Hosp (21)       ☑ School (0         ☑ SNF (31)       ☑ Inpt PF (51)       ☑ Telehealt         ☑ FQHC (50)       ☑ ER (23)       ☑ Other PC         ☑ RHC (72)       ☑ PF-PHP (52)	th (02)		

	EVALUATION AND I	MANAGEMENT - PS	CHOTHERAPY – I	NDIVIDUAI	PSYCHO	DTHERAPY			
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CO	DE DESCRI	PTION		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)				
SERVICE DESCRIPTION			MINIMUM DOC						
Face-to-face psychoth same day as an Evaluat same prescriber. The to separately identifiable. focus of the session is s family unit.	agenda? H plan? 2. Descriptio 3. The therap response t 4. How did th goals/obje 5. Plan for ne	n for the vis low does th n of the ser poutic inter to the inter he service in ectives? ext contact on needed	sit. What ne service rvice vention(s mpact th (s) includ with 3 <sup>rd</sup>	was the intend e relate to the tr s) utilized and t s) e individual's pr ing any follow-u parties	reatment/service he individual's rogress towards up or				
NOTES			EXAMPLE ACTIV		normatic				
provided by a prescribe management services, add-on code. All provid required to practice ps competency, in accord Psychotherapy provide reported with codes 90 be reported in addition 90838, if provided by t the same day.	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								
APPLICABLE POPULAT	ION(S)		UNIT			DURATION			
区 Child (0-11) ⊠ 区 Adol (12-17) (18	Young Adult 3-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter	□ 15 Min □ 1 Hour	•	Minimum: 53 N Maximum: N/A	linutes		
Video Conf (GT)     I     Telephone     I	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		PROGRAM SERV ☑ HE (SP) □ TG (Other SP) ☑ HK (Residenti	) al)	ORY(IES)	СМ) — НЈ АСТ) — НС — ПТТ	(Voc) ( (Clubhouse) (Recovery) (Prev/El)		
STAFF REQUIREMENTS	5								
Peer Specialist Bachelor's Level (HN) Intern	LCSV LPC LMF	🗆 Unl	icensed Master's Lev icensed EdD/ PhD/P nsed EdD/PhD/PsyD	vel (HO) syD (HP) (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN ( <sup>-</sup> □ RN (TD) ☑ APN (SA) □ QMAP	<sup>FE)</sup> ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)		
PLACE OF SERVICE (PO	-								
⊠ 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)	× I × E	npt Hosp npt PF (5 ER (23) PF-PHP (5	51) ⊠ Tele ⊠ Oth	ool (03) ehealth (02) er POS (99)		

EVALUATION AND MANAGEM	MENT - PSY	CHOTHERAPY – I	NDIVIDUA	L PSYCH	OTHERAPY	
CPT <sup>®</sup> /HCPCS PROCEDURE CODE		PROCEDURE CO	DE DESCR	IPTION		USAGE
90838* ADD-ON	Psychotherapy, 60 minutes with a patient when performed with an evaluation and management ☑ OBH service (list separately in addition to the code for primary service)					
SERVICE DESCRIPTION		MINIMUM DOC		FION REC	UIREMENTS	
Face-to-face psychotherapy with a patient provided same day as an Evaluation and Management service same prescriber. The two services must be significar separately identifiable. If a family member is presen focus of the session is still on the patient and not on family unit.	agenda? H plan? 2. Descriptio 3. The therap response t 4. How did th goals/obje	n for the v low does t n of the se peutic inte to the inte he service ectives? ext contac	isit. What the service ervention rvention impact t t(s) inclu	t was the intend e relate to the t (s) utilized and t (s) he individual's p ding any follow- <sup>1</sup> parties	reatment/service he individual's rogress towards up or	
NOTES				mornal		
not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychoth add-on code. All providers, licensed or unlicensed, a required to practice psychotherapy only within their competency, in accordance with State rules and reg Psychotherapy provided to a patient in crisis state is reported with codes 90839 and 90840. 90839/90840 be reported in addition to the psychotherapy codes 90838, if provided by the same health care profession the same day. Use add-on code 90785 for interactive complexity as appropriate.	nerapy re r areas of ulations. 0 cannot 90832- onal on					
APPLICABLE POPULATION(S)		UNIT			DURATION	
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (2         ☑ Adol (12-17)       (18-20)       ☑ Geriatri         ALLOWED MODE(S) OF DELIVERY		Encounter Day PROGRAM SERV	□ 15 Mi □ 1 Hou	ır	Minimum: 53 M Maximum: N/A	linutes
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> <li>☑ Family (HR)</li> <li>□ Family (HS)</li> </ul>		HE (SP)     TG (Other SP)     K (Residenti	)	U4 (I ⊠ U4 (I ⊠ TM ( □ HM (Respite	CM) 🗆 HJ ACT) 🗆 HC 🗆 TT	(Voc) 2 (Clubhouse) (Recovery) 6 (Prev/El)
STAFF REQUIREMENTS				<b>--</b> <i>i</i> , <b>- -</b>		
□ Peer Specialist □ LCSW (AJ) □ Bachelor's Level (HN) □ LPC ☑ Intern □ LMFT	🗆 Unli	icensed Master's Lev icensed EdD/ PhD/Ps nsed EdD/PhD/PsyD	syD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN ( □ RN (TD) ⊠ APN (SA) □ QMAP	FE) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)
PLACE OF SERVICE (POS)						
<ul> <li>☑ CMHC (53)</li> <li>☑ ACF (13)</li> <li>☑ Hospic</li> <li>☑ Office (11)</li> <li>☑ Cust Care (33)</li> <li>☑ ICF-MI</li> <li>☑ Mobile Unit (15)</li> <li>☑ Grp Home (14)</li> <li>☑ NF (32</li> <li>☑ Outp Hospital (22)</li> <li>☑ Home (12)</li> <li>☑ PRTF (</li> </ul>	R (54) 2)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	X	Inpt Hos Inpt PF ( ER (23) PF-PHP (	51) 🗵 Tele 🗵 Oth	ool (03) shealth (02) er POS (99)

	CRI	SIS - PSYCHOTHERA	PY – PSYCHOTHERA	PY FOR CRISIS		
CPT <sup>®</sup> /HCPCS PROCE	DURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	90839	Psychotherapy for Crisis, first 60 min 🗹 Medicaid				
SERVICE DESCRIPTIO	N	MINIMUM DOCU	MENTATION 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.			<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention</li> <li>The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s)</li> <li>Relevant behavioral health history</li> <li>Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available</li> <li>Other problems identified (mental health, substance abuse, medical, etc.)</li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ol> </li> </ul>			
NOTES			EXAMPLE ACTIVIT			
Please note that this co 90792, psychotherapy o services, or 90785-9089 should be used only on physician or other healt date.	codes 90832-90838 or 99 if services are on the ce per date even if the	other psychiatric same day. This code time spent by the	assessment of cr needing higher I placement for hi Therapy to reinf plan or treatmer crisis level of fur client who is a fr maintain outpat Utilizing specific	risis state, risk, triag evel of care services igher level of care. orce and/or practice nt/service plan to in nctioning (e.g. practi requent crisis utilize ient level care). therapy/counseling prmation about the	e and support s or further ass e psychotheral crease functio ice DBT Distres r and currently g or assessmen	sess and/or coordinate peutic skills on crisis ning to return to pre- ss Tolerance skills for y decompensating to
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	
	⊠ Young Adult [18-20]	⊠ Adult (21-64) ⊠ Geriatric (65+)	⊠ Encounter □ Day	□ 15 Minutes □ 1 Hour	Maximum:	30 Minutes* 74 Minutes 0 minutes should be 32 or 90833
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVIO		•	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		<ul> <li>☑ HE (SP)</li> <li>☑ TG (Other SP)</li> <li>☑ HK (Residential</li> </ul>	⊠ U4 ( ⊠ TM ) □ HM	. ,	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMEN	TS					
LPC Intern			sed Master's Level (Ho sed EdD/ PhD/PsyD (H d EdD/PhD/PsyD (AH)		□ LPN/LN □ RN (TD ☑ APN (S □ QMAP	) × RxN (SA)
PLACE OF SERVICE (F						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	<ul> <li>☑ Shelter (04)</li> <li>☑ SNF (31)</li> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> <li>☑ Independent Cl</li> </ul>	⊠ Inpt ⊠ ER ( ⊠ PF-I	Hosp (21) : PF (51) :23) PHP (52)	区 School (03) ☑ NRSATF (57) ☑ Telehealth (02) ☑ Other POS (99)

	CRI	SIS - PSYCHOTHERA	PY – PSYCHOTHERAPY F	OR CRISIS			
CPT <sup>®</sup> /HCPCS PROCE	DURE CODE		PROCEDURE CODE DE	SCRIPTION			USAGE
	90839	Psychotherapy for Crisis, first 60 min 🗹 OBH					
SERVICE DESCRIPTIO	)N		MINIMUM DOCUMEN	ITATION REQ	UIREMENT	s	
Urgent assessment a of a crisis state ment treatment includes p resources to defuse t implementation of p minimize the potenti Use 90840 for each a	al status exam, and osychotherapy, mobi the crisis and restore sychotherapeutic int ial for psychological	<ul> <li>Technical Documentation</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the v Description of the cr</li> <li>2. The therapeutic interescalation techniques response to the interestation techniques response to</li></ul>	isit. What was risis/need for c vention(s) utili s, consultation, vention(s) nealth history mediate, short /RAP, advance ified (mental h	the intendec risis interven zed (assessm referral, the -term, long-t directive), if a realth, substa	tion ent, ment rapy) and erm) linke available ince abuse	al status, de- the individual's d with an e, medical, etc.)	
NOTES			EXAMPLE ACTIVITIES				
Please note that this co 90792, psychotherapy of services, or 90785-9089 should be used only on physician or other healt date.	codes 90832-90838 or 99 if services are on the ce per date even if the	other psychiatric same day. This code time spent by the	<ul> <li>assessment of crisis state, risk, triage and support to prevent f</li> <li>code</li> <li>needing higher level of care services or further assess and/or or</li> <li>placement for higher level of care.</li> <li>Therapy to reinforce and/or practice psychotherapeutic skills of</li> </ul>				nt from 'or coordinate ills on crisis eturn to pre- nce skills for pensating to o screen or
APPLICABLE POPULA	ATION(S)		UNIT		DURATIO	N	
	포 Young Adult (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)		L5 Minutes L Hour	Minimum Maximum *Less than billed as 90	: 74 Mini 30 minute	utes es should be
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE C	ATEGORY(IES	)		
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		☑ HE (SP) □ TG (Other SP) ☑ HK (Residential)	⊠ U4 ( ⊠ TM □ HM		🗆 TT (F	/oc) Clubhouse) Recovery) Prev/El)
STAFF REQUIREMEN	TS						
Intern			sed Master's Level (HO) sed EdD/ PhD/PsyD (HP) d EdD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/L □ RN (T ☑ APN ( □ QMA	D) (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (F	POS)						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	区 Shelter (04) SNF (31) E FQHC (50) RHC (72) Independent Clinic (	⊠ Inpt ⊠ ER ( ⊠ PF-I	Hosp (21) : PF (51) :23) PHP (52)	⊠ NRS ⊠ Tele	ool (03) SATF (57) ehealth (02) her POS (99)

	CRI	SIS PSYCHOTHERAP	Y – PSYCHOTHERAP	Y FOR CRISIS			
CPT®/HCPCS PROCE	DURE CODE		PROCEDURE COL	DE DESCRIPTION	I	USAGE	
	Psychotherapy for Crisis, each additional 30minutes (List separately in addition to code90839 for primary service)						
SERVICE DESCRIPTIO	N		MINIMUM DOCU	JMENTATION R	EQUIREMENT	S	
90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 75 minutes.			<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda Description of the crisis/need for crisis intervention</li> <li>The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy and the individual's response to the intervention(s)</li> <li>Relevant behavioral health history</li> <li>Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available</li> <li>Other problems identified (mental health, substance abuse, medical, etc.)</li> <li>Plan for next contact(s) including any follow-up or coordination</li> </ol> </li> </ul>				
NOTES			needed with 3				
90840 for each additior minutes. 90840 can onl entire crisis session (inc minutes.	y be used if 90839 is als	so reported and the	<ul> <li>needing higher</li> <li>placement for h</li> <li>Therapy to rein</li> <li>plan or treatmed</li> <li>crisis level of fudition</li> <li>client who is a filter who is a</li></ul>	level of care servingher level of car force and/or pracent/service plan to nctioning (e.g. pro- requent crisis util tient level care).	ices or further a e. tice psychother o increase functi actice DBT Distru izer and current ling or assessme	t to prevent from ssess and/or coordinate apeutic skills on crisis oning to return to pre- ess Tolerance skills for ly decompensating to ont tools to screen or in, precipitating	
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
	-	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Dav	☐ 15 Minutes ☐ 1 Hour ☑ 30 Minutes	Minimum: 7 increments Maximum: n	5+ Minutes, in 30 min one	
ALLOWED MODE(S)			PROGRAM SERV	CE CATEGORY	IES)		
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		区 HE (SP) □ TG (Other SP) 区 HK (Residentia	×T	4 (ICM) M (ACT) M (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMEN	TS		•				
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	) 🗵 LCSW 🗵 LPC 🗵 LMFT	🗵 Unlicens	ed Master's Level (HC ed EdD/ PhD/PsyD (HI EdD/PhD/PsyD (AH)	' I ICAC I	□ LPN/LV □ RN (TD ⊠ APN (S □ QMAP	) 🖾 RXN (SA)	
PLACE OF SERVICE (F							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ ICF-MR (54) [ ☑ NF (32) [2	외 Shelter (04) 외 SNF (31) 외 FQHC (50) RHC (72)	☑ Inpt Hosp ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	51)	⊠ School (03) ⊠ Telehealth (02) ⊠ Other POS (99)	

	CRIS	SIS PSYCHOTHERAP	Y – PSYCHOTHERAP	FOR CRISIS			
CPT <sup>®</sup> /HCPCS PROCEDURE	CODE		PROCEDURE CODI		I	USAGE	
90840* ADD-ON			Psychotherapy for minutes (List sepa 90839 for primary	rately in additi		⊡ OBH	
SERVICE DESCRIPTION							
SERVICE DESCRIPTION 90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past 75 minutes.			<ul> <li>MINIMUM DOCUMENTATION REQUIREMENTS</li> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention</li> <li>2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s)</li> <li>3. Relevant behavioral health history</li> <li>4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available</li> <li>5. Other problems identified (mental health, substance abuse, medical, etc.)</li> <li>6. Plan for next contact(s) including any follow-up or coordination</li> </ul>				
NOTES			needed with 3 <sup>r</sup> EXAMPLE ACTIVIT	<sup>d</sup> parties			
*90840 is the add-on code for the primary code of 90839. Use 90840 for each additional 30 minutes of service past <b>74</b> minutes. 90840 can only be used if 90839 is also reported and the entire crisis session (including time reported using 90839) is over 74 minutes.		<ul> <li>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.</li> <li>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).</li> <li>Utilizing specific therapy/counseling or assessment tools to screen or gather more information about the crisis situation, precipitating event(s), or contributing factors.</li> </ul>					
APPLICABLE POPULATION	(S)		UNIT		DURATION		
⊠ Child (0-11) ⊠ Youn ⊠ Adol (12-17) (18-20)	-	집 Adult (21-64) 집 Geriatric (65+)	□ Encounter □ □ Dav	15 Minutes 1 Hour 30 Minutes	Minimum: 75 increments Maximum: no	+ Minutes, in 30 min one	
ALLOWED MODE(S) OF DE	LIVERY		PROGRAM SERVIC	E CATEGORY	IES)		
⊠ Face-to-Face     □ C     ☑ Video Conf (GT)     □ Telephone	ndividual Group (HQ) Gamily (HR) Gamily (HS)		区 HE (SP) □ TG (Other SP) 区 HK (Residential)	XT	4 (ICM) M (ACT) M (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENTS			·				
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	보 LCSW ( 보 LPC 보 LMFT	🗵 Unlicens	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP EdD/PhD/PsyD (AH)		□ LPN/LVI □ RN (TD) ☑ APN (SA □ QMAP	` ΄ 💌 RxN (SA) 🖾 ΡΔ (ΡΔ)	
PLACE OF SERVICE (POS)							
☑ Office (11)	CF (13) ust Care (33) rp Home (14) ome (12)	⊠ ICF-MR (54) [ ⊠ NF (32) [	⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	<ul> <li>☑ Inpt Hosp</li> <li>☑ Inpt PF (5)</li> <li>☑ ER (23)</li> <li>☑ PF-PHP (5)</li> </ul>	51)	⊠ School (03) ⊠ Telehealth (02) ⊠ Other POS (99)	

TREATMENT - PSYC	HOTHERAPY - FAMILY PSYCHOTHERAPY				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
90846	Family psychotherapy (without the patient present)	🗹 Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMEN	TS			
Meeting with the patient's family to evaluate and treat patient's condition. Family dynamics as they relate to patient's mental status and behavior are a focus of session. Attention is also given to the impact the pat condition has on the family, with therapy aimed at impress the interaction between the patient and family members	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service provided</li> <li>The therapeutic intervention(s) utilized and the response to the intervention(s). Emphasis on family dynamics</li> <li>How did the service impact progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination</li> </ol> </li> </ul>				
NOTES	needed with 3 <sup>rd</sup> parties EXAMPLE ACTIVITIES				
When the patient is not present, the service remains focused of benefit of attaining the goals identified by the patient in h individual treatment/service plan. Family psychotherapy sessio generally from 30 minutes to 2 hours, with an average of 1.5 Family psychotherapy is not reported when a paid facility member of an institution or counselor attends a family si without the patient's family/significant other present. An clinical record for each family member is not required, nor doe family have to be present in the family session. Family history a 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 accord with State rules and regulations.	<ul> <li>a patient's interaction(s) with family mem</li> <li>Assessing conflicts/impediments within fa assisting, through psychotherapy, family n patient</li> <li>Providing parents specific feedback and st child's behavior</li> </ul>	Providing parents specific feedback and strategies for managing			
APPLICABLE POPULATION(S)	UNIT DURATIO	N*			
Child (0-11) Young Adult Adult (21-6	) 🗵 Encounter 🛛 15 Minutes Minimum:	: 26 minutes			
🗵 Adol (12-17) (18-20) 🗵 Geriatric (6		n: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	=			
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ TG (Other SP) ⊠ TM (ACT) ⊠ HK (Residential) □ HM	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)			
STAFF REQUIREMENTS					
I Bachelor's Level (HN) I LPC I U	licensed Master's Level (HO) □CAC I □ LPN/L licensed EdD/ PhD/PsyD (HP) □CAC I □ RN (T ensed EdD/PhD/PsyD (AH) □CAC II ☑ APN ( □CACIII □ QMAE	$\begin{array}{c c} \hline D \\ \hline C \hline \hline C \\ \hline \hline C \hline \hline \hline \hline C \hline \hline \hline C \hline \hline \hline \hline \hline C \hline \hline$			
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)		区 School (03) 区 NRSATF (57) 区 Telehealth (02) 区 Other POS (99)			

TREATMENT - PSYCHOTHERAPY - FAMILY PSYCHOTHERAPY						
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION			USAGE
90846			Family psychotherapy (without the patient present)			⊡ ОВН
SERVICE DESCRIPTIO	N		MINIMUM DOCU	JMENTATION 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.			<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>2. Description of the service provided</li> <li>3. The therapeutic intervention(s) utilized and the response to the intervention(s). Emphasis on family dynamics</li> <li>4. How did the service impact progress towards goals/objectives?</li> <li>5. Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ul>			
NOTES						
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.		<ul> <li>Observing and correcting, through psychotherapeutic techniques, a patient's interaction(s) with family members</li> <li>Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient</li> <li>Providing parents specific feedback and strategies for managing child's behavior</li> </ul>				
APPLICABLE POPULA	TION(S)		UNIT		DURATION*	
	☑ Young Adult 18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter	□ 15 Minutes □ 1 Hour	nutes Minimum: 26 minutes	
			PROGRAM SERV		· · · ·	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	□ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>☑ HK (Residentia)</li> </ul>	⊠ U4 ( ⊠ TM	ICM)	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/El)
STAFF REQUIREME	NTS					
Intern		ed Master's Level (HC ed EdD/ PhD/PsyD (H EdD/PhD/PsyD (AH)		□ LPN/LVN ( □ RN (TD) ☑ APN (SA) □ QMAP	TE) 🗵 RxN (SA) 🗵 PA (PA) 🗵 MD/DO(AF)	
PLACE OF SERVICE	(POS)					
区 CMHC (53) 区 Office (11) 区 Mobile Unit (15) 区Outp Hospital (22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	<ul> <li>☑ HOSPICE (34)</li> <li>☑ ICF-MR (54)</li> <li>☑ NF (32)</li> <li>☑ PRTE (56)</li> </ul>	区 Shelter (04) SNF (31) 区 FQHC (50) 区 RHC (72) 区 Independent Cli	⊠ Inpt ⊠ ER ( ⊠ PF-F	Hosp (21) PF (51) 23) PHP (52)	区 School (03) 区 NRSATF (57) 区 Telehealth (02) 区 Other POS (99)

TREATMENT - PSYCHOTHERAPY - FAMILY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	☑ Medicaid			
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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service provided</li> <li>The therapeutic interventions(s) utilized and the response to the interventions(s) with a focus on family dynamics</li> <li>How did the service impact progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ol> </li> </ul>				
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.	<ul> <li>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)</li> <li>Observing and correcting, through psychotherapeutic techniques, a child's interaction(s) with parents during session</li> <li>Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient</li> </ul>				
APPLICABLE POPULATION(S)	UNIT DURATION*				
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)	Encounter 15 Minutes Minimum: 26 m	ninutes			
☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)	$\Box$ Day $\Box$ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Individual</li> <li>☐ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)     ☑ U4 (ICM)     □ H       □ TG (Other SP)     ☑ TM (ACT)     □ H       ☑ HK (Residential)     □ HM     □ T	J (Voc) IQ (Clubhouse) T (Recovery) T (Prev/El)			
STAFF REQUIREMENTS					
Supreme Scherel (HN)	ed Master's Level (HO) 🛛 LAC 🗆 LPN/LVN (* ed EdD/ PhD/PsyD (HP) 🗠 CAC I 🔍 RN (TD) EdD/PhD/PsyD (AH) 🗠 CAC II 🖾 APN (SA) □CACIII 🖾 QMAP	TE) 🗵 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)	⊠ Shelter (04)⊠ School (03)⊠ SNF (31)⊠ NRSATF (57)⊠ FQHC (50)⊠ Telehealth (02)⊠ RHC (72)⊠ Other POS (99)⊠ Independent Clinic (49)				

		TREATMENT - PS	YCHOTHERAPY - F	AMILY			
<b>CPT®/HCPCS PROCED</b>	URE CODE		PROCEDURE CO	DE DESCRIPTION	l	U	ISAGE
	90847		Family psychoth (with patient pre		osychothera	ру) 🔽	OBH
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 <sup>rd</sup> parties				esponse to the s/objectives?
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.		<ul> <li>Observing and correcting, through psychotherapeutic techniques, a child's interaction(s) with parents during session</li> <li>Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing patient</li> </ul>			e's symptoms ch is gradually s on utic iring session iem and		
APPLICABLE POPULAT	ΓΙΟΝ(S)		UNIT		DURATION	1*	
区 Child (0-11) 区 区 Adol (12-17) (18	Young Adult 🛛 🗵 -20) 🛛 🗵	Adult (21-64) Geriatric (65+)	🗆 Day	□ 15 Minutes □ 1 Hour	Minimum: Maximum	26 minut	es
ALLOWED MODE(S) C					-		)
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	□ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		区 HE (SP) □ TG (Other SP) 区 HK (Residentia	X TN			lubhouse) ecovery)
STAFF REQUIREMENT	S						
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	区 LCSW (A 区 LPC 区 LMFT	Unlicens	ed Master's Level (H ed EdD/ PhD/PsyD (H EdD/PhD/PsyD (AH)		□ LPN/ □ RN ( <sup>-</sup> ☑ APN □ QMA	(SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (PC							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	☑ 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 C	区 Sch 区 NR 区 Tel	PHP (52) nool (03) SATF (57) ehealth (02)		ther POS (99)

TREATMENT -	PSYCHOTHERAPY - GROUP		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
90849	Multiple-family group therapy	☑ Medicaid	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS		
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.	<ul> <li>MINIMUM DOCUMENTATION REQUIREMENTS</li> <li>Technical Documentation Requirements         See Page 346         Service Content         <ol> <li>The reason for the visit. What was the intended goal or agenda?             How does the service relate to the treatment/service plan?</li> <li>Description of the service provided including number members             present.</li> <li>The therapeutic intervention(s) utilized and response to the             intervention(s).</li> <li>How did the service impact progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination             needed with 3<sup>rd</sup> parties</li> <li>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 is necessary for the covered diagnosis.</li> </ol></li></ul>		
90849 is reported once for each family group present. 9084 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one family group is present, document a 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.	is not present in the therapy group.	up where the child	
APPLICABLE POPULATION(S)	UNIT DURATION*		
☑ Child (0-11)         ☑ Young Adult         ☑ Adult (21-64)           ☑ Adol (12-17)         (18-20)         ☑ Geriatric (65+)	☑ Encounter     □ 15 Minutes     Minimum: 30       □ Day     □ 1 Hour     Maximum: N/a		
ALLOWED MODE(S) OF DELIVERY         Image: State of the state of	□ TG (Other SP) ⊠ TM (ACT) □ ⊠ HK (Residential) □ HM □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
Peer Specialist		(TE)	
Bachelor's Level (HN)     K LCSW (AJ)     Unlice     LPC     Unlice	ensed Master's Level (HO) CAC I CAU RN (TD) ensed EdD/ PhD/PsyD (HP) CAC I ANN (TD) eed EdD/PhD/PsyD (AH) CAC II ANN (SA) CAC II ANN (TD)	、 / 区 RxN (SA) 区 PA (PA)	
PLACE OF SERVICE (POS)			
☑ CMHC (53)       ☑ ACF (13)       ☑ ICF-MR (         ☑ Office (11)       ☑ Cust Care (33)       ☑ NF (32)         ☑ Mobile Unit (15)       ☑ Grp Home (14)       ☑ PRTF (56)         ☑ Outp Hospital (22)       ☑ Shelter (	⊠ FQHC (50)		

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TREATMENT - PSYCHOTHERAPY - GROUP					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE D	ESCRIPTION	l	USAGE
90849		Multiple-family group therapy 🗹 OBH			🗹 ОВН
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
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.		<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service provided including number members present.</li> <li>The therapeutic intervention(s) utilized and response to the intervention(s).</li> <li>How did the service impact progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> <li>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</li> </ol> </li> </ul>			
		how therapy grou	ip is necessa	iry for the cov	vered 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 t			roup where the child
APPLICABLE POPULATION(S)		UNIT		DURATION*	*
区 Child (0-11) ⊠ Young Adult ⊠ Adult (21-6			5 Minutes	Minimum: 3	
☑ Adol (12-17) (18-20) ☑ Geriatric (6	5+)	Day 1		Maximum: N	N/A
ALLOWED MODE(S) OF DELIVERY         Image: State St		PROGRAM SERVICE ( ☑ HE (SP) □ TG (Other SP) ☑ HK (Residential)	× U4	(ICM) [ I (ACT) [ 1 [	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS					
I Bachelor's Level (HN)	Unlicense	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	□ LPN/L\ □ RN (TD ⊠ APN (S □ QMAP	5A) X RXN (SA) X PA (PA) X MD/DO(4
PLACE OF SERVICE (POS)					
☑ Office (11)         ☑ Cust Care (33)         ☑ NF (           ☑ ACF (13)         ☑ Grp Home (14)         ☑ PRT		区 SNF (31) 区 FQHC (50 区 RHC (72) 区 PF-PHP (52)	⊠ Scho ⊠ Othe	ool (03) er POS (99)	

TREATMENT - PS	YCHOTHERAPY - GROUP			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
90853	Group psychotherapy (other than of a multiple- family group)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service provided including number of patients present.</li> <li>The therapeutic intervention(s) utilized and the response to the intervention(s).</li> <li>How did the service impact progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or</li> </ol> </li> </ul>			
NOTES	coordination needed with 3 <sup>rd</sup> parties EXAMPLE ACTIVITIES			
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.	<ul> <li>Serving special patient populations with a partiframework/addressing a specific problem, such esteem, poor impulse control, depression, etc., cognitive behavioral therapy (CBT), motivationatherapy, trauma counseling, anger managemer offender (SO) treatment</li> <li>Personal dynamics of a patient may be discussed dynamics of group may be explored at same time. Interpersonal interactions, support, emotional reminiscing</li> </ul>	a as low self- through al enhancement at, and/or sexual ed by group and ne		
APPLICABLE POPULATION(S)	UNIT DURATION			
<ul> <li>☑ Child (0-11)</li> <li>☑ Young Adult</li> <li>☑ Adult(21-64)</li> <li>☑ Adol (12-17)</li> <li>(18-20)</li> <li>☑ Geriatric (65+)</li> </ul>	<ul> <li>☑ Encounter</li> <li>□ 15 Minutes</li> <li>□ Day</li> <li>□ 1 Hour</li> <li>Minimum: 45 min. (children)</li> <li>Maximum: N/A</li> </ul>	in. (adult); 30		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
<ul> <li>☑ Face-to-Face</li> <li>□ Individual</li> <li>☑ Group (HQ)</li> <li>□ Telephone</li> <li>□ Family (HR)</li> <li>□ Family (HS)</li> </ul>	☑ HE (SP)       ☑ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       ☑ TM (ACT)       □ HQ (Clubhous)         ☑ HK (Residential)       □ HM       □ TT (Recovery)         (Respite)       □ HT (Prev/EI)			
STAFF REQUIREMENTS				
Intern	ed Master's Level (HO)	E) 🗵 RxN (SA) EPA (PA) E MD/DO(AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53)         ☑ ACF (13)         ☑ ICF-MR (54)           ☑ Office (11)         ☑ Cust Care (33)         ☑ NF (32)           ☑Outpt Hospital (22)         ☑ Grp Home (14)         ☑ PRTF (56)	⊠ Shelter (04)    ⊠ RHC (72)    ⊠ Other     ⊠ SNF (31)    ⊠ PF-PHP (52)     ⊠ FQHC (50)    ⊠ School (03)	<sup>-</sup> POS (99)		

TREATMENT - PSYCHOTHERAPY - GROUP				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
90853	Group psychotherapy (other than of a multiple- family group)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service provided including number of patients present.</li> <li>The therapeutic intervention(s) utilized and the response to the intervention(s).</li> <li>How did the service impact progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ol> </li> </ul>			
NOTES	EXAMPLE ACTIVITIES			
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.	<ul> <li>Serving special patient populations with a particle framework/addressing a specific problem, such esteem, poor impulse control, depression, etc., cognitive behavioral therapy (CBT), motivational therapy, trauma counseling, anger managemen offender (SO) treatment</li> <li>Personal dynamics of a patient may be discussed dynamics of group may be explored at same tim</li> <li>Interpersonal interactions, support, emotional or reminiscing</li> </ul>	as low self- through al enhancement t, and/or sexual ed by group and ne		
APPLICABLE POPULATION(S)	UNIT DURATION			
<ul> <li>☑ Child (0-11)</li> <li>☑ Young Adult</li> <li>☑ Adult(21-64)</li> <li>☑ Adol (12-17)</li> <li>(18-20)</li> <li>☑ Geriatric (65+)</li> </ul>	<ul> <li>☑ Encounter</li> <li>□ Day</li> <li>□ 15 Minutes</li> <li>□ Minimum: 45 min. (adult); 30 min. (children)</li> <li>○ Maximum: N/A</li> </ul>			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face       □ Individual         ☑ Video Conf (GT)       ☑ Group (HQ)         □ Telephone       □ Family (HR)         □ Family (HS)	□ TG (Other SP) ⊠ TM (ACT) □ H ⊠ HK (Residential) □ HM □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)		
STAFF REQUIREMENTS				
Sachelor's Level (HN)	ed Master's Level (HO) □CAC I □ LPN/LVN (TI ed EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) □CAC II ☑ APN (SA) □CACIII □ QMAP	E) 🗵 RxN (SA) IXPA (PA) IX MD/DO(AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53)       ☑ ACF (13)       ☑ ICF-MR (54)         ☑ Office (11)       ☑ Cust Care (33)       ☑ NF (32)         ☑ Outpt Hospital (22)       ☑ Grp Home (14)       ☑ PRTF (56)	<ul> <li>☑ Shelter (04)</li> <li>☑ RHC (72)</li> <li>☑ Other</li> <li>☑ SNF (31)</li> <li>☑ PF-PHP (52)</li> <li>☑ FQHC (50)</li> <li>☑ School (03)</li> </ul>	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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service provided</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> </ol> </li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ul>			
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+)	Image: Second term       Image: Second term       15 Minutes       Minimum: 16Minum: 16Minum: 16Minum: 16Minum: 16Minum: 16Minum: 37 Minum: 37 Minum			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhous)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)       □ HT (Prev/EI)			
STAFF REQUIREMENTS				
Supreme Level (HN)	ed Master's Level (HO) 🛛 LAC 🗆 LPN/LVN (1 ed EdD/ PhD/PsyD (HP) 🗆 CAC I 🖾 RN (TD) EdD/PhD/PsyD (AH) 🗆 CAC II 🖾 APN (SA) 🗆 CACIII 💭 QMAP	FE) ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)		
PLACE OF SERVICE (POS)				
<ul> <li>☑ CMHC (53)</li> <li>☑ FQHC (50)</li> <li>☑ Office (11)</li> <li>☑ RHC (72)</li> <li>☑ Outp Hospital (22)</li> </ul>				

TREATMENT - OTHER PROFE	ESSIONAL SERVICES - BIOFEEDBACK			
CPT <sup>®</sup> /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			
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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service provided</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> </ol> </li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ul>			
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+)	Image: Second term       Image: Second term       Image: Second term       Minimum: 16Minutes         Image: Day       Image: Image: Second term       Maximum: 37 Minutes			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/El)			
STAFF REQUIREMENTS				
Supreme Scever (HN)	ed Master's Level (HO)          □LAC         □LPN/LVN (TE)         □CAC I         □RN (TD)         □CAC I         □AC         □AC         □CAC I         □AC         □AC         □CAC I         □AC         □AC         □AC         □AC         □AC         □CAC I         □AC         □AC         □AC         □AC         □AC         □AC         □AC         □CAC         □AC         □AC			
PLACE OF SERVICE (POS)				
<ul> <li>☑ CMHC (53)</li> <li>☑ FQHC (50)</li> <li>☑ Office (11)</li> <li>☑ RHC (72)</li> <li>☑ Outp Hospital (22)</li> </ul>				

TREATMENT - OTHER PROFE	ESSIONAL SERVICES - BIOFEEDBACK		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 45 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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service provided</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> </ol> </li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ul>		
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+)	Image: Second	inutes	
ALLOWED MODE(S) OF DELIVERY         ☑ Face-to-Face       ☑ Individual         ☑ Video Conf (GT)       □ Group (HQ)         □ Telephone       □ Family (HR)         □ Family (HS)	□ TG (Other SP) □ TM (ACT) □ HO □ HK (Residential) □ HM □ TT	(Voc) Q (Clubhouse) (Recovery) F (Prev/El)	
STAFF REQUIREMENTS			
Suptern	ed Master's Level (HO)     Image: CAC I     Image: LAC     Image: LPN/LVN (T       ed EdD/ PhD/PsyD (HP)     Image: CAC II     Image: LRN (TD)       EdD/PhD/PsyD (AH)     Image: CAC II     Image: LRN (SA)       Image: CAC III     Image: LRN (SA)       Image: CAC III     Image: LRN (SA)	E) 🗵 RxN (SA) 🗵 PA (PA) 🗵 MD/DO(AF)	
PLACE OF SERVICE (POS)Image: CMHC (53)Image: CMHC (53)Image: CMHC (72)Image: CMHC (53)Image: CMHC (53)Image: CMHC (72)Image: CMHC (53)Image: CMHC (53)Image: CMHC (53)			

TREATMENT - OTHER PROFE	SSIONAL SERVICES - BIOFEEDBACK			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 45 minutes			
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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service provided</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> </ol> </li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ul>			
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+)	Image: Second constraintsImage: Second constraints <t< td=""></t<>			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM       □ TT (Recovery)         (Respite)       □ HT (Prev/EI)			
STAFF REQUIREMENTS				
Suptern	d Master's Level (HO) □LAC □LPN/LVN (TE) ⊠RxN (SA) d EdD/ PhD/PsyD (HP) □CAC I ⊠RN (TD) ⊠PA (PA) EdD/PhD/PsyD (AH) □CAC II ⊠APN (SA) ⊠MD/DO(AF)			
PLACE OF SERVICE (POS)Image: CMHC (53)Image: CMHC (53)Image: CMHC (53)Image: CMHC (54)Image: CMHC (52)Image: CMHC (54)				

ASSESSMENT - P	SYCHOLOGICAL TESTING
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
The treatment of the patient requires explanation(s) to the family, employer(s), or other involved persons to obtain their support and/or participation in the therapy/treatment process. The provider interprets the results of any psychiatric and medical examinations and procedures, as well as any other pertinent recorded data, and spends time explaining the patient's condition. Advice is also given as to how the family and other involved persons can best assist the patient.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit/call. 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?</li> <li>2. Description of the service provided and patient response</li> <li>3. Summary of test results, interpretation of test results, discussion with individual about results</li> <li>4. Treatment recommendations</li> </ul>
NOTES	EXAMPLE ACTIVITIES
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 family or other responsible person	<ul> <li>Interpretation of results of exam or testing</li> <li>Discussion regarding results of exam or testing</li> <li>Di253</li> <li>Discussion of assistance family members can give patient</li> </ul>
APPLICABLE POPULATION(S)	UNIT DURATION
☑ Child (0-11)         ☑ Young Adult         ☑ Adult (21-64)           ☑ Adol (12-17)         (18-20)         ☑ Geriatric (65+)	<ul> <li>☑ Encounter</li> <li>□ 15 Minutes</li> <li>□ Day</li> <li>□ 1 Hour</li> <li>Maximum: N/A</li> </ul>
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>☑ Telephone</li> <li>□ Individual</li> <li>□ Group (HQ)</li> <li>☑ Family/collateral (HR)</li> <li>☑ Family/collateral (HS)</li> </ul>	☑ HE (SP)       ☑ U4 (ICM)       ☑ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         ☑ HK (Residential)       □ HM       □ TT (Recovery)         (Respite)       □ 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 I □ RN (TD) ⊠ PA (PA) D/PhD/PsyD (AH) □CAC II ⊠ APN (SA) ⊠ MD/DO (AF) □CACIII □ QMAP
PLACE OF SERVICE (POS)	
☑ Office (11)         ☑ Cust Care (33)         ☑ ICF-MR (54)         ☑           ☑ Mobile Unit (15)         ☑ Grp Home (14)         ☑ NF (32)         ☑	Shelter (04)       ☑ Inpt Hosp (21)       ☑ School (03)         SNF (31)       ☑ Inpt PF (51)       ☑ Other POS (99)         G FQHC (50)       ☑ ER (23)         S RHC (72)       ☑ PF-PHP (52)

ASSESSME	NT - PSYCHOLOGICAL TESTING
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient☑ OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
The treatment of the patient requires explanation(s) to family, employer(s), or other involved persons to obtain their support and/or participation in the therapy/treatm process. The provider interprets the results of any psychiatric and medical examinations and procedures, a well as any other pertinent recorded data, and spends t explaining the patient's condition. Advice is also given a how the family and other involved persons can best ass the patient.	<ul> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit/call. 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?</li> <li>2. Description of the service provided and patient response</li> </ul>
NOTES	EXAMPLE ACTIVITIES
If interpretation or explanation of psychological testing results are performed by an intern, they must be superv by a licensed psychologist. The interpretation or explan of results is under the licensed psychologist's direction, his/her presence is not required during the actual servic The services provided for procedure code 90887 are considered separate and distinct from the work involve psychotherapy (see psychotherapy procedure codes) as have to do with explaining results of testing or an exam family or other responsible person	<ul> <li>ation</li> <li>Di253</li> <li>Discussion of assistance family members can give patient</li> <li>d in they</li> </ul>
APPLICABLE POPULATION(S)	UNIT DURATION
☑ Child (0-11)         ☑ Young Adult         ☑ Adult (21-64           ☑ Adol (12-17)         (18-20)         ☑ Geriatric (65)	+) 🗆 Day 🗆 1 Hour Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
<ul> <li>☑ Face-to-Face</li> <li>☐ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family/collateral (HR)</li> <li>☑ Family/collateral (HS)</li> </ul>	☑ HE (SP)       ☑ U4 (ICM)       ☑ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         ☑ HK (Residential)       □ HM       □ TT (Recovery)         (Respite)       □ HT (Prev/EI)
STAFF REQUIREMENTS	
	censed Master's Level (HO) censed EdD/ PhD/PsyD (HP) nsed EdD/PhD/PsyD (AH) □CAC II I I RN (TD) □CAC II I APN (SA) □CAC II I APN (SA) □CAC II I APN (SA) □CAC II I APN (SA) □CAC II I APN (SA)
PLACE OF SERVICE (POS)	
$\begin{tabular}{lllllllllllllllllllllllllllllllllll$	4) ⊠ SNF (31)         ⊠ Inpt PF (51)         ⊠ Other POS (99)           ⊠ FQHC (50)         ⊠ ER (23)

ASSESSMENT - PSYCHOLOGICAL TESTING						
<b>CPT®/HCPCS PROCE</b>	DURE CODE		PROCEDU	RE CODE DESCRIPT	ΓΙΟΝ	USAGE
*This code should no 96102 or 96103.	96101 ot be used in cor	junction 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 DESCRIPTIC				JMENTATION REQ		
The licensed psycholog interprets the results o written, oral, or combi emotions, intellectual f culturally and develop Information obtained t a written report is gene administering the tests interpretation and report	f psychological test ned formats, meas functioning, and per mentally appropria through the testing erated. Both face-to to the patient, as	ting. The testing, in ures personality, ychopathology in te ways. is interpreted and o-face time well as	See Page 346 Service Content 1. The reason for t How does the s is the clinical ne		he intended go reatment/serv g?	ice plan? What
NOTES			EXAMPLE ACTIVI	TIES		
If psychological testing services are performed by an intern, services 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 psychological and neuropsychological tests under their scope of practice.		interventions an about a patient cognitive abiliti • Psychological te diagnosis/diagn	esting can be helpful re ineffective and the 's level of functioning es. esting can help clarify loses, interpersonal o yeaknesses to target	ere is a need to g, personality, a patient's dynamics, and	emotional or relative	
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	
Image: Child (0-11)         Image: Second secon	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter     Day	□ 15 Minutes ⊠ 1 Hour	Minimum: <u>&gt;</u> Maximum: N	
ALLOWED MODE(S)				ICE CATEGORY(IES)		
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		☑ HE (SP) □ TG (Other SP) □ HK (Residential)	□ U4 (ICM) □ TM (ACT) □ HM (Resp	□ HQ bite) □ TT (	Voc) (Clubhouse) Recovery) Prev/El)
STAFF REQUIREMEN	ITS					
Peer Specialist Bachelor's Level (HN) Intern	LCSV LPC LMF		Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ LPN/LV □CAC I □ RN (TD) □CAC II ☑ APN (S/ □CACIII □ QMAP	) 🖄 RxN (I	
PLACE OF SERVICE (I	POS)					
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>		区 SNF (31) 区 FQHC (50) 区 RHC (72) 区 Inpt Hosp (21)	<ul> <li>☑ School (03)</li> <li>☑ Other POS (99)</li> <li>☑ Inpt PF (51)</li> <li>☑ PF-PHP (52)</li> </ul>	⊠ ER (23) ⊠ Hospice	(34)

ASSESSMENT - PSYCHOLOGICAL TESTING							
<b>CPT®/HCPCS PROCEDURE</b>	PROCEDURE CODE DESCRIPTION USAGE						
96101 *This code should not be used in conjunction with 96102 or 96103.			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				
SERVICE DESCRIPTION		-		IMENTATION REQ			
The licensed psychologist or p interprets the results of psych written, oral, or combined for emotions, intellectual functio culturally and developmental Information obtained through a written report is generated. administering the tests to the interpretation and report pre	nological testing. The te mats, measures person ning, and psychopatho ly appropriate ways. In the testing is interpre Both face-to-face time patient, as well as	esting, in nality, logy in ted and	See Page 346 Service Content 1. The reason for t How does the so is the clinical ne		ne intended gc reatment/serv g?	ice plan? What	
NOTES			EXAMPLE ACTIVITIES				
If psychological testing services are performed by an intern, services 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 psychological and neuropsychological tests under their scope of practice.			<ul> <li>Psychological testing can be helpful when treatment interventions are ineffective and there is a need to learn more about a patient's level of functioning, personality, emotional or cognitive abilities.</li> <li>Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment.</li> </ul>				
APPLICABLE POPULATION			UNIT		DURATION		
<ul> <li>☑ Child (0-11)</li> <li>☑ Young</li> <li>☑ Adol (12-17)</li> <li>(18-20)</li> </ul>	🗵 Geriatri	-	□ Encounter □ Day	□ 15 Minutes ⊠ 1 Hour	Minimum: <u>&gt;</u> Maximum: N		
ALLOWED MODE(S) OF DE				CE CATEGORY(IES)			
Eace-to-Face     Gi     Uideo Conf (GT)     Face-to-Face     Gi     Gi	dividual oup (HQ) mily (HR) mily (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>	□ U4 (ICM) □ TM (ACT) □ HM (Resp	oite) 🛛 🗆 TT (	Voc) (Clubhouse) Recovery) Prev/El)	
STAFF REQUIREMENTS							
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern		Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ LPN/LV □CAC I □ RN (TD) □CAC II ☑ APN (S/ □CACIII □ QMAP	A) 🗵 RxN		
PLACE OF SERVICE (POS)							
☑ Office (11) ☑ Cu ☑ Mobile Unit (15) ☑ Gi	CF (13) ⊠ ICF-N Ist Care (33) ⊠ NF (3 TP Home (14) ⊠ PRTF Dome (12) ⊠ Shelt	2) (56)	⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72) ⊠ Inpt Hosp (21)	<ul> <li>☑ School (03)</li> <li>☑ Other POS (99)</li> <li>☑ Inpt PF (51)</li> <li>☑ PF-PHP (52)</li> </ul>	⊠ ER (23) ⊠ Hospice	(34)	

ASSESSMENT - PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
96102 *This code should not be used in conjunction with 96101 or 96103.	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.					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
The technician, supervised by a licensed psychologist, administers the psychological test, which is interpreted and reported by a licensed psychologist. The testing, in written, oral, or combined formats, measures personality, emotions, intellectual functioning, and psychopathology in culturally and developmentally appropriate ways. Information obtained through the testing is interpreted and a written report generated by the licensed psychologist. The 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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>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?</li> <li>2. Description of the service (specific test(s)administered)</li> <li>3. Summary of test results</li> <li>4. Treatment recommendations</li> </ul>					
NOTES	EXAMPLE ACTIVITIES					
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 neuropsychological tests under their scope of practice.	<ul> <li>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.</li> <li>Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment.</li> </ul>					
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)         ☑ Face-to-Face       ☑ Face/(HR)	□ 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)					
□ Family (HS)	□ HT (Prev/EI)					
	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH) ID/PhD/PsyD (AH) ID/PsyD (					
☑ 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					
96102 *This code should not be used in conjunction with 96101 or 96103.	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.					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
The technician, supervised by a licensed psychologist, administers the psychological test, which is interpreted and reported by a licensed psychologist. The testing, in written, oral, or combined formats, measures personality, emotions, intellectual functioning, and psychopathology in culturally and developmentally appropriate ways. Information obtained through the testing is interpreted and a written report generated by the licensed psychologist. The 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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>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?</li> <li>2. Description of the service (specific test(s)administered)</li> <li>3. Summary of test results</li> <li>4. Treatment recommendations</li> </ul>					
NOTES	EXAMPLE ACTIVITIES					
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 neuropsychological tests under their scope of practice.	<ul> <li>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.</li> <li>Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment.</li> </ul>					
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       ☑ Individual         ☑ Face-to-Face       ☑ Individual         □ Video Conf (GT)       □ Group (HQ)         □ Telephone       □ Family(HR)	□ 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)					
└── └── Family (HS)	☐ HT (Prev/EI)					
	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) Shelter (04) LAC LAC LPN/LVN (TE) RN (TD) RN (TD) RN (TD) RN (SA) APN (SA) APN (SA) APN (SA) APN (SA) APN (SA) APN (SA) APN (PA) APN (					
Image: Control (33)Image: Control (34)Image: Control (33)Image: Control (34)Image: Control	⊠ Shere (04)       ⊠ hipt 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 <sup>®</sup> /HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
96103 *This code should not be used in conjunction with 96101 or 96102.			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 DOCUI	MENTATION RE	QUIREMENTS		
SERVICE DESCRIPTION The testing, administered by computer, measures personality, emotions, intellectual functioning, and psychopathology. Results are interpreted and reported by a qualified health care professional.			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	IES			
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 tests under their scope of practice.			<ul> <li>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.</li> <li>Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment.</li> </ul>				
APPLICABLE POPULAT			UNIT DURATION				
Image: Child (0-11)         Image: Second secon	Young Adult B-20)	☑ Adult (21-64) ☑ Geriatric ( 65+)	Day Day	☐ 15 Minutes ☑1 Hour	Minimum: $\geq 3$ Maximum: N/		
ALLOWED MODE(S) OF			PROGRAM SERVIC				
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>Individual</li> <li>Group (HQ)</li> <li>Family (HR)</li> <li>Family (HS)</li> </ul>		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>	□ U4 □ TM □ HN	(ACT) □ I (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS	5						
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	□ LCSW (. □ LPC □ LMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)			RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (PO							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ ICF-MR (54) ⊠ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	⊠ Inpt Hos ⊠ Inpt PF ( ≌ ER (23) ⊠ PF-PHP (	51) 🗵 Otl	nool (03) ner POS (99)	

ASSESSMENT - PSYCHOLOGICAL TESTING							
CPT <sup>®</sup> /HCPCS PROCEDURE	E CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
96103 *This code should not be used in conjunction with 96101 or 96102.			Psychological testi assessment of em personality and ps WAIS), administer health care profes	otionality, intel sychopathology ed by a comput	lectual abilities, , e.g., MMPI and :er, with qualified		
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION RE	QUIREMENTS		
SERVICE DESCRIPTION The testing, administered by computer, measures personality, emotions, intellectual functioning, and psychopathology. Results are interpreted and reported by a qualified health care professional.			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	TES			
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 tests under their scope of practice.			<ul> <li>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.</li> <li>Psychological testing can help clarify a patient's diagnosis/diagnoses, interpersonal dynamics, and relative strengths and weaknesses to target through treatment.</li> </ul>				
APPLICABLE POPULATION			UNIT		DURATION		
🗵 Adol (12-17) (18-2	0) 🗵	Adult (21-64) Geriatric ( 65+)	Day Day	☐ 15 Minutes ☑1 Hour	Minimum: >31 Maximum: N/A	mins	
ALLOWED MODE(S) OF D					•		
Kace-to-Face     Video Conf (GT)     Telephone	Individual   Group (HQ)   Family (HR)   Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>	□ U4 □ TM ) □ HM	(ACT) □ H I (Respite) □ T	HJ (Voc) HQ (Clubhouse) T (Recovery) HT (Prev/EI)	
STAFF REQUIREMENTS							
Peer Specialist Bachelor's Level (HN) Intern	□ LCSW (/ □ LPC □ LMFT	, Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)			xn (SA) A (PA) /ID/DO (AF)	
PLACE OF SERVICE (POS)							
区 Office (11) Σ ⊠Mobile Unit (15) Σ	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) 🗵 Oth	ool (03) er 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. <b>NOTES</b> 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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended a How does the service relate to the treatment/see What is the clinical need for specific testing?</li> <li>Description of the service (specific test(s)administ)</li> <li>mental status exam</li> <li>Summary of test results in a formal report</li> <li>Treatment recommendations</li> </ol> </li> <li>EXAMPLE ACTIVITIES <ul> <li>Delineation of neurocognitive effects of central nee (CNS) disorders</li> </ul> </li> </ul>	vice plan? tered) eurogenic				
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	iins				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> <li>☑ Family (HR)</li> <li>□ Family (HS)</li> </ul>	□ HK (Residential) □ HM (Respite) □ TT (	Voc) (Clubhouse) Recovery) Prev/El)				
STAFF REQUIREMENTS						
	I Master's Level (HO) □LAC □ LPN/LVN (TE) ⊠ RxN I EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) ⊠ PA (I 0D/PhD/PsyD (AH) □CAC II ⊠ APN (SA) ⊠ MD/ □CACIII □ 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 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						
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. <b>NOTES</b> If neurobehavioral status exam services are performed by ar 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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>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?</li> <li>Description of the service (specific test(s)administered)</li> <li>mental status exam</li> <li>Summary of test results in a formal report</li> <li>Treatment recommendations</li> </ol> </li> <li>EXAMPLE ACTIVITIES <ul> <li>Differential diagnosis between psychogenic and neurogenic syndromes</li> <li>Delineation of neurocognitive effects of central nervous system (CNS) disorders</li> </ul> </li> </ul>						
APPLICABLE POPULATION(S)	UNIT DURATION						
Image: Second condition         Image: Second	$\Box$ Encounter $\Box$ 15 MinutesMinimum: $\geq$ 31 mins $\Box$ Day $\boxtimes$ 1 HourMaximum: N/A						
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)						
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)						
STAFF REQUIREMENTS							
	d Master's Level (HO) □LAC □ LPN/LVN (TE) ⊠ RxN (SA) d EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) ⊠ PA (PA) □CAC II ⊠ APN (SA) ⊠ PA (PA) □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						
<b>CPT®/HCPCS PROCE</b>	DURE CODE		PROCEDURE CO	DDE DESCRIPTIO	N	USAGE
*96118 should not b or 96120	96118 <b>De used in conjun</b>	ction with 96119	Neuropsychologi Neuropsychologi Scales, and Wisco of the licensed ps both face-to-face patient and time and preparing the	☑ Medicaid		
SERVICE DESCRIPTIO	)N		MINIMUM DO		REQUIREMEN	TS
The licensed psycholog thinking, reasoning, juc patient's neurocognitiv developmentally appro through the testing is in generated. Both face-to the patient, as well as i are included.	dgment, and memo ve abilities in cultur opriate ways. Inforr nterpreted and a w o-face time admini	ory to evaluate the ally and nation obtained rritten report is stering the tests to	agenda? Ho plan? What 2. Description 3. Summary o 4. Treatment	for the visit. Wh ow does the servi is the clinical ne of the service (s f test results recommendation	at was the inten ce relate to the ed for specific te pecific test(s) ad	treatment/service esting?
NOTES		•	EXAMPLE ACTIV			
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 neuropsychological tests under their scope of practice.			syndromes	-		l nervous system
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	
🗵 Adol (12-17) (18	Young Adult 3-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter     Day	□ 15 Minutes 区 1 Hour	Minimum: <u>&gt;</u> 3 Maximum: N/	
ALLOWED MODE(S)			PROGRAM SER			
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residentia</li> </ul>	□ U4 ( □ TM I) □ HM	(ACT) 🗆 🗆 (Respite) 🗆	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMEN	ITS					
□ 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		RxN (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (F	POS)					
⊠ CMHC (53) ⊠ Office (11) ⊠Mobile Unit (15) ⊠ Outp Hospital (22)	区 ACF (13) 区 Cust Care (33) 区 Grp Home (14 区Home (12)		⊠ Shelter (04 ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	) 🗵 Inpt Hos 🗵 Inpt PF 🗵 ER (23) 🖾 PF-PHP	(51) 🗵	School (03) Other POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING						
<b>CPT®/HCPCS PROCE</b>	DURE CODE		PROCEDURE CODE DESCRIPTION USAGE			
*96118 should not b or 96120	96118 <b>e used in conjun</b>	tion with 96119	Neuropsychologi Neuropsychologi Scales, and Wisco of the licensed ps both face-to-face patient and time and preparing the	ur ,   ☑ OBH		
SERVICE DESCRIPTIO	)N		MINIMUM DO		REQUIREM	ENTS
The licensed psycholog thinking, reasoning, juc patient's neurocognitiv developmentally appro through the testing is in generated. Both face-to the patient, as well as i are included.	dgment, and memo ve abilities in cultura opriate ways. Inforn nterpreted and a w o-face time adminis	ry to evaluate the ally and nation obtained ritten report is tering the tests to	agenda? Ho plan? What 2. Description 3. Summary o	for the visit. What	at was the inte ce relate to th ed for specific pecific test(s)	ne treatment/service testing?
NOTES			EXAMPLE ACTI			
If neuropsychological to intern, they must be su licensed psychologist e required during intern psychologist ensures th adequate privacy and c examinee's performand An NP, CNS or PA may neuropsychological tes	syndromes	-		tral nervous system		
APPLICABLE POPULA	ATION(S)		UNIT		DURATION	l
🗵 Adol (12-17) (18	3-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	□ 15 Minutes 区 1 Hour	Minimum: 2 Maximum:	
ALLOWED MODE(S)			PROGRAM SER			-
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residentia</li> </ul>	□ U4 ( □ TM I) □ HM	(ACT) (Respite)	<ul> <li>□ HJ (Voc)</li> <li>□ HQ (Clubhouse)</li> <li>□ TT (Recovery)</li> <li>□ HT (Prev/El)</li> </ul>
STAFF REQUIREMEN	ITS					
			Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ⊠ A		⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (F	POS)					
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	⊠ Shelter (04 ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	) 🗵 Inpt Ho Inpt PF ER (23) FF-PHP	(51)	⊠ School (03) ⊠ Other POS (99)

ASSESSMENT - PSYCHOLOGICAL TESTING							
<b>CPT®/HCPCS PROC</b>	EDURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
96119 *96119 should not be used in conjunction with 96118 or 96120			Neuropsychologi Scales, and Wisco qualified health o	cal testing (e.g., H ical Battery Wech onsin Card Sorting care professional inistered by a tech e, face-to-face	sler Memory g test), with interpretation	☑ Medicaid	
SERVICE DESCRIPTI	ION		MINIMUM DO	CUMENTATION	REQUIREMENTS	5	
Testing measures thir memory to evaluate to culturally and develop technician, under sup administers the neuro interpreted and repool Information obtained a written report is gen The psych technician' tests to the patient, a time for interpreting is included.	the patient's neuroco pmentally appropriat pervision of a licensed opsychological test, w rted by the licensed p I through the testing nerated by the licenses 's face-to-face time a us well as the licensed	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content: <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>What is the clinical need for specific testing?</li> <li>Description of the service (specific test(s) administered)</li> <li>Summary of test results</li> </ol></li></ul>					
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.			syndromes	f neurocognitive	psychogenic and i	-	
APPLICABLE POPUI		·	UNIT		DURATION		
区 Child (0-11) ☑ Adol (12-17) (1	✓ Young Adult 18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter     Day	□ 15 Minutes 区 1 Hour	Minimum: ≥31 Maximum: N/A	mins	
ALLOWED MODE(S				VICE CATEGOR			
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	☑ Individual ☐ Group (HQ) ☐ Family (HR) ☐ Family (HS)		⊠ HE (SP) □ TG (Other SP) □ HK (Residentia	□ U4 ( □ TM al) □ HM	(ACT) □ H (Respite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)	
STAFF REQUIREME	NTS						
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	LI LPC	Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ⊠ A	PN/LVN (TE) N (TD) X Rxf PN (SA) PA MAP		
PLACE OF SERVICE							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ 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) 🗵 Other	I (03) POS (99)	

	ASSESSMENT - PSYCHOLOGICAL TESTING						
<b>CPT®/HCPCS PROC</b>	EDURE CODE		PROCEDURE CODE DESCRIPTION USAGE				
*96119 should not or 96120	Neuropsychologi Scales, and Wisco qualified health o	cal testing (e.g., F ical Battery Wech onsin Card Sorting care professional inistered by a tech e, face-to-face	sler Memory g test), with interpretation	⊠ ОВН			
SERVICE DESCRIPT	ION		MINIMUM DO	CUMENTATION	REQUIREMENTS	5	
Testing measures thin memory to evaluate a culturally and develop technician, under sup administers the neuro interpreted and repo Information obtained a written report is ge The psych technician' tests to the patient, a time for interpreting is included.	the patient's neuroco pmentally appropriat pervision of a licensed opsychological test, w rted by the licensed p I through the testing nerated by the licens s face-to-face time a is well as the licensed	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content: <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>What is the clinical need for specific testing?</li> <li>Description of the service (specific test(s) administered)</li> <li>Summary of test results</li> </ol></li></ul>					
NOTES			EXAMPLE ACTI	VITIES			
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.			syndromes	f neurocognitive	psychogenic and i	-	
APPLICABLE POPUI			UNIT		DURATION		
区 Child (0-11) ☑ Adol (12-17) (	I Young Adult 18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	□ 15 Minutes 区 1 Hour	Minimum: ≥31 Maximum: N/A	mins	
ALLOWED MODE(S							
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		☑ HE (SP) □ TG (Other SP) □ HK (Residentia	□ U4 ( □ TM al) □ HM	(ACT) □ H (Respite) □ T	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)	
STAFF REQUIREME	NTS						
Peer Specialist     Bachelor's Level (HN)     Intern		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) X Rxf PN (SA) PA MAP		
PLACE OF SERVICE							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑Outp Hospital (22)</li> </ul>	☑ 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) 🗵 Other	l (03) POS (99)	

		ASSESSMENT - P	SYCHOLOGICAL TES	TING		
CPT®/HCPCS PROCEDU	PROCEDURE CODE DESCRIPTION			USAGE		
96120 *96120 should not be used in conjunction with 96118 or 96119			Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.			☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUM	<b>IENTATION RE</b>	QUIREMENTS	•
The test is administered by computer, which is interpreted and reported by a qualified health care professional.			MINIMUM DOCUMENTATION REQUIREMENTS         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 ACTIVITI	IES		
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 neuropsychological tests under their scope of practice.			<ul> <li>Computer based testing with a child/adolescent to assess neurocognitive abilities.</li> <li>Testing when treatment interventions are ineffective and neuropsychological deficits are expected.</li> </ul>			
APPLICABLE POPULAT		•	UNIT		DURATION	
☑ Child (0-11)         ☑           ☑ Adol (12-17)         (12)	Young Adult 🗵 8-20) 🗵	Adult (21-64) Geriatric ( 65+)	🗆 Day 🗵	] 15 Minutes ] 1 Hour	Minimum: ≥31 r Maximum: N/A	nins
ALLOWED MODE(S) O			PROGRAM SERVIC			
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>□ Family (HR)</li> <li>□ Family (HS)</li> </ul>		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>	□ U4 □ TM □ HM	(ACT) □ H (Respite) □ 1	HJ (Voc) HQ (Clubhouse) □T (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS	S					
□ 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)		APN (TD) X PA	N (SA) (PA) D/DO (AF)
PLACE OF SERVICE (PO						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	⊠ 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 (	51) 🗵 Othe	ol (03) r POS (99)

		ASSESSMENT - P	SYCHOLOGICAL TES	TING			
CPT®/HCPCS PROCEDU	PROCEDU	USAGE					
96120 *96120 should not be used in conjunction with 96118 or 96119			Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.			⊠ ОВН	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS		
The test is administered by computer, which is interpreted and reported by a qualified health care professional.			<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>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?</li> <li>2. Description of the service (specific test(s)administered)</li> <li>3. Summary of test results</li> <li>4. Treatment recommendations</li> </ul>				
NOTES			EXAMPLE ACTIVIT	TES			
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			<ul> <li>Computer based testing with a child/adolescent to assess neurocognitive abilities.</li> <li>Testing when treatment interventions are ineffective and neuropsychological deficits are expected.</li> </ul>				
neuropsychological tes		•	UNIT		DURATION		
☑ Child (0-11)         ☑           ☑ Adol (12-17)         (18)	Young Adult 🗵 8-20) 🗵	Adult (21-64) Geriatric ( 65+)	Day 2	☐ 15 Minutes ☑ 1 Hour	Minimum: <u>&gt;</u> 31 Maximum: N/A		
ALLOWED MODE(S) OI			PROGRAM SERVIO				
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>□ Family (HR)</li> <li>□ Family (HS)</li> </ul>		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential</li> </ul>	□ U4 □ TM ) □ HM	(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENTS	S						
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 □CAC II ⊠ A	$\Delta PN(S\Delta)$ $\boxtimes F$	RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (PO							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	☑ 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) 🗵 Oth	ool (03) er POS (99)	

	TREATMENT - ME	DICATION MANAG	GEMENT		
CPT <sup>®</sup> /HCPCS PROCEDURE CODE		PROCED	URE CODE DESC	CRIPTION	USAGE
96372		Therapeutic, prop (specify substanc intramuscular	e or drug) subcu	itaneous or	☑ Medicaid
SERVICE DESCRIPTION		MINIMUM DOCL	JMENTATION RI	EQUIREMENT	rs
A therapeutic, prophylactic/diagnostic inj administration of medications. Written physician order (required) Actual injectable medication reported/bil	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>Documentation supports injection of medication ordered</li> <li>Injection site</li> <li>Medication administered</li> <li>Patient response to medication, e.g. is the patient tolerating medication well or are there complaints of side effects. If not tolerating medication actions taken</li> </ol> </li> </ul>				
NOTES		EXAMPLE ACTIVI	TIES		
This code may be used in a clinic/CMHC, even the medication to be administered. Pharma the administration of drugs in a practitioner Injectable drugs intended for self-administra patient's home/ administration for a patient be billed by a pharmacy. A certified medical assistant may administer a physician's/APN's order, but billing and set the signature of the MD/APN. The service co- individual sees a nurse or other trained nurse technician for services that do not require th perform the service, in this case, an injectio Do not report 96372 for injections given wite physician or other qualified health care prof To report, use 99211 instead. (AMA CPT 202 be reported <i>with</i> a 99211 E&M code as this an included service. However, if additional of time was used to provide a more complex E 99201-99205 or 99212-99215, these may be modifier 25.	cies cannot bill for 's office/clinic. ation/use in the t in a LTC facility may r an injection under rvice must be under ode is used when an se's aide or medical he physician to n. hout direct fessional supervision. 16) 96372 should not is considered to be distinct and separate &M code such as				
APPLICABLE POPULATION(S)		UNIT		DURATION	N
🗵 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         ☑ Face-to-Face         □ Video Conf (GT)         □ Telephone         ☑ Family (HR)         □ Family (HS)		PROGRAM SERVI ☑ HE (SP) □ TG (Other SP) □ HK (Residentia	□ U4 □ TM	IES) (ICM) 1 (ACT) 1 (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)
STAFF REQUIREMENTS		•			
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern □ LMFT	Unlicensed Master Unlicensed EdD/ Ph Licensed EdD/PhD/ Crified/Registere	nD/PsyD (HP) 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)       ☑ ACF (13)         ☑ Office (11)       ☑ Cust Care (33)         ☑ Mobile Unit (15)       ☑ Grp Home (14)         ☑Outp Hospital (22)       ☑ Home (12)	⊠ ICF-MR (54) ⊠ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ RHC (72)	<ul> <li>☑ Independent</li> <li>☑ PF-PHP (52)</li> <li>☑ School (03)</li> <li>☑ NRSATF (57)</li> </ul>	Clinic (49)	⊠ Other POS (99)

		TREATMENT - ME	DICATION MANAG	GEMENT		
<b>CPT®/HCPCS PROCEDU</b>			PROCED	OURE CODE DESC	RIPTION	USAGE
	96372		Therapeutic, pro (specify substanc intramuscular	e or drug) subcu	taneous or	⊡ ОВН
SERVICE DESCRIPTION			MINIMUM DOCU		-	5
A therapeutic, prophyla administration of medic Written physician order Actual injectable medic	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>Documentation supports injection of medication ordered</li> <li>Injection site</li> <li>Medication administered</li> <li>Patient response to medication, e.g. is the patient tolerating medication well or are there complaints of side effects. If not tolerating medication actions taken</li> </ol> </li> </ul>					
NOTES			EXAMPLE ACTIVI	ITIES		
This code may be used in the medication to be adr the administration of dru Injectable drugs intended patient's home/ administ be billed by a pharmacy. A certified medical assist a physician's/APN's orde the signature of the MD/ individual sees a nurse of technician for services th perform the service, in th Do not report 96372 for physician or other qualifi To report, use 99211 inst be reported with a 99212 an included service. How time was used to provide 99201-99205 or 99212-9 modifier 25.	ministered. Pharma ugs in a practitioner d for self-administra tration for a patient ant may administer r, but billing and se (APN. The service co r other trained nurs hat do not require th his case, an injection injections given wit ied health care prof tead. (AMA CPT 202 1 E&M code as this vever, if additional co e a more complex E	cies cannot bill for 's office/clinic. ation/use in the t in a LTC facility may an injection under rvice must be under ode is used when an se's aide or medical ne physician to n. hout direct essional supervision. L6) 96372 should not is considered to be listinct and separate &M code such as				
APPLICABLE POPULATIO	ON(S)		UNIT		DURATION	
	Young Adult	🗵 Adult (21-64)	🗵 Encounter	□ 15 Minutes	Minimum:	N/A
	-20)	🗵 Geriatric ( 65+)	🗆 Day	□ 1 Hour	Maximum:	•
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEGORY(I	ES)	
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residentia</li> </ul>	□ U4 □ TM al) □ HM	. ,	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS						
Peer Specialist     Bachelor's Level (HN)     Intern	□ LCSW (AJ) □ LPC □ LMFT	□ Unlicensed Master' □ Unlicensed EdD/ Ph □ Licensed EdD/PhD/ ☑ Certified/Registere	nD/PsyD (HP) PsyD (AH)	□CAC I 🗵	RN (TD)	본 RxN (SA) 区 PA (PA) 区 MD/DO (AF)
PLACE OF SERVICE (POS	•					
Image: Second systemImage: Second system	ACF (13) Cust Care (33) Grp Home (14) Home (12)	⊠ ICF-MR (54) ⊠ NF (32)	区 Shelter (04) 区 SNF (31) 区 FQHC (50) 区 RHC (72)	<ul> <li>☑ Independent</li> <li>☑ PF-PHP (52)</li> <li>☑ School (03)</li> <li>☑ NRSATF (57)</li> </ul>	Clinic (49)	⊠ Other POS (99)

	TREATMENT	- REHABILITATIO	)N			
CPT <sup>®</sup> /HCPCS PROCEDURE CODE		PROCED	URE CODE DES	CRIPTION	USAGE	
97535		Self-care/home activities of daih training, meal p and instructions devices/adaptiv contact by provi	☑ Medicaid			
SERVICE DESCRIPTION					INTS	
Direct one-on-one contact in which the provider in and trains a patient in the performance of essentia and home management activities related to his/he function in the community. Activities are designed address the specific needs of the patient, including limited to Activities of Daily Living (ADLs) and com training for impairments, meal preparation, safety procedures, and use of assistive technology devices/adaptive equipment.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>2. Description of the service and how service increases ADLs and ability to function in the community and patient response to service</li> <li>3. How did the service impact progress towards goals/objectives?</li> <li>4. Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ul>					
NOTES		EXAMPLE ACT	IVITIES			
normal Activities of Daily Living (ADLs), due to imp resulting from Intellectual or Developmental Disat or behavioral health illness. There is reasonable ex	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.		Develop/implement reminder tools or calendars for housekeeping needs, medications, appointments, or other activities. Step-by-step problem solving interventions: develop shopping list to obtain nutritious foods or meet dietary requirements; skills practice at grocery store to locate and price necessary items; cook foods following recipes for basic meal preparation skills. Develop and reconcile budget for personal needs/bills.			
APPLICABLE POPULATION(S)		UNIT		DURATION	-,	
□ Child (0-11)  ☑ Young Adult  ☑ Adult ( □ Adol (12-17) (18-20)  ☑Geriatr	•	🗆 Day	☑ 15 Minutes □ 1 Hour	Minimum: 8 n Maximum: 8 h		
ALLOWED MODE(S) OF DELIVERY			RVICE CATEGO			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		⊠ HE (SP) □ TG (Other SP) ⊠ HK (Residenti	) 🗵 TN	(ICM) 1 (ACT) 1 (Respite)	⊠ HJ (Voc) ⊠ HQ (Clubhouse) □ TT (Recovery) ⊠ HT (Prev/El)	
STAFF REQUIREMENTS						
Image: Specialist       Image: Specialist         Image: Specialist       Image: Specialist	HO) ⊠ Unlicensed   HP)	Master's Level EdD/ PhD/PsyD D/PhD/PsyD (AH)	□CAC I ⊠ □CAC II ⊠	APN (SA)	S RxN (SA) P A (PA) MD/DO (AF)	
PLACE OF SERVICE (POS)						
区 Office (11) 区 Cust Care (33) ⊠ IC 区 Mobile Unit (15) ⊠ Grp Home (14) ⊠ N	ospice (34) CF-MR (54) F (32) nelter (04)	区 SNF (31) 区 FQHC (50) 区 RHC (72) 区 School (03)	⊠ Other PO	5 (99)		

		TREATMENT	- REHABILITATIO	N		
<b>CPT®/HCPCS PROCE</b>	DURE CODE		PROCED	URE CODE DESC	CRIPTION	USAGE
97535			Self-care/home in activities of daily training, meal pr and instructions devices/adaptive contact by provis	Ø OBH		
SERVICE DESCRIPTIO	N		MINIMUM DO			INTS
Direct one-on-one contact in which the provider instructs and trains a patient in the performance of essential self-care and home management activities related to his/her ability to function in the community. Activities are designed to address the specific needs of the patient, including but not limited to Activities of Daily Living (ADLs) and compensatory training for impairments, meal preparation, safety procedures, and use of assistive technology devices/adaptive equipment.			<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>2. Description of the service and how service increases ADLs and ability to function in the community and patient response to service</li> <li>3. How did the service impact progress towards goals/objectives?</li> <li>4. Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ul>			
NOTES			EXAMPLE ACTI	VITIES		
normal Activities of Da resulting from Intellect or behavioral health ill	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		Develop/implement reminder tools or calendars for housekeeping needs, medications, appointments, or other activities. Step-by-step problem solving interventions: develop shopping list t obtain nutritious foods or meet dietary requirements; skills practice at grocery store to locate and price necessary items; cook foods following recipes for basic meal preparation skills. Develop and reconcile budget for personal needs/bills.			
APPLICABLE POPUL	ATION(S)				DURATION	·
□ Adol (12-17) (18	-20) 🗵	Adult (21-64) Geriatric (65+)	🗆 Day	⊠ 15 Minutes □ 1 Hour	Minimum: 8 r Maximum: 8	-
ALLOWED MODE(S)			PROGRAM SER			_
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	☑ Individual ☐ Group (HQ) ☐ Family (HR) ☐ Family (HS)		⊠ HE (SP) □ TG (Other SP) ⊠ HK (Residentia	⊠ TM	(ICM) I (ACT) 1 (Respite)	<ul> <li>☑ HJ (Voc)</li> <li>☑ HQ (Clubhouse)</li> <li>□ TT (Recovery)</li> <li>☑ HT (Prev/El)</li> </ul>
STAFF REQUIREMEN	ITS					
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	보 LCSW 보 LPC 또 LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I 🗵 □CAC II 🗵		⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (	POS)					
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ Hospice (34) ⊠ ICF-MR (54) ⊠ NF (32) ⊠ Shelter (04)	区 SNF (31) 区 FQHC (50) 区 RHC (72) 区 School (03)	⊠ Other POS	5 (99)	

TREATMENT - 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	☑ Medicaid				
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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>2. Description of the service and how the service is designed to increase community/work functioning and patient response</li> <li>3. How did the service impact the individual's progress towards goals/objectives?</li> <li>4. Plan for next contact(s) including any follow-up or</li> </ul>					
NOTES	coordination needed with 3 <sup>rd</sup> 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.	<ul> <li>Applying for transportation assistance by planning bus route and stop times, scheduling transportation service rides, practicing route to and from work site.</li> <li>Resume, interview, and job coaching skills to obtain employment and ensure success.</li> <li>Review and address hygiene, proper dress attire, interpersonal skills and expectations for workplace environment.</li> </ul>					
APPLICABLE POPULATION(S)	UNIT DURATION					
□ Child (0-11)	□ Encounter ⊠ 15 Minutes Minimum: 8 min □ Day □ 1 Hour Maximum: 8 ho					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)           Image: March and	IJ (Voc)				
☑ Face-to-Face     □ Group (HQ)       □ Video Conf (GT)     □ Family (HR)       □ Telephone     □ Family (HS)	□ TG (Other SP)	IQ (Clubhouse) T (Recovery) IT (Prev/El)				
STAFF REQUIREMENTS						
Sachelor's Level (HN)	EdD/ PhD/PsyD (HP)	xN (SA) A (PA) 1D/DO (AF)				
PLACE OF SERVICE (POS)						
🗵 Office (11) 🗵 Grp Home (14) 🗵 Shelter (04)	<ul> <li>☑ RHC (72)</li> <li>☑ School (03)</li> <li>☑ Other POS (99)</li> </ul>					

TREATMENT - REHABILITATION						
CPT <sup>®</sup> /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 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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>2. Description of the service and how the service is designed to increase community/work functioning and patient response</li> <li>3. How did the service impact the individual's progress towards goals/objectives?</li> <li>4. Plan for next contact(s) including any follow-up or</li> </ul>					
NOTES	coordination needed with 3 <sup>rd</sup> 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.	<ul> <li>Applying for transportation assistance by planning bus route and stop times, scheduling transportation service rides, practicing route to and from work site.</li> <li>Resume, interview, and job coaching skills to obtain employment and ensure success.</li> <li>Review and address hygiene, proper dress attire, interpersonal skills and expectations for workplace environment.</li> </ul>					
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 hours					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>☑ Family (HR)</li> <li>☑ Telephone</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       ☑ U4 (ICM)       ☑ HJ (Voc)         □ TG (Other SP)       ☑ TM (ACT)       ☑ HQ (Clubhouse)         ☑ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         ☑ HT (Prev/EI)       ☑ HT (Prev/EI)					
STAFF REQUIREMENTS						
Sachelor's Level (HN)	Master's Level (HO) □LAC ⊠ LPN/LVN (TE) ⊠ RxN (SA) EdD/ PhD/PsyD (HP) □CAC I ⊠ RN (TD) ⊠ PA (PA) D/PhD/PsyD (AH) □CAC II ⊠ APN (SA) ⊠ MD/DO (AF)					
PLACE OF SERVICE (POS)						
🗵 Office (11) 🛛 🖾 Grp Home (14) 🖾 Shelter (04)	<ul> <li>☑ RHC (72)</li> <li>☑ School (03)</li> <li>☑ Other POS (99)</li> </ul>					

	ASSESSMENT -	NON-FACE-TO-FACE	E - PHONE ASSESSMENT AND MANAGEMENT				
<b>CPT®/HCPCS PROCED</b>	URE CODE	PROCEDURE CODE DESCRIPTION USAGE					
*Not recommended guidelines.	Telephone assessment and management provided by qualified non-physician health care professional.						
SERVICE DESCRIPTION	N		MINIMUM DOCU	IMENTATION 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.			<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. Presenting concern(s)/problem(s)</li> <li>2. Review of medical and medication history, psychosocial, family, and treatment history. Disposition – need for BH services, referral, etc.</li> </ul>				
NOTES			EXAMPLE ACTIVI	TIES			
			<ul> <li>Phone assessment with the patient in order to assess his/her needs</li> <li>Phone assessment with the patient/patient's family to collect social history information</li> <li>With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.)</li> </ul>				
APPLICABLE POPULAT	TION(S)		UNIT		DURATION		
🗵 Adol (12-17) (1	L8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minutes □ 1 Hour	Minimum: 5 mi Maximum: 10 r		
ALLOWED MODE(S) C	OF DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)		
□ Face-to-Face □ Video Conf (GT) ⊠ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residentia)</li> </ul>	⊠ U4 ( ⊠ TM I) □ HM	(ACT) 🗆 (Respite)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
STAFF REQUIREMENT	S						
□ Peer Specialist ⊠ Bachelor's Level (HN) ⊠ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	I Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R □CAC II □ A	$PN(ID)$ $\Box PA$	N (SA) (PA) D/DO (AF)	
PLACE OF SERVICE (PO							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ ACF (13)</li> </ul>	<ul> <li>Cust Care (33)</li> <li>Grp Home (14)</li> <li>Home (12)</li> <li>ICF-MR (54)</li> </ul>	⊠ PRTF (56) ⊠ Shelter (04)	<ul> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> <li>☑ Inpt Hosp (21)</li> <li>☑ Inpt PF (51)</li> </ul>	⊠ ER (23) ⊠ PF-PHP (5 ⊠ School (0 ⊠ Other PO	3)		

	ASSESSMENT – N	ION-FACE-TO-FACE	- PHONE ASSESSM	IENT AND MANA	GEMENT		
CPT <sup>®</sup> /HCPCS PROCED	URE CODE	PROCEDURE CODE DESCRIPTION USAGE					
*Not recommended guidelines.	98966 for use; if used, pl	lease follow CPT	Telephone assessment and management provided by qualified non-physician health care professional. ☑ OBH				
SERVICE DESCRIPTION	N			IMENTATION RE	QUIREMENTS		
-	cian health care profest arent, or guardian not and management serv	ssional to an t originating from vice provided n assessment and ne next 24 hours	2. Review of m	concern(s)/proble nedical and medi ent history. Dispo	em(s) cation history, p	sychosocial, family, r BH services,	
NOTES			EXAMPLE ACTIVI	TIES			
			<ul> <li>social history i</li> <li>With the patie members, coll</li> </ul>	sment with the patient/patient's family to collect y information tient's permission, phone contact with family ollateral sources to collect pertinent information I, medical, social services, etc.)			
APPLICABLE POPULA	TION(S)		UNIT		DURATION		
	-	☑ Adult (21-64) ☑ Geriatric (65+)	Encounter	□15 Minutes □ 1 Hour	Minimum: 5 r Maximum: 10		
ALLOWED MODE(S) C	OF DELIVERY		PROGRAM SERVI				
□ Face-to-Face □ Video Conf (GT) ⊠ Telephone	☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residentia)</li> </ul>	⊠ U4 ( ⊠ TM I) □ HM	(ACT) l (Respite) l	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENT	rs						
□ Peer Specialist ⊠ Bachelor's Level (HN) ⊠ Intern	⊠ LCSW (/ ⊠ LPC ⊠ LMFT	Vnlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R □CAC II □ A		RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (P							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ ACF (13)</li> </ul>	<ul> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> <li>☑ ICF-MR (54)</li> </ul>	🗵 PRTF (56)	☑ FQHC (50) ☑ RHC (72) ☑ Inpt Hosp (21) ☑ Inpt PF (51)	⊠ ER (23) ⊠ PF-PHP (5 ⊠ School (0 ⊠ Other PO	3)		

	ASSESSMENT – N	ION-FACE-TO-FACE	- PHONE ASSESSM	ENT AND MANA	GEMENT		
<b>CPT®/HCPCS PROCEI</b>	DURE CODE	PROCEDURE CODE	DESCRIPTION		USAGE		
*Not recommended guidelines.	98967 for use; if used, please	Telephone assessr by qualified non-p professional.	d 🗹 Medicaid				
SERVICE DESCRIPTIO	N		MINIMUM DOCUI	MENTATION REG	QUIREMENTS		
a qualified non-phy established patient, a related assessment within the previous 7 management service	nt and management se rsician health care pr parent, or guardian nor nt and management 7 days not leading to ar e or procedure within t appointment; 11-20 m	ofessional to an t originating from service provided n assessment and he next 24 hours	2. Review of me and treatment	ncern(s)/probler dical and medica	n(s) ation history, ps	ychosocial, family, tc.	
NOTES			EXAMPLE ACTIVIT	IES			
			<ul> <li>Phone assessment with the patient in order to assess his/her needs</li> <li>Phone assessment with the patient/patient's family to collect social history information</li> <li>With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.)</li> </ul>				
APPLICABLE POPULA		-	UNIT	_	DURATION		
	-	☑ Adult (21-64) ☑ Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: 11 Maximum: 20		
ALLOWED MODE(S)			PROGRAM SERVIC			5 111115	
□ Face-to-Face □ Video Conf (GT) ☑ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>	⊠ U4 ⊠ TN	I (ICM) E 1 (ACT) E 1 (Respite) E	] HJ (Voc) ] HQ (Clubhouse) ] TT (Recovery) ] HT (Prev/El)	
STAFF REQUIREMEN	TS						
□ Peer Specialist ⊠ Bachelor's Level (HN ⊠ Intern	) ICSW (A IPC IMFT	, 🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R □CAC II □ A	PN(SA)	RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (F							
区 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)	<ul> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> <li>☑ Inpt Hosp (21)</li> <li>☑ Inpt PF (51)</li> </ul>	区 ER (23) 区 PF-PHP (5 区 School (03) 区 Other PO	3)		

ASSESSMENT – NON-FACE-TO-FACE - PHONE ASSESSMENT AND MANAGEMENT					
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
98967 *Not recommended for use; if used, please follow CPT guidelines.	Telephone assessment and management provided by qualified non-physician health care professional.	⊡ ОВН			
SERVICE DESCRIPTION	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; 11-20 minutes of medical discussion.	<ul> <li>See Page 346</li> <li>Service Content</li> <li>1. Presenting concern(s)/problem(s)</li> <li>2. Review of medical and medication history, psychosocial, family,</li> </ul>				
NOTES	EXAMPLE ACTIVITIES				
	<ul> <li>Phone assessment with the patient in order to as needs</li> <li>Phone assessment with the patient/patient's fam social history information</li> <li>With the patient's permission, phone contact wit members, collateral sources to collect pertinent i (educational, medical, social services, etc.)</li> </ul>	nily to collect h 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: 11 m     Day □ 1 Hour Maximum: 20 m				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
□ Face-to-Face □ Video Conf (GT) ☑ Telephone □ Family (HR) □ Family (HS)	□ TG (Other SP)	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/EI)			
STAFF REQUIREMENTS					
Intern	Master's Level (HO) □LAC □ LPN/LVN (TE) □ Rxt EdD/ PhD/PsyD (HP) □CAC I ⊠ RN (TD) □ PA D/PhD/PsyD (AH) □CAC II □ APN (SA) □ PA □CAC III □ QMAP				
PLACE OF SERVICE (POS)					
Image: Construction         Image: Construction	<ul> <li>☑ FQHC (50)</li> <li>☑ ER (23)</li> <li>☑ RHC (72)</li> <li>☑ PF-PHP (52)</li> <li>☑ Inpt Hosp (21)</li> <li>☑ School (03)</li> <li>☑ Inpt PF (51)</li> <li>☑ Other POS (99)</li> </ul>				

	ASSESSMENT – I	NON-FACE-TO-FACE	- PHONE ASSESSMENT AND MANAGEMENT				
<b>CPT®/HCPCS PROCED</b>	PROCEDURE CODE DESCRIPTION USAGE						
*Not recommended guidelines.	98968 for use; if used, plea	Telephone assessment and management provided by qualified non-physician health care professional. ☑ Medic					
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATION REG	QUIREMENTS		
Telephone assessmen a qualified non-phy established patient, p a related assessmen within the previous 7 management service or soonest available discussion.	sician health care p parent, or guardian n nt and management days not leading to or procedure within	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. Presenting concern(s)/problem(s)</li> <li>2. Review of medical and medication history, psychosocial, family, and treatment history.</li> <li>3. Disposition – need for BH services, referral, etc.</li> </ul>					
NOTES			EXAMPLE ACTIVI	TIES			
			<ul> <li>Phone assessment with the patient in order to assess his/her needs</li> <li>Phone assessment with the patient/patient's family to collect social history information</li> <li>With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.)</li> </ul>				
APPLICABLE POPULA			UNIT		DURATION		
🗵 Adol (12-17) (13	8-20)	Adult (21-64) Geriatric (65+)	🗆 Day	15 Minutes 1 Hour	Minimum: 21 Maximum: 30		
ALLOWED MODE(S) Face-to-Face Video Conf (GT) Telephone	Individual ☐ Group (HQ) ☐ Family (HR) ☐ Family (HS)		PROGRAM SERVI ☑ HE (SP) □ TG (Other SP) □ HK (Residentia	⊠ U4 ( ⊠ TM (	ICM) 🗌 (ACT) 🗍 (Respite) 🗍	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMEN	TS						
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	) ICSW IPC IMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ RI □CAC II □ A	PN(SA)	8xN (SA) vA (PA) ИD/DO (AF)	
PLACE OF SERVICE (P							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ ACF (13)</li> </ul>	<ul> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> <li>☑ ICF-MR (54)</li> </ul>		<ul> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> <li>☑ Inpt Hosp (21)</li> <li>☑ Inpt PF (51)</li> </ul>	⊠ ER (23) ⊠ PF-PHP (52 ⊠ School (03) ⊠ Other POS	,		

ASSESSMENT – NON-FACE-TO-FACE - PHONE ASSESSMENT AND MANAGEMENT					
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
98968 *Not recommended for use; if used, please follow CPT guidelines.	Telephone assessment and management provided by qualified non-physician health care professional.	⊠ ОВН			
SERVICE DESCRIPTION	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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>Presenting concern(s)/problem(s)</li> <li>Review of medical and medication history, psychand treatment history.</li> <li>Disposition – need for BH services, referral, etc.</li> </ol> </li> </ul>	nosocial, family,			
NOTES EXAMPLE ACTIVITIES					
	<ul> <li>Phone assessment with the patient in order to assess his/her new</li> <li>Phone assessment with the patient/patient's family to collect social history information</li> <li>With the patient's permission, phone contact with family members, collateral sources to collect pertinent information (educational, medical, social services, etc.)</li> </ul>				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11)         ☑ Young Adult         ☑ Adult (21-64)           ☑ Adol (12-17)         (18-20)         ☑ Geriatric (65+)	☑ Encounter     □ 15 Minutes     Minimum: 21 r       □ Day     □ 1 Hour     Maximum: 30				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
□ Face-to-Face Individual □ Video Conf (GT) □ Family (HR) ☑ Telephone □ Family (HS)	□ TG (Other SP) ⊠ TM (ACT) □ □ HK (Residential) □ HM (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
Image: Second of second (HN)     Image: Second of second (HN)       Image: Second of second (HN)     Image: Second (HN)       Image: Second of second (HN)     Image: Second (HN)       Image: Second	ed EdD/ PhD/PsyD (HP) $\Box$ CAC I $\Box$ RN (TD) $\Box$ P/	KN (SA) A (PA) ID/DO (AF)			
PLACE OF SERVICE (POS)					
Image: Construction of the state of the	<ul> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> <li>☑ PF-PHP (52)</li> <li>☑ Inpt Hosp (21)</li> <li>☑ School (03)</li> <li>☑ Inpt PF (51)</li> <li>☑ Other POS (99)</li> </ul>				

	JATION AND MANAGEI	MENT - OFFICE OR OT	HER OUTPATIEN	NT- NEW & ESTABI	ISHED PATIENT	-
CPT <sup>®</sup> /HCPCS PROCED	URE CODE			PROCEDU	JRE CODE	USAGE
New Patient				Office or	Other	
	m focused history, prob	plem focused examination	ation, and straigh	nt Outpatier	nt Services.	☑ Medicaid
	al decision making. Typi					
	ded problem focused hi	•				
	nd straightforward med			nt is		
20 minutes.			, le . e . e . e . e . e . e . e . e . e			
	d history, detailed exar	mination, and low cor	nplexity medical			
•	g. Typical time spent is 3					
	ehensive history, comp		n and moderate	<b>.</b>		
	dical decision making. T					
	ehensive history, comp			nlevity		
				piexity		
	n making. Typical time s	spent is bo minutes.				
Established patient	m focused history proh	low focused evening	tion and			
	m focused history, prob					
-	l medical decision making	• • •				
	ded problem focused hi					
	nd low complexity medi	cal decision making.	i ypical time sper	IT IS		
15 minutes.						
	d history, detailed exar		ite complexity m	edical		
	g. Typical time spent is 2					
	ehensive history, comp		n, and high com	plexity		
	n making. Typical time	spent is 40 minutes.	-			
SERVICE DESCRIPTION				CUMENTATION RE		
These codes are used	tor taco to taco conúcos					
				umentation Requir	ements	
other outpatient setting	ng for the evaluation an	d management of	See Page 346	-		
other outpatient settin an individual with pres	ng for the evaluation an senting problem(s) of va	id management of arying severity.	See Page 346	umentation Requir		vices.
other outpatient settin an individual with pres A patient is considered	ng for the evaluation an	id management of arying severity.	See Page 346	-		vices.
other outpatient settin an individual with pres A patient is considered hospital occurs.	ng for the evaluation an senting problem(s) of va	id management of arying severity.	See Page 346 See <u>Appendix (</u>	<u>G</u> for more informa		vices.
other outpatient settin an individual with pres A patient is considered	ng for the evaluation an senting problem(s) of va	id management of arying severity.	See Page 346	<u>G</u> for more informa		vices.
other outpatient settin an individual with pres A patient is considered hospital occurs. NOTES	ng for the evaluation an senting problem(s) of va d outpatient until inpati	id management of arying severity.	See Page 346 See <u>Appendix (</u> EXAMPLE ACT	<u>G</u> for more informa	tion on E/M ser	vices.
other outpatient settin an individual with pres A patient is considered hospital occurs. NOTES APPLICABLE POPULAT	ng for the evaluation an senting problem(s) of va d outpatient until inpati	d management of arying severity. ent admission to a	See Page 346 See <u>Appendix (</u> EXAMPLE ACT) UNIT	G for more informa	tion on E/M ser	
other outpatient settin an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT S Child (0-11)	ng for the evaluation an senting problem(s) of va d outpatient until inpati	d management of arying severity. ent admission to a X Adult (21-64)	See Page 346 See <u>Appendix (</u> EXAMPLE ACT) UNIT Encounter	G for more informa	tion on E/M ser DURATION See chart for	cypical times for
other outpatient settin an individual with pres A patient is considered hospital occurs. NOTES APPLICABLE POPULAT S Child (0-11) Adol (12-17)	ng for the evaluation an senting problem(s) of va d outpatient until inpati TION(S) Young Adult (18-20)	d management of arying severity. ent admission to a	See Page 346 See <u>Appendix (</u> EXAMPLE ACT UNIT I Encounter Day	G for more informa	tion on E/M ser DURATION See chart for billing as a tim	cypical times for
other outpatient settin an individual with pres A patient is considered hospital occurs. NOTES APPLICABLE POPULAT S Child (0-11)	ng for the evaluation an senting problem(s) of va d outpatient until inpati TION(S) I Young Adult (18-20) F DELIVERY	d management of arying severity. ent admission to a X Adult (21-64)	See Page 346 See Appendix ( EXAMPLE ACT UNIT I Encounter Day PROGRAM SEF	G for more informa	tion on E/M ser DURATION See chart for billing as a tim ES)	cypical times for ne-based code
other outpatient settin an individual with pres A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Adol (12-17) ALLOWED MODE(S) O	ng for the evaluation an senting problem(s) of va d outpatient until inpati TION(S) Young Adult (18-20)	d management of arying severity. ent admission to a X Adult (21-64)	See Page 346 See Appendix ( EXAMPLE ACT UNIT I Encounter Day PROGRAM SEF I HE (SP)	G for more informa IVITIES I 15 Minutes I 1 Hour RVICE CATEGORY(I	tion on E/M ser DURATION See chart for t billing as a tim ES) ICM)	typical times for ne-based code HJ (Voc)
other outpatient settin an individual with pres A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Adol (12-17) ALLOWED MODE(S) O S Face-to-Face	ng for the evaluation an senting problem(s) of va d outpatient until inpati TION(S) I Young Adult (18-20) F DELIVERY	d management of arying severity. ent admission to a X Adult (21-64)	See Page 346 See Appendix ( EXAMPLE ACT UNIT I Encounter Day PROGRAM SEF	G for more informa IVITIES I 15 Minutes I 1 Hour RVICE CATEGORY(I	tion on E/M ser DURATION See chart for billing as a tim ES) ICM) (ACT)	typical times for ne-based code HJ (Voc) HQ (Clubhouse)
other outpatient settin an individual with pres A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Adol (12-17) ALLOWED MODE(S) O Face-to-Face Video Conf (GT)	ng for the evaluation an senting problem(s) of va d outpatient until inpati TON(S)	d management of arying severity. ent admission to a X Adult (21-64)	See Page 346 See Appendix ( EXAMPLE ACT UNIT I Encounter Day PROGRAM SEF I HE (SP)	G for more informa	tion on E/M ser DURATION See chart for billing as a tim ES) ICM) (ACT)	typical times for ne-based code HJ (Voc)
other outpatient settin an individual with pres A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Adol (12-17) ALLOWED MODE(S) O S Face-to-Face	ng for the evaluation an senting problem(s) of va d outpatient until inpati TION(S) Young Adult (18-20) F DELIVERY Individual Group (HQ)	d management of arying severity. ent admission to a X Adult (21-64)	See Page 346 See <u>Appendix (</u> EXAMPLE ACTI UNIT Encounter Day PROGRAM SEF E HE (SP) TG (Other SI	G for more informa	tion on E/M ser  DURATION See chart for t billing as a tim ES) ICM) (ACT) (Respite)	typical times for ne-based code HJ (Voc) HQ (Clubhouse)
other outpatient settin an individual with pres A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Adol (12-17) ALLOWED MODE(S) O Face-to-Face Video Conf (GT)	ng for the evaluation an senting problem(s) of va d outpatient until inpati TON(S) Sector Young Adult (18-20) F DELIVERY Individual Group (HQ) F amily (HR) Family (HS)	d management of arying severity. ent admission to a X Adult (21-64)	See Page 346 See <u>Appendix (</u> EXAMPLE ACTI UNIT Encounter Day PROGRAM SEF E HE (SP) TG (Other SI	G for more informa	tion on E/M ser  DURATION See chart for t billing as a tim ES) ICM) (ACT) (Respite)	typical times for ne-based code HJ (Voc) HQ (Clubhouse) TT (Recovery)
other outpatient settin an individual with pres A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Adol (12-17) ALLOWED MODE(S) O Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENT Peer Specialist	ng for the evaluation an senting problem(s) of va d outpatient until inpati TON(S) Young Adult (18-20) F DELIVERY Individual Group (HQ) F Family (HR) Family (HS) S	d management of arying severity. ent admission to a X Adult (21-64) Geriatric (65+)	See Page 346 See <u>Appendix (</u> EXAMPLE ACT UNIT E Encounter Day PROGRAM SEF HE (SP) TG (Other SI HK (Residen	G for more informa IVITIES I 15 Minutes I 1Hour RVICE CATEGORY(I U4 ( P) U4 ( P) HM	tion on E/M ser  DURATION See chart for t billing as a tim ES) ICM) (ACT) (Respite) (XES) UN (TE)	typical times for ne-based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
other outpatient settin an individual with pres A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Adol (12-17) ALLOWED MODE(S) O Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENT Peer Specialist Bachelor's Level (HN)	ng for the evaluation an senting problem(s) of va d outpatient until inpati TON(S) Young Adult (18-20) F DELIVERY Individual Group (HQ) F Family (HR) Family (HS) S LCSW (AJ)	d management of arying severity. ent admission to a ⊠ Adult (21-64) ⊠ Geriatric (65+)	See Page 346 See <u>Appendix (</u> EXAMPLE ACT UNIT E Encounter Day PROGRAM SEF E HE (SP) TG (Other SI HK (Residen HK (Residen	G for more informa IVITIES I 15 Minutes I 1Hour RVICE CATEGORY(I U4 ( P) U4 ( P) HM	tion on E/M ser	typical times for ne-based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
other outpatient settin an individual with pres A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Adol (12-17) ALLOWED MODE(S) O Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENT Peer Specialist Bachelor's Level (HN)	ng for the evaluation an senting problem(s) of va d outpatient until inpati TON(S) Young Adult (18-20) F DELIVERY Individual Group (HQ) F Family (HR) Family (HS) S	d management of arying severity. ent admission to a X Adult (21-64) Geriatric (65+)	See Page 346 See <u>Appendix (</u> EXAMPLE ACT UNIT Encounter Day PROGRAM SEF HE (SP) TG (Other SI HK (Residen TG (Other SI HK (Residen	G for more informa IVITIES I 15 Minutes I 1 Hour RVICE CATEGORY(I) U4 ( P) U4	tion on E/M ser DURATION See chart for the billing as a time of the b	typical times for ne-based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
other outpatient settin an individual with pres A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Adol (12-17) ALLOWED MODE(S) O Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENT Peer Specialist Bachelor's Level (HN) Intern	ng for the evaluation an senting problem(s) of va d outpatient until inpati TON(S) Young Adult (18-20) F DELIVERY Individual Group (HQ) F Family (HR) Family (HS) S LCSW (AJ) LPC LMFT	d management of arying severity. ent admission to a ☑ Adult (21-64) ☑ Geriatric (65+) ☑ Unlicensed Mast □ Unlicensed EdD/	See Page 346 See <u>Appendix (</u> EXAMPLE ACT UNIT Encounter Day PROGRAM SEF HE (SP) TG (Other SI HK (Residen TG (Other SI HK (Residen	G for more informa IVITIES I 15 Minutes I 1Hour RVICE CATEGORY(I U4 ( P) U4 ( P) HM	tion on E/M ser DURATION See chart for the billing as a time of the b	typical times for ne-based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
other outpatient settin an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Adol (12-17) ALLOWED MODE(S) O STAFF REQUIREMENT Peer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (PC	ng for the evaluation an senting problem(s) of va d outpatient until inpati TON(S) Young Adult (18-20) F DELIVERY Individual Group (HQ) F Family (HR) Family (HR) Family (HS) S LCSW (AJ) LPC LMFT DS)	and management of arying severity. ent admission to a	See Page 346 See Appendix ( EXAMPLE ACT) UNIT Encounter Day PROGRAM SEF HE (SP) TG (Other SI HK (Residen Charles (HO) PhD/PsyD (HP) D/PsyD (AH)	G for more informa IVITIES I 15 Minutes I 1 Hour IVICE CATEGORY(II UU4 ( P) I M ILAC ILAC ILAC ILAC ILAN (T CAC I RN (T CAC II APN CACIII QMA	tion on E/M ser DURATION See chart for the billing as a time of the b	typical times for ne-based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI) (SA) PA)
other outpatient settin an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT ☑ Child (0-11) ☑ Adol (12-17) ALLOWED MODE(S) O ☑ Face-to-Face ☑ Video Conf (GT) □ Telephone STAFF REQUIREMENT □ Peer Specialist □ Bachelor's Level (HN) ☑ Intern PLACE OF SERVICE (PC ☑ CMHC (53)	ng for the evaluation an senting problem(s) of va d outpatient until inpati TON(S) Young Adult (18-20) F DELIVERY Individual Group (HQ) F Family (HR) F Family (HR) F Family (HS) S LCSW (AJ) LPC LMFT DS) FQHC (50)	d management of arying severity. ent admission to a ☑ Adult (21-64) ☑ Geriatric (65+) ☑ Unlicensed Mast ☐ Unlicensed EdD/Ph ☐ Licensed EdD/Ph	See Page 346 See Appendix ( EXAMPLE ACT) UNIT Encounter Day PROGRAM SEF HE (SP) TG (Other SI HK (Residen Charles (HO) PhD/PsyD (HP) D/PsyD (AH)	G for more informa IVITIES I 15 Minutes I 1 Hour RVICE CATEGORY(I U4 ( P) U4 ( P) HM Ltial) U4 ( CAC   LPN/	tion on E/M ser DURATION See chart for the billing as a time of the b	typical times for ne-based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) (SA) PA)
other outpatient settin an individual with press A patient is considered hospital occurs. NOTES APPLICABLE POPULAT Child (0-11) Adol (12-17) ALLOWED MODE(S) O Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENT Peer Specialist Bachelor's Level (HN) Intern PLACE OF SERVICE (PC	ng for the evaluation an senting problem(s) of va d outpatient until inpati TON(S) Young Adult (18-20) F DELIVERY Individual Group (HQ) F Family (HR) Family (HR) Family (HS) S LCSW (AJ) LPC LMFT DS)	and management of arying severity. ent admission to a	See Page 346 See Appendix ( EXAMPLE ACT) UNIT Encounter Day PROGRAM SEF HE (SP) TG (Other SI HK (Residen Charles (HO) PhD/PsyD (HP) D/PsyD (AH)	G for more informa IVITIES I 15 Minutes I 1 Hour IVICE CATEGORY(II UU4 ( P) I M ILAC ILAC ILAC ILAC ILAN (T CAC I RN (T CAC II APN CACIII QMA	tion on E/M ser DURATION See chart for the billing as a time of the b	typical times for ne-based code HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI) (SA) PA)

EVALU	ATION AND MANAGEME	NT - OFFICE OR OT	HER OUTPATIEN	NT- NEW	& ESTABL	ISHED PATIEN	Г
CPT <sup>®</sup> /HCPCS PROCEDU					PROCEDU DESCRIPT	IRE CODE	USAGE
New Patient					Office or	Other	
forward medica 99202 requires expand	n focused history, proble l decision making. Typical led problem focused histo d straightforward medica	time spent is 10 m ory, expanded prob	inutes. lem focused		Outpatier	nt Services.	⊠ ОВН
decision making	d history, detailed examir . Typical time spent is 30 chensive history, comprel	minutes.					
	ical decision making. Typ			-			
99205 requires compre	ehensive history, comprei n making. Typical time spe	nensive examinatio		plexity			
	n focused history, proble	m focused examina	ation and				
	medical decision making.						
99213 requires expand	led problem focused histo d low complexity medica	ory, expanded prob	lem focused	nt is			
99214 requires detailed decision making	d history, detailed examir . Typical time spent is 25	minutes.					
	ehensive history, comprel		n, and high com	plexity			
	n making. Typical time spe	ent is 40 minutes.					
SERVICE DESCRIPTION	or face to face services in	an office or	MINIMUM DO Technical Docu				
other outpatient settin an individual with pres	g for the evaluation and i enting problem(s) of vary outpatient until inpatien	management of ing severity.	See Page 346 See <u>Appendix (</u>		-		rvices.
NOTES			EXAMPLE ACT	IVITIES			
APPLICABLE POPULAT	ION(S)		UNIT			DURATION	
⊠ Child (0-11) ⊠ Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult (21- 64) ⊠ Geriatric (65+)	⊠ Encounter □ Day	□ 15 N □ 1 Ho	/linutes our		typical times for ne-based code
ALLOWED MODE(S) OI	F DELIVERY		PROGRAM SER	RVICE CA	TEGORY(II	ES)	
⊠ Face-to-Face ⊠ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ TG (Other SI □ HK (Residen		□ U4 ( □ TM ( □ HM	(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS	6						
Peer Specialist Bachelor's Level (HN) Intern	□ LCSW (AJ) □ LPC □ LMFT	□ Unlicensed Mast □ Unlicensed EdD/ □ Licensed EdD/Ph	PhD/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/I □ RN (T ☑ APN ( □ QMA	D) X RXN (SA) X PA	
PLACE OF SERVICE (PO	S)						
区 CMHC (53) ⊠Office (11)	⊠Outpt Hospital(22) ⊠ FQHC (50) ⊠ PUC (72)	🗵 Sc	ndependent Clini chool (03)	ic (49)	🗵 Tel	ehealth (02)	
⊠Mobile Unit (15)	🗵 RHC (72)	凶 N	RSATF (57)				

EVALUATION AND MANAGEMENT - OFFICE OR OTHER OUTPATIENT – ESTABLISHED PATIENT						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
99211	Office or other outpatient office visit that may not require the presence of a physician. Usually presenting problems are minimal.Image: Comparison of the physician of the physi					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
This service is an "incident to" service and can only be provi if the patient is an <b>established patient</b> and the physician or qualified NPP is in the office suite and available to provide d 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, fol up on side effects, etc. The code is generally not used by physicians or NPPs.	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 <u>Appendix G</u> for more information on E/M services.					
Typically 5 minutes or less, presenting problems are minima 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 und the prescriber. If another service code more accurately describes the servic provided it should be used in place of the 99211, for examp injection codes.	meet medical necessity and should not be billed. An individual follows-up with the nurse post a TB test for reading					
APPLICABLE POPULATION(S)	UNIT DURATION					
<ul> <li>☑ Child (0-11)</li> <li>☑ Young Adult</li> <li>☑ Adult (21-64)</li> <li>☑ Adol (12-17)</li> <li>(18-20)</li> <li>☑ Geriatric (65+)</li> </ul>	Encounter 15 Minutes Typical time spent: 5 minutes or Day 1 Hour less					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       ☐ U4 (ICM)       ☐ HJ (Voc)         ☐ TG (Other SP)       ☐ TM (ACT)       ☐ HQ (Clubhouse)         ☐ HK (Residential)       ☐ HM       ☐ TT (Recovery)         (Respite)       ☐ HT (Prev/EI)					
STAFF REQUIREMENTS						
□ Bachelor's Level (HN) (AJ) □ Unlicensed I	Master's Level (HO)       □LAC       ⊠ LPN/LVN (TE)       ⊠ RxN (SA)         EdD/ PhD/PsyD (HP)       □CAC I       ⊠ RN (TD)       ⊠ MD/DO (AF)         D/PhD/PsyD (AH)       □CACIII       □ QMAP       ☑ Certified/Registered					
PLACE OF SERVICE (POS)						
⊠CMHC (53)         ⊠ Outp Hospital (22)           ⊠Office (11)         ⊠ FQHC (50)           ≅Mobile Unit (15)         ⊠ RHC (72)	<ul> <li>☑ Independent Clinic (49)</li> <li>☑ NRSATF (57)</li> </ul>					

EVALUATION AND MANAGEMENT - OFFICE OR OTHER OUTPATIENT – ESTABLISHED PATIENT							
<b>CPT®/HCPCS PROCE</b>	DURE CODE		PROCEDURE CC	DE DESCRIPTIC	N	USAGE	
	99211		Office or other ou require the prese presenting proble	nce of a physiciar		y not ☑ OBH	
SERVICE DESCRIPTION	DN		MINIMUM DOC	MENTS			
This service is an "incid provided if the patient physician or qualified to provide direct supe The service code is use other trained nurse's a that do not require the blood pressure or weig follow-up on side effec The code is generally r Typically 5 minutes or	t is an <b>established  </b> NPP is in the office rvision. ed when an individe aide or medical tecl e physician to perfo ght checks, medica cts, etc. not used by physicia	batient and the suite and available ual sees a nurse or hnician for services orm the service, e.g. tion counseling, ans or NPPs.	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				-
NOTES	less, presenting pr		EXAMPLE ACTIV	/ITIES			
The service must be m If another E&M service codes) is provided on t providers is combined under the prescriber. If another service code service provided it sho example, injection code	e (including Psycho the same day, the v for one higher cod e more accurately o puld be used in place	vork of the both e that is billed lescribes the	An individual appears requesting a blood pressure check because the 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			they	
APPLICABLE POPUL			UNIT		DURAT	TION	
🗵 Child (0-11)	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minutes □ 1 Hour	Typical less	time spent: 5 minute	s or
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SER	VICE CATEGOR	(IES)		
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residentia)</li> </ul>	□ U4 (1 □ TM ( I) □ HM	,	□ HJ (Voc) □ HQ (Clubhouse □ TT (Recovery) □ HT (Prev/EI)	э)
STAFF REQUIREMEN	NTS						
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	□ LCSV □ LPC □ LMF <sup>-</sup>	Unlicensed B	ied Master's Level (HO)          □LAC         □ LAC         □ LAC         □ LAC         □ LAC         □ CAC I         □ CAC I         □ CAC I         □ CAC II         □ CAC III         □ CAC II         □ CAC III         □ CAC III			d	
PLACE OF SERVICE (	POS)						
⊠CMHC (53) ⊠Office (11) ⊠Mobile Unit (15)	<ul> <li>☑ Outp Hospital (</li> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> </ul>		☑ Independent Cli ☑ NRSATF (57)	nic (49)			

EVALUATION AND MANAGEMENT - HOSPITAL OBSERVATION - OBSERVATION CARE DISCHARGE						
CPT <sup>®</sup> /HCPCS PROCEDURE CODE		PROCEDURE COD	USAGE			
99217	Observation Care discharge day management when provided on a day other than day of admission.			⊠ Medicaid		
SERVICE DESCRIPTION		MINIMUM DOCU	IMENTATION RE	QUIREMEN <sup>®</sup>	TS	
This code is to be utilized to report all services propatient on discharge from Observation status if di on a day other than the initial date of Observation To report services to a patient designated as Obse status or inpatient status admitted and discharge same date use code range 99234-99236.	ischarged n status. ervation	<b>Technical Docum</b> See Page 346 The final examina instructions for co records. See <u>Appendix G</u> fo	ition of the patie ontinuing care ar	nt, discussic nd preparati	on of discharge	
NOTES		EXAMPLE ACTIVI	TIES			
				-		
APPLICABLE POPULATION(S)		UNIT		DURATIO	N	
<ul> <li>☑ Child (0-11)</li> <li>☑ Young Adult</li> <li>☑ Adol (12-17)</li> <li>(18-20)</li> <li>☑ Geria</li> </ul>	: (21-64) Itric (65+)		□ 15 Minutes □ 1 Hour		for typical times for a time-based code	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)		
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residentia)</li> </ul>		· (ICM) 1 (ACT) ⁄I (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENTS						
□ Bachelor's Level (HN) □ LPC □	□ 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) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS)						
ECMHC (53) Outpt Hospital(22)	≤ PF-PHP (52	2)				

EVALUATION AND MANAGEMENT - HOSPITAL OBSERVATION - OBSERVATION CARE DISCHARGE						
CPT®/HCPCS PROCEDU	URE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE
99217		Observation Care when provided o admission.	⊡ овн			
SERVICE DESCRIPTION	I		MINIMUM DOCU	JMENTATION RE	QUIREMENTS	5
This code is to be utiliz patient on discharge fr on a day other than th To report services to a status or inpatient stat same date use code ra	rom Observation e initial date of O patient designat tus admitted and	status i discharged bservation status. ed as Observation discharged on the	<b>Technical Docum</b> See Page 346 The final examina instructions for c records. See <u>Appendix G</u> f	ation of the patie ontinuing care ar	nt, discussion nd preparation	n of discharge
NOTES			EXAMPLE ACTIVI	TIES		
APPLICABLE POPULAT	ION(S)		UNIT		DURATION	
. ,	Young Adult 3-20)	🗵 Adult (21-64) 🗵 Geriatric (65+)	⊠ Encounter □ Day	□ 15 Minutes □ 1 Hour		or typical times for time-based code
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV	ICE CATEGORY(IE	S)	
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>☑ Family (HR)</li> <li>□ Family HS)</li> </ul>		<ul> <li>☑ HE (SP)</li> <li>☑ TG (Other SP)</li> <li>☑ HK (Residentia)</li> </ul>		· (ICM) 1 (ACT) И (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)
STAFF REQUIREMENTS	S					
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	LCSV LPC LMF	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ R □CAC II ⊠ A	IN (TD) ΔΡΝ (SΔ)	본 RxN (SA) 또 PA (PA) 또 MD/DO (AF)
PLACE OF SERVICE (PC	DS)					
区MHC (53)	🗵 Outpt Hospit	al(22) 🗵 PF-PHP (5	52)			

EVALUATION AND MANAGEMENT - HOSPITAL OBSERVATION - INITIAL OBSERVATION CARE					
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
<ul> <li>99218 requires detailed or comprehensive history, detailed or comprehensive exam, and straight forward or low complexity medical decision making, Typical time is 30 minutes</li> <li>99219 requires comprehensive history, comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes</li> <li>99220 requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes</li> </ul>	Initial observation care, per day, for the evaluation and management of a patient ✓ Medicaid				
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.	Technical Documentation Requirements See Page 346 See <u>Appendix G</u> for more information on E/M services.				
NOTES	EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)Child (0-11)Young AdultAdol (12-17)(18-20)Geriatric (65+)	UNIT     DURATION       Image: Day     Image: Day     See chart for typical times for billing as a time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>☑ Family (HR)</li> <li>☑ Telephone</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)       □ HT (Prev/EI)				
STAFF REQUIREMENTS					
Peer Specialist     Bachelor's Level (HN)     LCSW (AJ)     Unlicensed	d Master's Level (HO) □LAC □ LPN/LVN (TE) □CAC I □ RN (TD) ⊠ RxN (SA) d EdD/ PhD/PsyD (HP) □CAC II ⊠ APN (SA) ⊠ PA (PA)				
LIMFT Licensed E	dD/PhD/PsyD (AH) □CACIII □ QMAP				

EVALUATION AND MANAGEMENT - HOSPITAL OBSERVATION - INITIAL OBSERVATION CARE					
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
<ul> <li>99218 requires detailed or comprehensive history, detailed or comprehensive exam, and straight forward or low complexity medical decision making, Typical time is 30 minutes</li> <li>99219 requires comprehensive history, comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes</li> <li>99220 requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes</li> </ul>	Initial observation care, per day, for the evaluation and management of a patient ☑ OBH				
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.	<b>Technical Documentation Requirements</b> See Page 346 See <u>Appendix G</u> for more information on E/M services.				
NOTES	EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)Image: Child (0-11)Image: Young AdultImage: Adol (12-17)(18-20)Image: Child (12-17)(18-20)Image: Child (12-17)(18-20)	UNIT     DURATION       Image: Encounter     15 Minutes       Day     1 Hour       See chart for typical times for       billing as a time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>☑ Family (HR)</li> <li>☑ Telephone</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)				
STAFF REQUIREMENTS					
Peer Specialist     Bachelor's Level (HN)     LCSW (AJ)     Unlicensed	Master's Level (HO) □LAC □ LPN/LVN (TE) ⊠ RxN (SA) EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) ⊠ PA (PA) O(hD (have) (All) □CAC II ⊠ APN (SA) ☑ PA (PA)				
LIMFT Licensed Edl	D/PhD/PsyD (AH) CACIII CAP MAP MD/DO (AF)				

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT- INITIAL HOSPITAL CARE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
99221	Initial hospital care, per day, for the evaluation	☑ Medicaid			
	and management of a patient (low severity)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Initial inpatient/partial hospital encounter, per day, with the	Technical Documentation Requirements				
patient by the admitting MD/DO. Usually, the problem(s)	See Page 346				
requiring admission are low severity. Three key components	Service Content				
are required:	Documentation for each patient encounter includes				
Detailed/comprehensive history	1. Reason for encounter and relevant history, phys	ical examination			
Detailed/comprehensive examination	findings and prior diagnostic tests				
Medical decision-making that is straightforward/of low	2. Assessment, clinical impression and diagnosis				
complexity	3. Plan for care				
When counseling and/or coordination of care dominates $(m_{\rm exp}, t_{\rm exp}, t_{\rm exp})$	4. Date and identity of provider				
(more than 50%) the MD/DO-patient and/or family encounter	5. Past diagnoses				
(face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level	<ol> <li>Appropriate health risk factors</li> <li>Patient's progress, response to and changes in tr</li> </ol>				
of service.	revision in diagnosis if applicable	eatment, and			
of service.	<ol> <li>8. Counseling and/or activities performed to coord</li> </ol>	inata nationt cara			
	Where time is significant to encounter, docum				
	<ul> <li>where time is significant to encounter, document more than 50% of time spent with patient was</li> </ul>				
	and coordinating care is required	s useu couriseiing			
	0	0 minutos of the			
	<ul> <li>Time spent must also be documented (e.g., "20 minutes of the 30 minute encounter was used counseling/ coordinating care")</li> </ul>				
	See <u>Appendix G</u> for more information on E/M services.				
NOTES	EXAMPLE ACTIVITIES	c3.			
This procedure code represents all services rendered on the					
DOS. Only one 99221 should be rendered per admission.					
MD/DO typically spends 30 minutes at the patient's bedside.					
APPLICABLE POPULATION(S)	UNIT DURATION				
Child (0-11) Young Adult 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-				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
Individual	· · ·	HJ (Voc)			
Face-to-Face     Group (HQ)		HQ (Clubhouse)			
L VIdeo Conf (GT)		TT (Recovery)			
□ Telephone		HT (Prev/EI)			
STAFF REQUIREMENTS					
Peer Specialist     Destroyer (UN)     LCSW (AJ)     Unlicensed	Master's Level (HO)	1 (5 A)			
× Infern	D/PhD/PsyD (AH)	D/DO (AF)			
		, ,			
PLACE OF SERVICE (POS)					
⊠ Inpt Hosp (21)					

EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT- INITIAL HOSPITAL CARE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
99221	Initial hospital care, per day, for the evaluation	⊡ овн			
	and management of a patient (low severity)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Initial inpatient/partial hospital encounter, per day, with the	Technical Documentation Requirements				
patient by the admitting MD/DO. Usually, the problem(s)	See Page 346				
requiring admission are low severity. Three key components	Service Content				
are required:	Documentation for each patient encounter includes				
Detailed/comprehensive history	1. Reason for encounter and relevant history, physical sectors in the sector of the se	sical examination			
Detailed/comprehensive examination	findings and prior diagnostic tests				
Medical decision-making that is straightforward/of low	2. Assessment, clinical impression and diagnosis				
complexity	3. Plan for care				
When counseling and/or coordination of care dominates	4. Date and identity of provider				
(more than 50%) the MD/DO-patient and/or family encounter	5. Past diagnoses				
(face-to-face time on the floor/unit/hospital), time is	6. Appropriate health risk factors				
considered the key/controlling factor to qualify for the level of service.	<ol> <li>Patient's progress, response to and changes in tr revision in diagnosis if applicable</li> </ol>	reatment, and			
of service.	<ol> <li>8. Counseling and/or activities performed to coord</li> </ol>	inata nationt cara			
	<ul> <li>Where time is significant to encounter, docum</li> </ul>				
	<ul> <li>where time is significant to encounter, document more than 50% of time spent with patient was</li> </ul>				
		s used couriseiing			
	and coordinating care is required				
	<ul> <li>Time spent must also be documented (e.g., "20 minutes of the 30 minute encounter was used counseling/ coordinating care")</li> </ul>				
	See Appendix G for more information on E/M service				
NOTES	EXAMPLE ACTIVITIES				
This procedure code represents all services rendered on the					
DOS. Only one 99221 should be rendered per admission.					
MD/DO typically spends 30 minutes at the patient's bedside.					
APPLICABLE POPULATION(S)	UNIT DURATION				
Child (0-11) Young Adult Adult (21-64)	🗵 Encounter 🛛 15 Minutes See chart for typ	oical times for			
🗵 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)				
Individual	⊠ HE (SP) □ U4 (ICM) □	HJ (Voc)			
	□ TG (Other SP) □ TM (ACT) □	HQ (Clubhouse)			
Video Conf (GT)	□ HK (Residential) □ HM (Respite) □	TT (Recovery)			
□ Telephone		HT (Prev/EI)			
STAFF REQUIREMENTS					
Peer Specialist     LCSW (AJ)     Unlicensed	Master's Level (HO)	N (SA)			
X  Intern	D/PhD/PsyD (AH) LICAC II 🗵 APN (SA) 🗌 🖾 MI	D/DO (AF)			
		,			
PLACE OF SERVICE (POS)					
☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ PF-PHP (52)					

SERVICE DESCRIPTION nitial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are moderate severity. Three key components are required:	PROCEDURE CODE DESCRIPTION         Initial hospital care, per day, for the evaluation         and management of a patient (moderate severity)         MINIMUM DOCUMENTATION REQUIREMENTS         Technical Documentation Requirements	USAGE ☑ Medicaid
<b>SERVICE DESCRIPTION</b> nitial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are moderate severity. Three key components are required:	and management of a patient (moderate severity) MINIMUM DOCUMENTATION REQUIREMENTS	☑ Medicaid
<b>SERVICE DESCRIPTION</b> nitial inpatient/partial hospital encounter, per day, with the patient by the admitting MD/DO. Usually, the problem(s) requiring admission are moderate severity. Three key components are required:	MINIMUM DOCUMENTATION REQUIREMENTS	
nitial inpatient/partial hospital encounter, per day, with the batient by the admitting MD/DO. Usually, the problem(s) requiring admission are moderate severity. Three key components are required:		
batient by the admitting MD/DO. Usually, the problem(s) requiring admission are moderate severity. Three key components are required:	Technical Documentation Requirements	
requiring admission are moderate severity. Three key components are required:	C D 246	
components are required:	See Page 346	
	Service Content	
Comprehensive history	Documentation for each patient encounter includes: 1. Reason for encounter and relevant history, physic	
Comprehensive instally     Comprehensive examination	findings and prior diagnostic tests	
<ul> <li>Medical decision-making of moderate complexity</li> </ul>	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	4. Date and identity of provider	
face-to-face time on the floor/unit/hospital), time is	5. 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 tre	eatment, and
	revision in diagnosis if applicable	
	8. Counseling and/or activities performed to coording	nate patient
	care	
	Where time is significant to encounter, docum	
	more than 50% of time spent with patient was	used counseling
	and coordinating care is required	
	<ul> <li>Time spent must also be documented (e.g., "30</li> <li>FO minute encounter was used counseling ( and</li> </ul>	
	50 minute encounter was used counseling/ coo See Appendix G for more information on E/M service	•
NOTES	EXAMPLE ACTIVITIES	
This procedure code represents all services rendered on the	<ul> <li>Partial hospital admission for an adolescent patie</li> </ul>	ent from chaotic
DOS. Only one 99222 should be rendered per admission.	blended family, transferred from inpatient setting	
MD/DO typically spends 50 minutes at the patient's bedside.	treatment to control symptomatic expressions of	0,
,//	depression.	,
APPLICABLE POPULATION(S)	UNIT DURATION	
🗵 Child (0-11) 🛛 🗵 Young Adult 🖉 Adult (21-64)	Encounter 15 Minutes See chart for type	ical times for
🗵 Adol (12-17) (18-20) 🗵 Geriatric (65+)	□ Day □ 1 Hour billing as a time-b	based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
⊠ Individual		l HJ (Voc)
□ Video Conf (CT) □ Group (HQ)		HQ (Clubhouse)
Telephone 🕺 🖄 Family (HR)		TT (Recovery)
E Family (HS)		] HT (Prev/EI)
Peer Specialist		
□ Bachelor's Level (HN) LI LCSW (AJ) LI Unlicensed N	Master's Level (HO) □LAC □ LPN/LVN (TE) □CAC I □ RN (TD) □ RN	· · ·
R Intern 山 LPC 山 Unlicensed E	EdD/ PhD/PsyD (HP) CACIL APN (SA)	
□ LMFT □ Licensed EdD	D/PhD/PsyD (AH) 🗆 CACIII 🗆 QMAP 🗵 MD	)/DO (AF)
PLACE OF SERVICE (POS)		

EVALUATION AND MANAGEMEN	T - HOSPITAL 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 t patient by the admitting MD/DO. Usually, the problem					
requiring admission are moderate severity. Three k					
components are required:	Documentation for each patient encounter includes:				
Comprehensive history	1. Reason for encounter and relevant history, physical examination				
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 dominat					
(more than 50%) the MD/DO-patient and/or family encount					
(face-to-face time on the floor/unit/hospital), time					
considered the key/controlling factor to qualify for the level of service.	<ul> <li>Appropriate health risk factors</li> <li>Patient's progress, response to and changes in treatment, and</li> </ul>				
of service.	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				
	<ul> <li>Time spent must also be documented (e.g., "30 minutes of the</li> </ul>				
	50 minute encounter was used counseling/ coordinating care")				
	See <u>Appendix G</u> for more information on E/M services.				
NOTES	EXAMPLE ACTIVITIES				
This procedure code represents all services rendered on t DOS. Only one 99222 should be rendered per admissic	<ul> <li>Partial hospital admission for an adolescent patient from chaotic blonded family, transforred from inpatient setting, for continued</li> </ul>				
MD/DO typically spends 50 minutes at the patient's bedsid	blended family, transferred from inpatient setting, for continued 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				
🗵 Adol (12-17) (18-20) 🖾 Geriatric (65+	) Day Day Dur billing as a time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☑ Individual	⊠ HE (SP) □ U4 (ICM) □ HJ (Voc)				
□ Video Conf (CT) □ Group (HQ)	□ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse)				
Telephone	□ HK (Residential) □ HM (Respite) □ TT (Recovery)				
🔄 Family (HS)	☐ HT (Prev/EI)				
STAFF REQUIREMENTS					
Bachelor's Level (HN)	sed Master's Level (HO) DCACL D BN (TD) 🖄 RxN (SA)				
LILPC LI Unlicent	sed Eddy PhdyPsyd (HP) CACII 🗵 APN (SA) 🗆 PA (PA)				
	i EdD/PhD/PsyD (AH) □CACIII □ QMAP ⊠ MD/DO (AF)				
PLACE OF SERVICE (POS)					
⊠ Inpt Hosp (21)	2)				

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			
SERVICE DESCRIPTION	and management of a patient (high severity)  MINIMUM DOCUMENTATION REQUIREMENTS			
Initial inpatient/partial hospital encounter, per day, with t				
<ul> <li>patient by the admitting MD/DO. Usually, the problem requiring admission are acute/high severity. Three k components are required:</li> <li><i>Comprehensive history</i></li> <li><i>Comprehensive examination</i></li> <li><i>Medical decision-making of high complexity</i></li> <li>When counseling and/or coordination of care dominat (more than 50%) the MD/DO-patient and/or fam encounter (face-to-face time on the floor/unit/hospital), tir is considered the key/controlling factor to qualify for the lev of service.</li> </ul>	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>Documentation for each patient encounter includes:         <ol> <li>Reason for encounter and relevant history, physical examination findings and prior diagnostic tests</li> <li>Assessment, clinical impression and diagnosis</li> <li>Plan for care</li> <li>Date and identity of provider</li> <li>Past diagnoses</li> </ol> </li> </ul>			
NOTES	See <u>Appendix G</u> for more information on E/M services. EXAMPLE ACTIVITIES			
This procedure code represents all services rendered on t DOS. Only one 99223 should be rendered per admissic MD/DO typically spends 70 minutes at the patient's bedsic	<ul> <li>Initial hospital visit for 55-year-old female in chronic pain who has attempted suicide.</li> <li>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.</li> </ul>			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11)         ☑ Young Adult         ☑ Adult (21-64)           ☑ Adol (12-17)         (18-20)         ☑ Geriatric (65+	☑ Encounter       □ 15 Minutes       See chart for typical times for         □ Day       □ 1 Hour       billing as a time-based code			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)       □ HT (Prev/EI)			
STAFF REQUIREMENTS				
□ Peer Specialist       □ LCSW (AJ)       □ Unlicensed Master's Level (HO)       □ LAC       □ LPN/LVN (TE)       □ RxN (SA)         □ Bachelor's Level (HN)       □ LPC       □ Unlicensed EdD/ PhD/PsyD (HP)       □ CAC I       □ RN (TD)       □ PA (PA)         ☑ Intern       □ LMFT       □ Licensed EdD/PhD/PsyD (AH)       □ CAC II       ☑ APN (SA)       □ PA (PA)				
PLACE OF SERVICE (POS)				
⊠ Inpt Hosp (21)  ☑ Inpt PF (51)  ☑ PF-PHP (5	2)			

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				
SERVICE DESCRIPTION	and management of a patient (high severity) MINIMUM DOCUMENTATION REQUIREMENTS				
Initial inpatient/partial hospital encounter, per day, with t					
<ul> <li>Initial inpatient/partial hospital encounter, per day, with t patient by the admitting MD/DO. Usually, the problem requiring admission are acute/high severity. Three k components are required: <ul> <li>Comprehensive history</li> <li>Comprehensive examination</li> <li>Medical decision-making of high complexity</li> </ul> </li> <li>When counseling and/or coordination of care dominat (more than 50%) the MD/DO-patient and/or fam encounter (face-to-face time on the floor/unit/hospital), tir is considered the key/controlling factor to qualify for the level of service.</li> </ul>	<ul> <li>Technical Documentation Requirements         See Page 346         Service Content         Documentation for each patient encounter includes:         <ol> <li>Reason for encounter and relevant history, physical examination findings and prior diagnostic tests</li> <li>Assessment, clinical impression and diagnosis</li> <li>Plan for care</li> <li>Date and identity of provider</li> <li>Past diagnoses</li> </ol> </li> </ul>				
NOTES	See Appendix G for more information on E/M services. EXAMPLE ACTIVITIES				
This procedure code represents all services rendered on t DOS. Only one 99223 should be rendered per admissic MD/DO typically spends 70 minutes at the patient's bedsid	<ul> <li>Initial hospital visit for 55-year-old female in chronic pain who has attempted suicide.</li> <li>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.</li> </ul>				
APPLICABLE POPULATION(S)	UNIT DURATION				
区 Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+	☑ Encounter       □ 15 Minutes       See chart for typical times for         □ Day       □ 1 Hour       billing as a time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/El)       □ HT (Prev/El)				
STAFF REQUIREMENTS					
	sed Master's Level (HO) sed EdD/ PhD/PsyD (HP) I EdD/PhD/PsyD (AH) I CAC II I APN (SA) I CAC II APN (SA)				
PLACE OF SERVICE (POS)					
区 Inpt Hosp (21) 区 Inpt PF (51) 区 PF-PHP (53	2)				

99224 requires problem focused interval history, problem focused exam, and straight forward or low complexity medical decision making. Typical time is 15 minutes.       Subseque evaluation of the subsequent complexity medical decision making. Typical time is 25 minutes.         99225 expanded problem focused interval history, expanded problem focused exam, and moderate complexity medical decision making. Typical time is 25 minutes.       MINIMI         99226 requires detailed interval history, detailed exam, high complexity medical decision making Typical time is 35 minutes.       MINIMI         SERVICE DESCRIPTION       MINIMI         All levels of subsequent observation 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.       See Apg         This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) first provides the Observation care, regardless of the number of days since admission.       Minuitipe locations, e.g. ER or office should be included in the single code.         Services provided subsequent to the initial hospital care should be included in the single code.       MINIT         MOTES       EXAMP         Adol (12-17)       (18-20)       Geriatric (65+)       Day         Adol (12-17)       Young Adult       Adult (21-64)       Enco         Adol (12-17)       Face-to-Face       Group (HQ)       Tr G (C <t< th=""><th>TION - SUBSEQUENT OBSERVATION CARE</th><th></th></t<>	TION - SUBSEQUENT OBSERVATION CARE				
focused exam, and straight forward or low complexity medical decision making. Typical time is 15 minutes.       evaluation         99225 expanded problem focused interval history, expanded problem focused exam, and moderate complexity medical decision making. Typical time is 25 minutes.       99226 requires detailed interval history, detailed exam, high complexity medical decision making Typical time is 25 minutes.       99226 requires detailed interval history, detailed exam, high complexity medical decision making Typical time is 35 minutes.       MINIMI         SERVICE DESCRIPTION       MINIMI       All levels of subsequent observation 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.       Technic See Pag         This code is used for all services provided on the date the physician or NPP (qualified Non-Physician must append modifier Al to all claims.       The physician who is the admitting physician must append modifier Al to all claims.       See See See Services provided in multiple locations, e.g. ER or office should be included in the single code.         Services provided subsequent to the initial hospital care should be billed using one of the subsequent care codes.       UNIT         MOTES       EXAMP         AppliCABLE POPULATION(S)       UNIT         Child (0-11)       Young Adult       Adult (21-64)       Enco         Adol (12-17)       (18-20)       Geriatric (65+)       Day         ALLOWED MODE(S) OF	PROCEDURE CODE DESCRIPTION				
SERVICE DESCRIPTION       MINIMI         All levels of subsequent observation 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.       Technic See Pag         This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) first provides the Observation care, regardless of the number of days since admission.       See Apg         The physician who is the admitting physician must append modifier Al to all claims.       The physician/NPP may only bill for one E&M code per day.         Services provided in multiple locations, e.g. ER or office should be included in the single code.       Services provided subsequent to the initial hospital care should be billed using one of the subsequent care codes.         Choose the code based on the whether the service is initial or subsequent care and by the level of code.       EXAMP         APPLICABLE POPULATION(S)       UNIT            Z Child (0-11)         Z Young Adult         Z Adult (21-64)         Z Enco        Enco         Adol (12-17)       (18-20)         Z Geriatric (65+)         Day        Day          ALLOWED MODE(S) OF DELIVERY       PROGR.       Interviewed Master's Le          Y Face-to-Face       Individual       Examp       HE (S)          Y Face-to-Face       Group (HQ)       HE (S)        HE (S)	nt hospital care, per day, for the a and management of a patient.	☑ Medicaid			
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. This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) first provides the Observation care, regardless of the number of days since admission. The physician who is the admitting physician must append modifier Al to all claims. The physician/NPP may only bill for one E&M code per day. Services provided in multiple locations, e.g. ER or office should be included in the single code. Services provided subsequent to the initial hospital care should be billed using one of the subsequent care codes. Choose the code based on the whether the service is initial or subsequent care and by the level of code. NOTES APPLICABLE POPULATION(S) MALOWED MODE(S) OF DELIVERY ALLOWED MODE(S) OF DELIVERY Services Conf (GT) Granily (HR) Granily (HR) Bachelor's Level (HN) Peer Specialist Bachelor's Level (HN) LPC	MINIMUM DOCUMENTATION REQUIREMENTS				
NOTES       EXAMP         APPLICABLE POPULATION(S)       UNIT            ⊠ Child (0-11)          ⊠ Young Adult          ⊠ Adult (21-64)          ⊠ Enco            ⊠ Adol (12-17)       (18-20)          ⊠ Geriatric (65+)          □ Day            ALLOWED MODE(S) OF DELIVERY          PROGRA             ⊠ Face-to-Face          ⊠ Individual          ⊠ HE (S         □ Group (HQ)         □ TG (C         □ Family (HR)         □ Family (HS)             STAFF REQUIREMENTS           □ LCSW (AJ)         □ Unlicensed Master's Le             □ Bachelor's Level (HN)         □ LPC         □ Unlicensed EdD/ PhD/D	Documentation Requirements 346 ndix G for more information on E/M service	rS.			
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)       ☑ Enco         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)       □ Day         ALLOWED MODE(S) OF DELIVERY       PROGRA         ☑ Face-to-Face       ☑ Individual       ☑ HE (S         □ Video Conf (GT)       ☑ Family (HR)       □ TG (C         □ Telephone       ☑ Family (HR)       □ HK (F         □ Peer Specialist       □ LCSW (AJ)       □ Unlicensed Master's Le         ☑ Bachelor's Level (HN)       □ LPC       □ Unlicensed EdD/ PhD/D	EXAMPLE ACTIVITIES				
⊠ Child (0-11)       ⊠ Young Adult       ⊠ Adult (21-64)       ⊠ Enco         ⊠ Adol (12-17)       (18-20)       ⊠ Geriatric (65+)       □ Day         ALLOWED MODE(S) OF DELIVERY       PROGRA         ⊠ Face-to-Face       □ Individual       ☑ HE (S         □ Video Conf (GT)       □ Family (HR)       □ TG (C         □ Telephone       □ Family (HS)       □ HK (F         STAFF REQUIREMENTS       □ LCSW (AJ)       □ Unlicensed Master's Letter (AD)         □ Bachelor's Level (HN)       □ LPC       □ Unlicensed EdD/ PhD/N					
☑ Face-to-Face       ☑ Individual       ☑ HE (S         □ Video Conf (GT)       □ Group (HQ)       □ TG (C         □ Telephone       □ Family (HR)       □ HK (F         □ Telephone       □ Family (HS)       □ HK (F         STAFF REQUIREMENTS       □ LCSW (AJ)       □ Unlicensed Master's Level (HN)         □ Bachelor's Level (HN)       □ LPC       □ Unlicensed EdD/ PhD/D	☐ 1 Hour billing as a time-b				
Peer Specialist     Bachelor's Level (HN)     LCSW (AJ)     Unlicensed Master's Level (HN)     LPC     Unlicensed EdD/ PhD/I	ner SP)	HJ (Voc) HQ (Clubhouse IT (Recovery) HT (Prev/El)			
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed Master's Level (HN) □ LPC □ Unlicensed EdD/ PhD/I					
□ LMFT □ Licensed EdD/PhD/Psy	$(D(HP))$ $\Box CAC I$ $\Box RN(ID)$ $\boxtimes PA($				
PLACE OF SERVICE (POS)					
Outpt Hospital(22)					

EVALUATION AND MANAGEMENT - HOS	PITAL OBSERVATION - SUBSEQUENT OBSERVATION CARE
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
<ul> <li>99224 requires problem focused interval history, problem focused exam, and straight forward or low complex medical decision making. Typical time is 15 minutes</li> <li>99225 expanded problem focused interval history, expand problem focused exam, and moderate complexity medical decision making. Typical time is 25 minutes</li> <li>99226 requires detailed interval history, detailed exam, his complexity medical decision making Typical time is</li> </ul>	xity evaluation and management of a patient. I OBH s. ded s. gh
minutes.	
SERVICE DESCRIPTION All levels of subsequent observation care include reviewing	MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements
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. This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) firs provides the Observation care, regardless of the number of days since admission. The physician who is the admitting physician must append modifier Al to all claims. The physician/NPP may only bill for one E&M code per day Services provided in multiple locations, e.g. ER or office should be included in the single code. Services provided subsequent to the initial hospital care should be billed using one of the subsequent care codes. Choose the code based on the whether the service is initia or subsequent care and by the level of code.	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+         ALLOWED MODE(S) OF DELIVERY       ☑ Delivery	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)
STAFF REQUIREMENTS	
	nsed Master's Level (HO) nsed EdD/ PhD/PsyD (HP) ed EdD/PhD/PsyD (AH) DLAC I INN (TD) ICAC II INN
PLACE OF SERVICE (POS)	
区 Outpt Hospital(22)	

EVALUATION AND MANAGEMENT - H	OSPITAL 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				
diagnostic studies review, along with a review of changes i	-			
patient's status (i.e., changes in history, physical condition				
and response to management) since the last assessment k	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			
A problem-focused interval history	3. Any changes in relevant history, physical examination findings,			
• A problem-focused examination	and/or prior diagnostic tests			
<ul> <li>Medical decision-making that is straightforward/of lo</li> </ul>				
complexity	5. Plan for care			
	6. Date and identity of provider			
When counseling and/or coordination of care dominate	rs 7. Past and present diagnoses			
(more than 50%) the MD/DO-patient and/or family encounted				
(face-to-face time on the floor/unit/hospital), time				
considered the key/controlling factor to qualify for the level				
of service.	10. Counseling and/or activities performed to coordinate patient			
	care			
	<ul> <li>Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling</li> </ul>			
	and coordinating care is required			
	<ul> <li>Time spent must also be documented (e.g., "10 minutes of the</li> </ul>			
	15 minute encounter was used counseling/ coordinating care")			
	See <u>Appendix G</u> for more information on E/M services.			
NOTES	EXAMPLE ACTIVITIES			
Usually, the patient is stable, recovering/improving. Th	e • Subsequent hospital visit for 14-year-old female in middle phase			
MD/DO typically spends 15 minutes at the patient's bedside	of inpatient treatment; now behaviorally stable and making			
	satisfactory progress in treatment.			
APPLICABLE POPULATION(S)	UNIT DURATION			
Child (0-11) Young Adult Adult (21-64)	Encounter 15 Minutes See chart for typical times for			
☑ 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     □ Graum (UO)	$\blacksquare HE (SP) \qquad \Box U4 (ICM) \qquad \Box HJ (Voc) \\ \Box TC (Other SD) \qquad \Box TA (ACT) \qquad \Box U0 (Clubhours)$			
□ Video Conf (GT) □ Group (HQ)	□ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse)			
□ Telephone	□ HK (Residential) □ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)			
STAFF REQUIREMENTS				
Peer Specialist				
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicens	ed Master's Level (HO) CACI CIRN (TD) KRXN (SA)			
X Intern	EdD/PhD/PsvD (AH)			
PLACE OF SERVICE (POS)				
🗵 Inpt Hosp (21) 🛛 Inpt PF (51) 🖾 PF-PHP (5	2)			

EVALUATION AND MANAGEMENT - HOSPITAL 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	· ·			
diagnostic studies review, along with a review of changes in activity status (i.e., along with a review of changes)	-			
patient's status (i.e., changes in history, physical conditio				
and response to management) since the last assessment k				
MD/DO. Requires at least 2 of these 3 components:	1. Reason for encounter (i.e., follow-up on condition)			
A problem-focused interval history	<ol> <li>Condition being followed</li> <li>Any changes in relevant history, physical examination findings,</li> </ol>			
<ul> <li>A problem-focused interval instory</li> <li>A problem-focused examination</li> </ul>	and/or prior diagnostic tests			
<ul> <li>Medical decision-making that is straightforward/of lo</li> </ul>				
complexity	5. Plan for care			
	6. Date and identity of provider			
When counseling and/or coordination of care dominate				
(more than 50%) the MD/DO-patient and/or family encounter				
(face-to-face time on the floor/unit/hospital), time				
considered the key/controlling factor to qualify for the level				
of service.	10. Counseling and/or activities performed to coordinate patient			
	care			
	<ul> <li>Where time is significant to encounter, documentation that</li> </ul>			
	more than 50% of time spent with patient was used counseling			
	and coordinating care is required			
	<ul> <li>Time spent must also be documented (e.g., "10 minutes of the</li> </ul>			
	15 minute encounter was used counseling/ coordinating care")			
	See <u>Appendix G</u> for more information on E/M services.			
NOTES	EXAMPLE ACTIVITIES			
Usually, the patient is stable, recovering/improving. Th	<ul> <li>Subsequent hospital visit for 14-year-old female in middle phase of inpatient treatment: now behaviorally stable and making</li> </ul>			
MD/DO typically spends 15 minutes at the patient's bedside	of inpatient treatment; now behaviorally stable and making satisfactory progress in treatment			
	satisfactory progress in treatment.			
APPLICABLE POPULATION(S) Child (0-11) Voung Adult Adult (21-64)	UNIT         DURATION           Image: See chart for typical times for         See chart for typical times for			
$\boxtimes$ Adol (12-17) $(18-20)$ $\boxtimes$ Geriatric (65+)	Day Day Dil Hour billing as a time-based code			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
	Image: Service caregory (iES)       Image: Service caregory (iES) <td< td=""></td<>			
I Group (HO)	$\Box TG (Other SP) \qquad \Box TM (ACT) \qquad \Box HQ (Clubhouse)$			
Video Conf (GT)	$\Box$ HK (Residential) $\Box$ HM (Respite) $\Box$ TT (Recovery)			
□ Telephone I Family (HS)				
STAFF REQUIREMENTS				
Peer Specialist	ad Mastaria Laura (U.O.) DLAC DLPN/LVN (TE)			
	ed Master's Level (HO) □CAC I □ RN (TD) ⊠ RxN (SA) ed EdD/ PhD/PsyD (HP) □CAC I □ RN (TD) □ PA (PA)			
X Intern	EdD/PbD/PsyD (AH) LICAC II 🖄 APN (SA) 📝 MD/DO (AE)			
PLACE OF SERVICE (POS)				
Inpt Hosp (21) Inpt PF (51) PF-PHP (5	2)			

EVALUATION AND MANAGEMENT - HOS	SPITAL INPATIENT- SUBSEQUENT HOSPITAL CARE			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
	Subsequent hospital care, per day (patient			
99232	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	Technical Documentation Requirements 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)			
	2. Condition being followed			
<ul> <li>An expanded problem-focused interval history</li> </ul>	3. Any changes in relevant history, physical examination findings,			
An expanded problem-focused examination	and/or prior diagnostic tests			
Medical decision-making of moderate complexity	<ol> <li>Assessment, clinical impression/diagnosis</li> <li>Plan for care</li> </ol>			
When counseling and/or coordination of care dominates	<ol> <li>Plan for care</li> <li>Date and identity of provider</li> </ol>			
(more than 50%) the physician-patient and/or family	7. Past and present diagnoses			
encounter (face-to-face time on the floor/unit or hospital),	8. Appropriate health risk factors			
time is considered the key or controlling factor to qualify for	9. Patient's progress, response to and changes in treatment, and			
the level of service.	revision in diagnosis if applicable			
	10. Counseling and/or activities performed to coordinate patient care			
	<ul> <li>Where time is significant to encounter, documentation that</li> </ul>			
	more than 50% of time spent with patient was used counseling			
	and coordinating care is required <ul> <li>Time spent must also be documented (e.g., "15 minutes of the</li> </ul>			
	25 minute encounter was used counseling/ coordinating care")			
	See <u>Appendix G</u> for more information on E/M services.			
NOTES	EXAMPLE ACTIVITIES			
Usually, the patient is responding inadequately to	• Subsequent hospital visit for a 46-year-old male who complains			
therapy/has developed a minor complication. The MD/DO	of symptoms related to recent adjustments to psychotropic			
typically spends 25 minutes at the patient's bedside.	medications.			
APPLICABLE POPULATION(S)	UNIT DURATION			
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)	<ul> <li>☑ Encounter</li> <li>□ 15 Minutes</li> <li>□ Day</li> <li>□ 1 Hour</li> <li>□ billing as a time-based code</li> </ul>			
☑ Adol (12-17)         (18-20)         ☑ Geriatric (65+)           ALLOWED MODE(S) OF DELIVERY	Day 1 Hour billing as a time-based code  PROGRAM SERVICE CATEGORY(IES)			
X Individual	$\blacksquare HE (SP) \qquad \Box U4 (ICM) \qquad \Box HJ (Voc)$			
☑ Face-to-Face □ Group (HO)	$\Box$ TG (Other SP) $\Box$ TM (ACT) $\Box$ HQ (Clubhouse)			
Eamily (HR)	$\square$ HK (Residential) $\square$ HM (Respite) $\square$ TT (Recovery)			
□ Telephone	□ HT (Prev/EI)			
STAFF REQUIREMENTS				
Peer Specialist CSW (AJ) Unlicensed I Unlicensed I	Master's Level (HO)			
□ Bachelor's Level (HN) □ LPC □ Unlicensed I	ensed EdD/ PhD/PsyD (HP) $\Box$ CAC I $\Box$ RN (TD) $\Box$ PA (PA)			
LMFT Licensed Ed	D/PhD/PsyD (AH) CACIII CAMAPN (SA) 🗵 MD/DO (AF)			
PLACE OF SERVICE (POS)				
⊠ Inpt Hosp (21) ⊠ Inpt PF (51) ⊠ PF-PHP (52)				

EVALUATION AND MANAGEMENT - H	HOSPITAL INPATIENT- SUBSEQUENT HOSPITAL CARE			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
	Subsequent hospital care, per day (patient			
99232	responding inadequately to therapy or has I OBH			
	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				
patient's status (i.e., changes in history, physical condition and response to management) since the last assessment b				
MD/DO. Requires at least 2 of these 3 components:	1. Reason for encounter (i.e., follow-up on condition)			
MD/DO. Requires at least 2 of these 5 components.	<ol> <li>Condition being followed</li> </ol>			
An expanded problem-focused interval history	<ol> <li>Any changes in relevant history, physical examination findings,</li> </ol>			
An expanded problem-focused examination	and/or prior diagnostic tests			
Medical decision-making of moderate complexity	4. Assessment, clinical impression/diagnosis			
	5. Plan for care			
When counseling and/or coordination of care dominate	es 6. Date and identity of provider			
(more than 50%) the physician-patient and/or fami				
encounter (face-to-face time on the floor/unit or hospita				
time is considered the key or controlling factor to qualify for				
the level of service.	revision in diagnosis if applicable			
	10. Counseling and/or activities performed to coordinate patient care			
	<ul> <li>Where time is significant to encounter, documentation that more than 50% of time sport with national way used sourceling.</li> </ul>			
	more than 50% of time spent with patient was used counseling			
	<ul><li>and coordinating care is required</li><li>Time spent must also be documented (e.g., "15 minutes of the</li></ul>			
	25 minute encounter was used counseling/ coordinating care")			
	See <u>Appendix G</u> for more information on E/M services.			
NOTES	EXAMPLE ACTIVITIES			
Usually, the patient is responding inadequately to	• Subsequent hospital visit for a 46-year-old male who complains			
therapy/has developed a minor complication. The MD/DO	of symptoms related to recent adjustments to psychotropic			
typically spends 25 minutes at the patient's bedside.	medications.			
APPLICABLE POPULATION(S)	UNIT DURATION			
🗵 Child (0-11) 🛛 Young Adult 🖾 Adult (21-64)	Encounter 15 Minutes See chart for typical times for			
🗵 Adol (12-17) (18-20) 🗵 Geriatric (65+)				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Individual	HE (SP)     □ U4 (ICM)     □ HJ (Voc)			
U Group (HQ)	TG (Other SP) TM (ACT) HQ (Clubhouse)			
Telephone	HK (Residential) HM (Respite) TT (Recovery)			
E Family (HS)	☐ HT (Prev/El)			
STAFF REQUIREMENTS				
□ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicens	$\Box$ LCSW (A) $\Box$ Unlicensed Master's Level (HO) $\Box$ CAC I $\Box$ RN (TD) $\boxtimes$ RxN (SA)			
⊠ Intern ⊔ LPC ⊔ Unlicens	censed EdD/ PhD/PsyD (HP) CAC II 🗵 APN (SA) 🗌 PA (PA)			
□ LMFT □ Licensed	Edd/Phd/Psyd (AH) 🛛 CACIII 🗖 QMAP 🖄 MD/DO (AF)			
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				
99233	Subsequent hospital care, per day (unstable patient or the development of significant I Medicai complications or problems)				
SERVICE DESCRIPTION					
SERVICE DESCRIPTION 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: • A detailed interval history • A detailed examination • Medical decision-making of high complexity When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.	<ul> <li>Service Content</li> <li>Documentation for each patient encounter includes:</li> <li>1. Reason for encounter (i.e., follow-up on condition)</li> <li>2. Condition being followed</li> <li>3. Any changes in relevant history, physical examination findings, and/or prior diagnostic tests</li> <li>4. Assessment, clinical impression/diagnosis</li> <li>5. Plan for care</li> <li>6. Date and identity of provider</li> <li>7. Past and present diagnoses</li> <li>8. Appropriate health risk factors</li> </ul>				
	See <u>Appendix G</u> for more information on E/M services.				
NOTES Usually, the patient is unstable/has developed a significant complication/new problem. The MD/DO typically spends 35 minutes at the patient's bedside. APPLICABLE POPULATION(S)	EXAMPLE ACTIVITIES     Subsequent hospital visit for an adolescent patient who is violent unsafe, and noncompliant with multiple expectations for participation in treatment/service plan and behavior on unit.     UNIT DURATION				
☑ Child (0-11)         ☑ Young Adult         ☑ Adult (21-64)           ☑ Abult (42,47)         (42,22)         ☑ Abult (51)	Encounter 15 Minutes See chart for typical times for				
🗵 Adol (12-17) (18-20) 🗵 Geriatric (65+)	Day 1 Hour billing as a time-based code				
ALLOWED MODE(S) OF DELIVERY          Image: Second system       Image: Second system         Image: Second system       Image: Second system	PROGRAM SERVICE CATEGORY(IES)         Image: HE (SP)       Image: U4 (ICM)       Image: HJ (Voc)         Image: TG (Other SP)       Image: TM (ACT)       Image: HQ (Clubhouse)         Image: HK (Residential)       Image: HM (Respite)       Image: TT (Recovery)         Image: HT (Prev/EI)       Image: HT (Prev/EI)				
□ Bachelor's Level (HN) □ LPC □ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) D/PhD/PsyD (AH) CAC II DCAC II CAC II				
PLACE OF SERVICE (POS)Inpt Hosp (21)Inpt PF (51)PF-PHP (52)					

EVALUATION AND MANAGEMENT - HOS	PITAL INPATIENT - SUBSEQUENT HOSPITAL CARE		
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE		
99233	Subsequent hospital care, per day (unstable patient or the development of significant I OBH complications or problems)		
SERVICE DESCRIPTION			
<ul> <li>SERVICE DESCRIPTION</li> <li>Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in patient's status (i.e., changes in history, physical condition and response to management) since the last assessment by MD/DO. Requires at least 2 of these 3 components: <ul> <li>A detailed interval history</li> <li>A detailed examination</li> <li>Medical decision-making of high complexity</li> </ul> </li> <li>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.</li> </ul> <li>NOTES</li>	MINIMUM DOCUMENTATION REQUIREMENTS         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		
Usually, the patient is unstable/has developed a significant	• Subsequent hospital visit for an adolescent patient who is violent,		
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+)	<ul> <li>☑ Encounter</li> <li>□ 15 Minutes</li> <li>□ Day</li> <li>□ 1 Hour</li> <li>□ Billing as a time-based code</li> </ul>		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)		
STAFF REQUIREMENTS			
Peer Specialist     Bachelor's Level (HN)     LCSW (AJ)     Unlicensed I     LPC     Unlicensed I	□LAC       □ LPN/LVN (TE)         Master's Level (HO)       □CAC I       □ RN (TD)       ☑ RxN (SA)         EdD/ PhD/PsyD (HP)       □CAC II       ☑ APN (SA)       □ PA (PA)         D/PhD/PsyD (AH)       □CAC III       ☑ QMAP       ☑ MD/DO (AF)		
PLACE OF SERVICE (POS)			
⊠ Inpt Hosp (21) ⊠ Inpt PF (51) ⊠ PF-PHP (52)			

EVALUA	TION AND MANAGE	EMENT - HOSP	TAL INPATIENT - SU	JBSEQUENT HC	SPITAL CARE		
CPT <sup>®</sup> /HCPCS PROCEDURE CO			PROCEDURE COD			USAGE	
99234 requires detailed or co	omprehensive histor	y, detailed or	Same day admit/c	lischarge observ	vation/inpatie	ent	
comprehensive exam, complexity med decisi minutes	-		Evaluation and Ma	anagement serv	vices.	☑ Medica	
99235 requires comprehensiv	ve history, compreh	ensive exam,					
moderate complexity time 50 minutes							
99236 requires comprehensiv high complexity med c minutes							
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
The following codes are used	to report evaluation	n and	Technical Docum				
management services provide Hospital inpatient services in patients in a "partial hospital used to report these partial h psychiatry notes in the full te The following codes are used inpatient hospital care service	clude those services " setting. These code iospitalization servic xt of the CPT code so to report observatio	provided to es are to be es. See also et. on or	See Page 346 See <u>Appendix G</u> fo	or more informa	ation on E/M s	services.	
and discharged on the same of This code is used for all service physician or NPP (qualified Ne provides the inpatient hospit of days since admission.	ces provided on the o on-Physician Practiti	ioner) first					
The physician who is the adm modifier AI to all claims.	nitting physician mus	st append					
The physician/NPP may only Services provided in multiple should be included in the sing	locations (e.g. ER or						
Services provided subsequen should be billed using one of codes.	t to the initial observ						
NOTES			EXAMPLE ACTIVIT	TIES			
APPLICABLE POPULATION(S)			UNIT		DURATION	I	
🗵 Child (0-11) 🖾 Your	ng Adult 🗵 Ad	ult (21-64)		□ 15 Minutes		or typical times fo	
⊠ Adol (12-17) (18-20)		riatric (65+)	,	1 Hour		time-based code	
ALLOWED MODE(S) OF DELIN							
□ Video Conf (GT) □ G □ Telephone ⊠ F	ndividual iroup (HQ) amily (HR) amily (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential</li> </ul>	П Т	4 (ICM) M (ACT) M (Respite)	□ HJ (Voc) □ HQ (Clubhous □ 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) D/PhD/PsyD (AH)	□CAC I □ □CAC II ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	본 RxN (SA) 또 PA (PA) 또 MD/DO (AF)	
PLACE OF SERVICE (POS)							
	PF-PHP (52)						
🗵 Inpt PF (51)							

EVALUATION AND MANAGE	MENT - HOSP	TAL INPATIENT - SU	JBSEQUENT HOS	SPITAL CARE	
CPT <sup>®</sup> /HCPCS PROCEDURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
99234 requires detailed or comprehensive history	y, detailed or	Same day admit/c	lischarge observa	ation/inpatient	
comprehensive exam, straight forward or I	ow	Evaluation and Ma	anagement servi	ces.	🗹 ОВН
complexity med decision making, Typical ti	ime 40				
minutes					
99235 requires comprehensive history, compreh					
moderate complexity med decision making	g, Typical				
time 50 minutes					
99236 requires comprehensive history, comprehe					
high complexity med decision making, Typ	ical time 55				
minutes SERVICE DESCRIPTION					
The following codes are used to report evaluation	and	Technical Docum		•	
management services provided to hospital inpatie		See Page 346	citation Require	lineints	
Hospital inpatient services include those services		See <u>Appendix G</u> fo	or more informat	ion on F/M ser	vices.
patients in a "partial hospital" setting. These code	•	<u>, , , , , , , , , , , , , , , , , , , </u>			
used to report these partial hospitalization service					
psychiatry notes in the full text of the CPT code se					
The following codes are used to report observation	on or				
inpatient hospital care services provided to patient	nts admitted				
and discharged on the same date of service.					
This code is used for all services provided on the	date the				
physician or NPP (qualified Non-Physician Practiti					
provides the inpatient hospital care, regardless of	-				
of days since admission.					
The short the second site also destants as the state second					
The physician who is the 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 multiple locations (e.g. ER or	office)				
should be included in the single code.					
Services provided subsequent to the initial observ	vation care				
should be billed using one of the subsequent obse					
codes.					
NOTES		EXAMPLE ACTIVI	TIES		
APPLICABLE POPULATION(S)		UNIT		DURATION	
	ult (21-64)	Encounter	□ 15 Minutes		typical times for
	riatric (65+)	,	1 Hour		ne-based code
ALLOWED MODE(S) OF DELIVERY					
E Face-to-Face     Individual     Individual     Croup (HO)		HE (SP)			] HJ (Voc)
□ Video Conf (GT) □ Group (HQ) □ Telephone ⊠ Family (HR)		□ TG (Other SP) □ HK (Residential			∃ HQ (Clubhouse) ∃ TT (Recovery)
Telephone     Family (HR)     Family (HS)					□ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS					
Peer Specialist     LCSW (AJ)	Unlicensed	Master's Level (HO)		PN/LVN (TE) 🗵	RxN (SA)
□ Bachelor's Level (HN) □ LPC		EdD/ PhD/PsyD (HP)		N (TD) 🗵	PA (PA)
⊠ Intern □ LMFT	□ Licensed Ed	D/PhD/PsyD (AH)			MD/DO (AF)
				MAP	
PLACE OF SERVICE (POS)					
Soutpt Hospital (22) PF-PHP (52)	⊠Inpt PF (51)	🗵 Inpt Hosp (21	.)		

## EVALUATION AND MANAGEMENT – HOSPITAL INPATIENT - HOSPITAL DISCHARGE

<b>CPT®/HCPCS PROCE</b>	CPT®/HCPCS PROCEDURE CODE				PROCEDURE CODE DESCRIPTION				
	99238			Discharge day management; 30 minutes or less 🛛 🗹 Medica					
SERVICE DESCRIPTION	ON			MINIMUM DOCUMENTATION REQUIREMENTS					
SERVICE DESCRIPTION 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 of discharge records, prescriptions and referral forms.			MINIMUM DOCUMENTATION REQUIREMENTS         Technical Documentation Requirements         See Page 346         Service Content         1. Final examination of patient         2. Continuing care instructions         3. Prescriptions         4. Referrals         See Appendix G for more information on E/M services.						
NOTES				EXAMPLE ACTIV	ITIES				
				UNIT			DURATIO		
⊠ Child (0-11) ⊠ Adol (12-17)	区 Young Adι (18-20)		dult (21-64) eriatric (65+)	⊠ Encounter □ Day	□ 15 Min □ 1 Hour		Minimum Maximum	i: N/A 1: 30 Minutes	
ALLOWED MODE(S)	<u>, ,</u>			PROGRAM SERV					
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Indiv □ Grou ⊠ Fami ⊠ Fami	ip (HQ) ly (HR)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residenti</li> </ul>		□ U4	(ICM) I (ACT) 1	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMEN	NTS	, , ,				<u>`</u>	,		
□ Peer Specialist □ Bachelor's Level (HN ☑ Intern	1)	LCSW (AJ) LPC LMFT	Unlicensed B	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) PN (SA) MAP	⊠ 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 - HOSPITAL DISCHARGE						
<b>CPT®/HCPCS PROCE</b>	DURE CODE		PROCEDURE CO	DE DESCRIPTIO	N	U	SAGE
	99238		Discharge day m	Discharge day management; 30 minutes or less I OBH			ОВН
SERVICE DESCRIPTION			MINIMUM DOCI	UMENTATION F	EQUIREMEN	TS	
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 of discharge records, prescriptions and referral forms.		See Page 346 Service Content 1. Final examina 2. Continuing ca 3. Prescriptions 4. Referrals	Service Content 1. Final examination of patient 2. Continuing care instructions 3. Prescriptions				
NOTES			EXAMPLE ACTIV			501 11005.	
APPLICABLE POPULA	ATION(S)		UNIT		DURATIO	N	
区 Child (0-11) 区 Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minutes □ 1 Hour		: N/A n: 30 Minut	es
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV	ICE CATEGORY	IES)		
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ TG (Other SP) □ HK (Residentia	ПП	J4 (ICM) M (ACT) IM (Respite)		Clubhouse) ecovery)
STAFF REQUIREMEN	ITS						
☐ Peer Specialist ☐ Bachelor's Level (HN ⊠ Intern	)	Unlicens	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□CACI □ □CACII ×	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA □ PA (PA) ⊠ MD/DC	,
PLACE OF SERVICE (I	POS)						
<ul> <li>☑ Inpt Hosp (21)</li> <li>☑ Inpt PF (51)</li> <li>☑ PF-PHP (52)</li> </ul>							

EVALUATION AND MANAGEMENT – HOSPITAL INPATIENT - HOSPITAL DISCHARGE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
99239	Discharge day management; more than 30 If Medicaid				
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 of discharge records, prescriptions and referral forms.	Technical Documentation RequirementsSee Page 346Service Content1. Examination of patient2. Continuing care instructions3. Prescriptions4. Referrals				
	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 □ 15 Minutes Minimum: 30 minutes     Day □ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)				
STAFF REQUIREMENTS					
	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) □CAC II ☑ APN (SA) □CAC II ☑ APN (SA) □CAC III ☑ QMAP □CACIII □ QMAP				
PLACE OF SERVICE (POS)					
<ul> <li>☑ Inpt Hosp (21)</li> <li>☑ Inpt PF (51)</li> <li>☑ PF-PHP (52)</li> </ul>					

EVALUATION AND MANAGEMENT – HOSPITAL INPATIENT - HOSPITAL DISCHARGE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
99239	Discharge day management; more than 30 If OBH				
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 of discharge records, prescriptions and referral forms.	Technical Documentation RequirementsSee Page 346Service Content1. Examination of patient2. Continuing care instructions3. Prescriptions4. ReferralsSee Appendix G for more information on E/M services.				
NOTES	EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)	UNIT DURATION				
<ul> <li>☑ Child (0-11)</li> <li>☑ Young Adult</li> <li>☑ Adult (21-64)</li> <li>☑ Adol (12-17)</li> <li>(18-20)</li> <li>☑ Geriatric (65+)</li> </ul>	Encounter □ 15 Minutes Minimum: 30 minutes     □ Day □ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)       □ HT (Prev/EI)				
STAFF REQUIREMENTS	·				
	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) D/PhD/PsyD (AH) CAC II DCAC II				
PLACE OF SERVICE (POS)					
<ul> <li>☑ Inpt Hosp (21)</li> <li>☑ Inpt PF (51)</li> <li>☑ PF-PHP (52)</li> </ul>					

EVALUATION AND MANAGEMENT - CONSULTAT	IONS - OFFICE OR OTHER OUTPATIENT	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
99241 This consultation code may only be utilized as telephonic prescriber- to-prescriber consultation regarding a patient.	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	☑ Medicaid
	minutes.	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREM	
A consultation is a service rendered by an MD/DO/prescribing Nurse whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO/prescribing Nurse consultant utilizes this code for the purposes of providing direct consultation services to another MD/DO/prescribing Nurse for the purposes of "counseling and/or coordination of care with other physicians/qualified health care professionalsconsistent with the nature of the problem(s) and the patient's and/or family's needs".	<ul> <li>Technical Documentation Requirements, <ol> <li>Documentation of written, verbal/shar records request in patient record: <ol> <li>Request for consultation from attendi</li> <li>Reason for consultation</li> <li>Services and supplies performed/orde consultant</li> <li>Total length of time of encounter (fact time, whichever is appropriate)</li> </ol> </li> <li>Counseling and/or activities performed minutes of the 20 minute encounter with a consultant graves of the 20 minute encounter for counseling/coordinating care")</li> <li>Copy of written report sent by consultation MD/DO</li> <li>Formal report/copy of consultant's not 5. Referring MD/DO's name</li> <li>Evidence that referring MD/DO reques consultation and consultant's opinion</li> <li>Advice and/or opinion regarding patier</li> </ol></li></ul>	ed medical ing MD/DO ered by e-to-face or floor l to coordinate (e.g., "15 vas used ant to referring e ted both tr's condition
NOTES	EXAMPLE ACTIVITIES	<u> </u>
Only one consultation is reported by the consultant for the day of service. Please refer to Section II.G.1. for details about documentation.	An RN sees a patient to follow-up on side of the physician. The patient does not see that day. BILL 99211 –SEE SEPARATE GUIL CODE.	the physician on
APPLICABLE POPULATION(S)	UNIT DURATION	
区 Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+)	Encount   15 Minutes Min: 8 min er  1 Hour Max: N/A Day	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face       ☑ Individual         ☑ Video Conf (GT)       ☑ Group (HQ)         ☑ Telephone       ☑ Family (HR)         ☑ Family (HS)       ☑ Family (HS)	□ TG (Other SP) □ TM (ACT) □ □ HK (Residential) □ HM (Respite) □	] HJ (Voc) ] HQ (Clubhouse) ] TT (Recovery) ] HT (Prev/El)
STAFF REQUIREMENTS		
□ Peer Specialist       □ LCSW (AJ)       □ Unlicensed Master's L         □ Bachelor's Level (HN)       □ LPC       □ Unlicensed EdD/ PhD,         ☑ Intern       □ LMFT       □ Licensed EdD/PhD/sy	$(PsyD(HP))$ $\Box CAC I$ $\Box RN(TD)$ $\Xi PA$	N (SA) (PA) D/DO (AF)
PLACE OF SERVICE (POS)		
🗵 CMHC (53) 🛛 🖾 NF (32) 🖾 RHC (72)	🗵 ER (23)	

E	EVALUATION AND M	ANAGEMENT - CONSULTA	TIONS - OFF	ICE OR OT	HER OUTP	ATIENT	
<b>CPT®/HCPCS PROCEDUR</b>			PROCEDU	RE CODE D	ESCRIPTIO	N	USAGE
			Office or o	ther outpa	tient consu	Itation for	
	99241		a new or e	stablished	patient. Re	quires	🗹 ОВН
			problem fo	ocused hist	ory, proble	m focused	
This consultation code r	may only be utilized	as telephonic	exam straight forward med decision				
prescriber-to-prescriber	r consultation regard	ding a patient.	making, Ty	pical time	15 minutes	i.	
SERVICE DESCRIPTION			MINIMUM	I DOCUME	NTATION F	REQUIREME	INTS
A consultation is a service	ce rendered by an M	D/DO/prescribing Nurse	Technical I	Document	ation Requ	irements, S	See Page 346
whose opinion/ advice r specific problem is requised source. An MD/DO/press for the purposes of prov MD/DO/prescribing Nur coordination of care wit	egarding evaluation ested by another MI cribing Nurse consu- viding direct consulta rse for the purposes h other physicians/c nt with the nature o	and/or management of a D/DO/other appropriate Iltant utilizes this code ation services to another of "counseling and/or	<ol> <li>Docun reques</li> <li>Reque</li> <li>Reaso</li> <li>Servic</li> <li>Total time,</li> <li>Counse patient</li> <li>Time s of the couns</li> <li>Copy or MD/DC</li> <li>Formal</li> <li>Referrin</li> <li>Evidence</li> </ol>	nentation of st in patien est for consi es and sup length of ti whichever ling and/o care spent musi 20 minute eling/coor f written re preport/cop ng MD/DO ce that refe	of written, v t record: sultation fro ultation plies perfo me of enco is appropri r activities c also be do e encounter dinating ca eport sent b by of consu 's name	verbal/shar om attendir rmed/orde ounter (face ate) performed cumented rwas used re") oy consultar ltant's note	ed medical records ng MD/DO red by consultant e-to-face or floor to coordinate (e.g., "15 minutes nt to referring
			7. Advice	and/or opi	nion regard	ding patient	t's condition 'M services.
NOTES			EXAMPLE				
Only one consultation is service. Please refer to S documentation.			An RN sees the physici	a patient an. The pa	to follow-u tient does	not see the	ffects per order of physician on that <b>E FOR THIS CODE.</b>
APPLICABLE POPULATIO	DN(S)		UNIT			DURATIO	N
	-	⊠ Adult (21-64) ⊠ Geriatric (65+)	⊠ Encounter □ Day	□ 15 N □ 1 Ho		Min: 8 mi Max: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM	SERVICE O	CATEGORY	(IES)	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		⊠ HE (SP) □ TG (Oth □ HK (Res	•	□ U4 (IC □ TM (A □ HM (F	ACT) Respite)	<ul> <li>□ HJ (Voc)</li> <li>□ HQ (Clubhouse)</li> <li>□ TT (Recovery)</li> <li>□ HT (Prev/EI)</li> </ul>
STAFF REQUIREMENTS							
Peer Specialist     Bachelor's Level (HN)     Intern	LCSW LCSW LPC LMFT	(AJ) Unlicensed Master's Unlicensed EdD/ Ph Licensed EdD/PhD/P	D/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/LV □ RN (TD) ☑ APN (SJ □ QMAP	) ´ × F () × F	RxN (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (POS							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Outpt Hospital (22)</li> </ul>		⊠ RHC (72) ⊠ Independent Clinic (49)	⊠ ER (23) ⊠ NRSATF ⊠ Telehea				

	EVALUATION AND	MANAGEMENT - CO	<b>ONSULTATIONS - OFF</b>	ICE OR OTHER O	UTPATIENT	
<b>CPT®/HCPCS PROCED</b>	URE CODE		PROCEDURE CODE	E DESCRIPTION		USAGE
making, Typica 99243 requires detail complexity me minutes 99244 requires comp moderate com time 60 minute 99245 requires comp	ed exam straight for I time 30 minutes ed history, detailed o d decision making, T rehensive history, cc plexity med decision es rehensive history, cc	ward med decision exam low Typical time 40 omprehensive exam o making, Typical	Office or other Our and Management	•	itions Evaluation	☑ Medicaid
minutes	y med decision mak	ing, Typical time 80				
SERVICE DESCRIPTION	N		MINIMUM DOCUM	MENTATION REC	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 <u>Appendix G</u> for details about documentation.			10.Reason for cons 11.Services and su 12.Total length of 2. Counseling and • Time spent mus	of written, verba d: sultation from atte sultation pplies performed/d time (face-to-face d/or activities per st be documented soordinating care") n report sent by or copy of consultan DO's name referring MD/DO pinion opinion regarding /procedures ord	I/shared medica ending MD/DO ordered by consult or floor time, whic formed to coorc (e.g., "15 mins of t onsultant to refe nt's note requested both g patient's condi ered/performed	ant hever is appropriate) dinate patient care he 20 mins were erring MD/DO consultation and tion
NOTES			EXAMPLE ACTIVIT			
			An RN sees a patie physician. The pati 99211 –SEE SEPAR	ient does not see	the physician or	
APPLICABLE POPULA	FION(S)		UNIT		DURATION	
🗵 Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter	□ 15 Minutes □ 1 Hour	billing as a tim	ypical times for e-based code
ALLOWED MODE(S) C					•	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ ⊠ Family (HR ⊠ Family (HS)	)	<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>		1 (ACT) 1 (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENT	S					
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern			l Master's Level (HO) l EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)		PN (SA)	xN (SA) A (PA) 1D/DO (AF)
PLACE OF SERVICE (P	•					
区 CMHC (53) 区 Office (11) 区Outpt Hospital(22) 区 NF (32)	区 SNF (31) 区 FQHC (50) 区 RHC (72) 区 Independent Cli	⊠ ER (23) ⊠ NRSATF ( ⊠ Telehealt nic (49)	•			

	EVALUATION AND MAN	AGEMENT - CO	NSULTATIONS - OFFI	ICE OR OTHER O	UTPATIENT	
CPT <sup>®</sup> /HCPCS PROCEDU			PROCEDURE CODE	DESCRIPTION		USAGE
problem focuse making, Typical 99243 requires detaile complexity med minutes 99244 requires compre moderate comp time 60 minute 99245 requires compre	ded problem focused histo ed exam straight forward l time 30 minutes d history, detailed exam l d decision making, Typica ehensive history, compre- plexity med decision making ehensive history, compre- y med decision making, Ty	med decision ow I time 40 hensive exam ing, Typical hensive exam	Office or other Out and Management S		itions Evaluatio	n ☑ OBH
SERVICE DESCRIPTION	I			<b>MENTATION REQ</b>	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 <u>Appendix G</u> for details about documentation.		in patient recor 13. Request for con 14. Reason for cons 15. Services and sup 16. Total length of t 2. Counseling and • Time spent mus used counseling/co 3. Copy of written 4. Formal report/co 5. Referring MD/D 6. Evidence that re consultant's op 7. Advice and/or co 8. Results of tests, See <u>Appendix G</u> for	n of written, verk rd: isultation from atte sultation opplies performed/c time (face-to-face of /or activities per t be documented oordinating care") report sent by c copy of consultan OO's name eferring MD/DO inion opinion regarding /procedures ord	ending MD/DO ending MD/DO ordered by consu or floor time, whi formed to coor (e.g., "15 mins of onsultant to re onsultant to re nt's note requested both g patient's conc ered/performed	chever is appropriate) rdinate patient care the 20 mins were ferring MD/DO n consultation and lition d	
NOTES			EXAMPLE ACTIVITI An RN sees a patien physician. The patien 99211 – SEE SEPAR	nt to follow-up o ent does not see	the physician o	on that day. BILL
APPLICABLE POPULAT	ION(S)		UNIT	ATE GUIDANCE	DURATION	•
⊠ Child (0-11)	⊻ Young Adult × A	dult (21-64) eriatric (65+)	Encounter Day	□ 15 Minutes □ 1 Hour	See chart for	typical times for ne-based code
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVIC			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>		(ICM) 1 (ACT) 1 (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS	S					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ) □ LPC □ LMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)		N (TD) X I PN (SA) X I	RxN (SA) PA (PA) MD/DO (AF)
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Outpt Hospital(22)</li> <li>☑ NF (32)</li> </ul>	区 SNF (31) 区 FQHC (50) 区 RHC (72) 区 Independent Clinic (49)	⊠ ER (23) ⊠ NRSATF (57) ⊠ Telehealth (				

EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
99251	Inpatient consultation for a new or established patient; the presenting problem(s) are self-limited or minor	☑ 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: • Problem-focused history • 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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>Documentation of written, verbal/shared medical repatient record: <ol> <li>Request for consultation from attending MD/DO</li> <li>Reason for consultation</li> <li>Services and supplies performed/ordered by condition</li> <li>Total length of time of encounter (face-to-face of whichever is appropriate)</li> <li>Counseling and/or activities performed to coordinal of time spent with patient was counseling and coordinal</li> <li>Time spent must also be documented (e.g., "15 minutes encounter was used counseling/coordinating care")</li> <li>Copy of written report sent by consultant to reference that referring MD/DO's name</li> <li>Evidence that referring MD/DO requested both control consultant's opinion</li> <li>Advice and/or opinion regarding patient's condition</li> </ol> </li> </ul>	sultant r floor time, inate patient care that more than 50% ting care is required s of the 20 minute erring MD/DO sultation and		
	See <u>Appendix G</u> for more information on E/M servic	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.				
APPLICABLE POPULATION(S)	UNIT DURATION			
⊠ Child (0-11)⊠ Young Adult⊠ Adult (21-64)⊠ Adol (12-17)(18-20)⊠ Geriatric (65+)	☑ Encounter     □ 15 Minutes     Minimum: 20 M       □ Day     □ 1 Hour     typical times and based code	Appendix <u>G</u> for		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>☑ Family (HR)</li> <li>☑ Telephone</li> <li>☑ Family (HS)</li> </ul>	□ 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 □ Unlicensed	EdD/ PhD/PsyD (HP) $\Box CAC I \Box RN (ID) \Box PA$	N (SA) (PA) D/DO (AF)		
PLACE OF SERVICE (POS)           Image: NF (32)         Image: Image: NF (51)           SNF (31)         PF-PHP (52)           Image: Impt Hosp (21)         Telehealth (02)				

EVALUATION AND MANAGEMENT - 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 or	🗹 ОВН		
	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			
specific problem is requested by another MD/DO/other	Service Content			
appropriate source. An MD/DO consultant may initiate	Documentation of written, verbal/shared medical recor	ds request in		
diagnostic and/or therapeutic services at the same/subsequent	patient record:			
visit. Three key components are required:	1. Request for consultation from attending MD/DO			
	2. Reason for consultation			
<ul> <li>Problem-focused history</li> </ul>	3. Services and supplies performed/ordered by consult	ant		
Problem-focused examination	4. Total length of time of encounter (face-to-face or flo			
<ul> <li>Straightforward medical decision-making</li> </ul>	whichever is appropriate)			
	5. Counseling and/or activities performed to coordinat	e patient care		
When counseling and/or coordination of care dominates (more	Where time is significant to encounter, documentation that			
than 50%) the MD/DO-patient and/or family encounter (face-to-	of time spent with patient was counseling and coordinating			
face time on the floor/unit/hospital), time is considered the	• Time spent must also be documented (e.g., "15 minutes of t	the 20 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 referrin	g MD/DO		
	Formal report/copy of consultant's note			
	Referring MD/DO's name	. Constant		
	<ul> <li>Evidence that referring MD/DO requested both consultation</li> </ul>	ation and		
	consultant's opinion			
	<ul> <li>Advice and/or opinion regarding patient's condition</li> <li>Results of tests/procedures ordered/performed</li> </ul>			
	See <u>Appendix G</u> for more information on E/M services.			
NOTES				
INUTES	EXAMPLE ACTIVITIES			
NOTES Only one consultation is reported by the consultant per	EXAMPLE ACTIVITIES			
Only one consultation is reported by the consultant per	EXAMPLE ACTIVITIES			
Only one consultation is reported by the consultant per admission. For 99251, the presenting problem(s) are usually	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	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	EXAMPLE ACTIVITIES			
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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)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Adol (12-17)       (18-20)       Image: Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       Image: Geriatric (65+)         Image: Yideo Conf (GT)       Image: Geriatric (GT)	UNIT       DURATION         Image: Second structure       15 Minutes         Day       1 Hour         PROGRAM SERVICE CATEGORY(IES)         HE (SP)       U4 (ICM)         TG (Other SP)       TM (ACT)	endix <u>G</u> for ling as time- 'oc) Clubhouse)		
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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)            \begin{bmatrix}             Adol (12-17)             (18-20)             (18-20)             (18-20)             (10000000000000000000000000	UNIT       DURATION         ⊠ Encounter       15 Minutes         □ Day       1 Hour         Winimum: 20 Minut         Maximum: See App         typical times and bil         based code         PROGRAM SERVICE CATEGORY(IES)         ⊠ HE (SP)       □ U4 (ICM)         □ TG (Other SP)       □ TM (ACT)         □ HK (Residential)       □ HM (Respite)         □ HK (Residential)       □ HM (Respite)         □ HT (F         □ Master's Level (HO)       □LAC         □ LAC       □ LPN/LVN (TE)         □ RXN (S         □ HAD (PD/Pevp (HP)	endix G for ling as time- foc) Clubhouse) Recovery) Prev/El) A)		
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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)            \begin{bmatrix}         Young Adult & Adult (21-64) & Adol (12-17) & (18-20) & Geriatric (65+)          ALLOWED MODE(S) OF DELIVERY            X Face-to-Face & Group (HQ) & Family (HR) & Telephone & Family (HR) & Family (HR) & Geriatric (65+)          STAFF REQUIREMENTS            Peer Specialist & LCSW (AJ) & Unlicensed for the patient's Licensed for the patient's Licensed for the patient's Licensed for the patient's Licensed for the patient's condition (S)	UNIT       DURATION         ⊠ Encounter       15 Minutes         □ Day       1 Hour         Winimum: See App         typical times and bil         based code         PROGRAM SERVICE CATEGORY(IES)         ⊠ HE (SP)       U4 (ICM)         □ TG (Other SP)       □ TM (ACT)         □ HK (Residential)       □ HM (Respite)         □ HK (Residential)       □ HM (Respite)         □ Master's Level (HO)       □LAC       □ LPN/LVN (TE)         □ CAC I       □ RN (TD)       □ PA (PA	endix G for ling as time- (oc) Clubhouse) Recovery) Prev/EI) A)		
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)	UNIT       DURATION         ⊠ Encounter       15 Minutes         □ Day       1 Hour         Winimum: See App         typical times and bil         based code         PROGRAM SERVICE CATEGORY(IES)         ⊠ HE (SP)       U4 (ICM)         □ TG (Other SP)       □ TM (ACT)         □ HK (Residential)       □ HM (Respite)         □ HK (Residential)       □ HM (Respite)         □ HT (F         □ Master's Level (HO)       □CAC I         □ CAC II       □ RN (TD)         □ PA (PA         □ CAC II       □ APN (SA)         □ CAC III       □ QMAP	endix G for ling as time- (oc) Clubhouse) Recovery) Prev/EI) A)		
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)	UNIT       DURATION         Image: Second	endix G for ling as time- (oc) Clubhouse) Recovery) Prev/EI) A)		
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)	UNIT       DURATION         Image: Encounter       15 Minutes         Day       1 Hour         Minimum: See App         typical times and bil         based code         PROGRAM SERVICE CATEGORY(IES)         Image: HE (SP)       U4 (ICM)         Image: TG (Other SP)       Image: TM (ACT)         Image: HK (Residential)       Image: HM (Respite)         Image: HK (Respite)       Image: HK (Respite)	endix G for ling as time- (oc) Clubhouse) Recovery) Prev/EI) A)		
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)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)	UNIT       DURATION         Image: Second	endix <u>G</u> for ling as time- (oc) Clubhouse) Recovery) Prev/EI) A)		

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			
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 (face- to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>Documentation of written, verbal/shared medical records request in patient record: <ol> <li>Request for consultation from attending MD/DO</li> <li>Reason for consultation</li> <li>Services and supplies performed/ordered by consultant</li> <li>Total length of time of encounter (face-to-face/floor time, whichever is appropriate)</li> </ol> </li> <li>Counseling and/or activities performed to coordinate patient care <ul> <li>Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required</li> <li>Time spent must also be documented (e.g., "30 minutes of the 40 minute encounter was used counseling/coordinating care")</li> </ul> </li> <li>Copy of written report sent by consultant to referring MD/DO <ul> <li>Formal report/copy of consultant's note</li> <li>Referring MD/DO's name</li> <li>Evidence that referring MD/DO requested both consultation and consultant's opinion</li> <li>Advice and/or opinion regarding the patient's condition</li> <li>Results of tests/procedures ordered/performed</li> </ul> </li> </ul>			
	See <u>Appendix G</u> for more information on E/M services.			
<b>NOTES</b> 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.	<ul> <li>EXAMPLE ACTIVITIES</li> <li>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.</li> </ul>			
APPLICABLE POPULATION(S)	UNIT DURATION			
区 Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) ⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+)	<ul> <li>☑ Encounter</li> <li>□ 15 Minutes</li> <li>□ Day</li> <li>□ 1 Hour</li> <li>Minimum: 40 Minutes</li> <li>Maximum: See <u>Appendix G</u> for</li> <li>typical times and billing as time- based code</li> </ul>			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face       ☑ Individual         ☑ Video Conf (GT)       ☑ Family (HQ)         ☑ Telephone       ☑ Family (HS)	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)       □ HT (Prev/EI)			
STAFF REQUIREMENTS				
	Master's Level (HO) CAC I CAC I CAC I CAC I CAC II CAC			
PLACE OF SERVICE (POS)				
☑ NF (32)       ☑ Inpt Hosp (21)       ☑ PF-PHP (52)         ☑ SNF (31)       ☑ Inpt PF (51)       ☑ Telehealth (02)	)			
	ENT - 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 I OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. 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 (face- to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.	<ul> <li>Service Content</li> <li>Documentation of written, verbal/shared medical records request in patient record:</li> <li>Request for consultation from attending MD/DO</li> <li>Reason for consultation</li> <li>Services and supplies performed/ordered by consultant</li> <li>Total length of time of encounter (face-to-face/floor time, whichever is appropriate)</li> <li>Counseling and/or activities performed to coordinate patient care</li> <li>Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is</li> </ul>
	See Appendix I 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.	<ul> <li>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.</li> </ul>
APPLICABLE POPULATION(S)	UNIT DURATION
	Minimum: 40 Minutes
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)	<ul> <li>☑ Encounter</li> <li>□ 15 Minutes</li> <li>□ Day</li> <li>□ 1 Hour</li> <li>□ 1 Hour</li> <li>□ based code</li> </ul>
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>☑ Family (HR)</li> <li>☑ Telephone</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)
STAFF REQUIREMENTS	
	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH) ☐CAC II ☐ APN (SA) ☐CAC II ☐ APN (SA) ☐CAC II ☐ APN (SA) ☐CAC III ☐ QMAP ☐CACIII ☐ QMAP
PLACE OF SERVICE (POS)	
☑ NF (32)       ☑ Inpt PF (51)         ☑ SNF (31)       ☑ PF-PHP (52)         ☑ Inpt Hosp (21)       ☑ Telehealth (02)	
	MENT - CONSULTATIONS - INPATIENT
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE

	00050	Inpatient consultation for a new or established				
	99253	patient; the presenting problem(s) are of moderate				
SERVICE DESCRIPTION		severity MINIMUM DOCUMENTATION REQUIREMENTS				
A consultation is a service opinion/ advice regarding specific problem is reques appropriate source. An M diagnostic and/or therape visit. Three key component • Detailed history • Detailed examination • Medical decision-mode When counseling and/or than 50%) the physician-pt to-face time on the floor/		<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>Documentation of written, verbal/shared medical records request in patient record: <ol> <li>Request for consultation from attending MD/DO</li> <li>Reason for consultation</li> <li>Services and supplies performed/ordered by consultant</li> <li>Total length of time of encounter (face-to-face/floor time, whichever is appropriate)</li> </ol> </li> <li>Counseling and/or activities performed to coordinate patient care <ul> <li>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</li> <li>Time spent must also be documented (e.g., "40 minutes of the 55 minute encounter was used counseling/coordinating care")</li> </ul> </li> <li>Copy of written report sent by consultant to referring MD/DO <ul> <li>Formal report/copy of consultant's note</li> <li>Referring MD/DO's name</li> <li>Evidence that referring physician requested both consultation and consultant's opinion</li> <li>Advice and/or opinion regarding patient's condition</li> <li>Results of tests/procedures ordered/performed</li> </ul> </li> </ul>				
		See Appendix G for more information on E/M services.				
For 99253, the presenting severity. The consultant ty bedside. If subsequent to t consultant assumes respon	ported by the consultant per admission. problem(s) are usually of moderate pically spends 55 mins at the patient's he completion of a consultation, the sibility for management of a portion/all s), the appropriate E/M procedure code is					
APPLICABLE POPULATIO	N(S)	UNIT DURATION				
Child (0-11)     Adol (12-17)	⊠ Young ⊠ Adult (21-64) Adult (18-20) ⊠ Geriatric (65+)	Image: Solution     Doministry       Image: Solution     Minimum: 55 Minutes       Image: Solution     Minimum: 55 Minutes       Image: Solution     Maximum: See Appendix G for       Image: Solution     Thour       Image: Solution     The solution				
ALLOWED MODE(S) OF D	ELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)	Image: Big				
STAFF REQUIREMENTS						
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	LPC Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) D/PhD/PsyD (AH) D/PSyD (AH)				
PLACE OF SERVICE (POS)						
☑ NF (32) ☑ SNF (31) ☑ Inpt Hosp (21)	⊠ Inpt PF (51) ⊠ PF-PHP (52) ⊠ Telehealth (02)					
		IENT - CONSULTATIONS - INPATIENT				
CPT <sup>®</sup> /HCPCS PROCEDUR	ECODE	PROCEDURE CODE DESCRIPTION USAGE				

		Inpatient consultation for a new or established			
	99253	patient; the presenting problem(s) are of moderate II OBH			
		severity			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
opinion/ advice regarding specific problem is reques appropriate source. An M diagnostic and/or therape visit. Three key componer • Detailed history • Detailed examinatio • Medical decision-ma When counseling and/or of than 50%) the physician-p to-face time on the floor/		<ol> <li>Request for consultation from attending MD/DO</li> <li>Reason for consultation</li> <li>Services and supplies performed/ordered by consultant</li> <li>Total length of time of encounter (face-to-face/floor time, whichever is appropriate)</li> <li>Counseling and/or activities performed to coordinate patient care</li> <li>Where time is significant to encounter, documentation that more than 50% of the time spent with patient was used counseling and coordinating care is</li> </ol>			
		See <u>Appendix G</u> for more information on E/M services.			
NOTES		EXAMPLE ACTIVITIES			
For 99253, the presenting p severity. The consultant typ bedside. If subsequent to th consultant assumes respon	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 i	s			
APPLICABLE POPULATION	N(S)	UNIT DURATION			
⊠ Child (0-11) ⊠ Adol (12-17)	⊠ Young ⊠ Adult (21-64) Adult (18-20) ⊠ Geriatric (65+)	☑ Encounter       □ 15 Minutes         ☑ Day       □ 1 Hour    Minimum: 55 Minutes Maximum: See Appendix G for typical times and billing as time-			
		based code			
ALLOWED MODE(S) OF D		PROGRAM SERVICE CATEGORY(IES)			
⊠ Face-to-Face ⊠ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (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					
Peer Specialist Bachelor's Level (HN) Intern	LPC Unlicens	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH) EdD/PhD/PsyD (AH)			
PLACE OF SERVICE (POS)					
区 NF (32) 区 SNF (31) 区 Inpt Hosp (21)	⊠ Inpt PF (51) ⊠ PF-PHP (52) ⊠ Telehealth (02)				
		EMENT - CONSULTATIONS - INPATIENT			
CPT <sup>®</sup> /HCPCS PROCEDURE	CODE	PROCEDURE CODE DESCRIPTION USAGE			

UP1®/HCPCS PROCEDURE	CODE		PROCEDURE CO	DE DESCRIPT	ION			USAGE
CPT <sup>®</sup> /HCPCS PROCEDURE		AND MANAGEM						
⊠ NF (32) ⊠ SNF (31) ⊠ Inpt Hosp (21)	⊠ Inpt PF (51) ⊠ PF-PHP (52) ⊠ Telehealth (02)							
PLACE OF SERVICE (POS)								
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)	□LAC □CAC I □CAC II □CAC II	□ LPN/I □ RN (T □ APN ( □ QMA	-D) [ (SA) [X	RxN (SA PA (PA) MD/DO	
•	🗵 Family (HS)						□ HT	(Prev/EI)
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ) ⊠ Family (HR)		HE (SP)     TG (Other SP)     HK (Residential	I	□ U4 ( □ TM		🗆 TT	(Clubhouse) (Recovery)
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERV	/ICE CATEGO		ased code		
APPLICABLE POPULATION	🗵 Young 🛛 🗵	Adult (21-64) Geriatric (65+)	Encounter	□ 15 Minut □ 1 Hour	tes M ty		ee <u>Appe</u>	
severity. The consultant typic bedside. If subsequent to the consultant assumes responsi the patient's condition(s), th in lieu of 99254.	cally spends 80 minutes at e completion of a consulta bility for management of a e appropriate E/M proced	the patient's tion, the a portion/all of	diffusely posi multiple surg			-	ind a his	Story of
Only one consultation is repo 99254, the presenting proble			<ul> <li>Initial hospital consultation for a 27-year-old female patient with a diffusely positive medical review of systems and a history of</li> </ul>					
<ul> <li>comprehensive examples in the second s</li></ul>	coordination of care d patient and/or family o unit/hospital), time is	ominates (more encounter (face- s considered the	ce- required			nt care more than 50% rdinating care is the 80 minute g MD/DO		
source. An MD/DO const therapeutic services at a components are required • Comprehensive histor	sultant may initiate di the same/subsequent : pry	agnostic and/or	Documentation of patient record: 1. Request for cor 2. Reason for cor 3. Services and su 4. Total length of	nsultation from nsultation upplies perform	n attendir ned/orde	ng MD/DO red by consu	ltant	
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			Technical Docun See Page 346 Service Content		quireme	ents		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
99254			patient; the pres high severity.	senting proble		tablished e of modera	ate to	☑ Medicaid

	99254			tation for a new of senting problem(s		to to	⊡ OBH
	55254		high severity.			ite to	
SERVICE DESCRIPTION			- ·	UMENTATION RE			
A consultation is a service a advice regarding evaluati problem is requested by source. An MD/DO consi- therapeutic services at t components are required: • Comprehensive histo • comprehensive exam • Medical decision-ma When counseling and/or than 50%) the physician-p to-face time on the floor, key/controlling factor to q	on and/or manager y another MD/DO/o ultant may initiate he same/subsequen <b>bry</b> <b>bination</b> <b>king of moderate co</b> coordination of care patient and/or family /unit/hospital), time	ment of a specific other appropriate diagnostic and/or it visit. Three key mplexity e dominates (more y encounter (face- is considered the	Technical Docum See Page 346 Service Content Documentation patient record: 1. Request for coo 2. Reason for cor 3. Services and su 4. Total length of appropriate) 5. Counseling and Where time is of the time sper required Time spent mu encounter was 6. Copy of writt Formal report/ Referring MD/ Evidence that n consultant's op Advice and/or	nentation Requir of written, verba nsultation from att isultation upplies performed/ time of encounter d/or activities perfo significant to encou- ent with patient wa used counseling/c used counseling/c ten report sent by copy of consultant DO's name referring MD/DO re- pinion opinion regarding p s/procedures order	ements //shared medical ending MD/DO ordered by consul (face-to-face/floo rmed to coordinat inter, documentat s used counseling a nted (e.g., "50 min pordinating care") v consultant to re- s note quested both consultant patient's condition ed/performed	tant r time, wh te patient ion that n and coorc utes of th eferring sultation	nichever is care nore than 50% linating care is e 80 minute MD/DO
NOTES			See <u>Appendix G</u> for more information on E/M services.				
Only one consultation is repo 99254, the presenting problet severity. The consultant typic bedside. If subsequent to the consultant assumes responsit the patient's condition(s), the in lique of 99354	m(s) are usually of mod ally spends 80 minutes completion of a consul pility for management c	erate to high at the patient's Itation, the of a portion/all of		al consultation fo itive medical revi geries.	-		
in lieu of 99254. APPLICABLE POPULATION	ı/s)		UNIT		DURATION		
⊠ Child (0-11) ⊠ Adol (12-17)	🗵 Young	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter	□ 15 Minutes □ 1 Hour	Minimum: 80 Maximum: Se typical times a based code	e <u>Appen</u>	<u>dix G</u> for
ALLOWED MODE(S) OF DE	ELIVERY		PROGRAM SERV	ICE CATEGORY(I			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential</li> </ul>		U4 (ICM) TM (ACT) HM (Respite)	🗆 ТТ (F	/oc) 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)		APN(SA)	RxN (SA) PA (PA) MD/DO (	AF)
PLACE OF SERVICE (POS)							
	🗵 Inpt PF (51)						
⊠ NF (32) ⊠ SNF (31) ⊠ Inpt Hosp (21)	☑ mpt (51) ☑ PF-PHP (52) ☑ Telehealth (02	)					
🗵 SNF (31)	区 PF-PHP (52) 区 Telehealth (02	) ON AND MANAGEN	AENT - CONSULTA	TIONS - INDATIE	NT		1

		Inpatient consult	ation for a new c	or established		
	99255	patient; the prese	• ·	) are of	☑ Medicaid	
		moderate to high severity.				
SERVICE DESCRIPTION	vice rendered by an MD/DO whose	MINIMUM DOCU				
opinion/ advice regardin specific problem is re appropriate source. A diagnostic and/or therap visit. Three key compone • Comprehensive his • Comprehensive exc • Medical decision-m When counseling and/or than 50%) the physician- to-face time on the floor key/controlling factor to Not a Covered Benefit L	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					
		See Appendix G for more information on E/M services.				
NOTES		EXAMPLE ACTIVITIES				
Only one consultation is reported by the consultant per admission. For 99255, the presenting problem(s) are usually of moderate to high severity. The consultant typically spends 110 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 appropriate E/M procedure code is used in lieu of 99255.		<ul> <li>Initial hospital consultation for a 27-year-old female patient with a diffusely positive medical review of systems and a history of multiple surgeries.</li> </ul>				
APPLICABLE POPULATIO		UNIT		DURATION		
⊠ Child (0-11) ⊠ Adol (12-17)	⊠ Young ⊠ Adult (21-64) Adult (18-20) ⊠ Geriatric (65+)	⊠ Encounter □ Day	□ 15 Minutes □ 1 Hour			
ALLOWED MODE(S) OF	DELIVERY	PROGRAM SERV				
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)	⊠ HE (SP) □ TG (Other SP) □ HK (Residentia		U4 (ICM) TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS						
<ul> <li>Peer Specialist</li> <li>Bachelor's Level (HN)</li> <li>Intern</li> </ul>	LPC Dulicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH)	□CAC I □ F □CAC II □ A		RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (POS	)					

## **EVALUATION AND MANAGEMENT - CONSULTATIONS - INPATIENT**

CPT <sup>®</sup> /HCPCS PROCEDUR	E CODE		PROCEDURE CO	DE DESCRIPTION		USAGE		
			Inpatient consultation for a new or established					
	99255		-	senting problem(		⊠ ОВН		
			moderate to hig					
SERVICE DESCRIPTION			-	MINIMUM DOCUMENTATION REQUIREMENTS				
A consultation is a ser	vice rendered by an M	ID/DO whose		nentation Requi				
opinion/ advice regardin			See Page 346	•				
specific problem is re	-	-	Service Content					
	appropriate source. An MD/DO consultant may initiate				hared medical reco	rds request in		
	diagnostic and/or therapeutic services at the same/subsequent		patient record:					
visit. Three key compone		c, sabsequent	1. Request for co	nsultation from att	ending MD/DO			
Comprehensive hist			2. Reason for cor		0			
Comprehensive exa	-		3. Services and s	upplies performed/	ordered by consultar	nt		
	aking of high complexit	v	-	f time of encounter	(face-to-face/floor t	me, whichever is		
When counseling and/or		-	appropriate)					
than 50%) the physician-			-		ormed to coordinate Inter, documentation			
to-face time on the floor				-	it was used counselir			
key/controlling factor to			care is require					
Not a Covered Benefit Under Medicare           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		<ul> <li>6. Copy of written report sent by consultant to referring MD/DO</li> <li>Formal report/copy of consultant's note</li> <li>Referring MD/DO's name</li> <li>Evidence that referring MD/DO requested both consultation and consultant's opinion</li> <li>Advice and/or opinion regarding patient's condition</li> <li>Results of tests/procedures ordered/performed</li> <li>See <u>Appendix G</u> for more information on E/M services.</li> <li>EXAMPLE ACTIVITIES</li> <li>Initial hospital consultation for a 27-year-old female patient with a diffusely positive medical review of systems and a history of multiple surgeries.</li> </ul>						
for management of a portio appropriate E/M procedure	-							
APPLICABLE POPULATIO	N(S)		UNIT		DURATION			
区 Child (0-11) 区 Adol (12-17)	0	ult (21-64) riatric (65+)	⊠ Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: 110 r Maximum: N/A See <u>Appendix G</u> and billing as tir	for typical times		
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERV	/ICE CATEGORY(I	ES)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ TG (Other SP) □ HK (Residenti		U4 (ICM) [ TM (ACT) [ HM (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) D/PhD/PsyD (AH)		$\square PA$	N (SA) . (PA) D/DO (AF)		
PLACE OF SERVICE (POS)								
⊠ NF (32) ⊠ SNF (31)	⊠ Inpt PF (51) ⊠ PF-PHP (52)							

EVALUATION AND MANAGEMENT – EMERGENCY DEPARTMENT				
CPT®/HCPCS PROCEDURE CODE         PROCEDURE CODE DESCRIPTION         USAGE				

making 99282 requires expand expanded prob complexity mer 99283 requires expand expanded prob complexity mer 99284 requires detaile moderate comp 99285 requires compr	raight forward med ded problem focuse lem focused exami dical decision makin ded problem focuse lem focused exami dical decision makin d history, detailed olexity medical dec	ical decision ed history, nation low ng ed history, nation moderate ng examination ision making omprehensive	Emergency Depart	tment Services.		☑ Medicaid
SERVICE DESCRIPTION	l		MINIMUM DOCU	MENTATION REQU	IREMENTS	
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.		See Page 346	entation Requireme		ces.	
NOTES	ancy department.		EXAMPLE ACTIVIT	IFS		
NOTES						
APPLICABLE POPULAT	ION(S)		UNIT		DURATION	
🗵 Child (0-11)	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter	□ 15 min □ 1 Hour		l <u>ix G</u> for typical illing as time-
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVIC	CE CATEGORY(IES)		
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		HE (SP)     TG (Other SP)     HK (Residential	□ U4 (ICM □ TM (AC ) □ HM (Re	T) □ H spite) □ 1	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)
STAFF REQUIREMENT	s					
Peer Specialist     Bachelor's Level (HN)     Intern	LCSV LPC LMF	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □ LPN/ □CAC I □ RN (T □CAC II ☑ APN □CACIII ☑ QMA	D) × P/ (SA) × M	KN (SA) A (PA) D/DO (AF)
PLACE OF SERVICE (PC	DS)					
区 ER (23) 区 Telehealth (02)						

EVALUATION AND MANAGE	MENT – EMERGENCY DEPARTMENT
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
<ul> <li>99281 requires problem focused history, problem focused examination straight forward medical decision making</li> <li>99282 requires expanded problem focused history, expanded problem focused examination low complexity medical decision making</li> <li>99283 requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making</li> <li>99284 requires detailed history, detailed examination moderate complexity medical decision making</li> <li>99285 requires comprehensive history, comprehensive examination high complexity medical decision making</li> </ul>	Emergency Department Services.
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.	<b>Technical Documentation Requirements</b> See Page 346 See <u>Appendix G</u> for more information on E/M services.
NOTES	EXAMPLE ACTIVITIES
APPLICABLE POPULATION(S)	UNIT DURATION
<ul> <li>☑ Child (0-11)</li> <li>☑ Young Adult</li> <li>☑ Adult (21-64)</li> <li>☑ Adol (12-17)</li> <li>(18-20)</li> <li>☑ Geriatric (65+)</li> </ul>	<ul> <li>☑ Encounter</li> <li>□ 15 min</li> <li>□ Day</li> <li>□ 1 Hour</li> <li>See <u>Appendix G</u> for typical times and billing as time-based code</li> </ul>
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ 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 I □ RN (TD) ⊠ PA (PA) D/PhD/PsyD (AH) □CAC II ⊠ APN (SA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)	
⊠ ER (23) ⊠ Telehealth (02)	

E	ALUATION AND MANAGE	MENT - NURSING FAC	ILITY - INITIAL SEI	RVICES		
<b>CPT®/HCPCS PROCEDURE COD</b>	E	PROCEDURE COD	DE DESCRIPTION		USAGE	
<ul> <li>99304 requires detailed or comprehensive history, detailed or comprehensive examination straight forward or low complexity medical decision making, Typical time is 25 minutes</li> <li>99305 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time is 35 minutes</li> <li>99306 requires comprehensive history, comprehensive examination high complexity medical decision making Typical time is 45 minutes</li> </ul>			cility Care Service:	5	☑ Medicaid	
SERVICE DESCRIPTION		MINIMUM DOCU	JMENTATION REC	QUIREMENTS		
These codes are used for face t facilities, Intermediate Care Fac Facilities for the evaluation and individual with presenting prob	ilities, or Long Term Care management of an	See Page 346	nentation Require		es.	
NOTES		EXAMPLE ACTIVI	EXAMPLE ACTIVITIES			
APPLICABLE POPULATION(S)		UNIT		DURATION		
⊠ Child (0-11) ⊠ Young Ad ⊠ Adol (12-17) (18-20)	lult 🗵 Adult (21-64) 🗵 Geriatric (65+)	⊠ Encounter □ Day	□ 15 Minute □ 1 Hour	20	<u>x G</u> for typical ling as time-based	
ALLOWED MODE(S) OF DELIVE	RY	PROGRAM SERV	ICE CATEGORY(IES	S)		
☑ Face-to-Face       □ Gro         ☑ Video Conf (GT)       ☑ Fan	vidual up (HQ) nily (HR) nily (HS)	⊠ HE (SP) □ TG (Other SP) □ HK (Residentia		и (ACT) П И (Respite) П	] HJ (Voc) ] HQ (Clubhouse) ] TT (Recovery) ] HT (Prev/El)	
STAFF REQUIREMENTS						
<ul> <li>Peer Specialist</li> <li>Bachelor's Level (HN)</li> <li>Intern</li> </ul>	LPC Unlicense	ed Master's Level (HO) ed EdD/ PhD/PsyD (HP) EdD/PhD/PsyD (AH)	□CAC I □ RM	N/LVN (TE) N (TD) X RxI PN (SA) X PA MAP X ME	· · /	
PLACE OF SERVICE (POS)						
⊠ NF (32) ⊠ SNF (31) ⊠ Telehealth (02)						

EVALUATION AND MANAGEME	ENT - NURSING FACILITY - INITIAL SERVICES			
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
<ul> <li>99304 requires detailed or comprehensive history, detailed or comprehensive examination straight forward or low complexity medical decision making, Typical time is 25 minutes</li> <li>99305 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time is 35 minutes</li> </ul>	Initial Nursing Facility Care Services ☑ OBH			
99306 requires comprehensive history, comprehensive				
examination high complexity medical decision making Typical time is 45 minutes				
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.	<b>Technical Documentation Requirements</b> 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+)	<ul> <li>☑ Encounter</li> <li>□ Day</li> <li>□ 15 Minutes</li> <li>□ Day</li> <li>□ 1 Hour</li> <li>See <u>Appendix G</u> for typical times and billing as time-based code</li> </ul>			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       ☐ U4 (ICM)       ☐ HJ (Voc)         ☐ TG (Other SP)       ☐ TM (ACT)       ☐ HQ (Clubhouse)         ☐ HK (Residential)       ☐ HM (Respite)       ☐ TT (Recovery)         ☐ HT (Prev/EI)       ☐ HT (Prev/EI)			
STAFF REQUIREMENTS				
LPC Unlicensed B	Master's Level (HO)       ILAC       ILPN/LVN (TE)       IXXX (SA)         EdD/ PhD/PsyD (HP)       ICAC I       IXXX (TD)       IXXX (SA)         D/PhD/PsyD (AH)       ICAC II       IXXX APN (SA)       IXXX (PA)         D/PhD/PsyD (AH)       ICAC III       IXXX APN (SA)       IXXX (PA)			
PLACE OF SERVICE (POS)				
⊠ NF (32) ⊠ SNF (31) ⊠ Telehealth (02)				

EV	ALUATION AND N	ANAGEMENT -	NURSING FACILITY -	SUBSEQU	ENT SER	<b>VICES</b>		
CPT <sup>®</sup> /HCPCS PROCEDURE C	ODE		PROCEDURE CODE	E DESCRIPT	ION		ι	JSAGE
99307 requires problem foc focused examination decision making, Typ 99308 requires expanded p expanded problem for complexity medical of minutes 99309 requires detailed into examination modera making, Typical time 99310 requires comp inter	n, straight forward nical time 10 minut roblem focused in ocused examinatic decision making, Th erval history, detai nite complexity me is 25 minutes	medical es terval history, n, low ypical time 15 led dical decision	Subsequent Nursir	ng Facility S	Services.		E	☑ Medicaid
examination high co								
Typical time is 35 min	nutes						-	
These codes are used for fa facilities, Intermediate Care Facilities for the evaluation with presenting problem(s) All levels of subsequent nur reviewing the medical record diagnostic studies and chan changes in history, physical management) since the last other qualified health are p	Facilities, or Long and management of varying severity rsing facility care in rd and reviewing tl ges in the patient' condition, and res assessment by th	Term Care of an individual v. helude he results of s status (i.e., ponse to	Technical Docume See Page 346 See <u>Appendix G</u> fo		•		services.	
NOTES	Toressional.		EXAMPLE ACTIVIT	IES				
				-				
APPLICABLE POPULATION	S)		UNIT			DURA		
⊠ Child (0-11) ⊠ Your ⊠ Adol (12-17) (18-20)		Adult (21-64) Geriatric (65+)	⊠ Encounter □ Day	□ 15 Mir □ 1 Hour			and billin	a for typical g as time-
ALLOWED MODE(S) OF DEL	IVERY		PROGRAM SERVIC	CE CATEGO	RY(IES)			
✓ Face-to-Face     ✓ Video Conf (GT)     ✓	Individual Group (HQ) Family (HR) Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>		] U4 (ICM ] TM (AC <sup>-</sup> ] HM (Re:	, T)		Clubhouse) ecovery)
STAFF REQUIREMENTS			•					
<ul> <li>Peer Specialist</li> <li>Bachelor's Level (HN)</li> <li>Intern</li> </ul>	□ LCSW (AJ) □ LPC □ LMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/L □ RN (T ☑ APN ( □ QMAR	D) SA)	区 RxN (S 区 PA (PA 区 MD/D	4)
PLACE OF SERVICE (POS)								
⊠ NF (32) ⊠ SNF (31) ⊠ Telehealth (02)								

E	ALUATION AND N	ANAGEMENT - I	NURSING FACILITY -	SUBSEQU	ENT SER\	/ICES		
CPT®/HCPCS PROCEDURE			PROCEDURE COD	E DESCRIPT	ION		US	AGE
99307 requires problem fo focused examination decision making, Tyy 99308 requires expanded p expanded problem f complexity medical minutes 99309 requires detailed int examination modera making, Typical time 99310 requires comp interv examination high co	n, straight forward bical time 10 minut problem focused in focused examinatio decision making, Th rerval history, detai ate complexity med bis 25 minutes val history, compre	medical es terval history, in, low ypical time 15 led dical decision hensive	Subsequent Nursi	ng Facility S	Services.			ОВН
Typical time is 35 mi								
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATIO	N REQUI	REMENT	rs	
These codes are used for fa facilities, Intermediate Care Facilities for the evaluation with presenting problem(s) All levels of subsequent nu reviewing the medical reco diagnostic studies and char changes in history, physical management) since the las other qualified health are p	e Facilities, or Long and management of varying severity rsing facility care in rd and reviewing th ages in the patient? condition, and rest t assessment by th	Term Care of an individual v. helude he results of s status (i.e., ponse to	See Page 346 See <u>Appendix G</u> fo	or more info	ormation	on E/M	services.	
NOTES			EXAMPLE ACTIVIT	TIES				
APPLICABLE POPULATION	(S)		UNIT			DURA		
⊠ Child (0-11) ⊠ You ⊠ Adol (12-17) (18-20	-	Adult (21-64) Geriatric (65+)	⊠ Encounter □ Day	□ 15 Mir □ 1 Hour			opendix G fo and billing a code	
ALLOWED MODE(S) OF DE	LIVERY		PROGRAM SERVIC	CE CATEGO	RY(IES)			
K Face-to-Face     I     Video Conf (GT)     I     Telephone	⊠ Individual ⊐ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>		l U4 (ICM l TM (AC1 l HM (Res	)	□ HJ (Voc □ HQ (Clu □ TT (Rec □ HT (Pre	bhouse) overy)
STAFF REQUIREMENTS								
<ul> <li>Peer Specialist</li> <li>Bachelor's Level (HN)</li> <li>Intern</li> </ul>	□ LCSW (AJ) □ LPC □ LMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	□ LPN/L □ RN (TI ☑ APN ( □ QMAF	D) SA)	区 RxN (SA) 区 PA (PA) 区 MD/DO	
PLACE OF SERVICE (POS)								_
⊠ NF (32) ⊠ SNF (31) ⊠ Telehealth (02)								

EVALUATION AND MANAGEMENT -	NURSING FACILITY - DISCHARGE SERVICES	
CPT <sup>®</sup> /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.	☑ Medicaid
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMEN	TS
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.	<b>Technical Documentation Requirements</b> See Page 346 See <u>Appendix G</u> for more information on E/M	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT DURA	TION
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)	Encounter 15 Minutes See A	ppendix <u>G</u> for typical and billing as time-
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>☑ Family (HR)</li> <li>☑ Telephone</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)         □ TG (Other SP)       □ TM (ACT)         □ HK (Residential)       □ HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS		
Intern	□LAC □CAC □LPN/LVN (TE) □CAC □LPN/LVN (TE) □CAC ☑APN (TD) □CAC ☑APN (SA) □CACIII	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)		
<ul> <li>☑ NF (32)</li> <li>☑ SNF (31)</li> <li>☑ Telehealth (02)</li> </ul>		

EVALUATION AND MANAGEMENT	- NURSING FACILITY - DISCHARGE SERVICES	
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
<ul> <li>99315 nursing facility discharge day management; 30</li> <li>minutes or less</li> <li>99316 nursing facility discharge day management; more than 30 minutes</li> </ul>	Nursing Facility discharge services.	☑ ОВН
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.	<b>Technical Documentation Requirements</b> See Page 346 See <u>Appendix G</u> for more information on E/M services.	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT DURATION	
<ul> <li>☑ Child (0-11)</li> <li>☑ Young Adult</li> <li>☑ Adult (21-64)</li> <li>☑ Adol (12-17)</li> <li>(18-20)</li> <li>☑ Geriatric (65+)</li> </ul>	<ul> <li>☑ Encounter</li> <li>□ Day</li> <li>□ 15 Minutes</li> <li>□ 15 Minutes</li> <li>times and billin based code</li> </ul>	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ HK (Residential) □ HM (Respite) □ TT	(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMENTS		
LPC Unlicensed	□LAC       □LPN/LVN (TE)         Master's Level (HO)       □CAC I       □RN (TD)       ☑ RxN (2000)         EdD/ PhD/PsyD (HP)       □CAC       ☑ APN (SA)       ☑ PA (PA)         D/PhD/PsyD (AH)       II       □ QMAP       ☑ QMAP	A)
PLACE OF SERVICE (POS)		
<ul> <li>☑ NF (32)</li> <li>☑ SNF (31)</li> <li>☑ Telehealth (02)</li> </ul>		

	EVALUA	TION AND MANAGEM	ENT - NURSING	FACILITY - (	OTHER		
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE C	ODE DESCR	IPTION		USAGE
99318 require detailed i examination, low to mo making. Typical time is 3	derate complexity	•	Annual Nursing	g Facility As	sessment.		☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DO	CUMENTA	TION REQUIREM	ENTS	
This is an annual Nursing	g Facility Assessme	nt.	See Page 346		n Requirements	/M servic	<b>`</b> es
NOTES			EXAMPLE ACTI				
APPLICABLE POPULATIO	DN(S)		UNIT			DURATI	ON
	I Young Adult 18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	⊠ Encounter □ Day		1 15 Minutes	typical t	<u>endix G</u> for imes and billing based code
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SER	<b>VICE CATE</b>	GORY(IES)		
⊠ Face-to-Face ⊠ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HC ⊠ Family (HF ⊠ Family (HS	R)	⊠ HE (SP) □ TG (Other SF □ HK (Residen	•	□ U4 (ICM) □ TM (ACT) □ HM (Respite	⊢ □ г □ (9	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS			•				
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	□ LCSW (AJ) □ LPC □ LMFT	□ Unlicensed Mast □ Unlicensed EdD/ □ Licensed EdD/Phl	PhD/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN ( □ RN (TD) ⊠ APN (SA) □ QMAP	` ´ 凶 R› 区 P/	KN (SA) A (PA) ID/DO (AF)
PLACE OF SERVICE (POS	)						
⊠ NF (32) ⊠ SNF (31) ⊠ Telehealth (02)							

	EVALUA	TION AND MANAGEM	ENT - NURSING	FACILITY -	OTHER		
<b>CPT®/HCPCS PROCED</b>	URE CODE		PROCEDURE CO	ODE DESCR	RIPTION		USAGE
99318 require detailed examination, low to m making. Typical time is	noderate complexity r	•	Annual Nursing	; Facility As	sessment.		⊡ овн
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS				
This is an annual Nurs	ing Facility Assessme	nt.	See Page 346		n Requirements information on E	/M servio	es.
NOTES			EXAMPLE ACTI	_		,	
APPLICABLE POPULAT	rion(s)		UNIT			DURATI	ЛС
⊠ Child (0-11) ⊠ Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	⊠ Encounter □ Day		☐ 15 Minutes ] 1 Hour	typical ti	<u>endix G</u> for mes and billing based code
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SER	VICE CATE	GORY(IES)		
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HC ⊠ Family (HR ⊠ Family (HS	2)	⊠ HE (SP) □ TG (Other SF □ HK (Residen		□ U4 (ICM) □ TM (ACT) □ HM (Respite)	□ H T □ (	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/El)
STAFF REQUIREMENT	S						
□ Peer Specialist □ Bachelor's Level (HI ⊠ Intern	N) LCSW (AJ) LPC LMFT	□ Unlicensed Mast □ Unlicensed EdD/ □ Licensed EdD/Phl	PhD/PsyD (HP)	□LAC □CAC I □CAC II □CACIII	□ LPN/LVN □ RN (TD) ⊠ APN (SA) □ QMAP	× R> ≥ P/	KN (SA) A (PA) D/DO (AF)
PLACE OF SERVICE (PC	OS)						
⊠ NF (32) ⊠ SNF (31) ⊠ Telehealth (02)							

EVALUATION AND MANAGEMENT - DOMICILIARY, REST	HOME, CUSTODIAL CARE – NEW & ESTABLISHED PAT	TIENT
CPT®/HCPCS PROCEDURE CODE		AGE
New Patient	Domiciliary, rest home, custodial care	
<ul> <li>99324 requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes</li> <li>99325 requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes</li> <li>99326 requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes</li> <li>99327 requires comprehensive history, comprehensive examination moderate complexity medical decision making, Typical time 60 minutes</li> <li>99328 requires comprehensive history, comprehensive examination high complexity medical decision making,</li> </ul>		Medicaid
Typical time 75 minutes		
Established patient99334 requires problem focused interval history, problem focused examination straight forward medical decision making, Typical time 15 minutes99335 requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making Typical time 25 minutes99336 requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time 40 minutes99337 requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutesSERVICE DESCRIPTIONThese codes are used to report E/M services in a facility which provides room, board and other personal assistance services, generally on a long term basis. They are also used to report E/M services in an assisted living facility. The facility services do not include a medical component.	MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Page 346 See Appendix G for more information on E/M service	es.
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT DURATION	ar turioci time
☑ Child (0-11)       ☑ Young Adult (18-       ☑ Adult (21-64)         ☑ Adol (12-17)       20)       ☑ Geriatric (65+)	Encounter □ 15 Minutes See <u>Appendix G</u> for Day □ 1 Hour and billing as time	
ALLOWED MODE(S) OF DELIVERY		(Voc)
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>☑ Family (HR)</li> <li>☑ Telephone</li> <li>☑ Family (HS)</li> </ul>	□ TG (Other SP) □ TM (ACT) □ HO □ HK (Residential) □ HM (Respite) □ TT	(Voc) Q (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMENTS		
□ Peer Specialist       □ LCSW (AJ)       □ Unlicensed Master         □ Bachelor's Level (HN)       □ LPC       □ Unlicensed EdD/         ☑ Intern       □ LMFT       □ Licensed EdD/Phil	PhD/PsyD (HP) $\square CAC I \square RN (ID)$ $\square PA (PA)$	
PLACE OF SERVICE (POS)		
<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Telehealth (02)</li> </ul>		

EVALUATION AND MANAGEMENT - DOMICILIARY, REST	HOME, CUSTODIAL CARE – NEW & ESTABLISHE	D PATIENT
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
New Patient	Domiciliary, rest home, custodial care	
<ul> <li>99324 requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes</li> <li>99325 requires expanded problem focused history, expanded problem focused examination low complexity medical decision making Typical time 30 minutes</li> <li>99326 requires detailed history, detailed examination moderate complexity medical decision making, Typical time 45 minutes</li> <li>99327 requires comprehensive history, comprehensive examination moderate complexity medical decision</li> </ul>	Domiciliary, rest home, custodial care services	⊠ ОВН
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 These codes are used to report E/M services in a facility which provides room, board and other personal assistance services, generally on a long term basis. They are also used to report E/M services in an assisted living facility. The facility services do not include a medical component.	MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Page 346 See Appendix G for more information on E/M s	
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT DURATION	
☑ Child (0-11)         ☑ Young Adult (18-         ☑ Adult (21-64)           ☑ Adol (12-17)         20)         ☑ Geriatric (65+)		<u>x G</u> for typical times s time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>☑ Family (HR)</li> <li>☑ Telephone</li> <li>☑ Family (HS)</li> </ul>	□ TG (Other SP) □ TM (ACT) □ □ HK (Residential) □ HM □	] HJ (Voc) ] HQ (Clubhouse) ] TT (Recovery) ] HT (Prev/El)
STAFF REQUIREMENTS		
□ Peer Specialist □ LCSW (AJ) □ Unlicensed Mastr □ Bachelor's Level (HN) □ LPC □ Unlicensed EdD/ ☑ Intern □ LMFT □ Licensed EdD/PhI	PhD/PsyD (HP) CACI II RN (ID) I PA	N (SA) . (PA) D/DO (AF)
PLACE OF SERVICE (POS)		
<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Telehealth (02)</li> </ul>		

CPT®/HCPCS PROCEDURE CODE <u>New Patient</u> 99341 requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes 99342 requires expanded problem focused history, expanded	PROCEDURE CODE DESCRIPTION     USAGE       Home care services     Image: Comparison of the service
99341 requires problem focused history, problem focused examination straight forward medical decision making, Typical time 20 minutes 99342 requires expanded problem focused history, expanded	
examination straight forward medical decision making, Typical time 20 minutes 99342 requires expanded problem focused history, expanded	☑ Medicaid
Typical time 20 minutes 99342 requires expanded problem focused history, expanded	
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 <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)	Encounter 15 Minutes See Appendix G for typical times
<ul> <li>☑ Adol (12-17)</li> <li>☑ 100 g Harris</li> <li>☑ Adol (12-17)</li> <li>☑ 18-20)</li> <li>☑ Geriatric (65+)</li> </ul>	□ Day □ 1 Hour and billing as time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
	HE (SP) □ U4 (ICM) □ HJ (Voc)
□ Group (HO)	$\Box$ TG (Other SP) $\Box$ TM (ACT) $\Box$ HQ (Clubhouse)
K Family (HR)	HK (Residential)
□ Telephone	(Respite) 🗆 HT (Prev/EI)
STAFF REQUIREMENTS	
Peer Specialist     Death alorg ( UN)     Death alorg ( UN)     Death alorg ( UN)     Death alorg ( UN)	aster's Level (HO)
	$D/PbD/PcvD(HP)$ LICACT LI RN (TD) $\square$ RA (PA)
Intern □ LMFT □ Licensed EdD/I	
PLACE OF SERVICE (POS)	
🗵 Telehealth (02)	

EVALUATION AND MANAGEMENT	HOME – NEW & ESTABLISHED PATIENT	
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
New Patient	Home care services	
99341 requires problem focused history, problem focused		🗹 ОВН
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 <u>Appendix G</u> for more information on E/M s	ervices.
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT DURATION	
Child (0-11) Young Adult Adult (21-64)	Encounter 15 Minutes See Appendi	<pre>&lt; G for typical times</pre>
🗵 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)
Kideo Conf (GT)     Group (HQ)     Group (HQ)		HQ (Clubhouse)
		TT (Recovery)
' 🖾 Family (HS)	(Respite)	HT (Prev/EI)
STAFF REQUIREMENTS		
□ Peer Specialist □ Bachelor's Level (HN) □ LCSW (AJ) □ Unlicensed M	aster's Level (HO)	RxN (SA)
LPC Unlicensed Ec	$dD/PhD/PsyD(HP)$ $\Box CACI \Box RN(ID)$	PA (PA)
LIMET Licensed EdD,	/PhD/PsyD (AH) □CACIII □ QMAP	MD/DO (AF)
PLACE OF SERVICE (POS)		
I Telehealth (02)		
⊠ Home (12)		
☑ Grp Home (14)		

EVALUATION AND MANAGEMENT - CAS	E MANAGEMENT - MEDICAL TEAM CONFERENCE	
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
	Medical team conference with interdisciplinary	
99366	team, face-to-face with patient and/or family, 30	☑ Medicaid
99300	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	Technical Documentation Requirements	
from different specialties/disciplines, each of whom provide	See Page 346	
direct care to the patient, with the patient and/or family	Service Content	
member(s), community agencies, surrogate decision maker(s)	1. The reason for the team conference. What was	
(e.g., legal guardians and/or care givers). Participants are	goal or agenda? How does the service relate to	o the
actively involved in the development, revision, coordination,	treatment/service plan?	
and implementation of the BH treatment services provided to	2. Description of the service provided.	
the patient.	3. Participants in team conference including:	
	- Specific providers with credentials	
*Not to be used for supervision	- Patient and any family members who atte	
	4. Summary of contributed information and treat	tment
Team conference services by a physician with the patient	recommendations	
and/or family present are reported with an appropriate E/M	5. Plan for next contact(s) including treatment go	
procedure code.	treatment is prescribed (be specific), any follow	w-up or
	coordination needed with 3 <sup>rd</sup> parties	
NOTES	See <u>Appendix G</u> for more information on E/M service	ces.
NOTES	EXAMPLE ACTIVITIES	
Reporting/billing participants have rendered face-to-face	Patient and/or family participate in a multi-disciplina	ary team
evaluation(s)/treatment(s) to the patient, independent of any	conference.	
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 <b>not</b>		
reported. No more than one individual from the same		
specialty may report 99366 at the same encounter.		
If services are performed by a CAC provider, a SUD Primary Diagnosis		
is required.		
APPLICABLE POPULATION(S)	UNIT DURATION	
Child (0-11) Young Adult Adult (21-64)	🗵 Encounter 🛛 15 Minutes Minimum: 30 Mi	inutes +
☑ Child (0-11)         ☑ Young Adult         ☑ Adult (21-64)           ☑ Adol (12-17)         (18-20)         ☑ Geriatric (65+)	Encounter 15 Minutes Minimum: 30 Mi Day 1 Hour Maximum: N/A	inutes +
☑ Child (0-11)         ☑ Young Adult         ☑ Adult (21-64)           ☑ Adol (12-17)         (18-20)         ☑ Geriatric (65+)           ALLOWED MODE(S) OF DELIVERY         ☑	Encounter       15 Minutes       Minimum: 30 Mi         Day       1 Hour       Maximum: N/A         PROGRAM SERVICE CATEGORY(IES)	
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       ☑ Individual	Image: Second	HJ (Voc)
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       ☑ Individual         ☑ Face-to-Face       ☑ Individual         ☑ Video Conf (GT)       □ Group (HQ)	☑ Encounter         □ 15 Minutes         Minimum: 30 Mi           □ Day         □ 1 Hour         Maximum: N/A           PROGRAM SERVICE CATEGORY(IES)           ☑ HE (SP)         □ U4 (ICM)         □           □ TG (Other SP)         □ TM (ACT)         □	HJ (Voc) HQ (Clubhouse)
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       ☑ Individual         ☑ Face-to-Face       ☑ Individual         ☑Video Conf (GT)       ☑ Group (HQ)         ☑ Telenhone       ☑ Family/collateral (HR)	☑ Encounter       □ 15 Minutes       Minimum: 30 Mi         □ Day       □ 1 Hour       Maximum: N/A         PROGRAM SERVICE CATEGORY(IES)         ☑ HE (SP)       □ U4 (ICM)       □         □ TG (Other SP)       □ TM (ACT)       □         □ HK (Residential)       □ HM (Respite)       □	HJ (Voc) HQ (Clubhouse) TT (Recovery)
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       ☑ Individual         ☑ Face-to-Face       ☑ Individual         ☑ Video Conf (GT)       ☑ Family/collateral (HR)         ☑ Telephone       ☑ Family/collateral (HS)	☑ Encounter       □ 15 Minutes       Minimum: 30 Mi         □ Day       □ 1 Hour       Maximum: N/A         PROGRAM SERVICE CATEGORY(IES)         ☑ HE (SP)       □ U4 (ICM)       □         □ TG (Other SP)       □ TM (ACT)       □         □ HK (Residential)       □ HM (Respite)       □	HJ (Voc) HQ (Clubhouse)
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       ☑ Group (HQ)         ☑ Face-to-Face       ☑ Group (HQ)         ☑ Video Conf (GT)       ☑ Family/collateral (HR)         ☑ Telephone       ☑ Family/collateral (HS)	☑ Encounter       □ 15 Minutes       Minimum: 30 Mi         □ Day       □ 1 Hour       Maximum: N/A         PROGRAM SERVICE CATEGORY(IES)         ☑ HE (SP)       □ U4 (ICM)       □         □ TG (Other SP)       □ TM (ACT)       □         □ HK (Residential)       □ HM (Respite)       □	HJ (Voc) HQ (Clubhouse) TT (Recovery)
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       ☑       Geriatric (65+)         ▲LLOWED MODE(S) OF DELIVERY       ☑       Geriatric (65+)         ▲LCOWED MODE(S) OF DELIVERY       ☑       ☑         ☑ Face-to-Face       ☑       Individual         ☑ Video Conf (GT)       ☑ Family/collateral (HR)       ☑         ☑ Telephone       ☑ Family/collateral (HS)       ☑         STAFF REQUIREMENTS       ☑ LCSW (AJ)       ☑ Unlicensed	Image: Second	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA)
⊠ Child (0-11)       ⊠ Young Adult       ⊠ Adult (21-64)         ⊠ Adol (12-17)       (18-20)       ⊠ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY        Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY        Geriatric (65+)         ▲ Individual       □ Group (HQ)          ⊠ Video Conf (GT)       ⊠ Family/collateral (HR)          □ Telephone       ☑ Family/collateral (HS)          STAFF REQUIREMENTS       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ Peer Specialist       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ Intern       ☑ LPC       ☑ Unlicensed	Image: Second secon	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA)
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       ☑ Geriatric (65+)         ▲LLOWED MODE(S) OF DELIVERY       ☑ Individual         ☑ Face-to-Face       ☑ Individual         ☑ Video Conf (GT)       ☑ Family/collateral (HR)         ☑ Telephone       ☑ Family/collateral (HS)         STAFF REQUIREMENTS       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ Bachelor's Level (HN)       ☑ LCSW (AJ)       ☑ Unlicensed	Image: Second	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA)
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       ☑       Geriatric (65+)         ☑ Face-to-Face       ☑ Individual       ☑         ☑ Yideo Conf (GT)       ☑ Group (HQ)       ☑         ☑ Telephone       ☑ Family/collateral (HR)       ☑         ☑ Telephone       ☑ Eamily/collateral (HS)       ☑         STAFF REQUIREMENTS       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ Peer Specialist       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ Intern       ☑ LMFT       ☑ Licensed Ec	Image: Second secon	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA)
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       ☑         ☑ Face-to-Face       ☑ Individual         ☑ Yoideo Conf (GT)       ☑ Group (HQ)         ☑ Telephone       ☑ Family/collateral (HR)         ☑ STAFF REQUIREMENTS       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ Peer Specialist       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ Intern       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ LMFT       ☑ Licensed Ec	Image: Second secon	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA)
☑ 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/collateral (HR)         ☑ STAFF REQUIREMENTS       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ Peer Specialist       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ Intern       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ LMFT       ☑ Licensed Ec         PLACE OF SERVICE (POS)       ☑ Grp Home (14)       ☑ PRTF (56)	Image: Second	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA)
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       ☑ Geriatric (65+)         ▲LLOWED MODE(S) OF DELIVERY       ☑ Group (HQ)         ☑ Face-to-Face       ☑ Individual         ☑ Video Conf (GT)       ☑ Family/collateral (HR)         ☑ Telephone       ☑ Family/collateral (HS)         STAFF REQUIREMENTS       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ Peer Specialist       ☑ LPC       ☑ Unlicensed         ☑ Intern       ☑ LMFT       ☑ Licensed Ec         PLACE OF SERVICE (POS)       ☑ Grp Home (14)       ☑ PRTF (56)         ☑ Office (11)       ☑ Home (12)       ☑ Shelter (04)	Image: Second	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI) N (SA) (PA)
☑ 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/collateral (HR)         ☑ STAFF REQUIREMENTS       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ Peer Specialist       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ Intern       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ LMFT       ☑ Licensed Ec         PLACE OF SERVICE (POS)       ☑ Grp Home (14)       ☑ PRTF (56)	Image: Second	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI) N (SA) (PA)

	VALOATION AND MANAGEMENT CAS	MANAGEMENT - MEDICAL TEAM CONFERENCE				
<b>CPT®/HCPCS PROCEDUI</b>	RE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
		Medical team conference with interdisciplinary				
	00266	team, face-to-face with patient and/or family, 30	🗹 ОВН			
	99366	minutes or more, participation by a non-physician				
		qualified health care professional				
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
Face-to-face participation	on by a minimum of 3 practitioners	Technical Documentation Requirements				
	es/disciplines, each of whom provide	See Page 346				
	nt, with the patient and/or family	Service Content				
	agencies, surrogate decision maker(s)	1. The reason for the team conference. What wa	is the intended			
	d/or care givers). Participants are	goal or agenda? How does the service relate to	o the			
	development, revision, coordination,	treatment/service plan?				
	the BH treatment services provided to	2. Description of the service provided.				
the patient.		3. Participants in team conference including:				
		- Specific providers with credentials				
*Not to be used for sup	pervision	<ul> <li>Patient and any family members who atter</li> </ul>	end			
		4. Summary of contributed information and treat				
Team conference servic	es by a physician with the patient	recommendations				
	re reported with an appropriate E/M	5. Plan for next contact(s) including treatment go	oals, what			
procedure code.		treatment is prescribed (be specific), any follo				
procedure code.		coordination needed with 3 <sup>rd</sup> parties				
		See <u>Appendix G</u> for more information on E/M service	res			
NOTES						
	pants have rendered face-to-face	Patient and/or family participate in a multi-disciplina	arv team			
	t(s) to the patient, independent of any	conference.				
	n the previous 60 days. The team	concrence.				
	beginning of a case review and ends					
	e beginning of a case review and ends					
at the conclusion of the	review. Time related to record					
at the conclusion of the keeping and generating	review. Time related to record a report is not reported/billed. The					
at the conclusion of the keeping and generating reporting participant is	review. Time related to record a report is not reported/billed. The present for all time reported. Team					
at the conclusion of the keeping and generating reporting participant is conferences of less than	review. Time related to record a report is not reported/billed. The present for all time reported. Team n 30 minutes duration are <b>not</b>					
at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> none individual from the same					
at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than	review. Time related to record a report is not reported/billed. The present for all time reported. Team n 30 minutes duration are <b>not</b>					
at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than specialty may report 99:	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> o one individual from the same 366 at the same encounter.	UNIT DURATION				
at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than specialty may report 99: APPLICABLE POPULATION	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> o one individual from the same 366 at the same encounter.	UNIT       DURATION         ⊠ Encounter       □ 15 Minutes       Minimum: 30	inutes +			
at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than specialty may report 99 APPLICABLE POPULATION Child (0-11)	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> o one individual from the same 366 at the same encounter. <b>DN(S)</b> I Young Adult I Adult (21-64)	🗵 Encounter 🛛 15 Minutes 🛛 Minimum: 30 Mi	inutes +			
at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than specialty may report 99 APPLICABLE POPULATION Child (0-11)	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> a one individual from the same 366 at the same encounter. <b>DN(S)</b> I Young Adult I Adult (21-64) .8-20) I Geriatric (65+)	Encounter □ 15 Minutes Minimum: 30 Mi     Day □ 1 Hour Maximum: N/A	inutes +			
at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than specialty may report 99: APPLICABLE POPULATION Child (0-11) X Adol (12-17) (1 ALLOWED MODE(S) OF	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> o one individual from the same 366 at the same encounter. <b>ON(S)</b> Young Adult I Adult (21-64) .8-20) I Geriatric (65+) <b>DELIVERY</b>	Encounter      15 Minutes      Minimum: 30 Mi     Day      1 Hour      Maximum: N/A      PROGRAM SERVICE CATEGORY(IES)				
at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than specialty may report 99: APPLICABLE POPULATION Child (0-11) Adol (12-17) (1) ALLOWED MODE(S) OF Sec-to-Face	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> o one individual from the same 366 at the same encounter. <b>ON(S)</b> Young Adult X Adult (21-64) 8-20) X Geriatric (65+) <b>DELIVERY</b> N Individual	☑ Encounter       □ 15 Minutes       Minimum: 30 Mi         □ Day       □ 1 Hour       Maximum: N/A         PROGRAM SERVICE CATEGORY(IES)         ☑ HE (SP)       □ U4 (ICM)	HJ (Voc)			
at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than specialty may report 995 APPLICABLE POPULATIO Solution (0-11) Solution Solution (0-11) Solution Solution (0-11) Solution Adol (12-17) (1 ALLOWED MODE(S) OF Solution Solu	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> a one individual from the same 366 at the same encounter. <b>ON(S)</b> 2 Young Adult X Adult (21-64) 8-20) X Geriatric (65+) <b>DELIVERY</b> Individual Group (HQ)	☑ Encounter         □ 15 Minutes         Minimum: 30 Minimum: 30 Minimum: 30 Minimum: N/A           □ Day         □ 1 Hour         Maximum: N/A           PROGRAM SERVICE CATEGORY(IES)         □           ☑ HE (SP)         □ U4 (ICM)         □           □ TG (Other SP)         □ TM (ACT)         □	HJ (Voc) HQ (Clubhouse)			
at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than specialty may report 99: APPLICABLE POPULATION Child (0-11) Adol (12-17) ALLOWED MODE(S) OF Sec-to-Face	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> a one individual from the same 366 at the same encounter. <b>ON(S)</b> Young Adult X Adult (21-64) 8-20) X Geriatric (65+) <b>DELIVERY</b> Individual Group (HQ) Family/collateral (HR)	☑ Encounter       □ 15 Minutes       Minimum: 30 Minimum: 30 Minimum: 30 Minimum: N/A         □ Day       □ 1 Hour       Maximum: N/A <b>PROGRAM SERVICE CATEGORY(IES)</b> ☑ HE (SP)       □ U4 (ICM)       □         □ TG (Other SP)       □ TM (ACT)       □         □ HK (Residential)       □ HM (Respite)       □	HJ (Voc) HQ (Clubhouse) TT (Recovery)			
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at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than specialty may report 99: APPLICABLE POPULATION Construction of the Child (0-11) Construction Construction of the Child (0-11) Construction Construction of the Construction of the Constr	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> o one individual from the same 366 at the same encounter. <b>ON(S)</b> Young Adult ⊠ Adult (21-64) &-20) ⊠ Geriatric (65+) <b>DELIVERY</b> ⊠ Individual □ Group (HQ) ⊠ Family/collateral (HR) ⊠ Family/collateral (HS)	Image: Second	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than specialty may report 99: APPLICABLE POPULATION Construction of the Child (0-11) Construction Construction of the Child (0-11) Construction Construction of the Construction of the Constr	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> a one individual from the same 366 at the same encounter. <b>ON(S)</b> Young Adult ⊠ Adult (21-64) .8-20) ⊠ Geriatric (65+) <b>DELIVERY</b> ⊠ Individual □ Group (HQ) ⊠ Family/collateral (HR) ⊠ Family/collateral (HS) ⊠ LCSW (AJ) ⊠ Unlicensed	Image: Second	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA)			
at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than specialty may report 99: APPLICABLE POPULATIO Control (0-11) Control Control (0-11) Control (0-11) Control Control (0-11) Control (0-11) Cont	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> a one individual from the same 366 at the same encounter. <b>ON(S)</b> Young Adult ⊠ Adult (21-64) .8-20) ⊠ Geriatric (65+) <b>DELIVERY</b> ⊠ Individual □ Group (HQ) ⊠ Family/collateral (HR) ⊠ Family/collateral (HS) ■ LCSW (AJ) ⊠ Unlicensed ⊠ LPC ⊠ Unlicensed	Image: Second service of the second service caregory (IES)       Minimum: 30 Minimum: 30 Minimum: 30 Minimum: N/A         PROGRAM SERVICE CATEGORY(IES)       Maximum: N/A         PROGRAM SERVICE CATEGORY(IES)       Image: Second	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA)			
at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than specialty may report 99: APPLICABLE POPULATIO Construction of the Child (0-11) Construction Construction of the Adol (12-17) (1) ALLOWED MODE(S) OF Construction of the Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Construction of the Bachelor's Level (HN)	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> a one individual from the same 366 at the same encounter. <b>ON(S)</b> Young Adult ⊠ Adult (21-64) .8-20) ⊠ Geriatric (65+) <b>DELIVERY</b> ⊠ Individual □ Group (HQ) ⊠ Family/collateral (HR) ⊠ Family/collateral (HS) ■ LCSW (AJ) ⊠ Unlicensed ⊠ LPC ⊠ Unlicensed	Image: Second	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA)			
at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than specialty may report 99: APPLICABLE POPULATIO Construction of the Child (0-11) Construction Construction of the Adol (12-17) (1) ALLOWED MODE(S) OF Construction of the Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS Peer Specialist Construction of the Bachelor's Level (HN)	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> o one individual from the same 366 at the same encounter. <b>ON(S)</b> Young Adult ⊠ Adult (21-64) &-20) ⊠ Geriatric (65+) <b>DELIVERY</b> Individual Group (HQ) ⊠ Family/collateral (HR) ⊠ Family/collateral (HS)	Image: Second	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA)			
at the conclusion of the keeping and generating reporting participant is p conferences of less than reported. No more than specialty may report 993 APPLICABLE POPULATIO Schild (0-11) S Adol (12-17) (1 ALLOWED MODE(S) OF STAFF REQUIREMENTS STAFF REQUIREMENTS SPeer Specialist Seachelor's Level (HN) Sintern PLACE OF SERVICE (POS	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> o one individual from the same 366 at the same encounter. <b>DN(S)</b> Young Adult ⊠ Adult (21-64) .8-20) ⊠ Geriatric (65+) <b>DELIVERY</b> ⊠ Individual □ Group (HQ) ⊠ Family/collateral (HR) ⊠ Family/collateral (HS) ⊠ LCSW (AJ) ⊠ Unlicensed ⊠ LPC ⊠ Unlicensed Ed S)	Image: Second service of the second service category (IES)       Minimum: 30 Minimum: 30 Minimum: N/A         PROGRAM SERVICE CATEGORY(IES)         Image: Maximum: N/A         PA         Image: Maximum: N/A         PA         Image: Maximum: N/A         PA         Image: Maximum: N/A         Image: Maximum:	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA)			
at the conclusion of the keeping and generating reporting participant is p conferences of less than reported. No more than specialty may report 993 APPLICABLE POPULATION Construction Child (0-11) Construction Child (0-11) Construction Cons	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> a one individual from the same 366 at the same encounter. <b>DN(S)</b> Young Adult	Image: Second	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA)			
at the conclusion of the keeping and generating reporting participant is provide the conferences of less than reported. No more than specialty may report 99: APPLICABLE POPULATION ADDE(S) OF ADDI (12-17) (1) ALLOWED MODE(S) ADDI (12-17) (1) ALLOWED (1	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> a one individual from the same 366 at the same encounter. <b>ON(S)</b> Young Adult ⊠ Adult (21-64) .8-20) ⊠ Geriatric (65+) <b>DELIVERY</b> ⊠ Individual □ Group (HQ) ⊠ Family/collateral (HR) ⊠ Family/collateral (HR) ⊠ Family/collateral (HS) <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSED</b> <b>UNICENSE</b> <b>UNICENSE</b> <b>UNICENSE</b> <b>UNICENSE</b> <b>UNICENSE</b> <b>UNICENSE</b> <b>UNICENSE</b> <b>UNICENSE</b> <b>UNICENSE</b> <b>UNICENSE</b> <b>UNICENSE</b> <b>UNICENSE</b>	Image: Second service of the service of the service of th	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA)			
at the conclusion of the keeping and generating reporting participant is conferences of less than reported. No more than specialty may report 99: APPLICABLE POPULATIO Schild (0-11) S Adol (12-17) (1 ALLOWED MODE(S) OF STAFF REQUIREMENTS STAFF REQUIREMENTS SPeer Specialist Sechelor's Level (HN) Sintern	review. Time related to record a report is not reported/billed. The present for all time reported. Team a 30 minutes duration are <b>not</b> a one individual from the same 366 at the same encounter. <b>DN(S)</b> Young Adult	Image: Second	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA)			

E	VALUATION AND MANAGEMENT -	CASE MANAGEMENT - MEDICAL TEAM CONFERENCE				
CPT <sup>®</sup> /HCPCS PROCED	URE CODE	PROCEDURE CODE DESCRIPTION USAGE				
	99367	Medical team conference with interdisciplinaryteam, patient and/or family not present, 30Image: Medicaidminutes or more, participation by physician				
SERVICE DESCRIPTION						
including a Psychiatris each of whom provide patient and/or fam surrogate decision ma givers). Participants an revision, coordinatio treatment services pro *Not to be used for su This code isonly used		<ul> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service provided.</li> <li>Participants in team conference including: <ul> <li>Specific providers with credentials</li> </ul> </li> <li>Summary of contributed information and treatment recommendations</li> <li>Plan for next contact(s) including treatment goals, what</li> </ol></li></ul>				
NOTES		EXAMPLE ACTIVITIES				
conference starts at the the conclusion of the and generating a repor- participant is present of less than 30 minut than one individual fro at the same encounter If services are performed	thin the previous 60 days. The t the beginning of a case review and end review. Time related to record kee ort is not reported/billed. The report for all time reported. Team conference es duration are <b>not</b> reported. No n om the same specialty may report 99 r. by a CAC provider, a SUD Primary Diagno	s at ing ces ore 366				
required.		UNIT DURATION				
🗵 Adol (12-17)	⊠ Young Adult     ⊠ Adult (21-64 (18-20)	+) □ Day □ 1 Hour Minimum: 30 Minutes +				
ALLOWED MODE(S) O	F DELIVERY	PROGRAM SERVICE CATEGORY(IES)           ☑ HE (SP)         ☑ U4 (ICM)         ☐ HJ (Voc)				
⊠ Face-to-Face ⊠Video Conf (GT) □ Telephone	□ Group (HQ) □ Family (HR) □ Family (HS)	Image: Service of the service of th				
STAFF REQUIREMENT	S					
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	🗵 LPC 👘 🗵 Unlice	nsed Master's Level (HO) 🗵 LAC 🖾 LPN/LVN (TE) 🖾 RxN (SA) nsed EdD/ PhD/PsyD (HP) 🖾 CAC I 🖾 RN (TD) 🖾 PA (PA) ed EdD/PhD/PsyD (AH) 🖾 CAC II 🖾 APN (SA) 🖾 PA (PA) 🖾 CACIII 🗖 QMAP				
PLACE OF SERVICE (PC						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> </ul>	<ul> <li>区 Grp Home (14)</li> <li>区 PRTF (56)</li> <li>区 Home (12)</li> <li>区 Shelter (</li> <li>区 ICF-MR (54)</li> <li>区 SNF (31)</li> <li>区 NF (32)</li> <li>区 FQHC (56)</li> </ul>	<ul><li>¥)  ☑ Telehealth (02) ☑ School (03) </li></ul>				

EVALUATION AND MANAGEMENT - CAS	E MANAGEMENT - MEDICAL TEAM CONFERENCE
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
99367	Medical team conference with interdisciplinaryteam, patient and/or family not present, 30Image: Main of the second sec
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<ul> <li>Face-to-face participation by a minimum of 3 practitioners, including a Psychiatrist, from different specialties/disciplines, each of whom provide direct care to the patient, without 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.</li> <li>*Not to be used for supervision</li> <li>This code is only used when the physician/prescriber is part of the medical team conference. All others use 99366 or 99368 as applicable.</li> <li>NOTES</li> <li>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. No more than one individual from the same specialty may report 99366 at the same encounter.</li> </ul>	<ul> <li>Technical Documentation Requirements See Page 346 Service Content <ol> <li>The reason for the team conference. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service provided.</li> <li>Participants in team conference including: <ul> <li>Specific providers with credentials</li> </ul> </li> <li>Summary of contributed information and treatment recommendations</li> <li>Plan for next contact(s) including treatment goals, what treatment is prescribed (be specific), and any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ol></li></ul> <li>See Appendix G for more information on E/M services.</li>
APPLICABLE POPULATION(S)	UNIT DURATION
⊠ Child (0-11)         ⊠ Young Adult         ⊠ Adult (21-64)           ⊠ Adol (12-17)         (18-20)         ⊠ Geriatric (65+)	Image: Second constraints       Image: Second constraints       Minimum: 30 Minutes +         Image: Day       Image: Second constraints       Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>☑ Family (HR)</li> <li>☑ Telephone</li> <li>☑ Family (HS)</li> </ul>	Image: HE (SP)       Image: U4 (ICM)       Image: HJ (Voc)         Image: TG (Other SP)       Image: TM (ACT)       Image: HQ (Clubhouse)         Image: HK (Residential)       Image: HM (Respite)       Image: TT (Recovery)         Image: HK (Residential)       Image: HM (Respite)       Image: TT (Recovery)         Image: HT (Prev/EI)       Image: HT (Prev/EI)       Image: HT (Prev/EI)
STAFF REQUIREMENTS	
Intern	H Master's Level (HO) I LAC I LPN/LVN (TE) I RxN (SA) H EdD/ PhD/PsyD (HP) I CAC I I RN (TD) I PA (PA) MD/PhD/PsyD (AH) I CAC II I APN (SA) I MD/DO (AF) I CACIII I QMAP
PLACE OF SERVICE (POS)	
Image: CMHC (53)       Image: Cmp Home (14)       Image: PRTF (56)         Image: Cmp Home (12)       Image: Cmp Home (12)       Image: Smp Home (04)         Image: Cmp Home (12)       Image: Smp Home (12)       Image: Smp Home (04)         Image: Cmp Home (12)       Image: Smp Home (12)       Image: Smp Home (04)         Image: Cmp Home (13)       Image: Cmp Home (12)       Image: Smp Home (04)         Image: Cmp Home (13)       Image: Cmp Home (12)       Image: Smp Home (04)         Image: Cmp Home (13)       Image: Cmp Home (12)       Image: Smp Home (12)         Image: Cmp Home (13)       Image: Cmp Home (12)       Image: Smp Home (12)         Image: Cmp Home (13)       Image: Cmp Home (12)       Image: Smp Home (12)         Image: Cmp Home (13)       Image: Cmp Home (12)       Image: Smp Home (12)         Image: Cmp Home (13)       Image: Cmp Home (12)       Image: Smp Home (12)         Image: Cmp Home (13)       Image: Cmp Home (12)       Image: Smp Home (12)         Image: Cmp Home (13)       Image: Cmp Home (12)       Image: Smp Home (12)         Image: Cmp Home (13)       Image: Cmp Home (12)       Image: Cmp Home (12)         Image: Cmp Home (13)       Image: Cmp Home (12)       Image: Cmp Home (12)         Image: Cmp Home (13)       Image: Cmp Home (12)       Image: Cmp Home (12)	<ul> <li>☑ RHC (72)</li> <li>☑ Telehealth (02)</li> <li>☑ School (03)</li> <li>☑ Other POS (99)</li> </ul>

EVALUATION AND MANAGEMENT - CAS	E MANAGEMENT - MEDICAL	TEAM CON	IFERENCE	
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPT	ΓΙΟΝ		USAGE
	Medical team conference wit	th interdisc	ciplinary tean	۱,
00268	patient and/or family not pre	esent, 30 m	inutes or	Medicaid
99368	more, participation by non-p	hysician qu	alified healt	n
	care professional			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATIO	N REQUIR	EMENTS	
Face-to-face participation by a minimum of 3 practitioners	<b>Technical Documentation Re</b>	equiremen	ts	
from different specialties/disciplines, each of whom provide	See Page 346			
direct care to the patient, with the patient and/or family	Service Content			
member(s), community agencies, surrogate decision	1. The reason for the tear	n conferen	ice. What wa	s the intended
maker(s) (e.g., legal guardians and/or care givers).	goal or agenda? How d	oes the sei	rvice relate to	o the
Participants are actively involved in the development,	treatment/service plan			
revision, coordination, and implementation of the BH	2. Description of the serv			
treatment services provided to the patient.	3. Participants in the tear		-	
	<ul> <li>Specific providers</li> </ul>			
*Not to be used for supervision	4. Summary of contribute	ed informat	ion and trea	tment
	recommendations			
	5. Plan for next contact(s)	-	any follow-u	p or coordination
	needed with 3 <sup>rd</sup> parties		- 4	
	See <u>Appendix G</u> for more in	tormation	on E/M servi	ces.
NOTES	EXAMPLE ACTIVITIES			
Reporting/billing participants have rendered face-to-face	No patient and/or family is p			ciplinary team
evaluation(s)/treatment(s) to the patient, independent of	conference without a physici	an present	•	
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 <b>not</b>				
reported. No more than one individual from the same				
specialty may report 99366 at the same encounter. If services are performed by a CAC provider, a SUD Primary Diagnosis				
is required.				
APPLICABLE POPULATION(S)	UNIT		DURATION	
🗵 Child (0-11) 🗵 Young Adult 🗵 Adult (21-64)	🗵 Encounter 🛛 15 M	linutes	Minimum: 30	Minutes +
⊠ Adol (12-17) (18-20) ⊠ Geriatric (65+)	□ Day □ 1 Ho		Maximum: N	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
	🗵 HE (SP)	U4 (IC	M) [	] HJ (Voc)
I Group (HO)	$\Box$ TG (Other SP)		-	] HQ (Clubhouse)
× Video Cont (GT) □ Family (HR)	□ HK (Residential)	□ HM (R		TT (Recovery)
□ Telephone □ Family (HS)		(		] HT (Prev/EI)
STAFF REQUIREMENTS				
			VN (TE) 🗵 Rx	
🗵 Peer Specialist 🛛 🗵 LCSW (AJ) 🖾 Unlicensed Mas	ter's Level (HO) 🛛 🗵 LAC	LPN/LV		N (SA)
☑ Peer Specialist         ☑ LCSW (AJ)         ☑ Unlicensed Mass           ☑ Bachelor's Level (HN)         ☑ LPC         ☑ Unlicensed EdD	· · ·	K LPN/LV		
	/ PhD/PsyD (HP) 🛛 🖾 CAC I		D) 🛛 🗵 PA	
🗵 Bachelor's Level (HN) 🗵 LPC 🛛 🖾 Unlicensed EdD	/ PhD/PsyD (HP) 🗵 CAC I	🗵 RN (TC	D) ⊠ PA SA) □ MI	(PA)
☑ Bachelor's Level (HN)       ☑ LPC       ☑ Unlicensed EdD         ☑ Intern       ☑ LMFT       ☑ Licensed EdD/P	/ PhD/PsyD (HP) 区CAC I nD/PsyD (AH) 区CAC II	⊠ RN (TC ⊠ APN (S	D) ⊠ PA SA) □ MI	(PA)
⊠ Bachelor's Level (HN)       ⊠ LPC       ⊠ Unlicensed EdD         ⊠ Intern       ⊠ LMFT       ⊠ Licensed EdD/P         PLACE OF SERVICE (POS)	/ PhD/PsyD (HP) 区CAC I nD/PsyD (AH) 区CAC II	⊠ RN (TC ⊠ APN (S □ QMAP	)) ⊠ PA SA) □ MI	(PA)
☑ Bachelor's Level (HN)       ☑ LPC       ☑ Unlicensed EdD         ☑ Intern       ☑ LMFT       ☑ Licensed EdD/P         PLACE OF SERVICE (POS)       ☑         ☑ CMHC (53)       ☑ Cust Care (33)       ☑ ICF-MR (54)	/ PhD/PsyD (HP)   区CAC I nD/PsyD (AH)   区CAC II 区CACIII	⊠ RN (TC ⊠ APN (S	) ⊠ PA SA) □ MI (03)	(PA)
☑ Bachelor's Level (HN)       ☑ LPC       ☑ Unlicensed EdD         ☑ Intern       ☑ LMFT       ☑ Licensed EdD/P         PLACE OF SERVICE (POS)       ☑	/ PhD/PsyD (HP) ⊠CAC I nD/PsyD (AH) ⊠CAC II ⊠CACIII ⊠ Shelter (04)	⊠ RN (TC ⊠ APN (S □ QMAP ⊠ School	) ⊠ PA SA) □ MI (03)	(PA)

 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☑ OBHmore, participation by non-physician qualified health care professional				
SERVICE DESCRIPTION					
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	MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements				
NOTES	EXAMPLE ACTIVITIES				
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 <b>not</b> reported. No more than one individual from the same specialty may report 99366 at the same encounter.	conference without a physician present.				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11)         ☑ Young Adult         ☑ Adult (21-64)           ☑ Adol (12-17)         (18-20)         ☑ Geriatric (65+)	☑ Encounter       □ 15 Minutes       Minimum: 30 Minutes +         □ Day       □ 1 Hour       Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/El)       □ HT (Prev/El)				
STAFF REQUIREMENTS					
IN Bachelor's Level (HN) Intern	Master's Level (HO) ビLAC ビLPN/LVN (TE) GdD/ PhD/PsyD (HP) ビCAC I 区 RN (TD) 区 RxN (SA) CAC II 区 APN (SA) 区 PA (PA) D/PhD/PsyD (AH) 区CACIII ロ QMAP ロ MD/DO (AF)				
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)	区 Telehealth (02) 区 School (03) 区 Other POS (99)				

EVALUATION AND I	MANAGEM	ENT - NON-FACE-T	O-FACE – I	PHONE		
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION				USAGE	
99441 *This code has very specific timeframes and docun requirements. Follow CPT guidelines.	nentation	Telephone evaluation and management (E/M)			1	
SERVICE DESCRIPTION		MINIMUM DOCL		ON REOU	IREMENTS	
Non-face-to-face E/M services provided by a physicia other qualified health professional to a patient using telephone, upon initiation by an established patient ( patient, parent or guardian), who is seeking advice/tr for a problem that does not require a face-to-face vis <b>NOTES</b> 99441 may be reported only for <b>established</b> patients, patient/patient's parent/guardian must initiate the co 99441 may not be used for calls initiated by physician qualified health professional. Calls resulting in a face- encounter for the same problem referenced on the co 24 hours/soonest available urgent appointment are in reportable; consider the call part of the pre-service w the billable E/M service. Likewise, if the call relates to an E/M service perform reported by the provider within the previous 7 days ( requested or unsolicited patient follow up), then the are considered part of that previous E/M service or procedure. Do not report 994441-99443 if you have 994441-99444 in the previous 7 days. The call is not reportable if the call relates to a previous call within 5	the (i.e., reatment sit. 5. The contact; n or other -to-face call within not vork for hed and (either service(s) e reported	Technical Docum See Page 346 Service Content 1. Nature of serv 2. Disposition See <u>Appendix G</u> f EXAMPLE ACTIVI An established pa call cannot be rel days and cannot earliest available a brief history fro medications, and recommended tre improve. The pro	vice render for more inf TIES atient calls lated to an trigger an a time. In a f om the pati I makes a m eatment, w vider docu ussion in th	ed and po formation the provi E/M that appointm five to 10 ent, revie nedical de vith a not ments the e patient	ents ertinent def n on E/M se der with a r occurred w ent within 2 minute call ws the pati ecision rega e to call if s e specifics a	rvices. new complaint. The vithin the last seven 24 hours or at the I, the provider gets ent's current list of rding
since these codes are themselves an E/M service.		UNIT DURATION			N	
APPLICABLE POPULATION(S)Child (0-11)Young AdultAdol (12-17)(18-20)Geriatric (65+)		Encounter Day	□ 15 Mir □ 1 Hour		Minimum	: 5 Minutes : 10 Minutes
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVI	ICE CATEGO			
□ Face-to-Face Individual □ Video Conf (GT) □ Family (HR) ☑ Telephone □ Family (HS)		☑ HE (SP) □ TG (Other SP) □ HK (Residentia)	al)	□ U4 (I □ TM ( □ HM (	,	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS			_	_		
	Jnlicensed Ed	aster's Level (HO) D/ PhD/PsyD (HP) PhD/PsyD (AH)	□LAC □CAC I □CAC II □CACIII	LPN/L     RN (TE     APN (S     QMAP	D) X SA) X	RxN (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (POS)						
区 Office (11) 区 Cust Care (33) 区 IC 区 Mobile Unit (15) 区 Grp Home (14) 区 Ni	ospice (34) CF-MR (54) IF (32) RTF (56)	区 Shelter 区 SNF (31 区 FQHC (9 区 RHC (72 区 Inpt Ho	L) 50) 2)	⊠ Inpt P ⊠ ER (23 ⊠ PF-PH ⊠ Schoo	s) P (52)	⊠ Other POS (99)

	EVALUATION	AND MANAGEM	ENT - NON-FACE-	TO-FACE -	PHONE			
CPT <sup>®</sup> /HCPCS PROCEDUR	E CODE		PROCEDURE CO	DE DESCRI	PTION			USAGE
99441 *This code has very specific timeframes and documentation requirements. Follow CPT guidelines.			Telephone evaluation and management (E/M)service provided by a physician to an establishedpatient, parent, or guardian not originating froma related E/M service provided within the					⊠ ОВН
SERVICE DESCRIPTION					ON REOU	IREMEN	TS	
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.			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.					25.
NOTES 99441 may be reported of	anly for actablished as	tionts The	An established p		the provi	dorwith	2 0 0 0 0	complaint The
patient/patient's parent, 99441 may not be used f qualified health profession encounter for the same 24 hours/soonest available reportable; consider the the billable E/M service. Likewise, if the call related reported by the provider requested or unsolicited are considered part of the procedure. Do not repor 994441-99444 in the pre- reportable if the call related since these codes are the	/guardian must initiate for calls initiated by phy- onal. Calls resulting in a problem referenced on ole urgent appointmen call part of the pre-ser es to an E/M service per within the previous 7 patient follow up), the nat previous E/M servic t 994441-994443 if you vious 7 days. The call is tes to a previous call w emselves an E/M service	the contact; ysician or other a face-to-face the call within t are not vice work for rformed and days (either en the service(s) e or u have reported s not vithin 7 days	call cannot be re days and cannot earliest available a brief history fro medications, and recommended tr improve. The pro time for the disc providers is inclu	lated to an trigger an time. In a om the pat d makes a r reatment, w ovider docu ussion in th	E/M that appointm five to 10 ient, revie medical de with a not uments th ne patient	occurred ent withi minute o ews the p ecision re e to call i e specifio	d within in 24 hc call, the patient's garding if sympt cs and t	the last seven purs or at the provider gets s current list of toms don't he amount of
APPLICABLE POPULATION(S)			UNIT			DURAT	ION	
<ul> <li>☑ Child (0-11)</li> <li>☑ Y</li> <li>☑ Adol (12-17)</li> <li>(18-</li> </ul>	oung Adult 🗵 Ad 20) 🗵 Ge	dult (21-64) eriatric (65+)	Encounter Day	□ 15 Mi □ 1 Hou	r	Minimu Maximu	-	linutes Minutes
ALLOWED MODE(S) OF I			PROGRAM SERV	ICE CATEG				
<ul> <li>□ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>⊠ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>□ Family (HR)</li> <li>□ Family (HS)</li> </ul>		⊠ HE (SP) □ TG (Other SP) □ HK (Residentia		□ U4 ( □ TM ( □ HM			HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/El)
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 (TI □ APN (! □ QMAF	D) SA)	⊠ RxN ( ⊠ PA (P ⊠ MD/[	A)
PLACE OF SERVICE (POS)								
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⊠ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	<ul> <li>☑ Shelter (04</li> <li>☑ SNF (31)</li> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> <li>☑ Inpt Hosp (</li> </ul>		⊠ Inpt P ⊠ ER (23 ⊠ PF-PH ⊠ Schoc	3) IP (52)	⊠ (	Other POS (99)

	EVALUATIO	ON AND MANAGE	MENT - NON-FACE-	TO-FACE – PHONE			
CPT <sup>®</sup> /HCPCS PROCED	JRE CODE		PROCEDURE CODI	E DESCRIPTION		USAGE	
*This code has very sp requirements. Follow		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 convice provided within the provious 7				
SERVICE DESCRIPTION							
SERVICE DESCRIPTION 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.			MINIMUM DOCUMENTATION REQUIREMENTS         Technical Documentation Requirements         See Page 346         Service Content         1. Nature of service rendered and pertinent details         2. Disposition				
NOTES			See <u>Appendix G</u> fo EXAMPLE ACTIVIT				
99442 may be reporte patient/patient's pare 99442 may not be use other qualified health to-face encounter for call within 24 hours/sc are not reportable; con work for the billable E, Likewise, if the call ref reported by that provi requested or unsolicite service(s) are consider procedure. Do not rep 99441-99444 performen not reportable if the te call within 7 days, sinc service.	nt/guardian must initi d for calls initiated by professional. Calls res the same problem refe onest available urgen nsider the call part of /M service. ers to an E/M service der within the previou ed patient follow-up), ed part of that previo ort 99441-99443 if yo ed in the previous 7 di elephone call relates the e these codes are the	ate the contact; a physician or ulting in a face- erenced on the t appointment the pre-service performed and us 7 days (either then the us E/M service or u have reported ays. The call is o the previous	An established pat call cannot be rela days and cannot to earliest available t brief history from medications, and o treatment, with a provider documen discussion in the p included in the con	ted to an E/M tha rigger an appointn ime. In an 11 to 20 the patient, review makes a medical d note to call if sym its the specifics an iatient's chart. Dis	t occurred within nent within 24 hd O minute call, the ws the patient's o ecision regardin ptoms don't imp d the amount of cussion with oth	n the last seven ours or at the e provider gets a current list of g recommended rove. The time for the	
APPLICABLE POPULAT			UNIT		DURATION		
🗵 Adol (12-17) (1	.8-20) 🗵	Adult (21-64) Geriatric (65+)	⊠ Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: 11 M Maximum: 20 M		
ALLOWED MODE(S) O Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENT:	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		PROGRAM SERVIC	□ U4 □ TM	(ICM) □ (ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
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)	LAC   LPN     CAC I   RN     CAC II   APN     CACIII   QM	I (SA) X PA		
PLACE OF SERVICE (PC	-						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	<ul> <li>☑ Shelter (04)</li> <li>☑ SNF (31)</li> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> <li>☑ Inpt Hosp (21)</li> </ul>	⊠ Inpt PF (5 ⊠ ER (23) ⊠ PF-PHP (5 ⊠ School (0	52)	POS (99)	

	EVALUATIO	ON AND MANAGEN	MENT - NON-FACE-	FO-FACE - PHON	E		
CPT <sup>®</sup> /HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	<b>DESCRIPTION</b>		US	AGE
*This code has very sp requirements. Follow		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 previous 7				
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION REC	UIREMENTS	5	
Non-face-to-face E/M patient using the telep established patient (i.e seeking advice/treatm require a face-to-face	Technical Docume See Page 346 Service Content 1. Nature of servic 2. Disposition See Appendix G fo	ce rendered and	pertinent de				
NOTES			EXAMPLE ACTIVIT				
99442 may be reported patient/patient's paren 99442 may not be used other qualified health to-face encounter for t call within 24 hours/so are not reportable; cor work for the billable E/ Likewise, if the call refer reported by that provid requested or unsolicited service(s) are consider procedure. Do not rep 99441-99444 performen not reportable if the te call within 7 days, since service.	nt/guardian must initia d for calls initiated by professional. Calls res- the same problem refe- onest available urgen nsider the call part of 'M service. ers to an E/M service p der within the previou ed patient follow-up), ed part of that previou ort 99441-99443 if yo ed in the previous 7 da elephone call relates to e these codes are ther	ate the contact; a physician or ulting in a face- erenced on the t appointment the pre-service performed and is 7 days (either then the us E/M service or u have reported ays. The call is o the previous	An established pat call cannot be rela days and cannot tr earliest available t brief history from medications, and r treatment, with a provider documen discussion in the p included in the cod	ted to an E/M th igger an appoint ime. In an 11 to 2 the patient, revie nakes a medical note to call if syn ts the specifics a atient's chart. Di	at occurred ment within 20 minute ca ews the patie decision reg nptoms don' nd the amou scussion wit	within the la 24 hours or ill, the provi ent's current arding recor t improve. T unt of time f h other prov	ast seven r at the der gets a t list of mmended The for the
APPLICABLE POPULAT			UNIT		DURATIO	N	
🗵 Adol (12-17) (1	8-20) 🗵	] Adult (21-64) ] Geriatric (65+)	Encounter Day	□ 15 Minutes □ 1 Hour	Maximum	: 11 Minutes : 20 Minute	
ALLOWED MODE(S) O	F DELIVERY Individual		PROGRAM SERVIC		5) (ICM)		<u>c)</u>
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	Group (HQ) Family (HR) Family (HR)		☐ TG (Other SP) ☐ TG (Other SP) ☐ HK (Residential)		i (ICIVI) 1 (ACT) Л (Respite)	□ HJ (Voo □ HQ (Clu □ TT (Reo □ HT (Pre	ubhouse) covery)
STAFF REQUIREMENTS	S			_			
□ 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 □ RN	N (SA)	본 RxN (SA) 본 PA (PA) 본 MD/DO (A	F)
PLACE OF SERVICE (PC							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	<ul> <li>☑ Shelter (04)</li> <li>☑ SNF (31)</li> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> <li>☑ Inpt Hosp (21)</li> </ul>	区 Inpt PF ( 区 ER (23) 区 PF-PHP 区 School (	(52)	)ther POS (9	9)

	EVALUA	TION AND MANAGE	MENT - NON-FACE-1	TO-FACE - PHON	E	
<b>CPT®/HCPCS PROCEDU</b>	RE CODE		PROCEDURE CODE	E DESCRIPTION		USAGE
99443 *This code has very specific timeframes and documentation			Telephone evaluat service provided b patient, parent, or related E/M servic days, nor leading t			
guidelines. Follow CPT	guidennes.		within the next 24 appointment; 21 – discussion			
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION REC	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 Docume See Page 346 Service Content 1. Nature of servi 2. Disposition See <u>Appendix G</u> fo	ce rendered and r more informat	pertinent deta	
NOTES		· · ·	EXAMPLE ACTIVIT			
99443 may be reported patient or patient's pare contact; 99443 may not physician or other quali resulting in a face-to-fac referenced on the call w urgent appointment are part of the pre-service w Likewise, if the call refe reported by that provid requested or unsolicited service(s) are considere procedure. Do not repo 99441-99444 in the pre reportable if the teleph within 7 days, since the service.	ent/guardian must t be used for calls in ified health profess ce encounter for th within 24 hours/soo e not reportable; co work for the billabl rs to an E/M servic ler within the previ d patient follow up ed part of that prev ort 99441-99443 if vious 7 days. The co one call relates to se codes are thems	initiate the nitiated by a ional. Calls he same problem onest available onsider the call e E/M service. e performed and ous 7 days (either ) then the ious E/M service or you have reported all is not the previous call	days and cannot tr earliest available t brief history from	ted to an E/M th rigger an appoint ime. In a 21 to 3 the patient, revio makes a medical note to call if syr its the specifics a atient's chart. D	at occurred wi ment within 2- 0 minute call, t ews the patien decision regar nptoms don't i nd the amoun	thin the last seven 4 hours or at the he provider gets a t's current list of ding recommended mprove. The t of time for the
APPLICABLE POPULATIO	ON(S)		UNIT		DURATION	
区 Child (0-11) 区 Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult(21-64) ⊠ Geriatric (65+)	⊠ Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: 2 Maximum: 3	
ALLOWED MODE(S) OF						
□ Face-to-Face □ Video Conf (GT) ⊠ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		☑ HE (SP) □ TG (Other SP) □ HK (Residential)		I (ICM) Λ (ACT) Λ (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)		N (ID) N (SA) 🗵	RxN (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (POS						
区 CMHC (53) 区 Office (11) 区 Mobile Unit (15) 区Outp Hospital (22)	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ Hospice ( ⊠ ICF-MR (5 ⊠ NF (32) ⊠ PRTF (56)	54) 🗵 SNF (31) 🗵 FQHC (5	区 ER 0) 区 PF 区 Sc	ot PF (51) (23) -PHP (52) hool (03)	⊠ Other POS (99)

	EVALUA	TION AND MANAGE	MENT - NON-FACE-	TO-FACE -	PHONE			
<b>CPT®/HCPCS PROCEDU</b>	RE CODE		PROCEDURE COD	E DESCRIPT	ΓΙΟΝ		US	AGE
			Telephone evalua	tion and m	anagen	nent (E/M)		
	service provided by a physician to an established							
	99443		patient, parent, or					
*=1 • 1 1			related E/M service	-	-	-		
*This code has very spo		and documentation	days, nor leading					
guidelines. Follow CPT	guidelines.		within the next 24					
			appointment; 21 -					
			discussion					
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATIO		JIREMENT	s	
Non-face-to-face E/M s	ervices provided b	v a Psychiatrist to a	Technical Docume				-	
patient using the teleph			See Page 346					
established patient (i.e.			Service Content					
seeking advice/treatme			1. Nature of servi	ice rendere	d and n	ertinent d	etails	
require a face-to-face v			2. Disposition		a ana p	c. chiene u		
			See <u>Appendix G</u> fc	or more inf	ormatic	n on F/M	services	
NOTES								
99443 may be reported	only for establish	ed patients. The	An established par		he prov	ider with a	a new com	plaint. The
patient or patient's par	-		call cannot be rela		•			•
contact; 99443 may not			days and cannot t					
physician or other quali			earliest available t					
resulting in a face-to-fa			brief history from				•	-
referenced on the call v			medications, and	•		•		
urgent appointment are								
part of the pre-service			treatment, with a note to call if symptoms don't improve. The					
Likewise, if the call refe			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.					
reported by that provid			included in the code.					
requested or unsolicite								
service(s) are considere								
procedure. Do not repo								
99441-99444 in the pre								
reportable if the teleph								
within 7 days, since the	se codes are them	selves an E/IVI						
service. APPLICABLE POPULATION	ON(S)		UNIT			DURATIO	N	
⊠ Child (0-11)	🗵 Young	🗵 Adult (21-64)	🗵 Encounter	🗆 15 Mii	nutes		: 21 Minu	tes
🗵 Adol (12-17)	Adult (18-20)	⊠ Geriatric (65+)	□ Day	🗆 1 Hou			n: 30 Minu	
ALLOWED MODE(S) OF			PROGRAM SERVIO					
	🗵 Individual		🗵 HE (SP)		U U4		П Н П	(Voc)
□ Face-to-Face	Group (HQ)		□ TG (Other SP)		□тм			(Clubhouse)
□ Video Conf (GT)	□ Family (HR)		HK (Residential	)		(Respite)		(Recovery)
🗵 Telephone	□ Family (HS)			1	vi	(nespice)		(Prev/EI)
STAFF REQUIREMENTS	, (		I					、 - <i>ii</i>
Peer Specialist		((A))		□LAC	🗆 LPN	/LVN (TE)		、 、
Bachelor's Level (HN)			Master's Level (HO)	□CAC I	🗆 RN	,	RxN (SA	)
🗵 Intern	□ LPC □ LMF1		EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II		I (SA)	× PA (PA) × MD/DO	(AE)
					□ QM	AP		
	-1							
PLACE OF SERVICE (POS			_					
🗵 CMHC (53)	🗵 ACF (13)	🗵 Hospice (			•	: PF (51)	🗵 Otł	ner POS (99)
					⊠ Inpi ⊠ ER (		🗵 Otł	ner POS (99)
区 CMHC (53) 区 Office (11) 区 Mobile Unit (15)	🗵 ACF (13)	⊠ ICF-MR (S			🗵 ER (		区 Oth	ner POS (99)
区 CMHC (53) 区 Office (11)	⊠ ACF (13) ⊠ Cust Care (33)	⊠ ICF-MR (S	54) 🗵 SNF (31) 🗵 FQHC (5	50)	⊠ ER ( ⊠ PF-I	23)	区 Oth	ner POS (99)
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15)	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> </ul>	⊠ ICF-MR (5 ) ⊠ NF (32)	54) 🗵 SNF (31) 🗵 FQHC (5	50) )	⊠ ER ( ⊠ PF-I	23) PHP (52)	区 Oth	ner POS (99)

## TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)

CPT <sup>®</sup> /HCPCS PROCED	OURE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE
			Activity therapy,	such as music, dance,	art or play	
	G0176		therapies not for	recreation, related to	care and	☑ Medicaid
	90178		treatment of pat	ient's disabling mental	health	
			problems per ses	ssion (45 minutes or m	ore)	
SERVICE DESCRIPTION	N		MINIMUM DOC	UMENTATION REQUIR	EMENTS	
Therapeutic activities	designed to improve social	functioning,	Technical Docun	nentation Requiremen	ts	
promote community	integration and reduce sym	ptoms in areas	See Page 346			
	ning/re-establishing residen		Service Content:			
	ne, work, school, peer group			history/exam documer	nting sympto	ms or problems
	than one person and are d	-	necessitating			
	ment in areas such as stress			treatment/service pla		
-	t resolution, coping skills, pr	-		ust be prescribed by ar		•
money management,	nutrition, and community r	nobility.		ndividualized written p		
			staff meml	DO after any needed co	onsultation w	ith appropriate
				state type, amount, fre	allency and	duration of
				be furnished and indic		
			anticipated			5 and
				oms, goals of therapy a	and methods	of monitoring
			outcome			5
			<ul> <li>Why chose</li> </ul>	en therapy is appropria	te treatment	modality either
				n addition to another fo		
			4. Specify estim	ated duration of treatr	nent, in term	s of number of
			sessions			
				te problem, document		expected to
				ealth status/function of		
				c problems, document		maintenance
				tatus/function is expec	ted	
NOTES	t be purely recreational/c	liversionary in	EXAMPLE ACTIV	ITIES		
	must be individualized and					
	patient's treatment/service					
	is only used for partial l					
programs (PHPs).						
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
	•	ult (21-64)	🗵 Encounter	□ 15 Minutes	Minimum: 4	
	· /	riatric (65+)	🗆 Day	🗆 1 Hour	Maximum:	N/A
ALLOWED MODE(S) C				ICE CATEGORY(IES)		
🗵 Face-to-Face	□ Individual		🗵 HE (SP)	🗆 U4 (ICM		J (Voc)
□ Video Conf (GT)	Group (HQ)		□ TG (Other SP)			Q (Clubhouse)
□ Telephone ´´ □ Family (HR)		□ HK (Residential) □ HM (Respite) □ TT (Recovery)				
•	□ Family (HS)				<u> </u>	T (Prev/El)
	15				· (TE)	
<ul> <li>Peer Specialist</li> <li>Bachelor's Level (HN)</li> </ul>	🗵 LCSW (AJ)		1aster's Level (HO)	ILAC I IPN/LVN □CACI I RN (TD)		
Intern	I LPC		dD/ PhD/PsyD (HP)	□CAC II ⊠ APN (SA)	) 🗵 PA (F	
	🗵 LMFT	Licensed EdD	/PhD/PsyD (AH)		′ 🗵 MD/	DO (AF)
PLACE OF SERVICE (P	OS)					
⊠ CMHC (53)						
⊠Outp Hospital (22)						
⊠ PF-PHP (52)						
· · ·						

TREATMENT - INTENSIVE - P	ARTIAL HOSPITALIZATION (PHP)	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
	Activity therapy, such as music, dance, a	art or play
C0176	therapies not for recreation, related to	care and
G0176	treatment of patient's disabling mental	health
	problems per session (45 minutes or mo	ore)
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIR	EMENTS
Therapeutic activities designed to improve social functioning,	Technical Documentation Requirement	ts
promote community integration and reduce symptoms in areas	See Page 346	
important to maintaining/re-establishing residency in the	Service Content:	
community (e.g., home, work, school, peer group). Activities	1. Initial/intake history/exam docume	enting symptoms or
are delivered to more than one person and are designed to	problems necessitating treatment	
promote skill development in areas such as stress	2. Individualized treatment/service pla	
management, conflict resolution, coping skills, problem solving, money management, nutrition, and community mobility.	<ul> <li>Services must be prescribed by ar under an individualized written pl</li> </ul>	
money management, nutrition, and community mobility.	by an MD/DO after any needed co	
	staff members	insulation with appropriate
	<ul> <li>Plan must state type, amount, fre</li> </ul>	quency, and duration of
	services to be furnished and indic	
	anticipated goals	-
	3. Target symptoms, goals of therapy a outcome	and methods of monitoring
	<ul> <li>Why chosen therapy is appropriat</li> </ul>	e treatment modality either
	in lieu of/in addition to another fo	
	4. Specify estimated duration of treatm	
	sessions	
	• For an acute problem, document	treatment is expected to
	improve health status/function of	
	<ul> <li>For chronic problems, document s</li> </ul>	stabilization/ maintenance
	of health status/function is expec	ted
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. Per CMS,		
this procedure code is only used for partial hospitalization		
programs (PHPs). APPLICABLE POPULATION(S)	UNIT	DURATION
X         X         Y	Encounter 15 Minutes	Minimum: 45 Minutes
$\boxtimes$ Adol (12-17) (18-20) $\boxtimes$ Geriatric (65+)	□ Day □ 1 Hour	Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
	HE (SP)     U4 (ICM	) 🗆 HJ (Voc)
I Face-to-Face	$\Box TG (Other SP) \qquad \Box TM (ACT)$	
LI VIGEO CONT (GT)	$\Box$ HK (Residential) $\Box$ HM (Res	
□ Telephone □ Family (III)		□ HT (Recovery)
STAFF REQUIREMENTS	l	
		(TE)
Sachelor's Level (HN)	aster's Level (HO) □CAC I IRN (TD)	
X  Infern	/PhD/PsyD (AH)	区 PA (PA) 区 MD/DO (AF)
X I MET X Licensed EdD		
PLACE OF SERVICE (POS)		
PLACE OF SERVICE (POS)		
PLACE OF SERVICE (POS)		

TREATMENT - INTENSIVE - PARTIAL HOSPITALIZATION (PHP)		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
	Training and educational services related to the care	5
G0177	and treatment of patient's disabling mental health	🗹 Medicaid
	problems per session (45 minutes or more)	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
SERVICE DESCRIPTION Psychosocial skills development and rehabilitation services to improve social functioning in areas important to maintaining/re-establishing residency in the community. Interventions are delivered on an individual basis and are individualized to meet specific goals and measurable objectives in the treatment/service plan. Interventions focus on developing and strengthening competencies in areas such as anger management, stress management, conflict resolution, money management, community mobility, symptom management and reduction.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>Initial/intake history/exam documenting symptoms/problems necessitating treatment</li> <li>Individualized treatment/service plan <ul> <li>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</li> <li>Plan must state type, amount, frequency, and duration of services to be furnished and indicate diagnoses and anticipated goals</li> </ul> </li> <li>Target symptoms, goals of therapy and methods of monitoring outcome <ul> <li>Why chosen therapy is appropriate treatment modality either in lieu of/in addition to another form of psychiatric treatment</li> </ul> </li> <li>Specify estimated duration of treatment, in terms of number of sessions <ul> <li>For an acute problem, document that treatment is expected to improve health status/function of patient</li> <li>For chronic problems, document that stabilization/</li> </ul> </li> </ol></li></ul>	
	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	
This is an individual skills training service. <i>Per CMS, this procedure code is only used for partial hospitalization programs (PHPs).</i>		
APPLICABLE POPULATION(S)	UNIT DURATIO	ON
□ Child (0-11)	🗵 Encounter 🛛 15 Minutes Minimur	n: 45 Minutes
□ Adol (12-17) (18-20) ⊠Geriatric (65+)	🗆 Day 🛛 1 Hour Maximu	m: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face       ☑ Individual         □ Video Conf (GT)       □ Group (HQ)         □ Telephone       □ Family (HR)         □ Family (HS)       □ Family (HS)	□ TG (Other SP) □ TM (ACT) □ □ HK (Residential) □ HM □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS		
Peer Specialist     K Rashelar's LCSW (AJ)     Unlicensed N	Aaster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH) ↓ LAC  ☑ LPN/LVN (TE) □CAC I  ☑ RN (TD)  ☑ RxN (SA) ↓ CAC II  ☑ APN (SA)  ☑ PA (PA) □CAC II  ☑ QMAP  ☑ MD/DO (AF)	
PLACE OF SERVICE (POS)         Image: CMHC (53)         Image: CMHC Hospital (22)		
⊠ PF-PHP (52)		

TREATMENT - INTENSIVE -	PARTIAL HOSPITALIZATION (PHP)			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
	Training and educational services related to the	he care		
G0177	and treatment of patient's disabling mental he	ealth 🗹 OBH		
	problems per session (45 minutes or more)			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMEN	TS		
Psychosocial skills development and rehabilitation services to improve social functioning in areas important to maintaining/re-establishing residency in the community. Interventions are delivered on an individual basis and are individualized to meet specific goals and measurable objectives in the treatment/service plan. Interventions focus on developing and strengthening competencies in areas such as anger management, stress management, conflict resolution, money management, community mobility, symptom management and reduction.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. Initial/intake history/exam documenting syncecessitating treatment</li> <li>2. Individualized treatment/service plan <ul> <li>Services must be prescribed by an MD, under an individualized written plan of established by an MD/DO after any new with appropriate staff members</li> <li>Plan must state type, amount, frequent services to be furnished and indicate d anticipated goals</li> </ul> </li> <li>3. Target symptoms, goals of therapy and metoducome <ul> <li>Why chosen therapy is appropriate tree either in lieu of/in addition to another treatment</li> </ul> </li> <li>4. Specify estimated duration of treatment, i sessions <ul> <li>For an acute problem, document that the information of point the status/function of point the set of health status/function</li> </ul></li></ul>	ymptoms/problems /DO and provided f treatment eded consultation ncy, and duration of liagnoses and ethods of monitoring eatment modality form of psychiatric n terms of number of treatment is expected atient stabilization/ i s expected ional services and		
NOTES	EXAMPLE ACTIVITIES			
This is an individual skills training service. <i>Per CMS, this procedure code is only used for partial hospitalization programs (PHPs).</i>				
APPLICABLE POPULATION(S)	UNIT DL	JRATION		
Child (0-11) X Young Adult Adult (21-64)		inimum: 45 Minutes		
□ Adol (12-17) (18-20)		aximum: N/A		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	·		
	⊠ HE (SP) □ U4 (ICM)	🗆 HJ (Voc)		
⊠ Face-to-Face	$\Box TG (Other SP) \qquad \Box TM (ACT)$	$\Box$ HQ (Clubhouse)		
$\Box$ Video Cont (GT) $\Box$ Family (HR)	$\Box$ HK (Residential) $\Box$ HM	$\Box$ TT (Recovery)		
□ Telephone □ Family (HS)	(Respite)	□ HT (Prev/EI)		
STAFF REQUIREMENTS	(			
	Mastaría Laval (U.O.) 🗆 LAC 🗵 LPN/LVN (TE)	_		
Rachelor's Level (HN)		RxN (SA)		
X Intern	Edd/ Phd/Psyd (HP) DCACIL X APN (SA)	PA (PA)		
LIMFT Licensed Edl	D/PhD/PsyD (AH)	🗵 MD/DO (AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53)				
☑ Outp Hospital (22)				
≥ PF-PHP (52)				
. /				

		ASSESSMENT – AL	COHOL AND DRUG	ABUSE		
<b>CPT®/HCPCS PROCED</b>	URE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
H0001			Alcohol and/or Drug (AOD) Assessment			☑ Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUM	<b>IENTATION REG</b>	QUIREMENTS	
nature and extent of addiction to AOD ( formulating a substan services or appropriate history, mental status SUD, appropriate fam relevant physical and and recommendatio communication with f * Use procedure code mental health diagno NOTES For assessment of a p 90791 procedure code re-assessment (s), if re does not include psyc If appropriate and based	amily or other sources 90791 for an assessm	e, misuse and/or ith the goal of osis and plan for ent includes AOD lation specific to , cultural issues, y and treatment n may include eent of a primary liagnosis use the sessment(s) and 0 diagnoses, and is in social detox,	agenda? Chie 2. Referral sour 3. Diagnostic in 4. Review of ps 5. Mental statu 6. Diagnostic fo 7. Plan for next	or the visit. What of complaint/pro- ce terview examin ychosocial and f s exam appropr rmulation contact(s) inclu 3 <sup>rd</sup> parties and	at was the inten- esenting concern ation elements of family history iate to determin iding any follow	n(s) or problem(s)
APPLICABLE POPULAT			UNIT		DURATION	
	-	Adult (21-64) Geriatric (65+)		☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) C	OF DELIVERY		PROGRAM SERVIC	E CATEGORY(IE	S)	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		☑ HE (SP) □ TG (Other SP) □ HK (Residential)		(ICM) I (ACT) I (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		RxN (SA) A (PA) MD/DO (AF)
PLACE OF SERVICE (PO	OS)					
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital (22)	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) ☑ Shelter (04)	区 SNF (31) 区 FQHC (50) 区 RHC (72) 区 Independent Cl	⊠ In ⊠ Ef	pt Hosp (21) pt PF (51) R (23) F-PHP (52)	<ul> <li>☑ School (03)</li> <li>☑ NRSATF (57)</li> <li>☑ Other POS (99)</li> <li>☑ Telehealth (02)</li> </ul>

	ASSESSMENT – ALCOHOL AND DRUG ABUSE				
<b>CPT®/HCPCS PROCEDURE CODE</b>		PROCEDURE COD	E DESCRIPTION		USAGE
Н000	Alcohol and/or Drug (AOD) Assessment				
SERVICE DESCRIPTION	MINIMUM DOCU	IMENTATION REG	QUIREMENTS	-	
The evaluation of an individual nature and extent of the individual addiction to AOD (Alcohol or formulating a substance use rel services or appropriate referral. T history, mental status and diagr SUD, appropriate family and sc relevant physical and mental he and recommendations. The communication with family or ot <b>* Use procedure code 90791 for</b> <b>mental health diagnostic evalua</b> <b>NOTES</b> For assessment of a primary mer 90791 procedure code. H0001 is re-assessment (s), if required, re does not include psychotheraper If appropriate and based on patient s Assessment services (H0001) may be	dual's abuse, misuse and/or Drug), with the goal of ated diagnosis and plan for he assessment includes AOD hosis formulation specific to ucial history, cultural issues, ealth history and treatment evaluation may include her sources. <b>an assessment of a primary</b> tion tal health diagnosis use the used for assessment(s) and ated to SUD diagnoses, and utic services. tability/status in social detox,	See Page 346 Service Content 1. The reason agenda? Ch 2. Referral sou 3. Diagnostic i 4. Review of p 5. Mental stat 6. Diagnostic f 7. Plan for new	for the visit. What ief complaint/pro- urce nterview examin isychosocial and f us exam appropr formulation tt contact(s) inclu h 3 <sup>rd</sup> parties and	at was the intend esenting concern ation elements sp family history iate to determine uding any follow-u	(s) or problem(s) pecific to SUD
APPLICABLE POPULATION(S)	p	UNIT		DURATION	
<ul> <li>☑ Child (0-11)</li> <li>☑ Young Ad</li> <li>☑ Adol (12-17)</li> <li>(18-20)</li> </ul>	ult 🗵 Adult (21-64) 🗵 Geriatric (65+)	⊠ Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVER	Y	PROGRAM SERVI	CE CATEGORY(IE	S)	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family</li> </ul>	(HQ) (HR)	⊠ HE (SP) □ TG (Other SP) □ HK (Residentia		I (ACT) [ I (Respite) [	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS					
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	IPC Unlicense	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	□CAC I □ R □CAC II ⊠ A	N (TD) XPA	KN (SA) (PA) ID/DO (AF)
PLACE OF SERVICE (POS)					
☑ CMHC (53)       ☑ ACF (1)         ☑ Office (11)       ☑ Cust C         ☑ Mobile Unit (15)       ☑ Grp Ho         ☑ Outp Hospital (22)       ☑ Home	are (33)	⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72) ⊠ Independent	⊠ In ⊠ Ef	pt PF (51)	포 School (03) 포NRSATF (57) 포 Other POS (99) 포 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	1	
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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit/call. What was the intender agenda? Chief complaint/presenting concern(s) or</li> <li>Referral source and reason(s) for referral</li> <li>Description of the service</li> <li>Review of psychosocial and family history, identifit assessment of treatment program appropriateness</li> <li>Plan for next contact(s) including any follow-up or needed with 3<sup>rd</sup> parties and disposition – need for</li> </ol> </li> </ul>	r problem(s) ed risks, is coordination	
NOTES	referral, etc. 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 CAC provider, a SUD Primary Diagnosis is required.	Screening to determine eligibility, treatment needs ar options. In an integrated care setting, a Behavioral Health Prod do a brief assessment such as a PHQ-9 to assess for th presence/severity of depression.	fessional may	
APPLICABLE POPULATION(S)	UNIT DURATION		
⊠ Child (0-11)         ⊠ Young Adult         ⊠ Adult (21-64)           ⊠ Adol (12-17)         (18-20)         ⊠ Geriatric (65+)	<ul> <li>☑ Encounter</li> <li>□ 15 Minutes</li> <li>□ Day</li> <li>□ 1 Hour</li> <li>□ Maximum: N/A</li> </ul>		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)		
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ TG (Other SP) 区 TM (ACT) 区 区 HK (Residential) 区 HM (Respite) Σ	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS			
Intern	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) Master's Level (HO) CAC II MO/PhD/PsyD (AH) MO/PhD/PsyD (AH) MO/PhD/PsyD (AH) MO/PhD/PsyD (AH) MO/PhD/PsyD (AH)		
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)	☑ FQHC (50)         ☑ Inpt PF (51)         ☑           ☑ RHC (72)         ☑ ER (23)         ☑	School (03) NRSATF (57) Other POS (99) Telehealth (02)	

SCREENING –	PROGRAM ELIGIBILITY			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIP	TION	USAGE	
H0002	Behavioral health screening to determine eligibility			
	for admission to treatment program			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATIO			
A preliminary procedure limited in nature and intended to merely indicate whether there is a probability that a mental	Technical Documentation R See Page 346	lequirements		
health and/or substance use-related problem is present.	Service Content			
Screening may be accomplished using a structured	1. The reason for the visit/o	call. What was the intend	led goal or	
interview or a formal standardized screening tool that is		/presenting concern(s) or		
culturally and age-relevant.	2. Referral source and reas			
	3. Description of the servic			
	4. Review of psychosocial a			
		t program appropriatene		
	5. Plan for next contact(s) i			
	referral, etc.	and disposition – need fo	I BE SELVICES,	
NOTES				
Screening may require not only the evaluation of a patient's	Screening to determine elig	ibility, treatment needs a	and treatment	
treatment needs, but also an evaluation of available	options.			
treatment options.	In an integrated care setting	g, a Behavioral Health Pro	ofessional may	
If there is a documented diagnosis, it can be used.	do a brief assessment such		the	
If there isn't an existing diagnosis, it needs to be listed as	presence/severity of depres	ssion.		
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)				
		DURATION		
APPLICABLE POPULATION(S)	UNIT	DURATION utes Minimum: N/A		
	UNIT Encounter 15 Min Day 1 Hour			
APPLICABLE POPULATION(S)         Image: Child (0-11)         Image: Child	🗵 Encounter 🛛 15 Min	utes Minimum: N/A Maximum: N/A		
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 Min     Day □ 1 Hour     PROGRAM SERVICE CATEGO     HE (SP)	utes Minimum: N/A Maximum: N/A ORY(IES) I U4 (ICM) I	] НЈ (Voc)	
APPLICABLE POPULATION(S)         ⊠ Child (0-11)       ⊠ Young Adult       ⊠ Adult (21-64)         ⊠ Adol (12-17)       (18-20)       ⊠ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       ⊠ Individual         ⊠ Face-to-Face       ⊠ Individual         ⊠ Video Conf (GT)       □ Group (HQ)	<ul> <li>☑ Encounter</li> <li>□ 15 Min</li> <li>□ Day</li> <li>□ 1 Hour</li> <li>PROGRAM SERVICE CATEGO</li> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> </ul>	utes Minimum: N/A Maximum: N/A ORY(IES) I U4 (ICM) I I TM (ACT) I	HQ (Clubhouse)	
APPLICABLE POPULATION(S)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (12-17)       (18-20)       Image: Child (65+)         ALLOWED MODE(S) OF DELIVERY       Image: Child (65+)         Image: Child Child (12-17)       Image: Child (12-17)       Image: Child (12-17)         Image: Child (12-17)       (18-20)       Image: Child (65+)         ALLOWED MODE(S) OF DELIVERY       Image: Child (12-17)       Image: Child (12-17)         Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)         Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)         Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)         Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)         Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)         Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-17)       Image: Child (12-	Encounter □ 15 Min     Day □ 1 Hour     PROGRAM SERVICE CATEGO     HE (SP)	utes Minimum: N/A Maximum: N/A ORY(IES) U4 (ICM) X TM (ACT) X HM (Respite) X	HQ (Clubhouse) TT (Recovery)	
APPLICABLE POPULATION(S)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (12-17)       (18-20)       Image: Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       Image: Geriatric (65+)         Image: Child Conft (GT)       Image: Geriatric (GT)       Image: Geriatric (GT)         Image: Child Conft (GT)       Image: Geriatric (GT)       Image: Geriatric (GT)         Image: Child Conft (GT)       Image: Geriatric (GT)       Image: Geriatric (GT)         Image: Child Conft (GT)       Image: Geriatric (GT)       Image: Geriatric (GT)         Image: Child Conft (GT)       Image: Geriatric (GT)       Image: Geriatric (GT)         Image: Child Conft (GT)       Image: Geriatric (GT)       Image: Geriatric (GT)         Image: Child Conft (GT)       Image: Geriatric (GT)       Image: Geriatric (GT)         Image: Child Conft (GT)       Image: Geriatric (GT)       Image: Geriatric (GT)         Image: Child Conft (GT)       Image: Geriatric (GT)       Image: Geriatric (GT)         Image: Child Conft (GT)       Image: Geriatric (GT)       Image: Geriatric (GT)         Image: Child Conft (GT)       Image: Geriatric (GT)       Image: Geriatric (GT)         Image: Child Conft (GT)       Image: Geriatric (GT)       Image: Geriatric (GT)         Image: Child Conft (GT)	<ul> <li>☑ Encounter</li> <li>□ 15 Min</li> <li>□ Day</li> <li>□ 1 Hour</li> <li>PROGRAM SERVICE CATEGO</li> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> </ul>	utes Minimum: N/A Maximum: N/A ORY(IES) U4 (ICM) X TM (ACT) X HM (Respite) X	HQ (Clubhouse)	
APPLICABLE POPULATION(S)         ☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       ☑ Group (HQ)         ☑ Face-to-Face       ☑ Group (HQ)         ☑ Video Conf (GT)       ☑ Family (HR)         ☑ Telephone       ☑ Family (HS)         STAFF REQUIREMENTS	Encounter ☐ 15 Min ☐ Day ☐ 1 Hour PROGRAM SERVICE CATEGO HE (SP) ☐ TG (Other SP) HK (Residential)	utes Minimum: N/A Maximum: N/A ORY(IES) U4 (ICM) TM (ACT) HM (Respite) M	HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
APPLICABLE POPULATION(S)         ⊠ Child (0-11)       ⊠ Young Adult       ⊠ Adult (21-64)         ⊠ Adol (12-17)       (18-20)       ⊠ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       ⊠ Group (HQ)         ⊠ Face-to-Face       □ Group (HQ)         ⊠ Video Conf (GT)       ⊠ Family (HR)         ⊠ Telephone       ⊠ Family (HS)         STAFF REQUIREMENTS         □ Peer Specialist       ⊠ LCSW (AJ)       ⊠ Unlicensed	Encounter □ 15 Min     Day □ 1 Hour      PROGRAM SERVICE CATEGO     E HE (SP)     TG (Other SP)     E HK (Residential)  Master's Level (HO) □ CAC L	utes Minimum: N/A Maximum: N/A ORY(IES) U4 (ICM) I TM (ACT) I HM (Respite) I LPN/LVN (TE) I RN (TD) RxN	HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
APPLICABLE POPULATION(S)         ⊠ Child (0-11)       ⊠ Young Adult       ⊠ Adult (21-64)         ⊠ Adol (12-17)       (18-20)       ⊠ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       Individual       □ Group (HQ)         ⊠ Face-to-Face       □ Group (HQ)       □ Group (HQ)         ⊠ Video Conf (GT)       ☑ Family (HR)       □ Family (HS)         STAFF REQUIREMENTS       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ Bachelor's Level (HN)       ☑ LCSW (AJ)       ☑ Unlicensed	Encounter □ 15 Min     Day □ 1 Hour      PROGRAM SERVICE CATEGO     HE (SP)     TG (Other SP)     HK (Residential)  Master's Level (HO)     EdD/ PhD/PsyD (HP)     Xuberry (Kernel (Kerel (Kernel (Kernel (Kerne	utes Minimum: N/A Maximum: N/A ORY(IES) U4 (ICM) I TM (ACT) I HM (Respite) I LPN/LVN (TE) RN (TD) RXN APN (CA) I APN (CA)	HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
APPLICABLE POPULATION(S)         ☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       ☑ Group (40)       ☑         ☑ Face-to-Face       ☑ Group (HQ)       ☑         ☑ Video Conf (GT)       ☑ Family (HR)       ☑         ☑ Telephone       ☑ Family (HS)       ☑         STAFF REQUIREMENTS       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ bachelor's Level (HN)       ☑ LPC       ☑ Unlicensed	Encounter ☐ 15 Min     Day ☐ 1 Hour     PROGRAM SERVICE CATEG     HE (SP)     TG (Other SP)     HK (Residential)  Master's Level (HO)	utes Minimum: N/A Maximum: N/A ORY(IES) U4 (ICM) I TM (ACT) I HM (Respite) I LPN/LVN (TE) RN (TD) RXN APN (CA) I APN (CA)	HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
APPLICABLE POPULATION(S)         ⊠ Child (0-11)       ⊠ Young Adult       ⊠ Adult (21-64)         ⊠ Adol (12-17)       (18-20)       ⊠ Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       Individual       □ Group (HQ)         ⊠ Face-to-Face       □ Group (HQ)       ☑ Family (HR)         ⊠ Telephone       ☑ Family (HR)       ☑ Family (HS)         STAFF REQUIREMENTS       ☑ LCSW (AJ)       ☑ Unlicensed         □ Peer Specialist       ☑ LCSW (AJ)       ☑ Unlicensed         ☑ Intern       ☑ LMFT       ☑ Licensed Ed	<ul> <li>☑ Encounter</li> <li>☐ 15 Min</li> <li>☐ Day</li> <li>☐ 1 Hour</li> <li>PROGRAM SERVICE CATEGO</li> <li>☑ HE (SP)</li> <li>☐ TG (Other SP)</li> <li>☑ HK (Residential)</li> <li>Master's Level (HO)</li> <li>☑ EdD/ PhD/PsyD (HP)</li> <li>☑ D/PhD/PsyD (AH)</li> <li>☑ CAC II</li> <li>☑ CACIII</li> </ul>	utes Minimum: N/A Maximum: N/A ORY(IES) I U4 (ICM) I TM (ACT) I HM (Respite) I HM (Respite) I RN (TD) I APN (SA) I QMAP	HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA) D/DO (AF)	
APPLICABLE POPULATION(S)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Adult (21-17)       (18-20)       Image: Adult (21-64)         Image: Adult (21-17)       Image: Young Adult       Image: Adult (21-64)         Image: Adult (21-17)       Image: Young Adult       Image: Adult (21-64)         Image: Adult (21-27)       Image: Young Adult       Image: Young Adult         Image: Adult (21-64)       Image: Young Adult       Image: Young Adult         Image: Young Adult (GT)       Image: Young Adult (HQ)       Image: Young Adult (HQ)         Image: Young Adult (GT)       Image: Young Adult (HQ)       Image: Young Adult (HQ)         Image: Young Adult (HR)       Image: Young Adult (HR)       Image: Young Adult (HR)         Image: Young Adult (HR)       Image: Young Adult (HR)       Image: Young Adult (HR)         Image: Young Adult (HR)       Image: Young Adult	<ul> <li>☑ Encounter □ 15 Min</li> <li>□ Day □ 1 Hour</li> <li>PROGRAM SERVICE CATEGO</li> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>☑ HK (Residential)</li> <li>Master's Level (HO)</li> <li>EdD/ PhD/PsyD (HP)</li> <li>D/PhD/PsyD (AH)</li> <li>☑ CAC II</li> <li>☑ CAC III</li> <li>☑ CAC III</li> <li>☑ SNF (31)</li> </ul>	utes Minimum: N/A Maximum: N/A ORY(IES) U4 (ICM) TM (ACT) HM (Respite) LPN/LVN (TE) RN (TD) APN (SA) QMAP MD	HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA) D/DO (AF) School (03)	
APPLICABLE POPULATION(S)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Adol (12-17)       (18-20)       Image: Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       Image: Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY       Image: Geriatric (65+)         Image: Young Adult Image: Geriatric (67)       Image: Geriatric (67)         Image: Young Adult Image: Geriatric (67)       Image: Family (HR)         Image: Telephone       Image: Family (HR)         Image: Telephone       Image: Family (HS)         Staff REQUIREMENTS       Image: Family (HS)         Staff REQUIREMENTS       Image: LCSW (AJ)       Image: Unlicensed         Image: Peer Specialist       Image: LCSW (AJ)       Image: Unlicensed         Image: Image: Peer Specialist       Image: LCSW (AJ)       Image: Unlicensed         Image: Image: Image: Image: Peer Specialist <t< td=""><td><ul> <li>☑ Encounter</li> <li>☐ 15 Min</li> <li>☐ Day</li> <li>☐ 1 Hour</li> <li>PROGRAM SERVICE CATEGO</li> <li>☑ HE (SP)</li> <li>☐ TG (Other SP)</li> <li>☑ HK (Residential)</li> <li>☑ Master's Level (HO)</li> <li>EdD/ PhD/PsyD (HP)</li> <li>D/PhD/PsyD (AH)</li> <li>☑ CAC II</li> <li>☑ CAC III</li> <li>☑ SNF (31)</li> <li>☑ FQHC (50)</li> </ul></td><td>utes Minimum: N/A Maximum: N/A</td><td>HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA) D/DO (AF) School (03) NRSATF (57)</td></t<>	<ul> <li>☑ Encounter</li> <li>☐ 15 Min</li> <li>☐ Day</li> <li>☐ 1 Hour</li> <li>PROGRAM SERVICE CATEGO</li> <li>☑ HE (SP)</li> <li>☐ TG (Other SP)</li> <li>☑ HK (Residential)</li> <li>☑ Master's Level (HO)</li> <li>EdD/ PhD/PsyD (HP)</li> <li>D/PhD/PsyD (AH)</li> <li>☑ CAC II</li> <li>☑ CAC III</li> <li>☑ SNF (31)</li> <li>☑ FQHC (50)</li> </ul>	utes Minimum: N/A Maximum: N/A	HQ (Clubhouse) TT (Recovery) HT (Prev/El) N (SA) (PA) D/DO (AF) School (03) NRSATF (57)	
APPLICABLE POPULATION(S)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Child (0-11)       Image: Young Adult       Image: Adult (21-64)         Image: Adult (21-17)       (18-20)       Image: Adult (21-64)         Image: Adult (21-17)       Image: Young Adult       Image: Adult (21-64)         Image: Adult (21-17)       Image: Young Adult       Image: Adult (21-64)         Image: Adult (21-27)       Image: Young Adult       Image: Young Adult         Image: Adult (21-64)       Image: Young Adult       Image: Young Adult         Image: Young Adult (GT)       Image: Young Adult (HQ)       Image: Young Adult (HQ)         Image: Young Adult (GT)       Image: Young Adult (HQ)       Image: Young Adult (HQ)         Image: Young Adult (HR)       Image: Young Adult (HR)       Image: Young Adult (HR)         Image: Young Adult (HR)       Image: Young Adult (HR)       Image: Young Adult (HR)         Image: Young Adult (HR)       Image: Young Adult	<ul> <li>☑ Encounter □ 15 Min</li> <li>□ Day □ 1 Hour</li> <li>PROGRAM SERVICE CATEGO</li> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>☑ HK (Residential)</li> <li>Master's Level (HO)</li> <li>EdD/ PhD/PsyD (HP)</li> <li>D/PhD/PsyD (AH)</li> <li>☑ CAC II</li> <li>☑ CAC III</li> <li>☑ CAC III</li> <li>☑ SNF (31)</li> </ul>	utes Minimum: N/A Maximum: N/A Maximum Maxim Maximum Maximum Maximum Maxim Maximum Max	HQ (Clubhouse) TT (Recovery) HT (Prev/EI) N (SA) (PA) D/DO (AF) School (03)	

SCREENING – ALCO	HOL AND DRUG ABUSE	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	⊡ ОВН
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
An alcohol and/or drug screening occurs when specific instruments or procedures are used to detect the presence of an alcohol and/ or drug problem. The screening should determine the appropriateness for treatment at a specific treatment agency and should occur prior to administering differential assessments.	<ul> <li>Date of service</li> <li>Screening results</li> <li>Referral for treatment (if applicable)</li> <li>Signed with 1<sup>st</sup> initial, last name &amp; credential</li> </ul>	als
NOTES	EXAMPLE ACTIVITIES Screening questionnaire	
APPLICABLE POPULATION(S)	UNIT DURATION	
区 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)       □ Family (HR)         ☑ Telephone       □ Family (HS)	□ TG (Other SP) □ TM (ACT) □ □ HK (Residential) □ HM (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS		
Image: Second State (HN)     Image: Second	I Master's Level (HO) I EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH) I CAC II I APRN (SA) I CAC II APRN (SA) I CACIII APRN (SA)	TE) 区 RxN (SA) 区 PA (PA) 区 MD/DO(AF)
PLACE OF SERVICE (POS)		
☑ CMHC (53)☑ Cust Care (33)☑ NF (32)☑ Office (11)☑ Grp Home (14)☑ PRTF (56)☑ Mobile Unit (15)☑ Home (12)☑ Shelter (04)☑ Outp Hospital (22)☑ Hospice (34)☑ SNF (31)☑ ACF (13)☑ ICF-MR (54)☑ FQHC (50)	☑ RHC (72)       ☑ ER (23)       ☑         ☑ RSATF (55)       ☑ PF-PHP (52)         ☑ NRSATF (57)       ☑ Prison/CF (09)         ☑ Inpt Hosp (21)       ☑ School (03)         ☑ Inpt PF (51)       ☑ Other POS (99)	Telehealth (02)

	TREAT	MENT - PSYCHOTHER	RAPY - INDIVIDUAL	РЅҮСНОТН	IERAP	Y		
CPT <sup>®</sup> /HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPT	ΓΙΟΝ			USAGE
	H0004			Behavioral health counseling and therapy, per 15 minutes			🗵 Medicaid	
SERVICE DESCRIPTION	l		MINIMUM DOCU	MENTATIO	N REC	UIREMENTS	S	
SERVICE DESCRIPTION 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/object	for the visit w does the of the serv eutic interve the interve service im tives? t contact(s)	t/call. service ice pro ention ention pact t ) inclu	What was th ce relate to t ovided (s) utilized a (s) he individual	he treat nd the ii I's progr	ment/service	
NOTES			EXAMPLE ACTIVIT		5			
POS. H0004 may includ and/or planned contact justified, and included intervention is reported If services are performed Diagnosis is required.	t if medically nece in the treatment/ d using H2011 in I	essary, clinically service plan. Crisis ieu of H0004.						
APPLICABLE POPULAT	ION(S)		UNIT			DURATION		
区 Child (0-11) 区 Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)		⊠ 15 Minu □ 1 Hour	ites	Minimum: 8 Maximum:		25
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	CE CATEGO	RY(IE	S)		
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> </ul>	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>☑ HK (Residential</li> </ul>	)	⊠ TN	4 (ICM) И (ACT) И (Respite)	□н □т	J (Voc) Q (Clubhouse) Γ (Recovery) Τ (Prev/El)
STAFF REQUIREMENTS	S				_			
□ Peer Specialist ⊠ Bachelor's Level (HN) ⊠ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I ⊠CAC II ⊠CACIII	🗵 RI	PN (SA)	본 RxN (S 본 PA (PA 본 MD/D	N)
PLACE OF SERVICE (PC								
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> <li>☑ ACF (13)</li> </ul>	<ul> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> <li>□ Hospice (34)</li> <li>☑ ICF-MR (54)</li> </ul>		<ul> <li>☑ RHC (72)</li> <li>☑ Independent (</li> <li>☑ Inpt Hosp (21)</li> <li>☑ Inpt PF (51)</li> <li>☑ ER (23)</li> </ul>		⊠ Sc ⊠ NF ⊠ Ot	-PHP (52) hool (03) RSATF (57) her POS (99) lehealth (02)		

	TREAT	MENT - PSYCHOTHER	RAPY - INDIVIDUA	L PSYCHOTHERA	ŀΡΥ	
CPT <sup>®</sup> /HCPCS PROCEDU	JRE CODE		PROCEDURE CO	DE DESCRIPTION	l	USAGE
	H0004			Behavioral health counseling and therapy, per 15 minutes		
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATION RI	EQUIREMENTS	•
SERVICE DESCRIPTION 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 agenda? H plan? 2. Descriptio 3. The therap response t 4. How did th goals/obje 5. Plan for ne	n for the visit/cal low does the service p poutic interventic to the interventic the service impact ectives? ext contact(s) incl ith 3 <sup>rd</sup> parties	l. What was the inte vice relate to the tre provided on(s) utilized and the	e individual's ogress towards	
NOTES H0004 offers flexibility			EXAMPLE ACTIV	/ITIES		
POS. H0004 may include and/or planned contact justified, and included intervention is reported	t if medically nec in the treatment/	essary, clinically service plan. Crisis				
APPLICABLE POPULAT	ION(S)		UNIT		DURATION	
区 Child (0-11) 区 Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	☑ 15 Minutes □ 1 Hour	Minimum: 8 min Maximum: N/A	utes
ALLOWED MODE(S) O				/ICE CATEGORY(I	•	· · ·
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> </ul>	only) 区 Family (HS) only)	(for SUD providers for SUD providers	⊠ HE (SP) □ TG (Other SP) ⊠ HK (Residenti	×	· · ·	<ul> <li>☑ HJ (Voc)</li> <li>□ HQ</li> <li>(Clubhouse)</li> <li>□ TT (Recovery)</li> <li>□ HT (Prev/EI)</li> </ul>
STAFF REQUIREMENTS	S					
Peer Specialist  Sachelor's Level (HN)  Intern	区 LCSV 区 LPC 区 LMF	Inlicensed 🗵	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ ⊠CAC II ⊠	☑ LPN/LVN (TE) ☑ RN (TD)	I (SA) (PA) //DO (AF)
PLACE OF SERVICE (PC						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> <li>☑ ACF (13)</li> </ul>	<ul> <li>Cust Care (33</li> <li>Grp Home (14</li> <li>Home (12)</li> <li>ICF-MR (54)</li> <li>NF (32)</li> </ul>		⊠ Independer ⊠ Inpt Hosp ( ⊠ Inpt PF (51) ⊠ ER (23) ⊠ PF-PHP (52)	인 (12 인 (12 인 (12) 인 (12) 인 (12)	⊠ School (03) ⊠ NRSATF (57) ⊠ Other POS (99) ⊠ Telehealth (02)	

TREATMENT ALCOHOL AND DE	RUG ABUSE - GROUP PSYCHOTHERAPY				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0005	Alcohol and/or drug services; group counseling				
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	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>2. Description of the service provided including number of patients present.</li> <li>3. The therapeutic intervention(s) utilized and the response to the intervention(s).</li> <li>4. How did the service impact progress towards goals/objectives?</li> <li>5. Plan for next contact(s) including any follow-up or coordination</li> </ul>				
NOTES	needed with 3 <sup>rd</sup> parties EXAMPLE ACTIVITIES				
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 POPULATION(S)	UNIT DURATION				
<ul> <li>☑ Child (0-11)</li> <li>☑ Young Adult</li> <li>☑ Adult(21-64)</li> <li>☑ Adol (12-17)</li> <li>(18-20)</li> <li>☑ Geriatric (65+)</li> </ul>	$\Box$ Encounter $\Box$ 15 MinutesMinimum: $\geq$ 31 mins $\Box$ Day $\boxtimes$ 1 HourMaximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>□ Individual</li> <li>☑ Group (HQ)</li> <li>□ Video Conf (GT)</li> <li>□ Family (HR)</li> <li>□ Telephone</li> <li>□ Family (HS)</li> </ul>	⊠ HE (SP)       ⊠ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       ⊠ TM (ACT)       □ H         □ HK (Residential)       □ HM (Respite)       (Clubhouse)         □ TT (Recover       □ HT (Prev/EI)				
Sachelor's Level (HN)	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH) SCAC II SCAC II SCAC II SCAC II SCACIII				
PLACE OF SERVICE (POS)         Image: Comparison of the service of th	⊠ Independent Clinic (49) ⊠ Other POS (99)				
☑ Office (11)       ☑ Grp Home (14)       ☑ Shelter (04)         ☑Outpt Hospital (22)       ☑ ICF-MR (54)       ☑ SNF (31)         ☑ ACF (13)       ☑ NF (32)       ☑ FQHC         ☑ RHC (72)	⊠ PF-PHP (52) ⊠ School (03) ⊠ NRSATF (57)				

	TREATMEN	IT ALCOHOL AND DI	RUG ABUSE - GRO	UP PSYCHOTHER	APY	
<b>CPT®/HCPCS PROCED</b>	CPT®/HCPCS PROCEDURE CODE			DE DESCRIPTION		USAGE
H0005		Alcohol and/or drug services; group counseling				
SERVICE DESCRIPTION	SERVICE DESCRIPTION			JMENTATION RE	QUIREMENTS	
SERVICE DESCRIPTION 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		agenda? Hu plan? 2. Descriptior patients pr 3. The therap the interve 4. How did th 5. Plan for ne	for the visit. Wh ow does the serv n of the service p resent. reutic interventio ention(s). re service impact	at was the inte ice relate to the rovided includio n(s) utilized and progress towar	e treatment/service	
NOTES						
than the patients' socialization, music classes, excursions, or is present, document a	therapy, recreation group meals. If only c as individual therapy	al activities, art				
APPLICABLE POPULAT		=	UNIT		DURATION	
	-	⊠ Adult(21-64) ⊠ Geriatric (65+)	Encounter Day	□ 15 Minutes ⊠1 Hour	Minimum: <u>&gt;</u> Maximum: N	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV	ICE CATEGORY(II	ES)	
☑ Face-to-Face □ Video Conf (GT) □ Telephone	□ Individual ☑ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ TG (Other SP) □ HK (Residentia	× TN	4 (ICM) Λ (ACT) Μ (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/EI)
STAFF REQUIREMENTS	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 D F		] RxN (SA) ] PA (PA) ] MD/DO (AF)
PLACE OF SERVICE (PC	DS)					
☑ CMHC (53) ☑ Office (11) ☑ Outpt Hospital (22) ☑ ACF (13)	<ul> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ ICF-MR (54)</li> <li>☑ NF (32)</li> </ul>	<ul> <li>☑ PRTF (56)</li> <li>☑ Shelter (04)</li> <li>☑ SNF (31)</li> <li>☑ FQHC</li> <li>☑ RHC (72)</li> </ul>	⊠ Independent ⊠ PF-PHP (52) ⊠ School (03) ⊠ NRSATF (57)		Other POS (99)	

Targeted Case Manageme	ent- Substance Abuse TCM Services				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0006	Alcohol and/or drug services; case management				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
<ul> <li>Services designed to assist and support a patient to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services. Case management includes:</li> <li>Assessing service needs – patient history, identifying patient needs, completing related documents, gathering information from other sources;</li> <li>Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring patient participation, identifying a course of action; includes transition plan development with patient</li> <li>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</li> <li>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.</li> </ul>	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit/call. What was the inten agenda? How does the service relate to the trea plan?</li> <li>Description of the service provided (specify issue (adult living skills, family, income/ support, legal educational, housing, interpersonal, medical/det vocational, other basic resources)</li> <li>The services utilized and the individual's response services (includes assessing service needs, treatr plan development, referral, and monitoring/follot includes care coordination)</li> <li>How did the service impact the individual's prog goals/objectives?</li> <li>Plan for next contact(s) including any follow-up on needed with 3<sup>rd</sup> parties</li> </ol> </li> </ul>	tment/service es addressed , medication, ntal, se to the ment/service ow-up, which rress towards			
patients with a primary mental health diagnosis 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.	<ul> <li>Assessing the need for service, identifying and inveravailable resources, explaining options to patient a application process</li> <li>Contact with patient's family members for assistan patient access services</li> <li>Care Coordination between other service agencies, providers</li> </ul>	and assisting in ace helping			
APPLICABLE POPULATION(S)	UNIT DURATION				
<ul> <li>☑ Child (0-11)</li> <li>☑ Young Adult</li> <li>☑ Adult (21-64)</li> <li>☑ Geriatric (65+)</li> <li>ALLOWED MODE(S) OF DELIVERY</li> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> </ul>	□ Encounter       ⊠ 15 Minutes       Minimum: 8 minut         □ Day       □ 1 Hour       Maximum: N/A         PROGRAM SERVICE CATEGORY(IES)         ⊠ HE (SP)       ⊠ U4 (ICM)       ⊠ H	tes HJ (Voc) HQ (Clubhouse)			
☑ Video Cont (GT)     ☑ Family (HR)       ☑ Telephone     ☑ Family (HS)	□ HK (Residential)	IT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
Image: Second State         Image: Second State	Master's Level (HO) EdD/ PhD/PsyD (HP) ID/PhD/PsyD (AH) ID/PhD/PsyD (AH)	PA)			
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)	☑ FQHC (50)       ☑ Inpt PF (51)       ☑ C         ☑ RHC (72)       ☑ ER (23)       ☑ N	School (03) Other POS (99) NRSATF (57) Felehealth (02)			

Targeted Case Managem	ent- Substance Abuse TCM Services				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
Н0006	Alcohol and/or drug services; case management				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
<ul> <li>Services designed to assist and support a patient to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services. Case management includes:</li> <li>Assessing service needs – patient history, identifying patient needs, completing related documents, gathering information from other sources;</li> <li>Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring patient participation, identifying a course of action; includes transition plan development with patient</li> <li>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</li> <li>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.</li> </ul>	<ol> <li>Plan for next contact(s) including any follow-up or coordination</li> </ol>				
patients with a primary mental health diagnosis 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.	Assessing the need for service, identifying and investigating				
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 minutes         □ Day       □ 1 Hour       Maximum: N/A         PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       ☑ U4 (ICM)       ☑ HJ (Voc)         □ TG (Other SP)       ☑ TM (ACT)       ☑ HQ (Clubhouse)         □ HK (Residential)       ☑ HM (Respite)       ☑ TT (Recovery)         ☑ HT (Prev/El)				
STAFF REQUIREMENTS					
Intern     Internet     Interne     Inte	d Master's Level (HO) □CAC I ⊠ LPN/LVN (TE) ⊠ RxN (SA) d EdD/ PhD/PsyD (HP) ⊠CAC II ⊠ APN (SA) ⊠ PA (PA) dD/PhD/PsyD (AH) ⊠CAC III □ 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)☑ PRTF (56)☑ Outp Hospital (22)☑ Home (12)☑ Shelter (04)	$\boxtimes$ SNF (31) $\boxtimes$ Inpt Hosp (21) $\boxtimes$ School (03) $\boxtimes$ FQHC (50) $\boxtimes$ Inpt PF (51) $\boxtimes$ Other POS (99) $\boxtimes$ RHC (72) $\boxtimes$ ER (23) $\boxtimes$ NRSATF (57) $\boxtimes$ Independent Clinic (49) $\boxtimes$ PF-PHP (52) $\boxtimes$ Telehealth (02)				

TREATMENT – CRISIS - A	LCOHOL AND DRUG ABUSE -					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
H0007	Alcohol and/or drug services; crisis intervention (outpatient)					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
A planned alcohol and/or drug crisis intervention used to assist a person to abstain from alcohol and or drug usage.	<ol> <li>Date of service</li> <li>Client demographic information</li> <li>Specific intervention service used</li> <li>Clients response</li> <li>Referral for treatment (if necessary)</li> <li>Signed with 1<sup>st</sup> initial, last name &amp; credential</li> </ol>	ls				
NOTES	EXAMPLE ACTIVITIES					
APPLICABLE POPULATION(S)	UNIT DURATION					
Child (0-11) I 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          Image: State	HK (Residential)	(Voc) (Clubhouse) (Recovery) (Prev/El)				
Peer Specialist	IAC IPN/LVN (	TE)				
□ Bachelor's Level (HN) □ Unlicensed I □ Intern □ Unlicensed I □ Intern □ Unlicensed I	Master's Level (HO) □ CAC I ⊠ RN (TD) EdD/ PhD/PsyD (HP) ⊠ CAC II ⊠ APRN (SA) D/PhD/PsyD (AH) ⊠ CACIII □ QMAP					
PLACE OF SERVICE (POS)						
<ul> <li>☑ Office (11)</li> <li>☑ Hospice (34)</li> <li>☑ Shelter (04)</li> <li>☑ Outp Hospital</li> <li>☑ ICF-MR (54)</li> <li>☑ FQHC (50)</li> </ul>	☑ NRSATF (57)       ☑ Prison/CF (09)         ☑ Inpt Hosp (21)       ☑ School (03)         ☑ Inpt PF (51)       ☑ Other POS (99)         ☑ PF-PHP (52)					

RESIDENTIAL - SOCIAL DETC	X- ALCOHOL AND DRUG ABUSE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program I OBH inpatient)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
This service requires face-to-face interactions with an individual for the purpose of alcohol and/or drug detoxification in an alcohol and drug addiction residential program certified by the State Substance Abuse Authority that provides detoxification services and is staffed with an employee who is a registered nurse and/or licensed practical nurse (working at the direction of a licensed physician or registered nurse) on the premises 24 hours per day, with a licensed physician on call 24 hours per day, and the detoxification services component of the program supervised by a licensed physician.	<ol> <li>Date of service</li> <li>Start and stop time (duration)</li> <li>Documentation of all monitoring activities</li> <li>Log of vital signs (taken every two (2) hours until the patient remains in a normal range for at least four (4) hours, then taken every eight (8) hours thereafter until discharged.</li> <li>At discharge, documentation procedures (information shall be communicated to the patient about the effects of alcohol and drugs; risk factors associated with alcohol and drug abuse such as acquiring or transmitting HIV/AIDS; availability of testing and counseling for HIV/AIDS, TB, Hepatitis C, other infectious diseases, and pregnancy; availability of alcohol and drug abuse treatment services).</li> <li>Signed with 1<sup>st</sup> initial, last name &amp; credentials</li> </ol>				
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.	Medical evaluations All other detox activities that do not necessarily require medical personnel to complete				
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 Hours         Image: Solution Day       1 Hour       Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)       □ HT (Prev/EI)				
STAFF REQUIREMENTS					
Image: Second of S Level (HN)     Image: Second of S Level (HN)     Image: Second of S Level (HN)       Image: Second of S Level (HN)     Image: Second of S Level (HN)     Image: Second of S Level (HN)       Image: Second of S Level (HN)     Image: Second of S Level (HN)     Image: Second of S Level (HN)       Image: Second of S Level (HN)     Image: Second of S Level (HN)     Image: Second of S Level (HN)       Image: Second of S Level (HN)     Image: Second of S Level (HN)     Image: Second of S Level (HN)       Image: Second of S Level (HN)     Image: Second of S Level (HN)     Image: Second of S Level (HN)       Image: Second of S Level (HN)     Image: Second of S Level (HN)     Image: Second of S Level (HN)       Image: Second of S Level (HN)     Image: Second of S Level (HN)     Image: Second of S Level (HN)       Image: Second of S Level (HN)     Image: Second of S Level (HN)     Image: Second of S Level (HN)       Image: Second of S Level (HN)     Image: Second of S Level (HN)     Image: Second of S Level (HN)       Image: Second of S Level (HN)     Image: Second of S Level (HN)     Image: Second of S Level (HN)       Image: Second of S Level (HN)     Image: Second of S Level (HN)     Image: Second of S Level (HN)       Image: Second of S Level (HN)     Image: Second of S Level (HN)     Image: Second of S Level (HN)       Image: Second of S Level (HN)     Image: Second of S Level (HN)     Image: Second of S Level (HN)       Image: Secon	Master's Level (HO)Image: LacImage: LpN/LVN (TE)Image: RxN (SA)EdD/ PhD/PsyD (HP)Image: CAC IIImage: RxN (TD)Image: PA (PA)D/PhD/PsyD (AH)Image: CAC IIIImage: RxN (SA)Image: RxN (SA)D/PhD/PsyD (AH)Image: CAC IIIImage: RxN (SA)Image: RxN (SA)				
PLACE OF SERVICE (POS) I RSATF (55)					

RESIDENTIAL - SOCIAL DETO	X- ALCOHOL AND DRUG ABUSE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program					
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.	<ol> <li>Date of service</li> <li>Start and stop time (duration)</li> <li>Admission criteria</li> <li>Patient informed consent including date and time</li> <li>Medical evaluations</li> <li>Protocols for usual and customary detoxification (individualized detoxification plan)</li> <li>Signed with 1<sup>st</sup> initial, last name &amp; credentials</li> </ol>					
NOTES 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.	<ul> <li>EXAMPLE ACTIVITIES</li> <li>Unless staffed with medical personnel – Medical evaluations cannot be completed.</li> <li>Admission documentation</li> <li>Safe withdrawal</li> <li>Motivational counseling</li> <li>Referral for treatment</li> <li>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.<sup>1</sup></li> <li>All detox monitoring (including vital signs taken at least every 2 hour until remaining in normal range for at least 4 hours; then every 8 hou until discharge)</li> <li>Routine monitoring of physical and mental status</li> </ul>					
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         Image: State of the state of	PROGRAM SERVICE CATEGORY(IES)         HE (SP)       U4 (ICM)       HJ (Voc)         TG (Other SP)       TM (ACT)       HQ (Clubhouse)         HK (Residential)       HM (Respite)       TT (Recovery)         HT (Prev/EI)       HT (Prev/EI)					
STAFF REQUIREMENTS						
□ Peer Specialist     ⊠ LCSW (AJ)     ⊠ Unlicensed       ⊠ Bachelor's Level (HN)     ⊠ LPC     ⊠ Unlicensed	Master's Level (HO) 🖾 LAC 🗌 LPN/LVN (TE) 🔤 RxN (SA) EdD/ PhD/PsyD (HP) 🖾 CAC I 🖾 RN (TD) 🔲 PA (PA) Ø/PhD/PsyD (AH) 🖾 CAC II 🗍 APRN (SA) 🖾 MD/DO( 🖾 CACIII 🗍 QMAP					
PLACE OF SERVICE (POS) INRSATF (57)						

RESIDENTIAL - SOCIAL DETO	X- ALCOHOL AND DRUG ABUSE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0014	Alcohol and/or drug services; ambulatory detoxification				
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.	<ul> <li>MINIMUM DOCUMENTATION REQUIREMENTS</li> <li>1. Admission documentation</li> <li>2. Date of service</li> <li>3. Start and stop time (duration)</li> <li>4. Safe withdrawal</li> <li>5. Motivational counseling</li> <li>6. Referral for treatment</li> <li>7. 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.<sup>1</sup></li> <li>8. Clinical interventions based on treatment/service plan</li> <li>9. 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)</li> <li>10. Routine monitoring of physical and mental status</li> <li>11. 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)</li> </ul>				
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)	Encounter 15 Minutes Minimum: N/A				
⊠ Adol (12-17)         (18-20)         ⊠ Geriatric (65+)           ALLOWED MODE(S) OF DELIVERY	Image: Second service category(IES)				
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	HE (SP)       U4 (ICM)       HJ (Voc)         TG (Other SP)       TM (ACT)       HQ (Clubhouse)         HK (Residential)       HM (Respite)       TT (Recovery)         HT (Prev/El)       HT (Prev/El)				
STAFF REQUIREMENTS					
I Bachelor's Level (HN) I LPC I Unlicensed	Master's Level (HO) ⊠ LAC ⊠ LPN/LVN (TE) □ RxN (SA) EdD/ PhD/PsyD (HP) ⊠ CAC I ⊠ RN (TD) □ PA (PA) //PhD/PsyD (AH) ⊠ CAC II □ APRN (SA) ⊠ MD/DO(AF) ⊠ CACIII □ QMAP				
PLACE OF SERVICE (POS) I Office (11) I RSATF (55) I NRSATF (57)					

	TREAT	MENT - ALCOHOL AND	D DRUG ABUSE- INTENSIVE (IOP-SUD)			
<b>CPT®/HCPCS PROCEI</b>	DURE CODE		PROCEDURE CODE DESCRIPTION	USAGE		
	H0015		Alcohol and/or drug services; intensive outpa program	atient 🗹 Medicaid		
SERVICE DESCRIPTIO	N		MINIMUM DOCUMENTATION REQUIREMEN	ITS		
SERVICE DESCRIPTION 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 RequirementsSee Page 346Service Content1. The reason for the visit. What was the intended goal or agenda?			
NOTES			EXAMPLE ACTIVITIES			
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).		<ul> <li>Sessions focus on reducing/eliminating use by providing recovery oriented multi education</li> </ul>				
APPLICABLE POPULA	TION(S)		UNIT DURATION			
□ Child (0-11) [	¥ Young Adult 18-20)	☑ Adult (21-64) ☑ Geriatric ( 65+)				
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)			
☑ Face-to-Face □ Video Conf (GT) □ Telephone	<ul> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>□ Family (HR)</li> <li>□ Family (HS)</li> </ul>		Image: Metric (SP)     Image: U4 (ICM)       Image: TG (Other SP)     Image: TM (ACT)       Image: HK (Residential)     Image: HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMEN	TS					
□ Peer Specialist ⊠ Bachelor's Level (HN ⊠ Intern	) IC IL IL IN	C 🛛 🗵 Unlicense	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH) ↓ CAC II ▲ APN (SA) ♥ CACIII ↓ QMAP	E) 🗵 RxN (SA) 🗵 PA (PA) 🗵 MD/DO (AF)		
PLACE OF SERVICE (F	POS)					
☑ CMHC (53) ☑Office (11) ☑Outp Hospital (22) ☑ACF (13)	区Cust Care (33) 区Grp Home (14) 区ICF-MR (54) 区NF (32)	区PRTF (56) 区 Shelter (04) 区SNF (31) 区FQHC (50) 区 RHC (72)	区Independent Clinic (49) 区Other POS (9 区PF-PHP (52) 区School (03) 区NRSATF (57)	99)		

	TREAT	MENT - ALCOHOL AND	D DRUG ABUSE- INTE	NSIVE (IOP-SU	D)		
CPT <sup>®</sup> /HCPCS PROCE	DURE CODE		PROCEDU	RE CODE DESCI	RIPTION	USAGE	
	H0015		Alcohol and/or drug services; intensive outpatient program				
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	IENTATION RE	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.		<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda?</li> <li>How does the service relate to the treatment/service plan?</li> <li>Description of the service</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3rd parties.</li> <li>Daily log of attendance and time duration</li> <li>Weekly note re: Patient and/or family specific progress notes (if daily notes do not meet full minimum documentation requirements)</li> </ol> </li> </ul>					
NOTES			EXAMPLE ACTIVITI	ES			
Intensive outpatient treatment must be ir level II.1 criteria (mir hours per week for a adolescents).	n accordance with C nimum of 3 hours pe dults, 6 hours per w	CR 502-1 ASAM er day; 9 treatment			liminating probler ented multimoda		
APPLICABLE POPULA	ATION(S)		UNIT DURATION				
	포 Young Adult 18-20)	⊠ Adult (21-64) ⊠ Geriatric ( 65+)		] 15 Minutes ] 1 Hour	Minimum: Prog least 3 hrs/day a days/week Maximum: NA		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVIC	E CATEGORY(IE	S)		
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS	)	<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>	□ U4 ( □ TM □ HM	(ACT) □ H (Respite) □ T	J (Voc) Q (Clubhouse) Γ (Recovery) Τ (Prev/El)	
STAFF REQUIREMEN	TS						
□ Peer Specialist ⊠ Bachelor's Level (HN ⊠ Intern	) IC IL IL IN	C 🗵 Unlicense	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	□CAC I □ ⊠CAC II ⊠		RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (F							
区 CMHC (53) 区Office (11) 区Outp Hospital (22) 区ACF (13)	区Cust Care (33) 区Grp Home (14) 区ICF-MR (54) 区NF (32)	区PRTF (56) 区 Shelter (04) 区SNF (31) 区FQHC (50) 区 RHC (72)	国Independent Clin 외F-PHP (52) 외School (03) 图NRSATF (57)	iic (49)  ⊠Oth	er POS (99)		

RESIDENTIAL - ACU	ITE TREATMENT UNIT (ATU)				
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION         USAGE				
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diemImage: Medicaid				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
24-hour per day hospital facility (licensed by the State Hospital Authority) without room and board, at an LOC where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with behavioral health disorders occurs.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>Shift Notes or Daily Note (summary of shift notes)</li> <li>1. Patients current clinical status, e.g. symptoms or pertinent mental status and functioning status</li> <li>2. Participation in treatment</li> <li>3. Pertinent physical health status information</li> <li>4. Progress toward treatment/service plan goals and/or discharge</li> <li>5. Any other patient activities or patient general behaviors in milled</li> <li>6. The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>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</li> </ul>				
<b>NOTES</b> 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	<b>EXAMPLE ACTIVITIES</b> *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.				
documented, and reported or billed separately from H0017.					
APPLICABLE POPULATION(S)           □ Child (0-11)         ☑ Young Adult         ☑ Adult (21-64)           □ Adol (12-17)         (18-20)         ☑ Geriatric (65+)           ALLOWED MODE(S) OF DELIVERY         Image: Comparison of the second	UNIT     DURATION       □ Encounter     □ 15 Minutes     Minimum: N/A       ☑ Day     □ 1 Hour     Maximum: 24 hours       PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>☑ Family (HR)</li> <li>☑ Telephone</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP) *young adult       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         ☑ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)       □ HT (Prev/EI)				
STAFF REQUIREMENTS					
Intern	Image: Master's Level (HO)     Image: CAC I     Image: RN (TC)     Image: RN (SA)       EdD/ PhD/PsyD (HP)     Image: CAC II     Image: RN (SA)     Image: RN (SA)       ID/PhD/PsyD (AH)     Image: CAC III     Image: RN (SA)     Image: RN (SA)				
PLACE OF SERVICE (POS)					
<ul> <li>☑ CMHC (53)</li> <li>☑ ACF (13)</li> <li>☑ PRTF (56)</li> <li>☑ Other POS (99)</li> </ul>					

RESIDENTIAL - ACI	JTE TREATMENT UNIT (ATU)					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diemImage: Comparison of the comparison					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
24-hour per day hospital facility (licensed by the State Hospital Authority) without room and board, at an LOC where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with behavioral health disorders occurs.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>Shift Notes or Daily Note (summary of shift notes)</li> <li>1. Patients current clinical status, e.g. symptoms or pertinent mental status and functioning status</li> <li>2. Participation in treatment</li> <li>3. Pertinent physical health status information</li> <li>4. Progress toward treatment/service plan goals and/or discharge</li> <li>5. Any other patient activities or patient general behaviors in milieu</li> <li>6. The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>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</li> </ul>					
NOTES	EXAMPLE ACTIVITIES					
LOS averages 3 – 7 days, but generally no longer than 30 days. All services provided by internal professionals in the residential settings within the period are covered with this code. Any discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are documented, and reported or billed separately from H0017.	*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(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 hours					
ALLOWED MODE(S) OF DELIVERY          Image: Second State       Image: Second State         Image: Second State	PROGRAM SERVICE CATEGORY(IES)         Image: HE (SP) *young adult       U4 (ICM)       HJ (Voc)         Image: TG (Other SP)       TM (ACT)       HQ (Clubhouse)         Image: HK (Residential)       HM (Respite)       TT (Recovery)         Image: HK (Residential)       HM (Respite)       HT (Prev/EI)					
Intern	I Master's Level (HO) □LAC ⊠ LPN/LVN (TE) ⊠ RxN (SA) I EdD/ PhD/PsyD (HP) □CAC I ⊠ RN (TD) ⊠ PA (PA) dD/PhD/PsyD (AH) □CAC II ⊠ APN (SA) ⊠ MD/DO (AF)					
PLACE OF SERVICE (POS)						
⊠ CMHC (53) ⊠ ACF (13) ⊠ PRTF (56) ⊠ Other POS (99)						

		NTIAL – SHORT TE			-		
CPT <sup>®</sup> /HCPCS PROCEDURE COD	)E		ODE DESCRIPT		USAGE		
			,	residential (non-			
HOO	)18			: program), without	🗵 Medicaid		
			room and board, per diem				
SERVICE DESCRIPTION				N REQUIREMENTS			
A short-term residential treatm			umentation Re	quirements			
nour intensive residential treat		See Page 346					
ehabilitative services for up to	, .	Service Content					
structured, community-oriente		Shift Notes or Daily Note (summary of shift notes) 1. Patients current clinical status, e.g. symptoms or pertinent mental statu					
treatment of a mental health d	and function		s, e.g. symptoms of pe				
s appropriate for patients who	2. Participation						
therapeutic services prior to co focus of services is to stabilize		nysical health stat					
safe and supportive living envir				ervice plan goals and/o			
sale and supportive innig entit	ionnent.			patient general behav			
This code cannpot be used for	the treatment of a substance			es, provided by resi	-		
ise disorder.		Skills training g		I therapy, med adm			
	-		liem, should be ider ne same documenta				
				ate note. Refer to a			
	• ·	•	ninimum document				
	service.						
			Residential programs who continue to incorporate and document				
			-	nelor's level staff, m			
		documentatio	documentation to support services provided by Medicaid allowed				
		practitioners during the same per diem billing period.					
NOTES		EXAMPLE ACT	EXAMPLE ACTIVITIES				
All services provided by internal		*External prov	*External provider means any provider who is providing a discrete				
settings within the period are co			service who is not part of the residential program. Example, a case manager not part of the residential facility could perform a service a				
discrete services (e.g., family, gro							
psychotherapy, psychiatric servic external professionals (non-resid		part of the tra		e residential program			
and reported or billed separately				ady provided by the for a Crisis Services L			
include services for children who		the ET modifie		of a crisis services (	Jiiit II Dillea with		
Department of Human Services.							
APPLICABLE POPULATION(S)		UNIT		DURATION			
	dult 🛛 🔽 Adult (21.64)	Encounter	□ 15	Minimum N/A			
⊠ Child (0-11)   ⊠ Young Ao ⊠ Adol (12-17)   (18-20)	dult ⊠ Adult (21-64) ⊠ Geriatric (65+)		Minutes	Minimum: N/A Maximum: 24 Ho			
		🗵 Day	🗆 1 Hour		5013		
LLOWED MODE(S) OF DELIVE	RY		RVICE CATEGOR				
🗆 _ 🛛 🗵 Indiv	vidual	🗵 HE (SP)		□ U4 (ICM)	🗆 HJ (Voc)		
× Face-to-Face	up (HQ)	*child/adol/yo	-	TM (ACT)	HQ (Clubhous		
U Video Conf (GT)	nily (HR)	TG (Other S	•	🗆 HM (Respite)	TT (Recovery)		
llelenhone	nily (HS)	🗵 HK (Resider	ntial)		🗆 HT (Prev/El)		
STAFF REQUIREMENTS			KLAC X	LPN/LVN (TE)			
X Peer Specialist	SW(AI) X Unlicensed Mast	er's Level (HO)			RxN (SA)		
Peer Specialist     Sachelor's Level (HN)     IC					PA (PA)		
× Peer Specialist     × Bachelor's Level (HN)     × LP     × Level (HN)     × LP	C S Unlicensed EdD/		CAC II				
외 Peer Specialist	C S Unlicensed EdD/	D/PsvD (AH)		QMAP	MD/DO (AF)		
Z Peer Specialist     Sachelor's Level (HN)     E LP     Intern     Int	PC ⊠ Unlicensed EdD/ MFT ⊠ Licensed EdD/Ph	D/PsvD (AH)			MD/DO (AF)		
X Peer Specialist     X Bachelor's Level (HN)     X Intern     X LN  PLACE OF SERVICE (POS)     CMHC (53)     X PRTF	PC ⊠ Unlicensed EdD/ MFT ⊠ Licensed EdD/Ph (56)	D/PsvD (AH)			MD/DO (AF)		
X Peer Specialist     X Bachelor's Level (HN)     X Intern     Determine the second sec	PC ⊠ Unlicensed EdD/ MFT ⊠ Licensed EdD/Ph (56)	D/PsvD (AH)			MD/DO (AF)		
× Peer Specialist     × Bachelor's Level (HN)     × Intern     × Intern     PLACE OF SERVICE (POS)     CMHC (53)     × PRTF	PC ⊠ Unlicensed EdD/ MFT ⊠ Licensed EdD/Ph (56)	D/PsvD (AH)			MD/DO (AF)		

<b>CPT®/HCPCS PROCE</b>		RESIDENT	IAL – SHORT TERM	VI				
,	EDURE CODE		PROCEDURE CO			USAGE		
			Behavioral healt	:h; short-term r	residential (non-			
	H0018		hospital residential treatment program), without					
			room and board					
SERVICE DESCRIPTION	-				REQUIREMENTS			
	ential treatment prog		Technical Docur	nentation Req	uirements			
	dential treatment, ha		See Page 346					
	rehabilitative services for up to 30 days in a highly			Service Content				
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.			Shift Notes or Daily Note (summary of shift notes) 1. Patients current clinical status, e.g. symptoms or pertinent mental status					
			and functionin		e.g. symptoms of peri			
			2. Participation in					
			3. Pertinent phys					
sale and supportion					rvice plan goals and/or			
					patient general behavi es, provided by resic			
					therapy, med admin	-		
					em, should be ident			
			-		e same documentat			
					te note. Refer to ap			
			procedure code	for required m	inimum documenta	tion for each		
			service.					
					tinue to incorporate			
					elor's level staff, mu			
			documentation to support services provided by Medicaid allowed					
NOTES			practitioners during the same per diem billing period. EXAMPLE ACTIVITIES					
psychotherapy, psych external professional and reported or bille	ls (non-residential sta ed separately from H0 children who are in cu	management, etc.) by aff) are documented, 018. This does not	part of the trans a duplication of	sition from the a service alread also be used fo	ntial facility could p residential program dy provided by the r or a Crisis Services U	as long as it is no residential facility		
-								
	ATION(S)		LINIT		DURATION			
				□ 15	DURATION			
🗵 Child (0-11)	🗵 Young Adult	⊠ Adult (21-64)	□ Encounter	□ 15 Minutes	Minimum: N/A			
🗵 Child (0-11)		⊠ Adult (21-64) ⊠ Geriatric (65+)				urs		
⊠ Child (0-11) ⊠ Adol (12-17) (	⊠ Young Adult (18-20)		□ Encounter	Minutes □ 1 Hour	Minimum: N/A Maximum: 24 Ho	urs		
☑ Child (0-11) ☑ Adol (12-17) ( ALLOWED MODE(S)	Young Adult (18-20)		Encounter     Day     PROGRAM SERV     HE (SP)	Minutes 1 Hour /ICE CATEGORY	Minimum: N/A Maximum: 24 Ho <b>Y(IES)</b> U U4 (ICM)	□ HJ (Voc)		
<ul> <li>☑ Adol (12-17) (</li> <li>ALLOWED MODE(S)</li> <li>☑ Face-to-Face</li> </ul>	Xoung Adult (18-20)      OF DELIVERY      Individual		Encounter  Day  PROGRAM SERV  HE (SP) *child/adol/you	Minutes 1 Hour /ICE CATEGOR ng adult	Minimum: N/A Maximum: 24 Ho r <b>(IES)</b> U U4 (ICM) T M (ACT)	□ HJ (Voc) □ HQ (Clubhouse		
<ul> <li>☑ Child (0-11)</li> <li>☑ Adol (12-17)</li> <li>ALLOWED MODE(S)     </li> <li>☑ Face-to-Face     <li>□ Video Conf (GT)</li> </li></ul>	Young Adult (18-20)		□ Encounter ☑ Day PROGRAM SERV ☑ HE (SP) *child/adol/you □ TG (Other SP)	Minutes 1 Hour /ICE CATEGOR ng adult	Minimum: N/A Maximum: 24 Ho (IES) U4 (ICM) TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse □ TT (Recovery)		
<ul> <li>☑ Child (0-11)</li> <li>☑ Adol (12-17)</li> <li>ALLOWED MODE(S)     </li> <li>☑ Face-to-Face     <li>□ Video Conf (GT)</li> </li></ul>	<ul> <li>☑ Young Adult (18-20)</li> <li>➢ OF DELIVERY</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> </ul>		Encounter  Day  PROGRAM SERV  HE (SP) *child/adol/you	Minutes 1 Hour /ICE CATEGOR ng adult	Minimum: N/A Maximum: 24 Ho (IES) U4 (ICM) TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse		
<ul> <li>☑ Child (0-11)</li> <li>☑ Adol (12-17)</li> <li><b>ALLOWED MODE(S</b>)     </li> <li>☑ Face-to-Face     <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </li></ul>	<ul> <li>☑ Young Adult (18-20)</li> <li>☑ OF DELIVERY</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		□ Encounter ☑ Day PROGRAM SERV ☑ HE (SP) *child/adol/you □ TG (Other SP)	Minutes 1 Hour /ICE CATEGOR ng adult	Minimum: N/A Maximum: 24 Ho (IES) U4 (ICM) TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse □ TT (Recovery)		
<ul> <li>☑ Child (0-11)</li> <li>☑ Adol (12-17)</li> <li>ALLOWED MODE(S)     </li> <li>☑ Face-to-Face     <li>□ Video Conf (GT)</li> <li>□ Telephone</li> <li>STAFF REQUIREMENT</li> </li></ul>	<ul> <li>☑ Young Adult (18-20)</li> <li>☑ OF DELIVERY</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> <li>NTS</li> </ul>	⊠ Geriatric (65+)	□ Encounter ☑ Day PROGRAM SERV ☑ HE (SP) *child/adol/you □ TG (Other SP) ☑ HK (Residenti	Minutes 1 Hour /ICE CATEGOR  ng adult ) ial)	Minimum: N/A Maximum: 24 Ho (IES) U4 (ICM) TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse □ TT (Recovery) □ HT (Prev/El)		
<ul> <li>☑ Child (0-11)</li> <li>☑ Adol (12-17)</li> <li>ALLOWED MODE(S)     </li> <li>☑ Face-to-Face     <li>□ Video Conf (GT)</li> <li>□ Telephone</li> <li>STAFF REQUIREMENT</li> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HI</li> </li></ul>	<ul> <li>☑ Young Adult (18-20)</li> <li>☑ OF DELIVERY</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> <li>NTS</li> <li>☑ LCSW (AJ)</li> </ul>	I Geriatric (65+) I Unlicensed Master	Encounter  PROGRAM SERV  PROGRAM SERV  HE (SP)  child/adol/you  TG (Other SP)  HK (Residenti  K (Residenti	Minutes 1 Hour /ICE CATEGOR ng adult jal) ILAC 또 I CAC I 또 I	Minimum: N/A Maximum: 24 Ho V(IES) U4 (ICM) TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse □ TT (Recovery) □ HT (Prev/El) ×N (SA)		
<ul> <li>☑ Child (0-11)</li> <li>☑ Adol (12-17)</li> <li>ALLOWED MODE(S)     </li> <li>☑ Face-to-Face     <li>□ Video Conf (GT)</li> <li>□ Telephone</li> <li>STAFF REQUIREMENT</li> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HI</li> </li></ul>	<ul> <li>☑ Young Adult (18-20)</li> <li>☑ OF DELIVERY</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> <li>NTS</li> <li>☑ LCSW (AJ)</li> <li>☑ LPC</li> </ul>	<ul> <li>☑ Geriatric (65+)</li> <li>☑ Unlicensed Master'</li> <li>☑ Unlicensed EdD/ PF</li> </ul>	□ Encounter ☑ Day PROGRAM SER\ ☑ HE (SP) *child/adol/you □ TG (Other SP) ☑ HK (Residenti ☑ HK (Residenti ☐ SLEVEI (HO)	Minutes 1 Hour I CE CATEGOR  Ing adult ial) LAC CACI CACI CACI	Minimum: N/A Maximum: 24 Ho V(IES) U4 (ICM) TM (ACT) HM (Respite) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse □ TT (Recovery) □ HT (Prev/El) ×N (SA) A (PA)		
<ul> <li>☑ Child (0-11)</li> <li>☑ Adol (12-17)</li> <li>④ Adol (12-17)</li> <li>▲ LLOWED MODE(S)</li> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> <li>STAFF REQUIREMENT</li> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HI)</li> <li>☑ Intern</li> </ul>	<ul> <li>☑ Young Adult (18-20)</li> <li>☑ OF DELIVERY</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> <li>NTS</li> <li>NI I LCSW (AJ)</li> <li>☑ LCSW (AJ)</li> <li>☑ LPC</li> <li>☑ LMFT</li> </ul>	I Geriatric (65+) I Unlicensed Master	□ Encounter ☑ Day PROGRAM SER\ ☑ HE (SP) *child/adol/you □ TG (Other SP) ☑ HK (Residenti ☑ HK (Residenti ☐ SLEVEI (HO)	Minutes 1 Hour /ICE CATEGOR ng adult jail) ILAC ICAC I CAC I X	Minimum: N/A Maximum: 24 Ho (IES) U4 (ICM) TM (ACT) HM (Respite) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse □ TT (Recovery) □ HT (Prev/El) ×N (SA)		
<ul> <li>☑ Child (0-11)</li> <li>☑ Adol (12-17)</li> <li>(Internet internet inte</li></ul>	<ul> <li>☑ Young Adult (18-20)</li> <li>☑ OF DELIVERY</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> <li>NIS</li> <li>NIS</li> <li>☑ LCSW (AJ)</li> <li>☑ LPC</li> <li>☑ LMFT</li> <li>(POS)</li> </ul>	<ul> <li>☑ Geriatric (65+)</li> <li>☑ Unlicensed Master'</li> <li>☑ Unlicensed EdD/ PF</li> </ul>	□ Encounter ☑ Day PROGRAM SER\ ☑ HE (SP) *child/adol/you □ TG (Other SP) ☑ HK (Residenti ☑ HK (Residenti ☐ SLEVEI (HO)	Minutes 1 Hour I CE CATEGOR  Ing adult ial) LAC CACI CACI CACI	Minimum: N/A Maximum: 24 Ho V(IES) U4 (ICM) TM (ACT) HM (Respite) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse □ TT (Recovery) □ HT (Prev/El) ×N (SA) A (PA)		
<ul> <li>☑ Child (0-11)</li> <li>☑ Adol (12-17)</li> <li>(Interpretation of the second second</li></ul>	<ul> <li>☑ Young Adult (18-20)</li> <li>☑ OF DELIVERY</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> <li>NIS</li> <li>NIS</li> <li>NIS</li> <li>☑ LCSW (AJ)</li> <li>☑ LPC</li> <li>☑ LMFT</li> <li>(POS)</li> <li>☑ PRTF (56)</li> </ul>	<ul> <li>☑ Geriatric (65+)</li> <li>☑ Unlicensed Master'</li> <li>☑ Unlicensed EdD/ PF</li> </ul>	□ Encounter ☑ Day PROGRAM SER\ ☑ HE (SP) *child/adol/you □ TG (Other SP) ☑ HK (Residenti ☑ HK (Residenti ☐ SLEVEI (HO)	Minutes 1 Hour I CE CATEGOR  Ing adult ial) LAC CACI CACI CACI	Minimum: N/A Maximum: 24 Ho V(IES) U4 (ICM) TM (ACT) HM (Respite) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse □ TT (Recovery) □ HT (Prev/El) ×N (SA) A (PA)		
<ul> <li>☑ Child (0-11)</li> <li>☑ Adol (12-17)</li> <li>④ Adol (12-17)</li> <li>▲ LLOWED MODE(S)</li> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>STAFF REQUIREMEI</li> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HI)</li> <li>☑ Intern</li> <li>PLACE OF SERVICE</li> </ul>	<ul> <li>☑ Young Adult (18-20)</li> <li>☑ OF DELIVERY</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> <li>NIS</li> <li>NIS</li> <li>☑ LCSW (AJ)</li> <li>☑ LPC</li> <li>☑ LMFT</li> <li>(POS)</li> </ul>	I Geriatric (65+) I Unlicensed Master Unlicensed EdD/ Ph Licensed EdD/PhD/	□ Encounter ☑ Day PROGRAM SER\ ☑ HE (SP) *child/adol/you □ TG (Other SP) ☑ HK (Residenti ☑ HK (Residenti ☐ SLEVEI (HO)	Minutes 1 Hour I CE CATEGOR  Ing adult ial) LAC CACI CACI CACI	Minimum: N/A Maximum: 24 Ho V(IES) U4 (ICM) TM (ACT) HM (Respite) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse □ TT (Recovery) □ HT (Prev/El) ×N (SA) A (PA)		

		RESIDENTIAL -	LONG TERM					
<b>CPT®/HCPCS PROCEDU</b>	RE CODE		PROCEDURE C	ODE DESCR				USAGE
	H0019		treatment program where stay is typically longer than 30 days), without room and board, per diem					🗵 Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
the potential and motiva through a moderately st stresses normalization a integration, including da	abilitative, and re oriented environr vices include orga ance in obtaining vices are designe ation to ameliorat cructured rehabilit and maximum con abily living and soci- benefit attainmen ducational and su terventions as neo	habilitative services in a nent. Also called nized rehabilitation appropriate long-term d for individuals who have e some skills deficits tation program that munity involvement and alization skills training; t (community supports); pport activities; and cessary.	Technical Docu See Page 346 Service Conten Shift Notes or I 1. Patients curr status and fu 2. Participation 3. Pertinent phr 4. Progress tow 5. Any other pa All individual ar e.g. skills traini services, althou separately. Th as the daily/shi service proced each service. Residential pro the activities of documentatior	t Daily Note ( ent clinical st nctioning sta in treatmen ysical health ard treatmen tient activitie nd group se ng group, in ugh include ese can be ft notes or ure code fo grams who f less than h	summar tatus, e.g atus t status ini nt/services es or pati ervices, p ndividua d in the all includ in a sep r require o continu pachelor	y of shift not symptoms or ormation e plan goals an ent general be provided by r I therapy, me per diem, sho ded in the sar arate note. R ed minimum e to incorpor 's level staff,	d/or d havior esider ed adr ould k me do efer t docur rate a must	ischarge s in milieu ntial staff, ninistration ie identified cumentation o appropriate nentation for nd document also show
NOTES			practitioners d	uring the sa				
are covered with this cod individual psychotherapy by external professionals reported or billed separat	e. Any discrete ser , psychiatric service (non-residential st :ely from H0019. T	Is in the residential settings vices (e.g., family, group and es, case management, etc.) aff) are documented, and his does not include services rtment of Human Services.	*External provi discrete service Example, a casi perform a serv program as lon provided by the	e who is no e manager ice as part o g as it is no	t part of not part of the tr t a dupli	the resident of the reside ansition from cation of a se	ial pro ential the r	ogram. facility could esidential
APPLICABLE POPULATIO			UNIT	eresidentia	arraciiity	DURATION		
⊠ Child (0-11) ⊠ Y	oung Adult -20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter	□ 15 Mi □ 1 Hou		Minimum: Maximum:	N/A	urs
ALLOWED MODE(S) OF	1		PROGRAM SER				24110	
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) *child/adol/yo □ TG (Other SI ⊠ HK (Residen	ung adult ?)		(ICM) I (ACT) I (Respite)	□ н □ т	l (Voc) Ω (Clubhouse) 「(Recovery) Γ (Prev/El)
STAFF REQUIREMENTS								
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	보 LCSW (AJ) 보 LPC 보 LMFT	⊠ Unlicensed Master's Le ⊠ Unlicensed EdD/ PhD/F ⊠ Licensed EdD/PhD/Psyl	$D/PsyD(HP)$ $\Box CACH X RN(1D)$ $\Box$		본 Rxl 본 PA 본 MC			
PLACE OF SERVICE (POS	)							
☑ CMHC (53) ☑ ACF (13) ☑ Grp Home (14) *if RCCF, use POS 14	⊠ PRTF (56) ⊠ RSATF (55)							
		RESIDENTIAL -						

**RESIDENTIAL - LONG TERM** 

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CPT <sup>®</sup> /HCPCS PROCEDU	IRE CODE		PROCEDURE C	ODE DESCRIPTIO	N	USA	<b>\GE</b>	
			Behavioral health; long-term residential (non-					
	H0019		medical, non-a	cute care in a res	sidential treatme	nt 🗵 C	ЭВН	
	110015		program where stay is typically longer than 30 days),					
			without room and board, per diem					
SERVICE DESCRIPTION					REQUIREMENTS			
A residential treatment				imentation Requ	uirements			
residential treatment, I			See Page 346					
structured, community			Service Conter		<b>C</b> 1 1 <b>C</b> 1	,		
"transitional living," services include organized rehabilitation services as well as assistance in obtaining appropriate long-term					nary of shift notes		4 a l	
				inctioning status	e.g. symptoms or p	ertinent ment	ldi	
living arrangements. Services are designed for individuals who have the potential and motivation to ameliorate some skills deficits			2. Participation	-				
through a moderately s				ysical health status	information			
		munity involvement and	-		vice plan goals and	-		
integration, including d		-			atient general beha			
case management and		_			s, provided by res			
recreational activities;			-	·	lual therapy, med he per diem, shoι			
access to therapeutic ir				-	luded in the same			
					eparate note. Ref			
This code could also be		abilization Unit (CSU) if			uired minimum de			
billed with the ET modi	billed with the ET modifier.							
			Residential pro	grams who cont	inue to incorpora	te and docu	ment	
			the activities o	f less than bache	lor's level staff, m	nust also sho	w	
			documentation to support services provided by Medicaid allowed				owed	
			practitioners during the same per diem billing period.					
NOTES			EXAMPLE ACT					
		s in the residential settings			provider who is pr			
		ices (e.g., family, group and s, case management, etc.)	discrete service who is not part of the residential program.					
by external professionals			Example, a case manager not part of the residential facility could perform a service as part of the transition from the residential					
		is does not include services	program as long as it is not a duplication of a service already					
for children who are in c	ustody of the Depart	ment of Human Services.		e residential faci		,		
APPLICABLE POPULATI	ON(S)				DURATION			
🗵 Child (0-11) 🛛 🗵	Young Adult	🗵 Adult (21-64)	Encounter	□ 15 Minutes	Minimum: N	/Α		
🗵 Adol (12-17) (18	3-20)	🗵 Geriatric (65+)	🗵 Day	🗆 1 Hour	Maximum: 24	4 Hours		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SEF	VICE CATEGORY	(IES)			
	🗵 Individual		🗵 HE (SP)		U4 (ICM) [	□ HJ (Voc)		
🗵 Face-to-Face	Sroup (HQ)		*child/adol/yo			∃ HQ (Clubh		
□ Video Conf (GT)	⊠ Family (HR)		□ TG (Other SI			TT (Recove		
Telephone	☑ Family (HS)		🗵 HK (Residen	tial)	Ĩ	□ HT (Prev/E	EI)	
STAFF REQUIREMENTS								
Bachelor's Level (HN)	🗵 LCSW (AJ)	🗵 Unlicensed Master's Le				RxN (SA)		
Intern		Unlicensed EdD/ PhD/F				PA (PA)		
	🗵 LMFT	Licensed EdD/PhD/Psyl	J (AH)			MD/DO (AF)		
PLACE OF SERVICE (PO	S)							
🗵 CMHC (53)	🗵 PRTF (56)							
🗵 ACF (13)	🗵 RSATF (55)							
🗵 Grp Home (14)	KSATF (55)							
	🖾 KSATF (55)							

TREATMENT – ALCOHOL	. AND DRUG ABUSE - METHADONE
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
	Alcohol and/or drug services; Methadone
H0020	administration and/or service (provisions of the 🛛 🗵 Medicaid
	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
or eliminating dependence on opiate substances.	<ol> <li>Medication take-home agreements (when applicable)</li> </ol>
	2. Daily dosage
Note: Methadone administration is considered only one	3. Induction notes (when applicable)
service of an array /set of services, including SUD group and	<ol> <li>Daily acknowledgement form signed by patient</li> <li>Daily acknowledgement form signed by patient</li> </ol>
individual therapy, and other outpatient services that	<ol> <li>Daily observation by a medical professional</li> <li>Take home documentation can be completed in one note;</li> </ol>
should be established as the treatment protocol and	<ol> <li>Take home documentation can be completed in one note; include dates doses are to be taken and each dose amount</li> </ol>
carefully monitored for adherence by the treatment facility. *For patients 17 and under, Federal regulations must be followed	should be included in the single note.
for this service.	should be meladed in the single note.
NOTES	EXAMPLE ACTIVITIES
Methadone administration must be provided by a facility with a controlled substance license from the Office of Behavioral Health (OBH), be registered with the Drug Enforcement Administration (DEA) and have a designated medical director to authorize and oversee Opioid Treatment Program (OTP) physicians. Staff must be licensed through the Office of Behavioral Health and be certified through Substance Abuse and Mental Health Services Administration (SAMHSA) as opioid medication assisted treatment providers. The methadone is ordered from the manufacturer by the OTP physician and delivered to the facility. Take-home doses permitted in accordance with OBH Rule 21.320 and reported in claims with one unit H0020 per claim line, per date the dose given for, with POS "home" for dates when a dose was provided to take at home, and POS "office" or "outpatient facility" etc. for date take-home doses physically handed to the patient.	<ul> <li>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.</li> <li>Note: this code includes the acquisition of the Methadone used for treatment as a pre-requisite to the actual administration of the drugs.</li> </ul>
APPLICABLE POPULATION(S)	UNIT DURATION
Child (0-11) X Young Adult Adult (21-64)	Encounter 15 Minutes Minimum: N/A
☑ Adol (12-17)* (18-20) ☑ Geriatric (65+)	$\Box$ Day $\Box$ 1 Hour Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
Individual ⊠ Individual	⊠ HE (SP) □ U4 (ICM) □ HJ (Voc)
□ Video Conf □ Group (HQ) ☑ packaged for	□ TG (Other SP) □ TM (ACT) □ HQ (Clubhouse)
(GT)	□ HK (Residential) □ HM □ TT (Recovery)
Telephone Family (HS)	(Respite) 🛛 HT (Prev/EI)
STAFF REQUIREMENTS	
I Peer Specialist	I Master's Level 🛛 🖾 LPN/LVN (TE) 👝 📖 📖
Bachelor's Level (HN) 🖄 LCSW (AJ) (HO)	
Intern ⊠ LPC □ Unlicensed ⊠ Intern	I EdD/ PhD/PsyD □CAC II ⊠ APN (SA) ⊠ PA (PA) □CAC II ⊠ APN (SA) ⊠ MD/DO (AF)
	dD/PhD/PsyD (AH)
PLACE OF SERVICE (POS)	
☑ CMHC (53) ☑ Home (12) ☑ PF-PHP 5	52)
☑ Office (11)	•
🗵 Outp Hospital (22) 🗵 RHC (72)	
Independent Clinic (49)	

TREATMENT – ALCOHOL AND DRUG ABUSE - METHADONE

**CPT®/HCPCS PROCEDURE CODE** 

PROCEDURE CODE DESCRIPTION

USAGE

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	H0020		Alcohol and/or dr	d/or service			S OBH
			drug by a licensed				
This service includess Methadone and adm and/or other drug pr or eliminating deper Note: Methadone a service of an array /s individual therapy, a should be establishe carefully monitored *For patients 17 and u for this service. NOTES Methadone administr a controlled substanc Health (OBH), be regis Administration (DEA) to authorize and over physicians. Staff must Behavioral Health and and Mental Health Se medication assisted to ordered from the maid delivered to the faciliti accordance with OBH one unit H0020 per cl	NOTES 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			<ul> <li>MINIMUM DOCUMENTATION REQUIREMENTS</li> <li>Technical Documentation Requirements See Page 346</li> <li>Service Content <ol> <li>Medication take-home agreements (when applicable)</li> <li>Daily dosage</li> <li>Induction notes (when applicable)</li> <li>Daily acknowledgement form signed by patient</li> <li>Daily observation by a medical professional</li> <li>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.</li> </ol> </li> <li>EXAMPLE ACTIVITIES <ul> <li>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.</li> <li>Note: this code includes the acquisition of the Methadone used for treatment as a pre-requisite to the actual administration of the drugs.</li> </ul></li></ul>			
APPLICABLE POPUL	ATION(S)		UNIT		DURA	TION	
□ Child (0-11) 区 Adol (12-17)*	⊠ Young Adult (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)		□ 15 Minut □ 1 Hour		num: N/A num: N/A	·
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVIO	CE CATEGOR	Y(IES)		
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf</li> <li>(GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)	⊠ packaged for take home	<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential</li> </ul>	)	U4 (ICM TM (AC HM (Respite)	Г) [	] HJ (Voc) ] HQ (Clubhouse) ] TT (Recovery) ] HT (Prev/El)
STAFF REQUIREMEN	ITS						
☐ Peer Specialist ☐ Bachelor's Level (HN ⊠ Intern	IMFT	Unlicensed Ma	D/ PhD/PsyD (HP)	I LAC □CAC I □CAC II □CACIII	<ul> <li>✓ LPN/LVN</li> <li>✓ RN (TD)</li> <li>✓ APN (SA)</li> <li>□ QMAP</li> </ul>	×	xN (SA) A (PA) 1D/DO (AF)
PLACE OF SERVICE (	POS)						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Outp Hospital (22)</li> </ul>	☑ Home (12) ☑ FQHC (50)	⊠ PF-PHP ! ⊠ NRSATF nic (49)	•				

PREVENTION/EARLY INTERVENTION - ALCOHOL AND DRUG ABUSE							
CPT®/HCPCS PROC	EDURE CODE			PROCEDURE CO	DE DESCRIPTION	I	USAGE
	H0022			Alcohol and/or ( (planned facilita	drug intervention ntion)	service	⊠ ОВН
SERVICE DESCRIPTI	ON			MINIMUM DOC	UMENTATION R	EQUIREMENTS	
A planned alcohol a early intervention) alcohol and or drug	used to assist a pe			<ol> <li>Specific interaction</li> <li>Clients resp</li> <li>Referral for</li> </ol>	ographic informatervention service	used cessary)	
NOTES				EXAMPLE ACTIV	/ITIES		
					talking to involu ntary commitme		nt manager
APPLICABLE POPUL	LATION(S)			UNIT		DURATION	
· · ·	⊠ Young Adult (18-20)	⊠ Adult (2 ⊠ Geriatric	,	Encounter Day	□ 15 Minutes □ 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S	) OF DELIVERY			PROGRAM SER	VICE CATEGORY(	ES)	
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual ⊠ Group (H ⊠ Family (H ⊠ Family (H	Q) R)		☐ HE (SP) ☐ TG (Other SP ☐ HK (Resident		(ACT) □ HC □ TT	(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREME	NIS						(75)
Peer Specialist     Bachelor's Level (H     Intern	N) 区 LCS 区 LPC 区 LM			Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)		⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA) □ QMAP	IXI RXN (SA)
PLACE OF SERVICE	(POS)						
⊠ CMHC (53) ⊠ Office (11) ⊠ Home (12) ⊠ Shelter (04)	<ul> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> <li>☑ RSATF (55)</li> <li>☑ NRSATF (57)</li> <li>☑ Prison/CF (09)</li> </ul>	⊠ Scho	ol (03)				

PREVENTION/EARLY INTERVENTION – OUTREACH or TREATMENT – REHABILITATION (DROP-IN)				
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	E	PROCEDURE CODE DESCRIPTION	USAGE	
	H0023	Behavioral health outreach service (planned approach to reach a IX Medicaid population) /Drop- In Center		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION RE	QUIREMENTS	
A planned approach to reach a p	population within their environment for	Technical Documentation Require	ements: See Page 346	
	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 <sup>rd</sup>	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 conve		
site (e.g., food bank, public	peer support, advocacy,	and informally identifying need f		
shelter, etc.), or by phone,	empowerment and social skills dev.	behavioral health services, with repeat Action plan & Support		
but can be at other POS.				
Do not need confirmed	Do not need confirmed diagnosis			
diagnosis	Lafa and a state of a the second second if is	Respond to referrals as requested by Recreational activities		
	Inform provider of attendance if in treatment	police, landlords, etc., of individu suspected of having an SMI/SPM	-	
	Clinical consultation by MA-staff	and in need of BH services	club-like setting	
	available during hours of operation	Outreach to re-engage individua		
	and for peer supervision	are at risk for disengaging from s		
APPLICABLE POPLILATION(S) *C	Outreach ONLY may use with Child (0-11)		DURATION	
$\mathbf{X}$ Child (0-11)	X Adult (21-64)		Minimum: 8 min	
⊠ Adol (12-17) ⊠ Young Ad	lult (18-20) 🗵 Geriatric (65+)		Maximum: N/A	
ALLOWED MODE(S) OF DELIVER		PROGRAM SERVICE CATEGORY(IE	•	
	🗵 Individual	Outreach Service:	Drop-in Center:	
🗵 Face-to-Face	S Group (HQ)	For children/adol/young adult:	For adol/young adult: 1 <sup>st</sup> modifier: HE;	
🗆 Video Conf (GT)	Shoup (HQ)	1 <sup>st</sup> modifier: HE; 2 <sup>nd</sup> modifier: HT	2 <sup>nd</sup> modifier: HQ to distinguish as drop-	
🗵 Telephone	E Family (HS)	to distinguish as outreach	in center	
		For adults: 1 <sup>st</sup> modifier: HT	For adults: 1 <sup>st</sup> modifier: HQ	
STAFF REQUIREMENTS				
<ul> <li>Peer Specialist</li> <li>Bachelor's Level (HN)</li> </ul>	🗷 LCSW (AJ) 🛛 🗵 Unlicensed Maste	er's Level (HO) 🗵 LAC 🗵 LPN/I ECAC I 🗵 RN (T	LVN (TE) TD)	
Intern	LPC Subscripts LPC LPC		(SA) 🖾 PA (PA)	
	区 LMFT 区 Licensed EdD/Ph	D/PsyD (AH)		
PLACE OF SERVICE (POS) **Dro	p-In Centers may use POS 53 or 99 ONLY.			
	Care (33)		PHP (52)	
	lome (14) 🗵 SNF (31)		bol (03)	
🗵 Mobile Unit (15) 🛛 🗵 Home			er POS (99)**	
⊠Outp Hospital (22) ⊠ ICF-MR (54) ⊠ RHC (72) ⊠ ER (23) ⊠ Shelter (04)				
🗵 ACF (13) 🗵 NF (32		• •	- /	
	NTION/EARLY INTERVENTION - OUTREAG	CH or TREATMENT – REHABILITATIC	DN (DROP-IN)	

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CPT <sup>®</sup> /HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION	USAGE
	H0023	Behavioral health outreach service (planned approach to reach a population) /Drop- In Center	e 🗵 OBH
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION RE	QUIREMENTS
A planned approach to reach a p	oopulation within their environment for	Technical Documentation Require	ements: See Page 346
	or addressing behavioral health issues	Outreach Service:	Drop-in Center:
and problems. These individuals	may or may not have currently	The reason for the visit/call.	Name, DOB, or SS#/Medicaid ID #
consented to receive services, a	nd may or may not have a covered	What was the intended goal or	
diagnosis.		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 <sup>rd</sup>	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	1	EXAMPLE ACTIVITIES	
Outreach Service:	Drop-in Center:	Outreach Service:	Drop-in Center:
Activities occur often off-	Promote ongoing recovery through	Initiating non-threatening conversation Information and ref	
site (e.g., food bank, public	peer support, advocacy,	and informally identifying need f	
shelter, etc.), or by phone,	empowerment and social skills dev.	behavioral health services, with repeat	
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	diagnosis		d by Action plan & Support
	Inform provider of attendance if in	police, landlords, etc., of individu	- ·
	treatment	suspected of having an SMI/SPM	II/SED
	Clinical consultation by MA-staff	and in need of BH services	
	available during hours of operation and for peer supervision	Outreach to re-engage individua	
		are at risk for disengaging from s	
	Outreach ONLY may use with Child (0-11)		DURATION
区 Child (0-11) 区 Adol (12-17) 区 Young Ad	ult (18-20) 🗵 Adult (21-64) 🗵 Geriatric (65+)		Minimum: 8 min
ALLOWED MODE(S) OF DELIVER		PROGRAM SERVICE CATEGORY(IE	Maximum: N/A
ALLOWED MODE(S) OF DELIVER			·
⊠ Face-to-Face		Outreach Service: For children/adol/young adult:	Drop-in Center: For adol/young adult: 1 <sup>st</sup> modifier: HE;
□ Video Conf (GT)	Sroup (HQ)	1 <sup>st</sup> modifier: HE; 2 <sup>nd</sup> modifier: HT	$2^{nd}$ modifier: HQ to distinguish as drop-
⊠ Telephone	E Family (HR)	to distinguish as outreach	in center
	🗵 Family (HS)	For adults: 1 <sup>st</sup> modifier: HT	For adults: 1 <sup>st</sup> modifier: HQ
STAFF REQUIREMENTS			
Peer Specialist	🗵 LCSW (AJ) 🛛 🗵 Unlicensed Maste		
🗷 Bachelor's Level (HN)	☑ LPC ☑ Unlicensed EdD/	PhD/PsyD (HP)	
🗵 Intern	Image: Second control of the s	D/PsvD (AH)	
			P
	p-In Centers may use POS 53 or 99 ONLY.		
		<ul> <li>☑ RSATF (55)</li> <li>☑ RSATF (57)</li> <li>☑ PF-P</li> </ul>	
⊠ Office (11) ⊠ Home			PHP (52)
× ACF (13) × ICF-M			ool (03) 🗵 Outp Hospital
🗵 Cust Care (33) 🛛 🗵 NF (32	2) 🗵 RHC (72)		er POS (99)** (22)

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PREVENTION/EARLY INTERVENTION - EDUCATION					
CPT <sup>®</sup> /HCPCS PROCEDURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
H002	4	Behavioral Health P Dissemination Servi Direct Contact with Knowledge and Atti	ce (One-Way Service Audie	Direct or Non-	🗹 ОВН
SERVICE DESCRIPTION		MINIMUM DOCUM	IENTATION RE	EQUIREMENTS	
Services delivered to target audien affecting knowledge, attitude and way direct communication educat dissemination.	or behavior through one-	<ol> <li>Number of particular</li> <li>Type of service</li> </ol>	rticipants e		
NOTES		EXAMPLE ACTIVITIE	ES		
Activities affect critical life and soc limited to decision-making, refusa systematic judgment abilities.		Pamphlets, educatio		tions, Billboard	5
APPLICABLE POPULATION(S)		UNIT		DURATION	
<ul> <li>☑ Child (0-11)</li> <li>☑ Young Adult</li> <li>☑ Adol (12-17)</li> <li>(18-20)</li> </ul>	🗵 Adult (21-64) 🗵 Geriatric (65+)		15 Minutes 1 Hour	Minimum: N/ Maximum: N/	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE	CATEGORY(I	ES)	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family</li> <li>☑ Family</li> </ul>	(HQ) (HR)	□ HE (SP) □ TG (Other SP) □ HK (Residential)	□ U4 ( □ TM □ HM	(ACT) (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS					
S Bachelor's Level (HN)	LPC 🗵 Unlicense	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	⊠ LPN/LV ⊠ RN (TD) ⊠ APRN (S □ QMAP	、 ′ ビ RxN (SA) 区 PA (PA)
PLACE OF SERVICE (POS)					
<ul> <li>☑ CMHC (53)</li> <li>☑ Grp Hom</li> <li>☑ Office (11)</li> <li>☑ Home (12)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Shelter (12)</li> <li>☑ Cust Care (33)</li> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> </ul>	2) 🗵 NRSATF (57) 04) 🖾 Prison/CF (09)	⊠ Other POS (99) ⊠ Telehealth (02)			

PREVENTION/EARL	Y INTERVENTION - EDUCATION
CPT <sup>®</sup> /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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit. What was the intended goal or agenda?</li> <li>2. Description of the service</li> <li>3. Prevention education provided and individual's response to the information</li> <li>4. Plan for next contact(s), if applicable</li> </ul>
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. If services are performed by a CAC provider, a SUD Primary Diagnosis is required.	<ul> <li>Classroom educational activities for children or parents focused on skill building and CBT skills to prevent anxiety/depression</li> <li>Education services/programs for youth on substance use</li> <li>Parenting/family management services focused on life/social skills</li> <li>Peer leader/helper programs teaching drug refusal skills and commitment to a drug free lifestyle</li> <li>Small group sessions involving interaction amongst participants</li> <li>Nurturing Parent Program</li> <li>Educational programs (safe and stable families)</li> <li>"Love and Logic" ( healthy parenting skills)</li> <li>Multi-family groups that are educational in nature (not therapeutic)</li> </ul>
APPLICABLE POPULATION(S)	UNIT DURATION
⊠ Child (0-11)         ⊠ Young Adult         ⊠ Adult (21-64)           ⊠ Adol (12-17)         (18-20)         ⊠ Geriatric (65+)	Is Minutes Minimum: N/A     Day □ 1 Hour Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>☑ Family (HR)</li> <li>☑ Telephone</li> <li>☑ Family (HS)</li> </ul>	Image: He (SP)       Image: U4 (ICM)       Image: HJ (Voc)         *child/adol/young adult       Image: TM (ACT)       Image: HQ (Clubhouse)         Image: TG (Other SP)       Image: HM       Image: TT (Recovery)         Image: HK (Residential)       (Respite)       Image: HT (Prev/El)
STAFF REQUIREMENTS	
Intern	d Master's Level (HO)
PLACE OF SERVICE (POS)	
Image: CMHC (53)         Image: CMHC (53)         Image: CMHC (53)         Image: CMHC (54)           Image: CMHC (51)         Image: CMHC (53)         Image: CMHC (54)         Image: CMHC (54)           Image: CMHC (51)         Image: CMHC (53)         Image: CMHC (54)         Image: CMHC (54)           Image: CMHC (51)         Image: CMHC (53)         Image: CMHC (54)         Image: CMHC (54)           Image: CMHC (52)         Image: CMHC (54)         Image: CMHC (54)         Image: CMHC (54)           Image: CMHC (52)         Image: CMHC (54)         Image: CMHC (54)         Image: CMHC (54)           Image: CMHC (52)         Image: CMHC (54)         Image: CMHC (54)         Image: CMHC (54)           Image: CMHC (52)         Image: CMHC (54)         Image: CMHC (54)         Image: CMHC (54)           Image: CMHC (54)         Image: CMHC (54)         Image: CMHC (54)         Image: CMHC (54)           Image: CMHC (54)         Image: CMHC (54)         Image: CMHC (54)         Image: CMHC (54)           Image: CMHC (54)         Image: CMHC (54)         Image: CMHC (54)         Image: CMHC (54)           Image: CMHC (54)         Image: CMHC (54)         Image: CMHC (54)         Image: CMHC (54)           Image: CMHC (54)         Image: CMHC (54)         Image: CMHC (54)         Image: CMHC (54)           Image: C	<ul> <li>☑ SNF (31)</li> <li>☑ RQHC (50)</li> <li>☑ Other POS (99)</li> <li>☑ RHC (72)</li> <li>☑ School (03)</li> </ul>

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 ADBH 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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit. What was the intended goal or agenda?</li> <li>2. Description of the service</li> <li>3. Prevention education provided and individual's response to the information</li> <li>4. Plan for next contact(s), if applicable</li> </ul>			
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.	<ul> <li>Classroom educational activities for children or parents focused on skill building and CBT skills to prevent anxiety/depression</li> <li>Education services/programs for youth on substance use</li> <li>Parenting/family management services focused on life/social skills</li> <li>Peer leader/helper programs teaching drug refusal skills and commitment to a drug free lifestyle</li> <li>Small group sessions involving interaction amongst participants</li> <li>Nurturing Parent Program</li> <li>Educational programs (safe and stable families)</li> <li>"Love and Logic" (healthy parenting skills)</li> <li>Multi-family groups that are educational in nature (not therapeutic)</li> </ul>			
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 DELIVERYImage: State Stat	PROGRAM SERVICE CATEGORY(IES)         Image: HE (SP)       Image: U4 (ICM)       HJ (Voc)         *child/adol/young adult       Image: TM (ACT)       HQ (Clubhouse)         Image: TG (Other SP)       Image: HM       Image: TT (Recovery)         Image: HK (Residential)       (Respite)       Image: HT (Prev/EI)			
STAFF REQUIREMENTS				
Intern	Master's Level (HO) ⊠LAC ⊠LPN/LVN (TE) ⊠RxN (SA) EdD/ PhD/PsyD (HP) ⊠CAC I ⊠RN (TD) ⊠PA (PA) D/PhD/PsyD (AH) ⊠CAC II ⊠APN (SA) ⊠PA (PA) ∭CACIII □QMAP			
PLACE OF SERVICE (POS)				
Image: CMHC (53)         Image: ACF (13)         Image: ICF-MR (54)           Image: CMHC (53)         Image: ICF-MR (54)         Image: ICF-MR (54)           Image: CMHC (53)         Image: ICF-MR (54)         Image: ICF-MR (54)           Image: CMHC (53)         Image: ICF-MR (54)         Image: ICF-MR (54)           Image: CMHC (53)         Image: ICF-MR (54)         Image: ICF-MR (54)           Image: CMHC (53)         Image: ICF-MR (54)         Image: ICF-MR (54)           Image: CMHC (52)         Image: ICF-MR (54)         Image: ICF-MR (54)           Image: CMHC (52)         Image: ICF-MR (54)         Image: ICF-MR (54)           Image: CMHC (52)         Image: ICF-MR (54)         Image: ICF-MR (54)           Image: CMHC (52)         Image: ICF-MR (54)         Image: ICF-MR (54)           Image: CMHC (52)         Image: ICF-MR (54)         Image: ICF-MR (54)           Image: CMHC (52)         Image: ICF-MR (54)         Image: ICF-MR (54)           Image: CMHC (52)         Image: ICF-MR (54)         Image: ICF-MR (54)           Image: CMHC (52)         Image: ICF-MR (54)         Image: ICF-MR (54)           Image: CMHC (54)         Image: ICF-MR (54)         Image: ICF-MR (54)           Image: CMHC (54)         Image: ICF-MR (54)         Image: ICF-MR (54)           Image: CMHC (54)	<ul> <li>☑ SNF (31)</li> <li>☑ NRSATF (57)</li> <li>☑ FQHC (50)</li> <li>☑ Other POS (99)</li> <li>☑ RHC (72)</li> <li>☑ School (03)</li> </ul>			

PREVENTION/EARLY INT	ERVENTION - COMMUNITY
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Environmental strategies use a broad range of external activities in order to mainstream prevention through policies and law. These strategies establish or change community standards, codes, and attitudes, which decreases the prevalence of alcohol and other drugs within the community.	<ol> <li>Number of participants</li> <li>Type of service</li> </ol>
NOTES	EXAMPLE ACTIVITIES
	<ul> <li>Review of school policies</li> <li>Community technical assistance</li> <li>Revised advertising practices</li> <li>Pricing strategies</li> <li>Setting minimum age requirements</li> <li>Product use restrictions</li> <li>Workplace substance abuse policies</li> <li>New or revised environmental codes</li> <li>New or revised ordinances, regulations, or legislation</li> </ul>
APPLICABLE POPULATION(S)	UNIT DURATION
<ul> <li>☑ Child (0-11)</li> <li>☑ Young Adult</li> <li>☑ Adult (21-64)</li> <li>☑ Adol (12-17)</li> <li>(18-20)</li> <li>☑ Geriatric (65+)</li> </ul>	Encounter □ 15 Minutes Minimum: N/A     Day □ 1 Hour Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM       □ TT (Recovery)         (Respite)       □ HT (Prev/EI)
STAFF REQUIREMENTS	
	Master's Level (HO)     Image: LAC     Image: LPN/LVN (TE)     Image: RxN (SA)       EdD/ PhD/PsyD (HP)     Image: CAC II     Image: RxN (SA)     Image: RxN (SA)       /PhD/PsyD (AH)     Image: CAC III     Image: RxN (SA)     Image: RxN (SA)       /PhD/PsyD (AH)     Image: CAC III     Image: RxN (SA)     Image: 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 (09)         ☑ Telehealth (02)       ☑ Shelter (04)       ☑ School (03)         ☑ Other POS (99)	

PREVENTION/EARLY IN	TERVENTION - SCREENING
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g. student assistance and employee assistance programs), does not include assessment
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Alcohol and/or drug prevention problem identification and referral services include screening for tendencies toward substance abuse and referral for preventive treatment for curbing such tendencies if indicated. This service is provided to address the following risk factors: individual attitudes towards substance use, and perceived risks for substance use. Identification and referral programs look at the relationship between substance use and a variety of other problems such as mental health problems, family problems, sexually transmitted diseases, school or employment failures and delinquency.	<ol> <li>Date of service</li> <li>Start and stop time (duration)</li> <li>Number of participants</li> <li>Type of service</li> <li>Referral to treatment if necessary</li> </ol>
NOTES	EXAMPLE ACTIVITIES
APPLICABLE POPULATION(S)	UNIT DURATION
Child (0-11) ⊠ Young Adult ⊠ Adult (21-64)	Encounter 🗵 15 Minutes Minimum: 8 mins
☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)	□ Day □ 1 Hour Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM       □ TT (Recovery)         (Respite)       □ HT (Prev/EI)
STAFF REQUIREMENTS	
Image: State of State	Master's Level (HO)     Image: Lac     Image: Lpn/LVN (TE)     Image: RxN (SA)       EdD/ PhD/PsyD (HP)     Image: Cac II     Image: RxN (SA)     Image: RxN (SA)       J/PhD/PsyD (AH)     Image: Cac III     Image: RxN (SA)     Image: RxN (SA)       Image: RxN (SA)     Image: RxN (SA)     Image: RxN (SA)     Image: RxN (SA)       J/PhD/PsyD (AH)     Image: RxN (SA)     Image: RxN (SA)     Image: RxN (SA)
PLACE OF SERVICE (POS)	
$ \begin{tabular}{ c c c c c } \hline $\boxtimes$ CMHC (53) & $\boxtimes$ Cust Care (33) & $\boxtimes$ FQHC (50) \\ \hline $\boxtimes$ Office (11) & $\boxtimes$ Grp Home (14) & $\boxtimes$ RHC (72) \\ \hline $\boxtimes$ Mobile Unit (15) & $\boxtimes$ Home (12) & $\boxtimes$ RSATF (55) \\ \hline $\boxtimes$ Telehealth (02) & $\boxtimes$ Shelter (04) & $\boxtimes$ NRSATF (57) \\ \hline \end{tabular} $	⊠ Prison/CF (09) ⊠ School (03) ⊠ Other POS (99)

PREVENTION/EARLY INTERVE	NTION – 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)
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.	<ol> <li>Number of participants</li> <li>Type of service</li> </ol>
NOTES	EXAMPLE ACTIVITIES
	<ul> <li>Alcohol/tobacco/drug free social and or recreational events</li> <li>Community drop in centers</li> <li>Community services</li> <li>Leadership functions Activities involving athletics, art, music, movies, etc.</li> </ul>
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	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM       □ TT (Recovery)         (Respite)       □ HT (Prev/EI)
STAFF REQUIREMENTS	
Intern	Master's Level (HO)
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 PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0030	Behavioral Health, Hotline Services	⊡ ОВН
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Hotline Services are provided through a program with telephone support services that are available twenty-four (24) hours per day, seven (7) days per week. Callers often call a hotline anonymously during a crisis situation. There is no requirement for the caller to become a client of the hotline program.	<ol> <li>Date of service</li> <li>Intervention or support services provided</li> <li>Clients response</li> <li>Referral for treatment (if necessary)</li> <li>Signed with 1<sup>st</sup> initial, last name &amp; credentia</li> </ol>	ıls
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT DURATION	
<ul> <li>☑ Child (0-11)</li> <li>☑ Young Adult</li> <li>☑ Adult (21-64)</li> <li>☑ Adol (12-17)</li> <li>☑ (18-20)</li> <li>☑ Geriatric (65+)</li> </ul> ALLOWED MODE(S) OF DELIVERY	Encounter 15 Minutes Minimum: N/A     Day 1 Hour Maximum: N/A     PROGRAM SERVICE CATEGORY(IES)	
□ Face-to-Face       □ Individual         □ Video Conf (GT)       □ Group (HQ)         ☑ Telephone       □ Family (HR)         □ Family (HS)	□ HE (SP) □ U4 (ICM) □ □ TG (Other SP) □ TM (ACT) □ □ HK (Residential) □ HM (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS		()
I ⊠ Bachelor's Level (HN) ⊠ LPC ⊠ Unlicensed	Master's Level (HO) ⊠ LAC ⊠ LPN/LVN EdD/ PhD/PsyD (HP) ⊠ CAC I ⊠ RN (TD) )/PhD/PsyD (AH) ⊠ CAC II ⊠ APRN (SA )/PhD/PsyD (AH) ⊠ CACIII □ QMAP	
PLACE OF SERVICE (POS)		
☑ CMHC (53)       ☑ Shelter (04)       ☑ Prison/CF (09)         ☑ Office (11)       ☑ FQHC (50)       ☑ School (03)         ☑ Home (12)       ☑ RHC (72)       ☑ Other POS (99)         ☑ NRSATF (57)		

ASSES:	SMENT- DIAGNOSIS				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0031	Mental health assessment, by a non-physician	🗵 Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A face-to-face clinical assessment that identifies factors of mental illness, functional capacity, and other additional information used for the treatment of mental illness. Information may be obtained from collaterals. This assessment results in the identification of the patient's BH service needs and recommendations for treatment. The service can also be used by any MHP when an update of the assessment is necessary, for example a referral to a different Level of Care or program. * Licensed MHPs, when completing a full assessment with mental status and diagnosis should use procedure code 90791.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit. What was the intended Chief complaint/presenting concern(s) or problet</li> <li>2. Description of the service</li> <li>3. Review of psychosocial and family history, patiand other assessment information</li> <li>4. Plan for next contact(s) including any follow-up needed with 3<sup>rd</sup> parties and disposition – need referral, etc.</li> </ul>	lem(s) ent functioning o or coordination			
OPTIONAL DOCUMENTATION REQUIREMENTS					
If a Mental Status Exam and Diagnosis evaluation is completed, it needs to be completed by staff with at least the minimum requirements for a 90791. Otherwise a deferred diagnosis should be used.					
NOTES	EXAMPLE ACTIVITIES				
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.	<ul> <li>needs</li> <li>Face-to-face meeting with the patient/patient's family to collect social history information</li> <li>With the patient's permission, face-to-face meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.)</li> <li>Administering acceptable instruments to the patient to document substantial impairment in role functioning</li> </ul>				
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)				
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ TG (Other SP) ⊠ TM (ACT) □ ⊠ HK (Residential) □ HM (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)			
STAFF REQUIREMENTS					
Intern	d Master's Level (HO) $\Box$ CAC I $\boxtimes$ RN (TD) $\Box$ F d EdD/ PhD/PsyD (HP) $\Box$ CAC II $\Box$ APN (SA) $\Box$ F	RXN (SA) PA (PA) MD/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53)       ☑ ACF (13)       ☑ ICF-MR (50)         ☑ Office (11)       ☑ Cust Care (33)       ☑ NF (32)         ☑ Mobile Unit (15)       ☑ Grp Home (14)       ☑ PRTF (56)         ☑ Outp Hospital (22)       ☑ Home (12)       ☑ Shelter (04)	⊠ FQHC (50) ⊠ ER (23) ⊠ ⊠ RHC (72) ⊠ PF-PHP (52) ⊠	School (03) Other POS (99) l Telehealth (02)			

ASSSSM	IENT- DIAGNOSIS			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H0031	Mental health assessment, by a non-physician	🗵 ОВН		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	-		
A face-to-face clinical assessment that identifies factors of mental illness, functional capacity, and other additional information used for the treatment of mental illness. Information may be obtained from collaterals. This assessment results in the identification of the patient's BH service needs and recommendations for treatment. The service can also be used by any MHP when an update of the assessment is necessary, for example a referral to a different Level of Care or program. * Licensed MHPs, when completing a full assessment with mental status and diagnosis should use procedure code 90791.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit. What was the intender Chief complaint/presenting concern(s) or prob</li> <li>2. Description of the service</li> <li>3. Review of psychosocial and family history, patie and other assessment information</li> <li>4. Plan for next contact(s) including any follow-up needed with 3<sup>rd</sup> parties and disposition – need for referral, etc.</li> </ul>	lem(s) Int functioning or coordination		
OPTIONAL DOCUMENTATION REQUIREMENTS				
If a Mental Status Exam and Diagnosis evaluation is completed, it needs to be completed by staff with at least the minimum requirements for a 90791. Otherwise a deferred diagnosis should be used.				
NOTES	EXAMPLE ACTIVITIES			
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.	<ul> <li>needs</li> <li>Face-to-face meeting with the patient/patient's family to collect social history information</li> <li>With the patient's permission, face-to-face meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.)</li> <li>Administering acceptable instruments to the patient to document substantial impairment in role functioning</li> </ul>			
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)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>☑ Family (HR)</li> <li>☑ Telephone</li> <li>☑ Family (HS)</li> </ul>	□ TG (Other SP)       ⊠ TM (ACT)       □         ⊠ HK (Residential)       □ HM (Respite)       □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
STAFF REQUIREMENTS				
Sachelor's Level (HN) LPC SUnlicensed	EdD/ PhD/PsyD (HP) $\Box$ CAC I $\Box$ RN (TD) $\Box$ P/	kn (SA) A (PA) ID/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)       ☑ PRTF (56)         ☑ Outp Hospital (22)       ☑ Home (12)       ☑ Shelter (04	図 FQHC (50) 図 ER (23) 図 RHC (72) 図 PF-PHP (52)	Other POS (99) Telehealth (02)		

	ASSESSMENT - TRE	ATMENT/SERVICE P	LANNING		
CPT <sup>®</sup> /HCPCS PROCEDURE CODE		PROCEDURE COD	USAGE		
H0032	Mental health ser	vice plan develo	pment by nor	۲- الا Medicaid	
		physician			
SERVICE DESCRIPTION					i i i i i i i i i i i i i i i i i i i
Activities to develop, evaluate, or modif ment/service plan, including the statem treatment/service goals, clinical interve achieve goals, and an evaluation of prog The treatment/service plan is reviewed clinical supervisor, and revised with the necessary or when a major change in th condition/service needs occurs.	MINIMUM DOCUMENTATION REQUIREMENTS         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 <sup>rd</sup> parties				
NOTES			•		
codes (see psychotherapy procedure co of the session is on treatment/service p psychotherapy occurs during the session psychotherapy code if more than 50% o psychotherapy.	anning and no n. Use a				
APPLICABLE POPULATION(S)		UNIT		DURATION	
🗵 Child (0-11) 🗵 Young Adult	🗵 Adult (21-64)		□ 15 Minutes	Minimum: I	N/A
🗵 Adol (12-17) (18-20)	🗵 Geriatric (65+)	🗆 Day	🗆 1 Hour	Maximum:	N/A
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVIO	CE CATEGORY(IE	S)	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>☑ HK (Residential</li> </ul>	区 U4 区 TM ) 区 HM		⊠ HJ (Voc) ⊠ HQ (Clubhouse) ⊠ TT (Recovery) ⊠ HT (Prev/El)
STAFF REQUIREMENTS					
□ Peer Specialist	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CACI ⊠ F □CACII ⊠ A	APN (SA)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)
PLACE OF SERVICE (POS)					
<ul> <li>☑ CMHC (53)</li> <li>☑ ACF (13)</li> <li>☑ Office (11)</li> <li>☑ Cust Care (33)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Grp Home (14)</li> <li>☑ Outp Hospital (22)</li> <li>☑ Home (12)</li> </ul>	⊠ ICF-MR (5 ⊠ NF (32) ⊠ PRTF (56) ⊠ Shelter (	<ul> <li>✓ FQHC (5</li> <li>✓ RHC (72</li> </ul>	0) 🗵 PF-F ) 🗵 Scho	PF (51) PHP (52) pol (03) er POS (99)	⊠ Telehealth (02)

	ASSE	SSMENT - TRE	ATMENT/SERVICE P	LANNING		
CPT <sup>®</sup> /HCPCS PROCEDU	JRE CODE		PROCEDURE COD	USAGE		
H0032			Mental health ser	vice plan develo	pment by nor	I- 🗵 OBH
			physician			
SERVICE DESCRIPTION						
Activities to develop, evaluate, or modify a patient's treat- ment/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.			<ul> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda?</li> <li>Description of the service (should include discussion of treatment/service plan development)</li> <li>Completion of or substantial progress toward plan development including required signatures according to agency policies</li> <li>Treatment/service plan revisions should include progress and/or completion of goals</li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ol> </li> </ul>			
NOTES	f individual psychothera		EXAMPLE ACTIVIT	<b>FIES</b>		
of the session is on tre psychotherapy occurs	apy procedure codes) w atment/service planning during the session. Use a more than 50% of the se	g and no a				
APPLICABLE POPULAT	ION(S)		UNIT		DURATION	
	0	ult (21-64)		□ 15 Minutes	Minimum: N	•
	1	riatric (65+)	1	1 Hour	Maximum: I	N/A
ALLOWED MODE(S) O			PROGRAM SERVIO	-		
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		⊠ HE (SP) □ TG (Other SP) ⊠ HK (Residential	⊠ U4 ⊠ TM )   ⊠ HM	• •	⊠ HJ (Voc) ⊠ HQ (Clubhouse) ⊠ TT (Recovery) ⊠ HT (Prev/El)
STAFF REQUIREMENTS	S					
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	오 LCSW (AJ) 오 LPC 오 LMFT	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CACI ⊠I □CACII ⊠	APN(SA)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)
PLACE OF SERVICE (PC	DS)					
☑ Office (11) ☑ Mobile Unit (15)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	区 ICF-MR (5 区 NF (32) 区 PRTF (56) 区 Shelter (0	☑ FQHC (5 ☑ RHC (72	0) 🗵 PF- ) 🗵 Sch	t PF (51) PHP (52) ool (03) er POS (99)	⊠ Telehealth (02)

		TREATMENT - ME	DICATION MANAG	EMENT			
CPT <sup>®</sup> /HCPCS PROCED	URE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE	
	H0033		Oral medication administration, direct observation				
SERVICE DESCRIPTION	l		MINIMUM DOCU	JMENTATION RI	QUIREMENTS		
SERVICE DESCRIPTION Observing patient taki ensure adequate main deter/prevent deterio This service includes th products, within a met decreasing or eliminat Administration of Bup by a qualified physicia practitioner in a licens *For patients 17 years ar followed for administerin <b>NOTES</b> This service is designe and positive outcom compliance history/pa likely to receive this se products must be prov substance license from registration with the D and certified through Services Administratic assisted treatment pro	ng oral prescribed i itenance of medica ration of patient's o the administration o thadone clinic site, ing dependence on renorphine product n, physician assista ed methadone faci ad under, Federal reg ng Buprenorphine ed to facilitate med nes. Patients wit atients newly on m rvice. Administratio vided within a facili in the Office of Beha Drug Enforcement A Substance Abuse on (SAMHSA) as ar	<ul> <li>MINIMUM DOCUMENTATION REQUIREMENTS</li> <li>Technical Documentation Requirements See Page 346</li> <li>Service Content:         <ol> <li>Documentation that supports observation of medications administered, including name and dosage</li> <li>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.</li> <li>Every encounter should have its own notation.</li> <li>For Buprenorphine induction notes (when applicable) &amp; daily acknowledgement form signed by patient is present</li> </ol> </li> <li>EXAMPLE ACTIVITIES         <ol> <li>Face-to-face, one-on-one cueing/encouraging and observing patient taking prescribed medications</li> <li>Reporting back to MHPs licensed to perform medication management services for direct benefit of patient</li> <li>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.</li> </ol></li></ul>					
products is paid throug administering Bupren Waive provider's offic be billed if the service provider on the same administration of the billed to Fee for Service	gh Medicaid fee-for orphine products, e are reimbursed t is part of the E&M day. This code sho medication. The	-service. Physicians, through the DATA hrough FFS. Cannot service by the same uld be billed for the					
APPLICABLE POPULAT			UNIT		DURATION		
	l 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	F DELIVERY		PROGRAM SERV	ICE CATEGORY(I	ES)		
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>*child/adol/your</li> <li>□ TG (Other SP)</li> <li>☑ HK (Residentia)</li> </ul>	lg adult ⊠ T ⊠ F	M (ACT) M (Respite)	I HJ (Voc) I HQ (Clubhouse) I TT (Recovery) I HT (Prev/El)	
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 × □CAC II ×	ANN (TD)	보 RxN (SA) 또 PA (PA) 또 MD/DO (AF)	
PLACE OF SERVICE (PC	DS)						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56) ⊠ Shelter (04)	区 SNF (31) 区 FQHC (50) 区 RHC (72) 区 Independent C	⊠ N ⊠ O	E-PHP (52) RSATF (57) ther POS (99)		

	TREATMENT - MEDICATION MANAGEMENT					
CPT <sup>®</sup> /HCPCS PROCEDU	JRE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE
	H0033		Oral medication a	🗵 OBH		
SERVICE DESCRIPTION				JMENTATION RE	QUIREMENTS	
Observing patient taking ensure adequate maind deter/prevent deterion This service includes the products, within a met decreasing or eliminati Administration of Bupp by a qualified physician practitioner in a license *For patients 17 years are followed for administering <b>NOTES</b> This service is designed and positive outcom compliance history/pa likely to receive this set products must be proving substance license from registration with the D and certified through Services Administration assisted treatment pro- products is paid through administering Buprene Waive provider's office be billed if the service provider on the same administration of the billed to Fee for Service	ng oral prescribed i tenance of medicai ration of patient's o he administration o hadone clinic site, ing dependence on renorphine product h, physician assista ed methadone facil d under, Federal regi g Buprenorphine g Buprenorphine ed to facilitate med hes. Patients wit tients newly on m rvice. Administratic vided within a facili the Office of Beha rug Enforcement A Substance Abuse n (SAMHSA) as an ovider. The cost of gh Medicaid fee-for orphine products, e are reimbursed t is part of the E&M day. This code sho medication. The e Medicaid	tion regimen to ondition. f Buprenorphine for the purpose of opiate substances. is is only conducted nt, or nurse ity. alations must be dication smust be dication compliance n low medication edication are most n of Buprenorphine ty with a controlled vioral Health (OBH), dministration (DEA) and Mental Health opioid medication the Buprenorphine -service. Physicians, through the DATA hrough FFS. Cannot service by the same uld be billed for the	Technical Docum See Page 346 Service Content: 1. Documentatic administered, 2. Patient respo medication w sleeping; is th tolerating the 3. Every encoun 4. For Buprenor acknowledger EXAMPLE ACTIVI • Face-to-face, patient taking • Reporting bac management • The administr patient's plan by a qualified or within a lic	entation Require on that supports of including name a nse to medication ell or are there co ere improvement medication action ter should have it phine induction n ment form signed TIES one-on-one cueir g prescribed medi sk to MHPs licens services for direc- ration of Bupreno of care to the pa	ments observation of me and dosage ns, e.g. is the pation omplaints of side t or not in symptons taken. sown notation. otes (when applied by patient is pre- ng/encouraging a cations ed to perform me t benefit of patier rphine products tient for oral ing ian assistant, or e facility.	ient tolerating the effects, problems oms. If not icable) & daily esent ind observing edication ent
APPLICABLE POPULAT	. /		UNIT	_	DURATION	
🗵 Adol (12-17) (1	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	⊠ Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: N/A Maximum: N/A	۱ <u> </u>
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV	ICE CATEGORY(IE	S)	
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>□ Family (HR)</li> <li>□ Family (HS)</li> </ul>		⊠ HE (SP)       ⊠ U4 (ICM)       ⊠ HJ (Vc         *child/adol/young adult       ⊠ TM (ACT)       ⊠ HQ (C         □ TG (Other SP)       ⊠ HM (Respite)       □ TT (Respite)		I HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/EI)	
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 ⊠ □CAC II ⊠	APN (SA)	보 RxN (SA) 보 PA (PA) 보 MD/DO (AF)
PLACE OF SERVICE (PC	S)					
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	区 ICF-MR (54) 区 NF (32) 区 PRTF (56) 区 Shelter (04)	<ul> <li>☑ SNF (31)</li> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> <li>☑ Independent C</li> </ul>	⊠ NR ⊠ Otl	PHP (52) SATF (57) ner POS (99)	

TREATMENT - MEDICATION MANAGEMENT								
CPT <sup>®</sup> /HCPCS PROCEDU	JRE CODE		PROCEDURE COD	USAGE				
	H0034				Medication training and support, per 15 minutes 🗵 Medicaid			
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION F		ITS		
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.			<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>The training/instructions provided and the individual's response to the training and support</li> <li>Plan for next contact(s) including any follow-up or coordination</li> </ol></li></ul>					
NOTEC			needed with 3					
NOTES Generally face-to-face, but may include telephone contact as needed.			<ul> <li>EXAMPLE ACTIVITIES</li> <li>Understanding nature of adult patient's SPMI or child/ adolescent's SED</li> <li>Understanding role of prescribed medications in reducing symptoms and increasing/maintain functioning</li> <li>Identifying and managing symptoms and potential side effects of medication(s)</li> <li>Learning contraindications of medication(s)</li> <li>Understanding overdose precautions of medication(s)</li> <li>Learning self-administration of medication(s)</li> </ul>					
APPLICABLE POPULAT			UNIT DURATION					
区 Child (0-11) 区 Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult(21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	☑ 15 Minutes □ 1 Hour	Minimum Maximun	n: 8 Minutes n: N/A		
ALLOWED MODE(S) OI	DELIVERY		PROGRAM SERV					
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>☑ Telephone</li> </ul>	⊠ Individual ⊠Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>☑ HK (Residentia</li> </ul>	I) X	U4 (ICM) TM (ACT) HM espite)	⊠ HJ (Voc) ⊠ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)		
STAFF REQUIREMENTS								
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern		Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I × □CAC II ×	LPN/LVN (TE) RN (TD) APN (SA) QMAP	<ul> <li>☑ RxN (SA)</li> <li>☑ PA (PA)</li> <li>☑ MD/DO (AF)</li> <li>☑ Certified/Registered</li> <li>☑ Medical Assistant</li> </ul>		
PLACE OF SERVICE (PO								
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	区 ACF (13) 区 Cust Care (33) 区 Grp Home (14 区 Home (12)	,		(50) 🗵 Ot	-PHP (52) her POS (99)			

TREATMENT - MEDICATION MANAGEMENT						
CPT <sup>®</sup> /HCPCS PROCEDU	IRE CODE		PROCEDURE COL	USAGE		
	Medication training and support, per 15 minutes IS OBH					
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION 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			
NOTES			EXAMPLE ACTIVI	TIES		
Generally face-to-face, but may include telephone contact as needed.			<ul> <li>Understanding nature of adult patient's SPMI or child/ adolescent's SED</li> <li>Understanding role of prescribed medications in reducing symptoms and increasing/maintain functioning</li> <li>Identifying and managing symptoms and potential side effects of medication(s)</li> <li>Learning contraindications of medication(s)</li> <li>Understanding overdose precautions of medication(s)</li> <li>Learning self-administration of medication(s)</li> </ul>			
APPLICABLE POPULATI	ION(S)		UNIT		DURATION	
区 Child (0-11) 区 Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult(21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	⊠ 15 Minutes □ 1 Hour	Minimum: 8 Maximum: 1	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEGORY(II	ES)	
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>☑ Telephone</li> </ul>	⊠ Individual ⊠Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ TG (Other SP) ⊠ HK (Residentia	⊠ T I) ⊠ F	M (ACT) IM	⊠ HJ (Voc) ⊠ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS					F	
□ Peer Specialist □ Bachelor's Level (HN) ⊠ Intern	LCSV LPC LMF	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ F □CAC II ⊠ A	RN (TD)	전 RxN (SA) 전 PA (PA) 전 MD/DO (AF) 전 Certified/Registered 전 Medical Assistant
PLACE OF SERVICE (PO						
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital (22)	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>		•	81) 🗵 Oth (50)	PHP (52) er POS (99)	

TREATMENT - INTENSIVE -	PARTIAL HOSPITALIZATION (PHP)				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
110035	Mental health partial hospitalization, treatment,				
H0035	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	1. Initial/intake documenting symptoms/problems necessitating				
step toward community reintegration. Services include	treatment	-			
assessment; psychological testing; family, group and	2. Individualized treatment/service plan				
individual psychotherapy; medical and nursing support;	$\circ$ Services must be prescribed by an MD/DO an	d provided under			
medication management; skill development; psychosocial	plan of treatment established by an MD/DO a	after consultation			
education and training; and expressive and activity therapies.	with appropriate staff				
	$\circ$ Plan must state type, amount, frequency, and	d duration of			
	services to be furnished and indicate goals				
	$\circ$ Describes coordination of services wrapped a	round particular			
	needs of patient				
	3. Target symptoms, goals of therapy and method	s of monitoring			
	outcome				
	<ul> <li>Why chosen therapy is appropriate modality</li> </ul>	either in lieu of/in			
	addition to another form of treatment				
	4. Progress notes document services rendered, pa	tient's response			
	and relation to treatment/service plan goals				
	5. Specify estimated duration of treatment, in sess				
	<ul> <li>For an acute problem, document that treatm</li> </ul>	ent is expected to			
	improve health status/function of patient	ation /			
	• For chronic problems, document that stabilization/				
NOTES	maintenance of health status/function is expected 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)	Encounter 15 Minutes Minimum: + 4 h	urs/day_5			
⊠ Adol (12-17)         (18-20)         ⊠ Geriatric (65+)	□ Day □ 1 Hour days/week	113/ udy, 5			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
		□ HJ (Voc)			
I Face-to-Face		$\Box$ HQ (Clubhouse)			
Video Conf (GT)		□ TT (Recovery)			
□ Telephone ⊠ Family (HS)		□ HT (Prev/EI)			
STAFF REQUIREMENTS					
Peer Specialist	LAC IPN/LVN (TE)				
X Bachelor's Level (HN)		xN (SA)			
X Inforn		A (PA) ID/DO (AF)			
PLACE OF SERVICE (POS)					
🗵 CMHC (53)					
🗵 Outp Hospital (22)					
区 PF-PHP (52)					

	PARTIAL HOSPITALIZATION (PHP)				
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
110035	Mental health partial hospitalization, treatment,				
H0035	less than 24 hours				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REC	QUIREMENTS			
A treatment alternative to inpatient psychiatric	Technical Documentation Require	ments			
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	1. Initial/intake documenting symptoms/problems necessitating				
step toward community reintegration. Services include	treatment				
assessment; psychological testing; family, group and	2. Individualized treatment/servic	ce plan			
individual psychotherapy; medical and nursing support;	<ul> <li>Services must be prescribed</li> </ul>	by an MD/DO and provided under			
medication management; skill development; psychosocial	plan of treatment establishe	d by an MD/DO after consultation			
education and training; and expressive and activity therapies.	with appropriate staff	-			
	<ul> <li>Plan must state type, amoun</li> </ul>	t, frequency, and duration of			
	services to be furnished and	indicate goals			
	<ul> <li>Describes coordination of set</li> </ul>	rvices wrapped around particular			
	needs of patient	-			
	3. Target symptoms, goals of ther	apy and methods of monitoring			
	outcome				
	$\circ$ Why chosen therapy is approx	opriate modality either in lieu of/in			
	addition to another form of t	treatment			
	4. Progress notes document servi	ces rendered, patient's response			
	and relation to treatment/servi	ice plan goals			
	5. Specify estimated duration of t	reatment, in sessions			
	$\circ$ For an acute problem, docum	nent that treatment is expected to			
	improve health status/functi	on of patient			
	<ul> <li>For chronic problems, document that stabilization/</li> </ul>				
	maintenance of health status/function is expected				
		s/function is expected			
NOTES	EXAMPLE ACTIVITIES	synthetion is expected			
NOTES The use of PHP as a setting of care presumes that patient does	EXAMPLE ACTIVITIES				
	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	EXAMPLE ACTIVITIES				
The use of PHP as a setting of care presumes that patient does not meet medical necessity criteria for inpatient psychiatric	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	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)	EXAMPLE ACTIVITIES	DURATION			
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)Image: Child (0-11)Image: Young AdultImage: Adult(21-64)	UNIT	DURATION Minimum: + 4 hrs/day, 5			
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)☑ Child (0-11) ☑ Adult (21-64) ☑ Adol (12-17)☑ Adol (12-17)(18-20)☑ Geriatric (65+)	UNIT Encounter 15 Minutes Day 1 Hour	DURATION Minimum: + 4 hrs/day, 5 days/week			
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)Image: Child (0-11)Image: Young AdultImage: Adult(21-64)	UNIT Encounter 15 Minutes Day 1 Hour PROGRAM SERVICE CATEGORY(IE:	DURATION Minimum: + 4 hrs/day, 5 days/week S)			
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)         Image: Child (0-11)       Image: Young Adult         Adol (12-17)       (18-20)         ALLOWED MODE(S) OF DELIVERY         Image: Part of the par	UNIT         ⊠ Encounter       □ 15 Minutes         □ Day       □ 1 Hour         PROGRAM SERVICE CATEGORY(IES         ☑ HE (SP)       □ 04	DURATION Minimum: + 4 hrs/day, 5 days/week S) 4 (ICM) □ HJ (Voc)			
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)         Image: Child (0-11)       Image: Young Adult         Adol (12-17)       (18-20)         Adol (12-17)       Image: Young Adult         Face-to-Face       Image: Individual         Image: Young Young HQ       Image: Young HQ	UNIT Encounter 15 Minutes Day 1 Hour PROGRAM SERVICE CATEGORY(IE HE (SP) 04 TG (Other SP) 17	DURATION         Minimum: + 4 hrs/day, 5         days/week         S)         4 (ICM)       HJ (Voc)         M (ACT)       HQ (Clubhouse)			
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)            \u00ed Child (0-11)         \u00ed Y Young Adult         \u00ed Adult(21-64)         \u00ed Adol (12-17)         (18-20)         \u00ed Geriatric (65+)         ALLOWED MODE(S) OF DELIVERY         \u00ed Face-to-Face	UNIT         ⊠ Encounter       15 Minutes         □ Day       1 Hour         PROGRAM SERVICE CATEGORY(IE)         ⊠ HE (SP)       □ U4         □ TG (Other SP)       □ TN	DURATION         Minimum: + 4 hrs/day, 5         days/week         S)         4 (ICM)       HJ (Voc)         M (ACT)       HQ (Clubhouse)         M (Respite)       TT (Recovery)			
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)         Image: Child (0-11)       Image: Child (0-11)         Image: Child (0-11)       Image: Chi	UNIT Encounter 15 Minutes Day 1 Hour PROGRAM SERVICE CATEGORY(IE HE (SP) 04 TG (Other SP) 17	DURATION         Minimum: + 4 hrs/day, 5         days/week         S)         4 (ICM)       HJ (Voc)         M (ACT)       HQ (Clubhouse)			
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)            \u03c6 Child (0-11)         \u03c6 Young Adult         \u03c6 Adult(21-64)         \u03c6 Adult(21-7)         (18-20)         \u03c6 Geriatric (65+)          ALLOWED MODE(S) OF DELIVERY         \u03c6 Group (HQ)         \u03c6 Video Conf (GT)         \u03c6 Family (HR)         \u03c6 Family (HS)         STAFF REQUIREMENTS	UNIT         ⊠ Encounter       15 Minutes         Day       1 Hour         PROGRAM SERVICE CATEGORY(IE)         ⊠ HE (SP)       U4         TG (Other SP)       TN         HK (Residential)       HI	DURATION         Minimum: + 4 hrs/day, 5         days/week         S)         4 (ICM) $\Box$ HJ (Voc) $\Lambda$ (ACT) $\Box$ HQ (Clubhouse)         M (Respite) $\Box$ TT (Recovery) $\Box$ HT (Prev/EI)			
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)            \Box Child (0-11)         \Box Young Adult         \Box Adult(21-64)         \Box Adol (12-17)         (18-20)         \Box Geriatric (65+)          ALLOWED MODE(S) OF DELIVERY            \Box Face-to-Face         \Box Group (HQ)         \Box Family (HR)         \Box Family (HR)         \Box Family (HR)         \Box Family (HS)         STAFF REQUIREMENTS         \Box Face-to-Face         \Box Family (HS)         \Box Fam	UNIT Encounter □ 15 Minutes □ Day □ 1 Hour PROGRAM SERVICE CATEGORY(IES E HE (SP) □ U4 □ TG (Other SP) □ TN □ HK (Residential) □ HI Master's Level (HQ) □LAC E LE	DURATION Minimum: + 4 hrs/day, 5 days/week S) 4 (ICM)			
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)            \u03c6 Child (0-11)         \u03c6 Young Adult         \u03c6 Adult(21-64)         \u03c6 Adult(21-7)         (18-20)         \u03c6 Geriatric (65+)          ALLOWED MODE(S) OF DELIVERY            \u03c6 Face-to-Face         \u03c6 Group (HQ)         \u03c6 Group (HQ)         \u03c6 Family (HR)         \u03c6 Family (HR)         \u03c6 Family (HS)         STAFF REQUIREMENTS         Peer Specialist         \u03c6 Declose (HN)         \u03c6 LCSW (AJ)         \u03c6 Unlicensed         \u03c66 Unlicensed         \u03c66 Unlicensed         \u03c666 Unlicensed         \u03c66666 Unlicensed         \u03c666666666666666666666666666666666666	UNIT         Image: Second s	DURATION Minimum: + 4 hrs/day, 5 days/week S) 4 (ICM)			
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)            \Box Child (0-11)         \Box Young Adult         \Box Adult(21-64)         \Box Adul (12-17)         (18-20)         \Box Geriatric (65+)          ALLOWED MODE(S) OF DELIVERY            \Box Face-to-Face         \Box Individual         \Box Family (HQ)         \Box Family (HR)         \Box Family (HR)         \Box Family (HS)         STAFF REQUIREMENTS         Peer Specialist         \Box LCSW (AJ)         \Box Unlicensed         \Box LCSW (AJ)         \Box Unlicensed         \Box Unlicensed         \Box LPC         \Box Unlicensed         \Box Unlicensed	UNIT         ⊠ Encounter       15 Minutes         Day       1 Hour         PROGRAM SERVICE CATEGORY(IE)         ⊠ HE (SP)       U4         □ TG (Other SP)       □ TN         □ HK (Residential)       □ HI         Master's Level (HO)       □CAC I       ⊠ RI         EdD/ PhD/PsyD (HP)       □CAC I       ⊠ RI         U/PhD/PsyD (AP)       □CAC II       ☑ AI	DURATION         Minimum: + 4 hrs/day, 5         days/week         S)         4 (ICM)       □ HJ (Voc)         M (ACT)       □ HQ (Clubhouse)         M (ACT)       □ HQ (Clubhouse)         M (Respite)       □ TT (Recovery)         □ HT (Prev/EI)         PN/LVN (TE)       ⊠ RxN (SA)         N (TD)       ⊠ PA (PA)         PN (SA)       ⊠ PA (PA)			
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)            \Box Child (0-11)         \Box Young Adult         \Box Adult(21-64)         \Box Adul (12-17)         (18-20)         \Box Geriatric (65+)          ALLOWED MODE(S) OF DELIVERY             \Box Face-to-Face         \Box Group (HQ)         \Uideo Conf (GT)         \Box Family (HR)         \Box Family (HR)         \Box Family (HS)          STAFF REQUIREMENTS         \Displace Specialist         \Box Bachelor's Level (HN)         \Box LCSW (AJ)         \Box Unlicensed         \Box LCSW (AJ)	UNIT         ☑ Encounter       15 Minutes         □ Day       1 Hour         PROGRAM SERVICE CATEGORY(IES)         ☑ HE (SP)       □ U4         □ TG (Other SP)       □ TN         □ HK (Residential)       □ HI         Master's Level (HO)         □CAC I       ☑ RI         ☑ Master's Level (HP)       □CAC I         ☑ Master's Level (HO)       □CAC I	DURATION Minimum: + 4 hrs/day, 5 days/week S) 4 (ICM)			
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)            \Box Child (0-11)         \Box Young Adult         \Box Adult(21-64)         \Box Adul (12-17)         (18-20)         \Box Geriatric (65+)          ALLOWED MODE(S) OF DELIVERY             \Box Face-to-Face         \Box Individual         \Box Family (HR)         \Box Family (HR)         \Box Family (HR)         \Box Family (HS)          STAFF REQUIREMENTS         \Box Peer Specialist         \Box Bachelor's Level (HN)         \Box LCSW (AJ)         \Box Unlicensed         \Box LCSW         \Bo	UNIT         ⊠ Encounter       15 Minutes         Day       1 Hour         PROGRAM SERVICE CATEGORY(IE)         ⊠ HE (SP)       U4         □ TG (Other SP)       □ TN         □ HK (Residential)       □ HI         Master's Level (HO)       □CAC I       ⊠ RI         EdD/ PhD/PsyD (HP)       □CAC I       ⊠ RI         U/PhD/PsyD (AP)       □CAC II       ☑ AI	DURATION         Minimum: + 4 hrs/day, 5         days/week         S)         4 (ICM)       □ HJ (Voc)         M (ACT)       □ HQ (Clubhouse)         M (ACT)       □ HQ (Clubhouse)         M (Respite)       □ TT (Recovery)         □ HT (Prev/EI)         PN/LVN (TE)       ⊠ RxN (SA)         N (TD)       ⊠ PA (PA)         PN (SA)       ⊠ PA (PA)			
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)            \Box Child (0-11)         \Box Young Adult         \Box Adult(21-64)         \Box Adul (12-17)         (18-20)         \Box Geriatric (65+)          ALLOWED MODE(S) OF DELIVERY             \Box Face-to-Face         \Box Individual         \Box Family (HR)         \Box Family (HR)         \Box Family (HR)         \Box Family (HS)          STAFF REQUIREMENTS         \Box Peer Specialist         \Box Bachelor's Level (HN)         \Box LPC         \Box Unlicensed Ed         PLACE OF SERVICE (POS)         \Box CMHC (53)	UNIT         ⊠ Encounter       15 Minutes         Day       1 Hour         PROGRAM SERVICE CATEGORY(IE)         ⊠ HE (SP)       U4         □ TG (Other SP)       □ TN         □ HK (Residential)       □ HI         Master's Level (HO)       □CAC I       ⊠ RI         EdD/ PhD/PsyD (HP)       □CAC I       ⊠ RI         U/PhD/PsyD (AP)       □CAC II       ☑ AI	DURATION         Minimum: + 4 hrs/day, 5         days/week         S)         4 (ICM)       □ HJ (Voc)         M (ACT)       □ HQ (Clubhouse)         M (ACT)       □ HQ (Clubhouse)         M (Respite)       □ TT (Recovery)         □ HT (Prev/EI)         PN/LVN (TE)       ⊠ RxN (SA)         N (TD)       ⊠ PA (PA)         PN (SA)       ⊠ PA (PA)			
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)            \Box Child (0-11)         \Box Young Adult         \Box Adult(21-64)         \Box Adult(21-7)         (18-20)         \Box Geriatric (65+)          ALLOWED MODE(S) OF DELIVERY            \Box Face-to-Face         \Box Individual         \Box Family (HR)         \Box Family (HR)         \Box Family (HR)         \Box Family (HS)         STAFF REQUIREMENTS         \Delta Peer Specialist         \Box Bachelor's Level (HN)         \Box LCSW (AJ)         \Box Unlicensed Ed         PLACE OF SERVICE (POS)	UNIT         ⊠ Encounter       15 Minutes         Day       1 Hour         PROGRAM SERVICE CATEGORY(IE)         ⊠ HE (SP)       U4         □ TG (Other SP)       □ TN         □ HK (Residential)       □ HI         Master's Level (HO)       □CAC I       ⊠ RI         EdD/ PhD/PsyD (HP)       □CAC I       ⊠ RI         U/PhD/PsyD (AP)       □CAC II       ☑ AI	DURATION Minimum: + 4 hrs/day, 5 days/week S) 4 (ICM)			

TRE	ATMENT - REHABILITA	TION - COMMU	JNITY PSYCHIATRIC	SUPPORT TREA	TMENT (CPST)	
CPT <sup>®</sup> /HCPCS PROCEDUR	RECODE		PROCED	URE CODE DESCI	RIPTION	USAGE
	H0036		Community psychiatric supportive treatment, face-to-face, per 15 minutes			
SERVICE DESCRIPTION		MINIMUM DOCU	MENTATION RE	QUIREMENTS		
Comprehensive Psychiat services consist of menta services. A team-based a treatment, rehabilitation Therapeutic intervention promoting symptom stal ability to cope and relate highest level of functionia *H0036 may be used as individuals enrolled in a fidelity review process. * This code is not to be of NOTES This is an intensive comm service that provides tre to: • Assist individual services • Reduce psychia	<ul> <li>MINIMUM DOCUMENTATION REQUIREMENTS</li> <li>Technical Documentation Requirements         See Page 346         Service Content         <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service and how activity is designed to increase functioning in the community</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ol> </li> <li>EXAMPLE ACTIVITIES         <ol> <li>Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts)</li> <li>Supportive counseling and psychotherapy on a planned and asneeded basis</li> <li>Support of age appropriate daily living skills</li> <li>Encourage engagement with peer support services</li> <li>Development of discharge/transition goals and related planning</li> </ol> </li> </ul>					
<ul> <li>Develop optimal community living skills</li> <li>Individuals will experience decreased crisis episodes, and increased community tenure, time working, in school or with social contacts, and personal satisfaction and independence.</li> </ul>			<ul> <li>Development of discharge/transition goals and related planning</li> <li>Advocating on behalf of patients</li> <li>Crisis intervention</li> <li>Medication training and monitoring</li> <li>Educating regarding symptom management</li> <li>Facilitating access to health care</li> <li>Skills teaching to help client meet transportation needs or access transportation services</li> <li>Help finding and keeping safe, affordable housing</li> <li>Home visits</li> </ul>			
APPLICABLE POPULATIC	N(S)		UNIT		DURATION	
☑ Child (0-11) ☑ Y ☑ Adol (12-17) (18-	Young Adult ⊠ Ac 20) ⊠ Ge	lult (21-64) eriatric (65+)	□ Encounter □ Day	☑ 15 Minutes □ 1 Hour	Minimum: 8 m Maximum: 4 l	
ALLOWED MODE(S) OF			PROGRAM SERVI			<b>—</b>
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential</li> </ul>	⊠ U4 ( □ TM I) □ HM		□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS						
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R □CAC II ⊠ A	N (TD)	RxN (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (POS)						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	区 ICF-MR (54) 区 NF (32) Shelter (04) 区 SNF (31)	🗵 RHC (72)	3)		

TRE	ATMENT - REHABILITA	TION - COMMU	JNITY PSYCHIATRIC	SUPPORT TREA	TMENT (CPST)		
<b>CPT®/HCPCS PROCEDUR</b>	RE CODE		PROCEDU	JRE CODE DESCI	RIPTION	USAGE	
	H0036		Community psych face-to-face, per 1		e treatment,	🗵 ОВН	
SERVICE DESCRIPTION		MINIMUM DOCU	MENTATION RE	QUIREMENTS			
SERVICE DESCRIPTION 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 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			<ul> <li>MINIMUM DOCUMENTATION REQUIREMENTS</li> <li>Technical Documentation Requirements         See Page 346         Service Content         <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service and how activity is designed to increase functioning in the community</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ol> </li> <li>EXAMPLE ACTIVITIES         <ol> <li>Symptom assessment and management (i.e., ongoing assessment, psycho-education, and symptom management efforts)</li> <li>Supportive counseling and psychotherapy on a planned and asneeded basis</li> <li>Support of age appropriate daily living skills</li> <li>Encourage engagement with peer support services</li> <li>Development of discharge/transition goals and related planning</li> <li>Advocating on behalf of patients</li> </ol> </li> </ul>				
<ul> <li>Develop optimal community living skills</li> <li>Individuals will experience decreased crisis episodes, and increased community tenure, time working, in school or with social contacts, and personal satisfaction and independence.</li> </ul>							
APPLICABLE POPULATIO	N(S)		UNIT		DURATION		
☑ Child (0-11) ☑ Y ☑ Adol (12-17) (18-	Toung AdultImage: Adult20)Image: General control	ult (21-64) riatric (65+)	Encounter     Day	⊠ 15 Minutes □ 1 Hour	Minimum: 8 r Maximum: 4		
ALLOWED MODE(S) OF			PROGRAM SERVIO	-			
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential</li> </ul>	⊠ U4 ( □ TM ) □ HM	•	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)	
STAFF REQUIREMENTS							
International Science (HN)			Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ R □CAC II ⊠ A	N (TD)	RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (POS)							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	<ul> <li>☑ ICF-MR (54)</li> <li>☑ NF (32)</li> <li>☑ Shelter (04)</li> <li>☑ SNF (31)</li> </ul>	🗵 RHC (72)				

TREATMENT - REHAE	BILITATION - COMM	UNITY PSYCHIATRI	C SUPPORT TREA	TMENT (CPST	г)	
CPT <sup>®</sup> /HCPCS PROCEDURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
H0037		Community psych face-to-face, per		treatment,	🗵 Medicaid	
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS				
Comprehensive Psychiatric Support Treat services consist of mental health rehabilit services. A team-based approach to the p treatment, rehabilitation/resiliency and s Therapeutic interventions are strengths-b promoting symptom stability, increasing f ability to cope and relate to others and en highest level of functioning in the commu *H0036 may be used as an alternative to individuals enrolled in a program not over fidelity review process. * This code is not to be used for children NOTES This is an intensive community rehabilitat	DESCRIPTIONMINIMUM DOCUMENTATION REQUIREMENTSmensive Psychiatric Support Treatment (CPST) consist of mental health rehabilitation/resiliency A team-based approach to the provision of nt, rehabilitation/resiliency and support services. utic interventions are strengths-based and focus on ng symptom stability, increasing the consumer's to cope and relate to others and enhancing the evel of functioning in the community.See Page 346 Service Content1.The reason for the visit. What was the intended go agenda? How does the service relate to the treatm plan?2.Description of the service and how activity is design increase functioning in the community.3.The therapeutic intervention(s) utilized and the ind response to the intervention(s)4.How did the service impact the individual's progres goals/objectives?5.Plan for next contact(s) including any follow-up or o needed with 3rd partiesEXAMPLE ACTIVITIES				ended goal or ne treatment/service y is designed to nd the individual's 's progress towards ow-up or coordination , ongoing	
<ul> <li>service that provides treatment and restorinterventions to: <ul> <li>Assist individuals to gain access services</li> <li>Reduce psychiatric symptoms</li> <li>Develop optimal community livil Individuals will experience decreased crisincreased community tenure, time workin with social contacts, and personal satisfact independence.</li> <li>CPST up to 4 hours is reported/billed u over 4 hours, report/bill H0037. Discr family, group and individual psychoth services, case management, etc.) are reported/billed separately from H0036.</li> </ul> </li> </ul>	to necessary ing skills is episodes, and ng, in school or ction and inder H0036; CPST ete services (e.g., herapy, psychiatric	<ul> <li>assessment, psycho-education, and symptom management effe</li> <li>Supportive counseling and psychotherapy on a planned and a needed basis</li> <li>Support of age appropriate daily living skills</li> <li>Encourage engagement with peer support services</li> <li>Development of discharge/transition goals and related plann</li> <li>Advocating on behalf of patients</li> <li>Crisis intervention</li> <li>Medication training and monitoring</li> <li>Educating regarding symptom management</li> <li>Facilitating access to health care</li> <li>Skills teaching to help client meet transportation needs or act transportation services</li> </ul>				
APPLICABLE POPULATION(S)		Home visits     UNIT		DURATION		
🗵 Adol (12-17) (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	🗵 Day	□ 15 Minutes □ 1 Hour	Minimum: 4 Maximum:		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVI		-	<b>—</b> <i>h</i>	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		<ul> <li>☑ HE (SP)</li> <li>☑ TG (Other SP)</li> <li>☑ HK (Residentia)</li> </ul>		(ICM) I (ACT) I (Respite)	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)	
STAFF REQUIREMENTS						
☑ Peer Specialist       ☑ LCSW         ☑ Bachelor's Level (HN)       ☑ LPC         ☑ Intern       ☑ LMFT	el (HN) I LCSW (AJ) I Unlicensed Master's Level (HO) CAC I RN (TD) I RxN (S LPC I Unlicensed EdD/ PhD/PsyD (HP) CAC I APN (SA) PA (PA				⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS)						
<ul> <li>☑ CMHC (53)</li> <li>☑ ACF (13)</li> <li>☑ Office (11)</li> <li>☑ Cust Care (33)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Grp Home (12)</li> <li>☑ Home (12)</li> </ul>		🗵 RHC (72)	)3)			

TREATMENT - REHABILITATION - COMM	IUNITY PSYCHIATRIC SUPPORT TREATMENT (CPST)				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H0037	Community psychiatric supportive treatment,				
10037	face-to-face, per diem				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Comprehensive Psychiatric Support Treatment (CPST)	Technical Documentation Requirements				
services consist of mental health rehabilitation/resiliency	See Page 346				
services. A team-based approach to the provision of	Service Content				
treatment, rehabilitation/resiliency and support services.	1. The reason for the visit. What was the intended goal or				
Therapeutic interventions are strengths-based and focus on	agenda? How does the service relate to the treatment/service				
promoting symptom stability, increasing the consumer's	plan?				
ability to cope and relate to others and enhancing the	2. Description of the service and how activity is designed to				
highest level of functioning in the community.	increase functioning in the community				
*U0026 may be used as an alternative to U0020 for	3. The therapeutic intervention(s) utilized and the individual's				
*H0036 may be used as an alternative to H0039 for individuals enrolled in a program not overseen by an ACT	response to the intervention(s) 4. How did the service impact the individual's progress towards				
fidelity review process.	<ol> <li>How did the service impact the individual's progress towards goals/objectives?</li> </ol>				
identy review process.	<ol> <li>Plan for next contact(s) including any follow-up or coordination</li> </ol>				
* This code is not to be used for children under age 6.	needed with 3 <sup>rd</sup> parties				
NOTES	EXAMPLE ACTIVITIES				
This is an intensive community rehabilitation/resiliency	Symptom assessment and management (i.e., ongoing				
service that provides treatment and restorative	assessment, psycho-education, and symptom management efforts)				
interventions to:	• Supportive counseling and psychotherapy on a planned and as-				
<ul> <li>Assist individuals to gain access to necessary</li> </ul>	needed basis				
services	<ul> <li>Support of age appropriate daily living skills</li> </ul>				
Reduce psychiatric symptoms	<ul> <li>Encourage engagement with peer support services</li> </ul>				
<ul> <li>Develop optimal community living skills</li> </ul>	Development of discharge/transition goals and related planning				
Individuals will experience decreased crisis episodes, and	Advocating on behalf of patients				
increased community tenure, time working, in school or	Crisis intervention				
with social contacts, and personal satisfaction and	Medication training and monitoring				
independence.	Educating regarding symptom management				
CPST up to 4 hours is reported/billed under H0036; CPST	Facilitating access to health care				
over 4 hours, report/bill H0037. Discrete services (e.g.,	• Skills teaching to help client meet transportation needs or access				
family, group and individual psychotherapy, psychiatric	transportation services				
services, case management, etc.) are documented, and	<ul> <li>Help finding and keeping safe, affordable housing</li> </ul>				
reported/billed separately from H0036.	Home visits				
APPLICABLE POPULATION(S)	UNIT DURATION				
🗵 Child (0-11) 🛛 Young Adult 🖾 Adult (21-64)	Encounter 15 Minutes Minimum: 4 hrs 8 mins				
☑ Adol (12-17) (18-20)  ☑ Geriatric (65+)	I Hour Maximum: 8 hours				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☑ andividual	☑ HE (SP)         ☑ U4 (ICM)         □ HJ (Voc)				
□ Video Conf (GT)	TG (Other SP)     TM (ACT)     HQ (Clubhouse)				
	□ HK (Residential) □ HM (Respite) □ TT (Recovery)				
E Family (HS)	HT (Prev/EI)				
STAFF REQUIREMENTS         Image: Specialist         Image: Specialist      <	I Master's Level (HO) 🛛 LAC 🗵 LPN/LVN (TE) 🗵 RxN (SA)				
	$I EdD/PhD/PsyD (HP)$ $\Box CAC I  extstyle RN (TD)  extstyle PA (PA)$				
	$dD/PhD/PsyD$ (AH) $\Box$ CAC II $\boxtimes$ APN (SA) $\boxtimes$ MD/DO (AF)				
PLACE OF SERVICE (POS)					
🗵 CMHC (53) 🛛 🖾 ACF (13) 🖾 ICF-MR (5	54) 🗵 FQHC (50)				
☑ Office (11)	🗵 RHC (72)				
🗵 Mobile Unit (15) 🛛 🗵 Grp Home (14) 🖾 Shelter (0					
☑ Outp Hospital (22)  ☑ Home (12)  ☑ SNF (31)	🗵 Other POS (99)				

PEER SUPPORT/RECOVERY SERVICES – BEHAVIORA						
CPT <sup>®</sup> /HCPCS PROCED	OURE CODE		PROCEDURE CODI	E DESCRIPTION		USAGE
	H0038		Self-help/peer ser	vices, per 15 mi	inutes	🗵 Medicaid
SERVICE DESCRIPTIO	N		MINIMUM DOCUI	MENTATION RE	QUIREMENTS	
<ul> <li>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:</li> <li>Exploring patient purposes beyond the identified MI or substance use disorder and the possibilities of recovery</li> <li>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)</li> <li>Emphasizing hope and wellness</li> <li>Helping patients develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired)</li> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>The reason for the visit/call. What was the intend agenda? How does the service relate to the treat plan?</li> <li>Description of the service provided</li> <li>Patient response to services and, where appropriating recovery strengths and health needs/concerns, and self-monitoring progress)</li> <li>Emphasizing hope and wellness</li> <li>Helping patients develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired)</li> </ul>				opriate, how service s/objectives?		
	vith relapse preventio	n planning	EXAMPLE ACTIVIT	IEC		
H0038 is the primary by a Peer/Mentor/Sp provided in conjuncti psychosocial rehab, A Clubhouse, Supported documentation of ser program/class goals a should be used. Plea Specialist on Page 28.	NOTES 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			ervices oyment service g for children/a ps ces ple: J38) are offerec rior to discharg	dolescents I to patient in so	ocial detox when ngagement and offer ent.
APPLICABLE POPULA			UNIT		DURATION	
区 Child (0-11) ☑ Adol (12-17) (	I8-20) Source Adult	⊠ Adult (21-64) ⊠ Geriatric (65+)	🗆 Day	× 15 Minutes □ 1 Hour	Minimum: 8 Maximum: N	
▲LLOWED MODE(S) (         ☑ Face-to-Face         ☑ Video Conf (GT)         ☑ Telephone	DF DELIVERY ⊠ Individual ⊠ Group (HQ ⊠ Family (HR ⊠ Family (HS	)	PROGRAM SERVIC ⊠ HE (SP) *child/adol/young □ TG (Other SP) □ HK (Residential)	adult 🛛	E <b>S)</b> U4 (ICM) TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) ⊠ TT (Recovery) □ HT (Prev/EI)
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)		l LPN/LVN (TE) l RN (TD) l APN (SA) l QMAP	□ 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)	⊠ PRTF (56) ⊠ Shelter (04)	<ul> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> <li>☑ Independent Clin</li> <li>☑ Inpt Hosp (21)</li> </ul>	⊠ EF ic (49) ⊠ PF	pt PF (51) R (23) F-PHP (52) hool (03)	⊠ NRSATF (57) ⊠ Other POS (99) ⊠ Telehealth (02)

	PEERS	SUPPORT/RECOVER	Y SERVICES – BEHA	VIORAL HEALTH		
CPT <sup>®</sup> /HCPCS PROCED	OURE CODE		PROCEDURE COD	DE DESCRIPTION		USAGE
	H0038		Self-help/peer se	rvices, per 15 mi	nutes	🗵 ОВН
SERVICE DESCRIPTIO	SERVICE DESCRIPTION			<b>IMENTATION RE</b>	QUIREMENTS	
SERVICE DESCRIPTIONMINIMUM DOCUMENTATION REQUIREMENTSPatient 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:Technical Documentation Requirements See Page 346• 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)Documentation Requirements See Page 346• Emphasizing hope and wellness • Helping patients develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired)Technical Documentation Requirements See Page 346• Patient response • Bardiant esources and using tools related to communicating recovery strengths and health needs/concerns, and self-monitoring progress)Patient response to services and, where apprivation of the service provided sectored with 3rd parties• Helping patients develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired)MINIMUM DOCUMENTATION REQUIREMENTS					opriate, how service s/objectives?	
<ul> <li>Assisting patients v</li> </ul>		on planning				
NOTES	· ·	, 0	EXAMPLE ACTIVI	TIES		
H0038 is the primary by a Peer/Mentor/Sp provided in conjuncti psychosocial rehab, A Clubhouse, Supporter documentation of ser program/class goals a should be used. Plea Specialist on Page 28. Peer Services (H0038) m status, for a patient in s	ecialist/Recovery Coa on with specific prog ACT, Community-Base d Employment and a rvices provided shoul and the program/clas se refer to the definit nay be used, when appro	ach. When rams, including d Wraparound, prevention class, d be tied to the s procedure code ion of Peer	<ul> <li>Peer support :</li> <li>Peer-run emp</li> <li>Peer mentorin</li> <li>Recovery grouting</li> <li>Warm lines</li> <li>Advocacy server</li> <li>Social Detox examp</li> <li>Peer Services (H003)</li> <li>and prior to dischart</li> <li>transition back to o</li> </ul>	loyment services ng for children/a ups vices le: 18) are offered to p ge to increase eng	dolescents patient in social de gegement and offe	etox when more stable er support for
APPLICABLE POPULA			UNIT		DURATION	
🗵 Child (0-11)	⊻ Young Adult	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	☑ 15 Minutes □ 1 Hour	Minimum: 8 Maximum: N	
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVI	CE CATEGORY(II	ES)	
⊠ Face-to-Face ⊠ Video Conf (GT) ⊠ Telephone	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (H!)		⊠ HE (SP) *child/adol/youn □ TG (Other SP) □ HK (Residential)	g adult 🛛 🖓	U4 (ICM) TM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) ⊠ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMEN	TS					
<ul> <li>☑ Peer Specialist</li> <li>□ Bachelor's Level (HN)</li> <li>□ Intern</li> </ul>	□ LCSW □ LPC □ LMFT	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I □ □CAC II □	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) ⊠ ACF (13)	⊠ Cust Care (33) ⊠ Grp Home (14) ⊠ Home (12) ⊠ ICF-MR (54)	⊠ PRTF (56) ⊠ Shelter (04)	☑ FQHC (50) ☑ RHC (72) ☑ Independent Clinic ☑ Inpt Hosp (21)	⊠ ER : (49) ⊠ PF-	t PF (51) (23) PHP (52) nool (03)	⊠ NRSATF (57) ☑ Other POS (99) ☑ Telehealth (02)

	TREATMENT -	<b>REHABILITATION</b> -	ASSERTIVE COMM	UNITY TREA	TMENT (ACT)			
CPT <sup>®</sup> /HCPCS PROCEDURE			PROCEDURE COL			USAGE		
	H0039		Assertive commu	inity treatme	nt, face-to-face, p	er 15 🗵 Medicaid		
	110039		minutes					
SERVICE DESCRIPTION					N REQUIREMENTS			
A team-based approach to			Technical Docum	entation Rec	quirements			
rehabilitation and suppor			See Page 346					
interventions are strength			Service Content					
symptom stability, increas					What was the inte	-		
and relate to others and e	-	ighest level of	-	ow does the s	service relate to tr	ne treatment/service		
functioning in the commu	inity.		plan? 2. Descriptior	of the servio	so provided			
					ntion(s) utilized ar	nd the individual's		
				o the interve				
						's progress towards		
			goals/objec					
					including any follo	w-up or coordination		
				h 3 <sup>rd</sup> parties	0 - ,			
NOTES			EXAMPLE ACTIVI					
Interventions address ada	aptive and reco	very skill areas,	Symptom ass	essment and	management (i.e.	, ongoing		
such as housing, school ar			assessment, p	osycho-educa	ition, and symptor	n management		
activities, health and safe			efforts)					
reduction, money manage			<ul> <li>Supportive counseling and psychotherapy on a planned and as-</li> </ul>					
treatment/service planning	-		needed basis					
program should include a			<ul> <li>Medication prescription, administration, monitoring and</li> </ul>					
individual when the indivi			<ul><li>documentation</li><li>Dual diagnosis services, including assessment and intervention</li></ul>					
program. Note that the A		-						
individuals enrolled in an by the Office of Behavior					Living skills (ADLs)	through skills		
minimum score of "good		nat manitants a	<ul><li>training and practice activities</li><li>Encourage engagement with peer support services</li></ul>					
	nucity.					ind related planning		
APPLICABLE POPULATION	N(S)		UNIT	01 0100110180	DURATION			
	ung Adult	🗵 Adult (21-64)	Encounter	🗵 15 Minut		mins		
□ Adol (12-17) (18-20	-	🗵 Geriatric (65+)	🗆 Day	🗆 1 Hour	Maximum: 4	1 hrs 7 mins		
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERV	ICE CATEGOR	RY(IES)			
1	🗵 Individual		🗵 HE (SP)		🗆 U4 (ICM)	🗆 HJ (Voc)		
🗵 Face-to-Face	🗵 Individual 🗵 Group (HQ)		*for young adult	only	🗵 TM (ACT)	🗆 HQ (Clubhouse)		
	E Family (HQ)		□ TG (Other SP)		🗆 HM (Respite)	🗆 TT (Recovery)		
	E Family (HK)		🗆 HK (Residentia	l)		🗆 HT (Prev/El)		
	_ / (13)							
STAFF REQUIREMENTS								
<ul> <li>Peer Specialist</li> <li>Bachelor's Level (HN)</li> </ul>	🗵 LCSW (		Master's Level (HO)			🗵 RxN (SA)		
Intern	LPC		nsed EdD/ PhD/PsyD (HP) $\Box$ CACH $\boxtimes$ APN (SA) $\boxtimes$ PA (PA)					
	D/PhD/PsyD (AH)			🗵 MD/DO (AF)				
PLACE OF SERVICE (POS)								
	Cust Care (33)	🗵 NF (32)	🗵 Schoo	ol (03)				
	Grp Home (14			POS (99)				
	Home (12)	× SNF (31)						
🗵 ACF (13) 🗵	ICF-MR (54)	区 FQHC (50) 区 RHC (72)						

TR	EATMENT - REH	ABILITATION - A	ASSERTIVE COMM	UNITY TREAT	VENT (ACT)			
CPT®/HCPCS PROCEDURE CO	DE		PROCEDURE CODE DESCRIPTION USAGE					
HO	039		Assertive commu	unity treatmer	it, face-to-face,	per 15	⊠ OBH	
_	-		minutes				-	
SERVICE DESCRIPTION		- 4				TS		
A team-based approach to the rehabilitation and support ser			Technical Docun See Page 346	nentation Req	uirements			
interventions are strengths-ba		Service Content						
symptom stability, increasing				for the visit.	What was the ir	ntended goz	alor	
and relate to others and enha					ervice relate to	-		
functioning in the community.			plan?					
			2. Description	n of the service	e provided			
					tion(s) utilized	and the ind	ividual's	
				o the interven				
					act the individua	al's progres	s towards	
			goals/obje 5. Plan for ne		actuding any fa		oordination	
				th 3 <sup>rd</sup> parties	ncluding any fo	now-up or c	oordination	
NOTES								
Interventions address adaptiv	e and recoverv s	kill areas.	<ul> <li>Symptom ass</li> </ul>		nanagement (i.	e., ongoing		
such as housing, school and tr					ion, and sympt		ement	
activities, health and safety, m			efforts)	. ,	, , ,	0		
reduction, money management			• Supportive counseling and psychotherapy on a planned and as-					
treatment/service planning ar			needed basis					
should include all services del			Medication prescription, administration, monitoring and					
the individual in enrolled in an			<ul><li>documentation</li><li>Dual diagnosis services, including assessment and intervention</li></ul>					
ACT code should only be used an ACT program that is overse						ing skills (ADLs) through skills		
Behavioral Health and that m	-			practice activit	-	-s) through	58115	
"good fidelity.			<ul> <li>Encourage er</li> </ul>			services		
			Development				d planning	
APPLICABLE POPULATION(S)			UNIT		DURATION	N		
□ Child (0-11)		dult (21-64)	🗆 Encounter	🗵 15 Minute				
□ Adol (12-17) (18-20)		ieriatric (65+)	🗆 Day	🗆 1 Hour		: 4 hrs 7 mii	ns	
ALLOWED MODE(S) OF DELIV	ERY					/	- ( <b>)</b>	
X Face to Face	ndividual		HE (SP)		] U4 (ICM)	□ HJ ('		
	Group (HQ)		*for young adult □ TG (Other SP)		I TM (ACT) HM (Respite)		(Clubhouse) Recovery)	
	amily (HR)		HK (Residentia				Prev/EI)	
⊻ F	amily (HS)			~-,		(		
STAFF REQUIREMENTS								
🗵 Peer Specialist	🗵 LCSW (AJ)	X I Inliconsod	Master's Level (HO)		× LPN/LVN (TE)	🗵 RxN (SA)		
Bachelor's Level (HN)	LCSW (AJ)		EdD/ PhD/PsyD (HP)		본 RN (TD)	⊠ RXIN (SA) ⊠ PA (PA)		
🗵 Intern	LMFT		sed EdD/PbD/PsvD (AH) LICAC II APN (SA) X MD/DO (AE)					
PLACE OF SERVICE (POS)								
	ust Care (33)	🗵 NF (32)	🗵 Schoo	ol (03)				
	rp Home (14)	Shelter (C		r POS (99)				
X Office (11)								
🗵 Mobile Unit (15) 🛛 🗵 Ho	ome (12) F-MR (54)	SNF (31)						

	TREATMENT - R	EHABILITATION -	ASSERTIVE COMMU	JNITY TREATME	NT (ACT)		
CPT <sup>®</sup> /HCPCS PROCEDU	JRE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	H0040		Assertive community treatment program, per diem				
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION RE	QUIREMENTS		
A team-based approac rehabilitation and supp interventions are stren symptom stability, incr and relate to others an functioning in the com	oort services. Therape gths-based and focus easing the patient's a d enhancing the high	eutic s on promoting ability to cope	MINIMUM DOCUMENTATION REQUIREMENTS         Technical Documentation Requirements         See Page 346         Service Content         1. The reason for the visit. What was the intended goal or agen 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 coordinat needed with 3 <sup>rd</sup> parties				
NOTES			EXAMPLE ACTIVIT				
Interventions address a such as housing, schoo activities, health and sa reduction, money man treatment/service plan should include <i>all</i> servi the individual in enrolle <b>ACT code should only</b> <b>an ACT program that is Behavioral Health and</b> <b>"good fidelity.</b> For ACT up to 4 hours, more than 4 hours, rep	I and training opport afety, medication sup agement and entitlen uning and coordinatio ces delivered to the i ed in an ACT program be used for individua s overseen by the Of that maintains a min report/bill using H00	unities, daily oport, harm ments, and on. The program individual when on. Note that the als enrolled in fice of nimum score of 39; for ACT	<ul> <li>Supportive counseling and psychotherapy on a planned and a needed basis</li> <li>Medication prescription, administration, monitoring and documentation</li> <li>Dual diagnosis services, including assessment and intervention</li> <li>Support Activities of Daily Living skills (ADLs) through skills tr and practice activities</li> </ul>				
APPLICABLE POPULAT	-		UNIT		DURATION		
🗆 Child (0-11) 🛛 🗵	Young Adult	থ Adult(21-64) এ Geriatric (65+)	□ Encounter ⊠ Day	□ 15 Minutes □ 1 Hour	Minimum: 4 h Maximum: N/		
ALLOWED MODE(S) OI	FDELIVERY		PROGRAM SERVIC				
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>*for young adult o</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>	only ⊠⊤ □H	4 (ICM) M (ACT) M (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS	6						
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	오 LCSW (A 오 LPC 오 LMFT	Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CACI ⊠ R □CACII ⊠ A	(ID) $(XP)$ $(YD)$	xN (SA) A (PA) ID/DO (AF)	
PLACE OF SERVICE (PO	-						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ ACF (13)</li> </ul>	<ul> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> <li>☑ ICF-MR (54)</li> </ul>	⊠ NF (32) ⊠ Shelter (04) ⊠ SNF (31) ⊠ FQHC (50) ⊠ RHC (72)	⊠ Schc ⊠ Othe	ool (03) er POS (99)			

TREATMENT - REHABILITATI	ION - ASSERTIVE COMMUNITY TREATMENT (ACT)
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
H0040	Assertive community treatment program, per diem 🗵 OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
A team-based approach to the provision of treatment, rehabilitation and support services. Therapeutic interventions are strengths-based and focus on promotin symptom stability, increasing the patient's ability to cope and relate to others and enhancing the highest level of functioning in the community.	
NOTES	EXAMPLE ACTIVITIES
Interventions address adaptive and recovery skill areas, such as housing, school and training opportunities, daily activities, health and safety, medication support, harm reduction, money management and entitlements, and treatment/service planning and coordination. The progra should include <i>all</i> services delivered to the individual wh the individual in enrolled in an ACT program. Note that t 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 "good fidelity. For ACT up to 4 hours, report/bill using H0039; for ACT more than 4 hours, report/bill using H0040.	<ul> <li>psycho-education, and symptom management efforts)</li> <li>Supportive counseling and psychotherapy on a planned and asneeded basis</li> <li>Medication prescription, administration, monitoring and documentation</li> <li>Dual diagnosis services, including assessment and intervention</li> <li>Support Activities of Daily Living skills (ADLs) through skills training and practice activities</li> </ul>
APPLICABLE POPULATION(S)	UNIT DURATION
□ Child (0-11)	55+) 🗵 Day 🗆 1 Hour Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       □ U4 (ICM)       □ HJ (Voc)         *for young adult only       ☑ TM (ACT)       □ HQ (Clubhouse)         □ TG (Other SP)       □ HM (Respite)       □ TT (Recovery)         □ HK (Residential)       □ HT (Prev/EI)
STAFF REQUIREMENTS	
S latern	ensed Master's Level (HO) ensed EdD/ PhD/PsyD (HP) sed EdD/PhD/PsyD (AH) ICAC II I APN (SA) ICAC II APN (SA)
PLACE OF SERVICE (POS)	
☑ CMHC (53)       ☑ Cust Care (33)       ☑ NF (32)         ☑ Office (11)       ☑ Grp Home (14)       ☑ Shelter (12)         ☑ Mobile Unit (15)       ☑ Home (12)       ☑ SNF (31)         ☑ ACF (13)       ☑ ICF-MR (54)       ☑ FQHC (52)         ☑ RHC (72)       ☑ RHC (72)	(04) 🗵 Other POS (99) .) 50)

RESIDENTIAL - SUPPORTED HOUSING							
CPT <sup>®</sup> /HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE				
	H0043		Supported housing, per diem				
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	UIREMENTS		
SERVICE DESCRIPTIONMINIMUM DOCUMENTATION REQUIREMENTSBehavioral health support provided in the home or in another natural setting for patients living in a private residence, either alone or with others, to foster the patient's development of independence and eventually move to independent living. Services are provided as needed to ensure successful tenancy and to support the person's recovery and engagement in community life. The patient has the opportunity to live in a less restrictive living situation while continuing to receive behavioral health treatment, training, support, and a limited amount of supervision. Services individualized and are available whenever people need them, including after working hours and on weekends when necessary.MINIMUM DOCUMENTATION REQUIREMENTSMinimum Documentation Requirements See Page 346See Page 346Service Content1.The reason for the visit. What was the intended goal or ager How does the service relate to the treatment/service plan?2.Description of the service provided/shift note describing services and the patient's response3.How did the service impact the individual's progress toward goals/objectives?4.Plan for next contact(s) including any follow-up or coordinat needed with 3rd parties						nt/service plan? ote describing progress towards	
NOTES	in necessary.		EXAMPLE ACTIVIT	TIES			
Discrete services (e.g., psychotherapy, psychia etc.) are documented, from H0043.	atric services, case m	anagement,	<ul> <li>Teaching a pati</li> <li>Helping a patie</li> </ul>			ome	
APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
□ Adol (12-17) (1	8-20)	Adult(21-64) Geriatric (65+)	□ Encounter ⊠ Day	□ 15 Minutes □ 1 Hour	Minimum: N Maximum: 2	•	
ALLOWED MODE(S) OI	F DELIVERY		PROGRAM SERVIO				
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>*for young adult c</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential</li> </ul>	□ HM (I	ACT) 🗆 Respite) 🗆	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS	5						
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	오 LCSW (A 오 LPC 오 LMFT	S Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠CACI ⊠CACII	☑ LPN/LVN (TE) ☑ RN (TD) ☑ APN (SA) ☑ QMAP	区 RxN (SA) 또 PA (PA) 또 MD/DO (AF)	
PLACE OF SERVICE (PO	S)						
区 CMHC (53) 区 Office (11) ⊠ Home (12)	区 FQHC (50) 区 RHC (72) 区 Other POS (99)						

RESIDENTIAL - SUPPORTED HOUSING								
CPT <sup>®</sup> /HCPCS PROCEDU	IRE CODE		PROCEDURE CODE DESCRIPTION USAGE					
	H0043		Supported housing, per diem 🗵 OBH					
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
another natural setting residence, either alone patient's development move to independent li needed to ensure succe person's recovery and e	or with others, to foste of independence and ev- iving. Services are provi- essful tenancy and to su engagement in commur- unity to live in a less res- ing to receive behaviora- oport, and a limited amo- dividualized and are av- them, including after w	orivate or the ventually ded as upport the hity life. The trictive living al health ount of ailable	How does th 2. Description services and 3. How did the goals/object	for the visit. What ne service relate t of the service pro I the patient's res service impact th tives? t contact(s) includ	t was the intende o the treatment/s wided/shift note o ponse ne individual's pro	describing ogress towards		
Discrete services (e.g., f psychotherapy, psychia	NOTES Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately		<ul> <li>EXAMPLE ACTIVIT</li> <li>Teaching a patie</li> <li>Helping a patie</li> </ul>	ient how to cook		e		
APPLICABLE POPULATI	ON(S)		UNIT		DURATION			
🗆 Child (0-11) 🛛 🗵	Young Adult 🗵 A	dult(21-64) Seriatric (65+)	Encounter     Day	□ 15 Minutes □ 1 Hour	Minimum: N/A Maximum: 24 H	lours		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC					
☑ Face-to-Face □ Video Conf (GT) □ Telephone	☑ Individual ☑ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>*for young adult c</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential</li> </ul>	□ HM (I	ACT) □ HQ Respite) □ TT	(Voc) (Clubhouse) (Recovery) (Prev/EI)		
STAFF REQUIREMENTS								
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠CACI ≥	I lpn/lvn (te) Rn (td) Apn (sa) Qmap	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)		
PLACE OF SERVICE (PO	S)							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Home (12)</li> </ul>	区 FQHC (50) 区 RHC (72) 区 Other POS (99)							

		RESIDENTIAL	- SUPPORTED HOUS	SING			
CPT <sup>®</sup> /HCPCS PROCEDU	IRE CODE		PROCEDURE CODE		ΓΙΟΝ		USAGE
	H0044		Supported housing	g, per mon	th		🗵 Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATIO	N REQUIREME	ENTS	
another natural settin residence, either alone development of indeper pendent living. Service successful tenancy and engagement in commo opportunity to live in a continuing to receive B limited amount of sup are available wheneve	port provided in the ng for patients living or with others, to foster indence and eventually r s are provided as need to support the person's munity life. The patie less restrictive living sit H treatment, training, su iervision. Services indivi r people need them, in weekends when necessa	in a private the patient's nove to inde- ed to ensure recovery and ent has the tuation while upport, and a dualized and cluding after	<ul> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit. What was the intended goal or agend How does the service relate to the treatment/service plan?</li> <li>2. Description of the service provided/shift note describing services and the patient's response</li> <li>3. How did the service impact the individual's progress towards goals/objectives?</li> <li>4. Plan for next contact(s) including any follow-up or coordination</li> </ul>				
NOTES			EXAMPLE ACTIVIT	IES			
psychotherapy, psychia	g., family, group an Itric services, case mana reported or billed sep	gement, etc.)	<ul> <li>Teaching a pati</li> <li>Helping a patie</li> </ul>				
APPLICABLE POPULATI	ON(S)		UNIT			DURATION	
		dult (21-64) eriatric (65+)	Encounter  Day	Month	□ 15 Mins □ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC	CE CATEGO	RY(IES)		
⊠ Face-to-Face □ Video Conf (GT) □ Telephone	☑ Individual ☑ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>*for young adult o</li> <li>□ TG (Other SP)</li> </ul>	only 🗆	] U4 (ICM)   TM (ACT)   HM (Respite)	□ HJ (Vo □ HQ (Cl □ TT (Re □ HT (Pr	lubhouse) covery)
STAFF REQUIREMENTS							
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	区 LCSW (AJ) 도 LPC 도 LMFT	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	⊠ LPN/LVN (T ⊠ RN (TD) ⊠ APN (SA) ⊠ QMAP	E) E RxN (S E PA (PA MD/Do	)
PLACE OF SERVICE (PO							
☑ CMHC (53) ☑ Office (11) ☑ Home (12)	⊠ FQHC (50) ⊠ RHC (72) ⊠ Other POS (99)						

		RESIDENTIAL	- SUPPORTED HO	JSING			
CPT <sup>®</sup> /HCPCS PROCEDURE	E CODE		PROCEDURE CO	DE DESCRIP	TION		USAGE
	H0044		Supported housi	🗵 ОВН			
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATIO	ON REQUIREME	INTS	
another natural setting residence, either alone or development of independ pendent living. Services a successful tenancy and to engagement in commu opportunity to live in a le continuing to receive BH limited amount of super	<ul> <li>havioral health support provided in the home or in other natural setting for patients living in a private sidence, either alone or with others, to foster the patient's velopment of independence and eventually move to indendent living. Services are provided as needed to ensure ccessful tenancy and to support the person's recovery and gagement in community life. The patient has the portunity to live in a less restrictive living situation while ntinuing to receive BH treatment, training, support, and a bited amount of supervision. Services individualized and e available whenever people need them, including after</li> <li>Technical Documentation Requirements See Page 346</li> <li>Service Content</li> <li>The reason for the visit. What was the intended goal of How does the service relate to the treatment/service</li> <li>Description of the service provided/shift note describit services and the patient's response</li> <li>How did the service impact the individualized and anount of supervision. Services individualized and e available whenever people need them, including after</li> </ul>						vice plan? cribing ess towards
NOTES	ekenus when hecessar	y	EXAMPLE ACTIV	ITIES			
Discrete services (e.g., psychotherapy, psychiatri are documented, and re H0044.	ic services, case manag	ement, etc.)	<ul> <li>Teaching a pa</li> <li>Helping a pat</li> </ul>				
APPLICABLE POPULATION			UNIT			DURATION	
□ Child (0-11)		ult (21-64) riatric (65+)	Encounter     Day	🗵 Month	□ 15 Mins □ 1 Hour	Minimum: Maximum:	
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERV	ICE CATEGO	DRY(IES)		
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>□ Family (HR)</li> <li>□ Family (HS)</li> </ul>		<ul> <li>☑ HE (SP)</li> <li>*for young adult</li> <li>□ TG (Other SP)</li> <li>□ HK (Residentia)</li> </ul>	only [	3 U4 (ICM) 3 TM (ACT) 3 HM (Respite)	□ HJ (Vo □ HQ (Cl □ TT (Re □ HT (Pr	ubhouse) covery)
STAFF REQUIREMENTS							
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>		🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	区 LPN/LVN (T 区 RN (TD) 区 APN (SA) 区 QMAP	E) 区 RxN (S. 区 PA (PA 区 MD/DO	)
PLACE OF SERVICE (POS)							
S Office (11)	⊠ FQHC (50) ⊠ RHC (72) ⊠ Other POS (99)						

RESPITE CARE – FACILITY-BASED						
<b>CPT®/HCPCS PROCEDU</b>	PROCEDURE CODE	DESCRIPTION		USAGE		
	H0045		Respite care service	es, not in the ho	me, per diem	n 🗵 Medicaid
SERVICE DESCRIPTION			MINIMUM DOCUM	IENTATION REC	UIREMENTS	
SERVICE DESCRIPTIONOvernight services provided in a properly licensed 24-hour facility by medical professionals within their scope(s) of practice. Services must be reasonably expected to improve/ maintain the condition and functional level of the patient and prevent relapse/hospitalization. Services include assessment, supervision, structure and support, and care coordination. Respite care should be flexible to ensure that the patient's daily routine is maintained.NOTESUnlike respite procedure codes \$5150 - \$5151, 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			MINIMUM DOCUMENTATION REQUIREMENTS         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         • 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,			
psychotherapy, psychia etc.) are documented, a H0045.	tric services, case	management,	<ul> <li>Advised of the second second</li></ul>			
APPLICABLE POPULATI	ON(S)		UNIT		DURATION	l
🗵 Adol (12-17) (18	Young Adult -20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	🗵 Day	□ 15 Minutes □ 1 Hour	Maximum:	4.25 Hours 24 Hours
ALLOWED MODE(S) OF			PROGRAM SERVIC			
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential)		(ICM) I (ACT) I (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS						
Peer Specialist Bachelor's Level (HN) Intern	□ LCSW □ LPC □ LMFT	Unlicensed	l Master's Level (HO) l EdD/ PhD/PsyD (HP) dD/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) ⊠ ACF (13) ⊠ Grp Home (14)	<ul> <li>☑ Hospice (34)</li> <li>☑ ICF-MR (54)</li> <li>☑ NF (32)</li> </ul>	⊠ PRTF (56) ⊠ SNF (31) ⊠ FQHC (50	,	)		

	RESPITE CARE – FACILITY-BASED						
CPT <sup>®</sup> /HCPCS PROCEDU	PROCEDURE CODE DESCRIPTION USAGE						
	H0045		Respite care services, not in the home, per diem 🗵 OBH				
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REC	UIREMENTS		
Overnight services prov	ided in a properly	licensed 24-hour	Technical Docume	ntation Require	ments		
facility by medical profe	essionals within th	eir scope(s) of	See Page 346				
practice. Services must			Service Content				
maintain the condition		•	1. Purpose of cont				
and prevent relapse/ho			2. Respite service				
assessment, supervision		• • •			ose instructio	ons were followed	
coordination. Respite c		ible to ensure that	4. Patient's respo				
the patient's daily routi	ine is maintained.		5. Progress towar		vice plan goa	is and objectives	
NOTES			EXAMPLE ACTIVIT				
Unlike respite procedur						ctivities of daily living	
requires skilled practica the health and physical		-		personal hygien		d physical condition	
over 4 hours is reported			<ul> <li>Assistance with</li> <li>Assistance with</li> </ul>				
up to 4 hours (16 units		• •					
Discrete services (e.g., f			<ul> <li>Cueing and prompting for preparation and eating of meals</li> <li>Prompting/cueing to perform housekeeping activities (bed making,</li> </ul>				
psychotherapy, psychia			dusting, vacuuming, etc.)				
etc.) are documented, a			<ul> <li>Support to assure the safety of patient</li> </ul>				
H0045.		. ,	• Assistance/supervision needed by patient to participate in social,				
			recreational/community activities				
APPLICABLE POPULATI			UNIT		DURATION	l	
	Young Adult	🗵 Adult (21-64)	Encounter	🗆 15 Minutes	Minimum:	4.25 Hours	
	3-20)	🗵 Geriatric (65+)	🗵 Day	🗆 1 Hour	Maximum:	24 Hours	
ALLOWED MODE(S) OF			PROGRAM SERVIC			_	
⊠ Face-to-Face	🗵 Individual		□ HE (SP)		(ICM)	□ HJ (Voc)	
□ Video Conf (GT)	🗵 Group (HQ)		□ TG (Other SP)		I (ACT)	HQ (Clubhouse)	
□ Telephone	□ Family (HR)		□ HK (Residential)	⊠ HN	1 (Respite)	TT (Recovery)	
	□ Family (HS)					🗆 HT (Prev/El)	
<ul> <li>Peer Specialist</li> <li>Bachelor's Level (HN)</li> </ul>	□ LCSV		Master's Level (HO)		LPN/LVN (TE) RN (TD)	🗵 RxN (SA)	
Intern			EdD/ PhD/PsyD (HP)		APN (SA)	🗵 PA (PA)	
		□ Licensed Ec	dD/PhD/PsyD (AH)		QMAP	🗵 MD/DO (AF)	
PLACE OF SERVICE (POS	-1						
	S)						
🗵 CMHC (53)		🗵 PRTF (56	5) 🗵 RHC (72	2)			
区 CMHC (53) 区 ACF (13)	S) ICF-MR (54)	⊠ PRTF (56 ⊠ SNF (31)		2)			

TREATMENT – ALCOHOL AND DRUG ABUSE						
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE DESCRIPTION			USAGE
	H0047		Alcohol and/or ot otherwise specifie	U	services; not	⊠ ОВН
SERVICE DESCRIPTIO	N		MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
Services provided to problems in outpatien		· •		rice op time (duratio 1 <sup>st</sup> initial, last n		ials
NOTES			EXAMPLE ACTIVI	TIES		
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
· ·	0	Adult (21-64) Geriatric (65+)		☑ 15 Minutes □ 1 Hour	Minimum: 8 n Maximum: N/	
ALLOWED MODE(S)			PROGRAM SERVI			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> </ul>	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia	□ U4 ( □ TM I) □ HM	(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENT	TS					
<ul> <li>□ Peer Specialist</li> <li>□ Bachelor's Level (HN</li> <li>☑ Intern</li> </ul>	, 」 」 LPC 区 LMFT	, Inlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) )/PhD/PsyD (AH)	⊠ LAC □ CAC I ⊠ CAC II ⊠ CACIII	☐ LPN/LVI ☐ RN (TD) ☐ APRN (S/ ☐ QMAP	$\square$ RXN (SA)
PLACE OF SERVICE (P	•					
⊠ 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 <sup>®</sup> /HCPCS PROCE	DURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
	H0048		Alcohol and/or other drug testing; collection of handling only, specimens other than blood				
SERVICE DESCRIPTIC	N		MINIMUM DOCUM	ENTATION R	EQUIREMENTS		
"Specimen Collection hair, saliva, or urine presence of alcohol the laboratory analy approved samples for analyzed in accordar	men Collection" means the collection and handling of aliva, or urine for the purposes of analysis for the nee of alcohol and/or other drugs, and <b>does not include</b> poratory analysis of such specimens. Appropriate and ved samples for drug testing shall be collected and ed in accordance with applicable state and federal es and regulations, and OBH rules, policies and			MINIMUM DOCUMENTATION REQUIREMENTS         1. Date of service         2. Screening results         3. Signed with 1 <sup>st</sup> initial, last name & credentials			
NOTES			EXAMPLE ACTIVITIE	S			
Staff collecting urine knowledgeable of cc procedures assuring therapeutic purpose	ollection, handling, r sample viability for	recording and storing	Collection of hair, sa presence of alcohol		for the purpose	of testing for the	
APPLICABLE POPUL	ATION(S)		UNIT		DURATION		
区 Child (0-11) ☑ Adol (12-17) (2	IN Young Adult [ I8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	🗆 Day 🛛	15 Minutes 1 Hour	Minimum: N/A Maximum: N/A	A	
ALLOWED MODE(S)			PROGRAM SERVICE				
☑ Face-to-Face □ Video Conf (GT) □ Telephone	Individual □ Group (HQ) □ Family (HR) □ Family (HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential)	□ U4 ( □ TM □ HM (Respit	(ACT) □ HC □ TT	(Voc) L (Clubhouse) (Recovery) (Prev/El)	
STAFF REQUIREMEN	ITS						
<ul> <li>□ Peer Specialist</li> <li>⊠ Bachelor's Level (H</li> <li>⊠ Intern</li> </ul>	× LPC ⊠ LMFT	⊠ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	区 LPN/LVN 区 RN (TD) 区 APRN (SA) 区 QMAP		
PLACE OF SERVICE (							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	<ul> <li>Shelter (04)</li> <li>SNF (31)</li> <li>FQHC (50)</li> <li>RHC (72)</li> <li>RSATF (55)</li> </ul>	⊠ NRSATF ( ⊠ Inpt Hosp ⊠ Inpt PF (5 ⊠ ER (23)	o (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				
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.	MINIMUM DOCUMENTATION REQUIREMENTS         1. Date of service         2. Start and stop time (Duration)         3. Pregnancy verification and documentation of issues         4. Documentation of prenatal care         5. Clinical notes         • Type of session         • Duration or start/stop time         • Progress towards treatment goals         • Goal attainment         6. Treatment/service plan goals and objectives         7. Signed with 1 <sup>st</sup> initial, last name & credentials				
NOTES	EXAMPLE ACTIVITIES Face to face risk assessment to determine level of				
	pregnancy based upon the individual's substance other biopsychosocial factors.	use disorder and			
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: 3 hc	ours			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ 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     Unlicensed I     Intern     LMFT     Licensed EdE	Master's Level (HO) I LAC I LPN/LVN EdD/ PhD/PsyD (HP) I CAC I RN (TD) D/PhD/PsyD (AH) I CAC II APRN (SA I CACIII QMAP	$\Box$ RXIN (SA) $\Box$ 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 I OBH				
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.	MINIMUM DOCUMENTATION REQUIREMENTS         1. Date of service         2. Start and stop time (duration)         3. Clinical notes         • Type of session         • Duration or start/stop time         • Progress towards treatment goals         • Goal Attainment         4. Signed with 1 <sup>st</sup> initial, last name & credentials				
NOTES	EXAMPLE ACTIVITIES				
	Referring a current client to a residential treatme sure she gets there) and obtaining benefits on be Coordinating transitions between residential and Linking clients to primary medical care (prenatal of Maintaining service coordination with other syste welfare, probation and TANF	half of the client. outpatient care; care)			
APPLICABLE POPULATION(S)	UNIT DURATION				
□ Child (0-11)	□ Encounter ⊠ 15 Minutes Minimum: 8 m □ Day □ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>□ Individual</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>□ Family (HR)</li> <li>□ Family (HS)</li> </ul>	□ HE (SP) □ U4 (ICM) □ TG (Other SP) □ TM (ACT) □ HK (Residential) □ HM (Respite) ☑ HD (Preg/Parent)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)			
STAFF REQUIREMENTS					
Bachelor's Level (HN)     IPC     Unlicensed E     Intern     LMFT     Licensed EdD	Master's Level (HO) ⊠ LAC □ LPN/LVN EdD/ PhD/PsyD (HP) ⊠ CAC I □ RN (TD) /PhD/PsyD (AH) ⊠ CAC II □ APRN (SA ⊠ CACIII □ QMAP	$\Box$ RXN (SA) $\Box$ PA (PA)			
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.	<ol> <li>Date of service</li> <li>Start and stop time (duration)</li> <li>Attendance documentation</li> <li>Documentation of topics covered</li> <li>Signed with 1<sup>st</sup> initial, last name &amp; credenti</li> </ol>	als			
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    X 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> <li>☑ Family (HR)</li> <li>□ Family (HS)</li> </ul>	□ HE (SP)       □ U4 (ICM)         □ TG (Other SP)       □ TM (ACT)         □ HK (Residential)       □ HM (Respite)         )       ☑ HD (Preg/Parent)	<ul> <li>□ HJ (Voc)</li> <li>□ HQ (Clubhouse)</li> <li>□ TT (Recovery)</li> <li>□ HT (Prev/EI)</li> </ul>			
STAFF REQUIREMENTS					
Bachelor's Level (HN)     LPC     Unlicensed       Intern     LMFT     Licensed EdE	Master's Level (HO) ⊠ LAC □ LPN/LVN □ CAC I □ RN (TD) EdD/ PhD/PsyD (HP) ⊠ CAC II □ APRN (SA D/PhD/PsyD (AH) ⊠ CACIII □ QMAP	$\square RXN (SA)$			
PLACE OF SERVICE (POS)					
<ul> <li>☑ CMHC (53)</li> <li>☑ Home (12)</li> <li>☑ Other POS (99)</li> <li>☑ Office (11)</li> <li>☑ FQHC (50)</li> <li>☑ Telehealth (02)</li> <li>☑ RHC (72)</li> <li>☑ NRSATF (57)</li> </ul>					

	TREATM	VENT – CASE	MANAGEMENT - PR	ENATAL		
<b>CPT®/HCPCS PROCEDURE</b>	CODE		PROCEDURE CODE	E DESCRIPTION		USAGE
	H1004		Prenatal follow up	home visit		⊡ ОВН
SERVICE DESCRIPTION			MINIMUM DOCUI	MENTATION REC	UIREMENTS	
Prenatal Care Coordination	n follow-up visits provid	ed in the	<ol> <li>Date of servi</li> <li>Start and sto</li> <li>Description of</li> <li>Recommend</li> </ol>	ice op time (duratior of service render	) ed	ıls
NOTES			EXAMPLE ACTIVIT	IFS		
Use procedure code H1004 the home. The only valid P "12" (home).						
APPLICABLE POPULATION	(S)		UNIT		DURATION	
□ Child (0-11)	ng Adult	-	□ Encounter □ Day	<ul><li>☑ 15 Minutes</li><li>☑ 1 Hour</li></ul>	Minimum: 8 r Maximum: N/	
ALLOWED MODE(S) OF DE	LIVERY		PROGRAM SERVIC	CE CATEGORY(IES	5)	
Eace-to-Face     I Video Conf (GT)     Telephone	l Individual l Group (HQ) l Family (HR) l Family (HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential)		,	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS						
<ul> <li>Peer Specialist</li> <li>Bachelor's Level (HN)</li> <li>Intern</li> </ul>	□ LCSW (AJ) □ LPC □ LMFT	Unlicense	d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	⊠ LAC □ CAC I ⊠ CAC II ⊠ CACIII	LPN/LVI     RN (TD)     APRN (S     QMAP	$\Box$ RXN (SA) $\Box$ PA (PA)
PLACE OF SERVICE (POS)						
⊠ Home (12) ⊠ Shelter (04)						

ASSESSMENT - DIAGNOSIS							
CPT <sup>®</sup> /HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION			USAGE	
H1011 *Do not submit this code until a State-defined purpose is determined.			Family assessme professional for S	🗆 ОВН			
SERVICE DESCRIPTION	l			JMENTATION REG	QUIREMENTS		
A non-medical visit with a patient's family conducted by a non-physician behavioral health professional), for a State- defined purpose			<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. Family's presenting concern(s)/problem(s)</li> <li>2. Review of medical and medication history, psychosocial, family, and treatment history</li> <li>3. Mental status exam</li> <li>4. DSM-5 diagnosis</li> <li>5. Disposition – need for BH services, referral, etc.</li> </ul>				
NOTES			EXAMPLE ACTIV	ITIES			
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	TION(S)		UNIT		DURATION		
	-	□ Adult (21-64) □ Geriatric (65+)	⊠ Encounter □ Day	□ 15 Minutes □ 1 Hour	Minimum: N/A Maximum: N/A		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV	ICE CATEGORY(IE	S)		
☑ Face-to-Face □ Video Conf (GT) □ Telephone	□ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		☑ HE (SP) □ TG (Other SP) □ HK (Residentia		(ACT) □ H (Respite) □ T	I (Voc) Q (Clubhouse) ſ (Recovery) ſ (Prev/EI)	
STAFF REQUIREMENTS	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 🗵 □CAC II 🗵		RxN (SA) PA (PA) MD/DO (AF)	
PLACE OF SERVICE (PC	DS)						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ ACF (13)</li> </ul>	<ul> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> <li>☑ Hospice (34)</li> </ul>	<ul> <li>☑ ICF-MR (54)</li> <li>☑ NF (32)</li> <li>☑ PRTF (56)</li> <li>☑ Shelter (04)</li> </ul>	<ul> <li>☑ SNF (31)</li> <li>☑ Independent (</li> <li>☑ Inpt Hosp (21)</li> <li>☑ Inpt PF (51)</li> </ul>	⊠ Sch	(23) 🗵 ( PHP (52) nool (03) SATF (57)	Other POS (99)	

		ASSESSM	IENT - DIAGNOSIS				
CPT <sup>®</sup> /HCPCS PROCEDUR	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	H2000		Comprehensive m	ultidisciplinary	evaluation	🗵 Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS	5	
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)				
NOTES			EXAMPLE ACTIVIT	TIES			
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.			<ul> <li>Complex case</li> <li>To review leve</li> </ul>				
APPLICABLE POPULATIO	DN(S)		UNIT		DURATION		
🗵 Adol (12-17) (18-	20) 🗵 G	dult (21-64) eriatric (65+)	🗆 Day	□ 15 Minutes □ 1 Hour	Minimum: I Maximum:	•	
ALLOWED MODE(S) OF			PROGRAM SERVIO				
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		<ul> <li>☑ HE (SP)</li> <li>☑ TG (Other SP)</li> <li>☑ HK (Residential</li> </ul>	⊠ U4 ⊠ TM ) □ HM		□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS							
□ Peer Specialist ⊠ Bachelor's Level (HN) ⊠ Intern	区 LCSW (AJ) 区 LPC 区 LMFT	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	I SCACI	] LPN/LVN (TE) ] RN (TD) ] APN (SA)   QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS	)						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	⊠ Hospice (3 ⊠ ICF-MR (54 ⊠ NF (32) ⊠ PRTF (56)		⊠ ER 0) ⊠ PF- ⊠ Tel	t PF (51) (23) PHP (52) ehealth (02)	⊠ School (03) ⊠ Other POS (99)	

		ASSESS	IENT - DIAGNOSIS				
<b>CPT®/HCPCS PROCEDUR</b>	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	H2000		Comprehensive m	ultidisciplinary	evaluation	🗵 ОВН	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS		
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)				
NOTES			EXAMPLE ACTIVIT	TIES			
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			Complex case i     To review leve				
APPLICABLE POPULATIO	N(S)		UNIT		DURATION		
🗵 Adol (12-17) (18-2	20) 🗵 Ge	ult (21-64) riatric (65+)	🗆 Day	□ 15 Minutes □ 1 Hour	Minimum: N Maximum: N	•	
ALLOWED MODE(S) OF E				•			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>☑ HK (Residential</li> </ul>	⊠ U4 ⊠ TM ) □ HM		<ul> <li>□ HJ (Voc)</li> <li>□ HQ (Clubhouse)</li> <li>□ TT (Recovery)</li> <li>□ HT (Prev/EI)</li> </ul>	
STAFF REQUIREMENTS							
<ul> <li>□ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	INCACI	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS)							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ Hospice (3 ☑ ICF-MR (54 ☑ NF (32) ☑ PRTF (56)		⊠ ER ( ))      ⊻ PF-F	: PF (51) 23) PHP (52) ehealth (02)	⊠ School (03) ⊠ Other POS (99)	

	TREATMENT - REHABILITA	TION- REHABILITATION PROGRAM			
CPT <sup>®</sup> /HCPCS PROCEDURE C	ODE	PROCEDURE CODE DESCRIPTION	USAGE		
ŀ	12001	Rehabilitation program, per ½ day	🗵 Medicaid		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION RE	QUIREMENTS		
A facility-based, structured r program; treatment interver	ntions include problem-solving nt, and skill building to facilitate station.	<ul> <li>MINIMUM DOCUMENTATION REQUIREMENTS</li> <li>Technical Documentation Requirements See Page 346 Service Content <ol> <li>The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ol> </li> </ul>			
		<ol> <li>Daily attendance log showing r reporting/billing purposes</li> </ol>	number of hours in attendance for		
NOTES		EXAMPLE ACTIVITIES			
are documented, and report	ervices, case management, etc.) ed or billed separately from e at least 20 – 25 hours/week, at	<ul> <li>Household management, nutrition, hygiene, money management, parenting skills, etc.</li> <li>Individual/group skill-building activities focused on development of skills used by patients in living, learning, working and social environments</li> <li>Interventions address co-occurring disabilities mental health and substance abuse</li> <li>Promotion of self-directed engagement in leisure, recreational and community social activities</li> <li>Engaging patient to have input into service delivery programming</li> <li>Patient participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment</li> </ul>			
APPLICABLE POPULATION(S	•	UNIT	DURATION		
⊠ Child (0-11)         ⊠ Youn           ⊠ Adol (12-17)         (18-20)	🗵 Geriatric (65+)	Encounter 15 Minutes Day 1 Hour	Minimum: N/A Maximum: ½ Day (4 Hrs)		
ALLOWED MODE(S) OF DEL					
⊭ Face-to-Face     Face-to-Face     Video Conf (GT)     E Far	ividual oup (HQ) nily (HR) nily (HS)	□ TG (Other SP) □ TN	(ICM)       □ HJ (Voc)         I (ACT)       ⊠ HQ (Clubhouse)         I (Respite)       ⊠ TT (Recovery)         □ HT (Prev/EI)		
STAFF REQUIREMENTS					
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	LPC Unlicensed	Master's Level (HO) □CAC I ⊠ EdD/ PhD/PsyD (HP) □CAC II ⊠ D/PhD/PsyD (AH) □CAC II ⊠	LPN/LVN (TE) RN (TD) 🛛 RxN (SA) APN (SA) 🖾 PA (PA) QMAP 🖾 MD/DO (AF)		
PLACE OF SERVICE (POS)					
⊠ CMHC (53) ⊠Outp Hospital (22)					

TREATMENT - REHABILITATION – REHABILITATION PROGRAM						
<b>CPT®/HCPCS PROCEDURE COD</b>	E	PROCEDURE CODE DESCRIPTION		USAGE		
H2C	001	Rehabilitation program, per ½ day	,	🗵 OBH		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION RE	QUIREMENTS			
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.		<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination</li> </ol> </li> </ul>				
		needed with 3 <sup>rd</sup> parties 6. Daily attendance log showing i reporting/billing purposes	number of hours in	attendance for		
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 H2001. Services are available at least 20 – 25 hours/week, at least 4 days/week.		<ul> <li>Household management, nutrition, hygiene, money management, parenting skills, etc.</li> <li>Individual/group skill-building activities focused on development of skills used by patients in living, learning, working and social environments</li> <li>Interventions address co-occurring disabilities mental health and substance abuse</li> <li>Promotion of self-directed engagement in leisure, recreational and community social activities</li> <li>Engaging patient to have input into service delivery programming</li> <li>Patient participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment</li> </ul>				
APPLICABLE POPULATION(S)		UNIT	DURATION			
<ul> <li>☑ Child (0-11)</li> <li>☑ Young A</li> <li>☑ Adol (12-17)</li> <li>(18-20)</li> </ul>	🗵 Geriatric (65+)	Encounter      15 Minutes     Day     1 Hour	Minimum: N/A Maximum: ½ Day	/ (4 Hrs)		
ALLOWED MODE(S) OF DELIVE Sector Face Video Conf (GT) Telephone STAFF REQUIREMENTS	dual ) (HQ) / (HR)	□ TG (Other SP) □ TN	· (ICM) 口 1 (ACT) 区 // (Respite) 区	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	🗵 LPC 🛛 🗵 Unlicensed	Master's Level (HO) ロCAC I 区 EdD/ PhD/PsyD (HP) ロCAC I 区 D/PhD/PsyD (AH) ロCAC II 区		RxN (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (POS) CMHC (53) Outp Hospital (22)						

CRISIS – BE	EHAVIORAL HEALTH			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H2011	Crisis intervention service, per 15 minutes	🗵 Medicaid		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENT	rs		
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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit/call. What was the intended goal or agenda? Description of the crisis/need for crisis intervention</li> <li>2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral) and the individual/family's response to the intervention(s)</li> <li>3. Behavioral health history</li> <li>4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available</li> <li>5. Other problems identified (mental health, substance abuse, medical, etc.)</li> <li>6. Plan for next contact(s) including any follow-up or coordination</li> </ul>			
NOTES	needed with 3 <sup>rd</sup> parties EXAMPLE ACTIVITIES			
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.	<ul> <li>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</li> <li>Referral to other applicable BH services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff</li> <li>Face-to-face/telephone consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement</li> <li>Face-to-face/telephone contact with another provider to help that provider deal with a specific client's crisis</li> <li>Consultation with one's own provider staff to address the crisis</li> </ul>			
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 min □ Day □ 1 Hour Maximum: 4 hrs			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Video Conf (GT)</li> <li>☑ Family (HR)</li> <li>☑ Telephone</li> <li>☑ Family (HS)</li> </ul>	□ TG (Other SP) ⊠ TM (ACT) □ ⊠ HK □ HM (Respite) □	] HJ (Voc) ] HQ (Clubhouse) ] TT (Recovery) ] HT (Prev/El)		
STAFF REQUIREMENTS				
S lotern	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 – BE	HAVIORAL HEAL	.TH		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE C	ODE DESCRIPTIO	N	USAGE	
H2011	Crisis interventio	Crisis intervention service, per 15 minutes			
SERVICE DESCRIPTION		MINIMUM DO	CUMENTATION	REQUIREMEN	ITS
Unanticipated services rendered in the client crisis, requiring immediate at intervention, could result in the client r Services include: immediate crisis inter the individual or family in crisis, ass situation, determine risk of suicide or d access to or ability to utilize support, facilitate admission to higher level care treatment if needed to stabilize the When possible, if the client has of Recovery Action Plan (WRAP) and/or directive, this plan is followed with the	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit/call. What was the intended goal or agenda? Description of the crisis/need for crisis intervention</li> <li>2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral) and the individual/family's response to the intervention(s)</li> <li>3. Behavioral health history</li> <li>4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available</li> <li>5. Other problems identified (mental health, substance abuse, medical, etc.)</li> <li>6. Plan for next contact(s) including any follow-up or coordination</li> </ul>				
NOTES		needed with EXAMPLE ACT			
mobile team/crisis program in a f provider as appropriate. May be provi direct care staff if needed to address safety); all staff involved and their activ documented. H2011 or 90839/90844 individual psychotherapy procedure co is unscheduled (e.g., client walk-in), fo and involves immediate and/or sp response.	<ul> <li>term crisis-specific assessment and intervention/counseling with client and, as necessary, with client's caretakers/ family members</li> <li>Referral to other applicable BH services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff</li> <li>Face-to-face/telephone consultation with physician/ hospital staff, regarding need for psychiatric consultation or placement</li> <li>Face-to-face/telephone contact with another provider to help that provider deal with a specific client's crisis</li> <li>Consultation with one's own provider staff to address the crisis</li> </ul>				
APPLICABLE POPULATION(S)		UNIT	<u></u>	DURATION	
☑ Child (0-11) ☑ Young Adult ☑ Adol (12-17) (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	Encounter     Day	☑ 15 Minutes □ 1 Hour	Minimum: 8 n Maximum: 4 h	
ALLOWED MODE(S) OF DELIVERY				Y(IES)	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (H)</li> </ul>	ב) R)	<ul> <li>☑ HE (SP)</li> <li>□ TG (Other</li> <li>SP)</li> <li>☑ HK</li> <li>(Residential)</li> </ul>	⊠ U4 (ICM) ⊠ TM (ACT) □ HM (Respite)		□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS					
Peer Specialist     Bachelor's Level (HN)     E Lt     Intern     Lt	PC 🛛 🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ □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)           ☑ Office (11)         ☑ Cust Care (33)           ☑ Mobile Unit (15)         ☑ Grp Home (14)           ☑Outp Hospital (22)         ☑ Home (12)		区 Shelter (04) 区 SNF (31) 区 FQHC (50) 区 RHC (72)	<ul> <li>☑ Independent</li> <li>☑ ER (23)</li> <li>☑ PF-PHP (52)</li> <li>☑ Telehealth (0</li> </ul>		⊠ School (03) ⊠ NRSATF (57) ⊠ Other POS (99)

	TRE	ATMENT - INT	ENSIVE - DAY TREA	TMENT		
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION			USAGE
H2012			Behavioral health day treatment, per hour 🗵 Medicaid			
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS	
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.			<ul> <li>MINIMUM DOCUMENTATION REQUIREMENTS</li> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ol> </li> </ul>			
NOTES				· ·		
Services provide a minin transitioning back to a tr (preschool – 5 <sup>th</sup> grade) t structured programming on the documented acu child/adolescent and his	raditional classroom set o 5 hours (6 <sup>th</sup> – 12 <sup>th</sup> grac g per day, 2 – 5 days per ity and clinical needs of	ting; 4 hours de) of week, based				
APPLICABLE POPULATIO	DN(S)		UNIT		DURATION	
🗵 Child (0-11)	Young Adult 🛛 Adu	ult (21-64) riatric (65+)	Encounter	□ 15 Minutes ⊠ 1 Hour	Minimum: <u>&gt;</u> Maximum: N	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI			
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential</li> </ul>		U4 (ICM) TM (ACT) HM (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) D/PhD/PsyD (AH)	□CAC I ⊠ ⊠CAC II ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS         Image: CMHC (53)         Image: Outp Hospital (22)         Image: Grp Home (14)	) ICF-MR PRTF (5 PF-PHP	6)	⊠ School ⊠Other F			

TREATMENT - IN	IENSIVE - DAY TREATMENT			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H2012	Behavioral health day treatment, per hour	🗵 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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination</li> </ol> </li> </ul>			
NOTES	needed with 3 <sup>rd</sup> parties EXAMPLE ACTIVITIES			
transitioning back to a traditional classroom setting; 4 hours (preschool – 5 <sup>th</sup> grade) to 5 hours ( $6^{th}$ – 12 <sup>th</sup> 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 m         □ Day       ☑ 1 Hour       Maximum: N/A	mins		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ TG (Other SP) □ TM (ACT) □ □ HK (Residential) □ HM (Respite) □	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/EI)		
STAFF REQUIREMENTS				
Intern     Image: Level (HN)       Intern     Image: Level (HN)       Image: Level (HN)     Image: Level (HN)       Image: Level (HN)     Image: Level (HN)       Image: Level (HN)     Image: Level (Level (HN)       Image: Level (HN)     Image: Level (Level (HN)       Image: Level (HN)     Image: Level (Level (Leve	EdD/ PhD/PsyD (HP)	RxN (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (POS)				
⊠ CMHC (53)⊠ ICF-MR (54)⊠ School⊠ Outp Hospital (22)⊠ PRTF (56)⊠Other P⊠ Grp Home (14)⊠ PF-PHP (52)	. ,			

TREATMENT- RI	EHABILITATION - OTHER	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2014 *This code is not to be used for children under age 6.	Skills training and development, per 15 minutes	🗵 Medicaid
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Therapeutic activities designed to reduce/resolve identified barriers and improve social functioning in areas essential to establishing and maintaining a patient in the community (e.g., home, peer group, work/school). Activities address the specific needs of the patient by promoting skill development and training, which reduces symptomatology and promotes community integration and job readiness.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit/call. What was the inten agenda? How does the service relate to the trea plan?</li> <li>Description of the service and how service is des increase functioning in the community</li> <li>The therapeutic activities utilized and the individed. How did the service impact the individual's prog goals/objectives?</li> <li>Plan for next contact(s) including any follow-up on needed with 3<sup>rd</sup> parties</li> </ol> </li> </ul>	atment/service signed to dual's response gress towards
NOTES	EXAMPLE ACTIVITIES	
	<ul> <li>Development and maintenance of necessary comm daily living skills (i.e., grooming, personal hygiene, nutrition, health and MH education, money manage maintenance of living environment)</li> <li>Development of appropriate personal support network diminish tendencies towards isolation and withdra</li> <li>Development of basic language skills necessary to to function independently</li> <li>Training in appropriate use of community services</li> </ul>	cooking, gement and works to wal
APPLICABLE POPULATION(S)	UNIT DURATION	
Image: Child (0-11)         Image: Young Adult         Image: Adult (21-64)           Image: Adol (12-17)         (18-20)         Image: Geriatric (65+)	Encounter     Image: 5 Minutes     Minimum: 8 mins       Day     1 Hour     Maximum: 8 hour	rs
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ TG (Other SP)	J (Voc) Q (Clubhouse) T (Recovery) T (Prev/El)
STAFF REQUIREMENTS		
Intern	EdD/ PhD/PsyD (HP)	RxN (SA) PA (PA) MD/DO (AF)
PLACE OF SERVICE (POS)		
☑ CMHC (53)       ☑ ACF (13)       ☑ Home (1)         ☑ Office (11)       ☑ Cust Care (33)       ☑ ICF-MR         ☑ Outp Hospital (22)       ☑ Grp Home (14)       ☑ NF (32)		

		TREATMENT- R	EHABILITATION - C	OTHER			
CPT <sup>®</sup> /HCPCS PROCEDU	PROCEDURE COL	DE DESCRIPTION		USAGE			
H2014 *This code is not to be used for children under age 6.			Skills training and development, per 15 minutes IS OBH				
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RI	QUIREMENTS		
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 area ning a patient in the co ork/school). Activities tient by promoting skil uces symptomatology	as essential to mmunity (e.g., address the I development	agenda? Hu plan? 2. Descriptior increase fu 3. The therap 4. How did th goals/object 5. Plan for ne	for the visit/call ow does the service a nof the service a nctioning in the eutic activities u e service impact ctives?	. What was the rice relate to th nd how service community tilized and the the individual'	e intended goal or he treatment/service e is designed to individual's response s progress towards w-up or coordination	
NOTES			EXAMPLE ACTIV				
			<ul> <li>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)</li> <li>Development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal</li> <li>Development of basic language skills necessary to enable patient to function independently</li> <li>Training in appropriate use of community services</li> </ul>				
APPLICABLE POPULATIO	• •		UNIT		DURATION		
🗵 Adol (12-17) (18-	-20) 🛛 🖾 Ge	dult (21-64) eriatric (65+)	Encounter     Day	☑ 15 Minutes ☑ 1 Hour	Minimum: 8 Maximum: 8		
ALLOWED MODE(S) OF					•		
⊠ Face-to-Face □ Video Conf (GT) ⊠ Telephone	<ul> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>□ Family (HR)</li> <li>□ Family (HS)</li> </ul>		☑ HE (SP) □ TG (Other SP) ☑ HK (Residentia	X	J4 (ICM) TM (ACT) HM (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	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I × □CAC II ×	] LPN/LVN (TE) ] RN (TD) ] APN (SA)   QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Outp Hospital (22)</li> <li>☑ ACF (13)</li> </ul>	区 Cust Care (33) 区 Grp Home (14) 区 Home (12) 区 ICF-MR (54)	⊠ NF (32) ⊠ Shelter ⊠ SNF (31) ⊠ FQHC (5	) 🗵 Othe				

	PEER S	UPPORT/RECO	VERY SERVICES - C	OMMUNITY		
<b>CPT®/HCPCS PROCEDURE CO</b>	DE		PROCEDURE CO	DE DESCRIPTI	ON	USAGE
H2015			Comprehensive community support services, per			
	.015		15 minutes			
SERVICE DESCRIPTION					REQUIREMENTS	<b>b</b>
Treatment services rendered			Technical Docun	nentation Rec	quirements	
and adolescents and collatera			See Page 346			
staff in accordance with an ap	•	• •	Service Content			
for the purpose of ensuring th					ll. What was the in	-
continued community placem	0		U	does the ser	vice relate to the	treatment/service
medically necessary intervent manage the symptoms of his/			plan? 2. Description o	f the convice		
with his/her overall life situati			•		on(s) utilized and	the individual's
medical, social, educational a	, 0	0	•	he interventio		
meet basic human needs.	iu other services	necessary to				progress towards
eet suste namun needs.			goals/objecti			P. 001 000 00 Waltub
			••••		luding any follow	-up or coordination
			needed with		0 ,	
NOTES			EXAMPLE ACTIV			
			<ul> <li>Assist with id</li> </ul>	entifying exis	ting natural suppo	orts for developing a
			natural suppo	ort team		
			<ul> <li>Assist with id</li> </ul>	entifying indiv	vidual strengths, i	resources,
			preferences a			
			<ul> <li>Assist in deve</li> </ul>	elopment and	coordination of r	ecovery/resiliency
			plan, crisis m	anagement pl	lan.	
					ent in developing	
					-	y living skills that are
				pacted by pat		
APPLICABLE POPULATION(S)			UNIT		DURATION	
Child (0-11)  Young		dult (21-64)	Encounter	⊠ 15 Minute		-
X Adol (12-17) (18-20)		eriatric (65+)	Day	1 Hour	Maximum: 4	hrs / mins
ALLOWED MODE(S) OF DELIV						
Indi Indi Indi Indi Indi Indi Indi Indi Indi			⊠ HE (SP) □ TG (Other SP)		] U4 (ICM) ] TM (ACT)	HJ (Voc)
X Video (Cont (G1)	up (HQ) nily (HR)		HK (Residentia		] HM (Respite)	□ HQ (Clubhouse) □ TT (Recovery)
XIIelephone	nily (HS)			ai) L	I IIVI (Respite)	□ HT (Prev/EI)
Peer Specialist	_	_		<b>X</b> LAC	LPN/LVN (TE)	
Bachelor's Level (HN)	K LCSW (AJ)		Master's Level (HO)		⊠ RN (TD)	🗵 RxN (SA)
🗵 Intern	🗵 LPC 🗵 LMFT		EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC II	🗵 APN (SÁ)	
					🗵 QMAP	🗵 MD/DO (AF)
PLACE OF SERVICE (POS)						
🗵 CMHC (53) 🗵 AC	CF (13)	🗵 ICF-MR (54)	🗵 SNF (31		Inpt PF (51)	🗵 Other POS (99)
🗵 Office (11) 🗵 Cu	st Care (33)	🗵 NF (32)	🗵 FQHC (5	io) 🗵	ER (23)	🗵 Telehealth (02)
	p Home (14)	🗵 PRTF (56)	🗵 RHC (72	-	PF-PHP (52)	
🗵 Outp Hospital (22) 🛛 🗵 Ho	ome (12)	🗵 Shelter (04)	🗵 Inpt Hos	sp (21) 🛛 🗵	School (03)	

	PEER S	UPPORT/RECO	VERY SERVICES - C	OMMUNITY		
CPT <sup>®</sup> /HCPCS PROCEDU	RE CODE		PROCEDURE CO	DE DESCRIPTIO	N	USAGE
H2015			Comprehensive community support services, per			
	112013		15 minutes			
SERVICE DESCRIPTION						j
SERVICE DESCRIPTION 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.			MINIMUM DOCUMENTATION REQUIREMENTS         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	•		
			<ul> <li>natural suppo</li> <li>Assist with id preferences a</li> <li>Assist in deve plan, crisis m</li> <li>Skill building interpersonal</li> </ul>	ort team entifying indivi- and choices elopment and c anagement pla to assist patien	dual strengths, i oordination of r n. t in developing g and communit	ecovery/resiliency
APPLICABLE POPULATIO	ON(S)		UNIT		DURATION	
	0	lult (21-64) eriatric (65+)	□ Encounter □ Day	<ul><li>☑ 15 Minutes</li><li>☑ 1 Hour</li></ul>	Minimum: 8 Maximum: 4	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEGORY	(IES)	
I Face-to-Face I Video Conf (GT) I Telenhone	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		⊠ HE (SP) □ TG (Other SP) □ HK (Residentia		J4 (ICM) IM (ACT) HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
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)	□CAC I □CAC II	보 LPN/LVN (TE) 보 RN (TD) 보 APN (SA) 모 QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	<ul> <li>☑ ICF-MR (54)</li> <li>☑ NF (32)</li> <li>☑ PRTF (56)</li> <li>☑ Shelter (04)</li> </ul>	⊠ FQHC (5 ⊠ RHC (72	50) 🗵 El .) 🗵 Pl	pt PF (51) R (23) F-PHP (52) chool (03)	⊠ Other POS (99) ⊠ Telehealth (02)

	PEER	SUPPORT/RECO	VERY SERVICES - C	оммили	Y		
CPT <sup>®</sup> /HCPCS PROCEDU	PROCEDURE CODE DESCRIPTION				USAGE		
H2016			Comprehensive community support services, per				er 🗵 Medicaid
			diem		<b></b>		-
SERVICE DESCRIPTION	lana dita sa mana situ ka	and also the second	MINIMUM DOC				5
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.		<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>2. Description of the service</li> <li>3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>4. How did the service impact the individual's progress towards goals/objectives?</li> </ul>				treatment/service the individual's progress towards	
			5. Plan for next needed with		includiı	ng any follow	v-up or coordination
NOTES			EXAMPLE ACTIV	· ·			
CCSS up to 4 hours (16 units) is reported/billed as H2015; CCSS over 4 hours is reported/billed as H2016 (per diem).			<ul> <li>natural support team</li> <li>Assist with identifying individual strengths, resources, preferences and choices</li> <li>Assist in development and coordination of recovery/resiliency plan, crisis management plan, and/or advance directives (i.e., WRAP)</li> <li>Skill building to assist patient in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by patient's MI</li> </ul>				recovery/resiliency nce directives (i.e., functional,
APPLICABLE POPULATIO	ON(S)		UNIT	,, <u>,</u>		DURATION	
	′oung Adult □ A	dult(21-64) eriatric (65+)	Encounter     Day	□ 15 Min □ 1 Hour			4 hrs 8 mins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEG	ORY(IE	S)	
⊠ Face-to-Face ⊠ Video Conf (GT) ⊠ Telephone	⊠ Individual ⊠ Group (HQ) ⊠ Family HR) ⊠ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>☑ TG (Other SP)</li> <li>☑ HK (Residential</li> </ul>		□ 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	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC I □CAC II □CACIII	X	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS	•						
<ul> <li>CMHC (53)</li> <li>Office (11)</li> <li>Mobile Unit (15)</li> <li>Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	⊠ ICF-MF ⊠ NF (32 ⊠ PRTF ( ⊠ Shelter	) 🗵 FQH 56) 🗵 RHC	C (50)	⊠ ER ⊠ PF	ot PF (51) (23) -PHP (52) hool (03)	区 Other POS (99) 区 Telehealth (02)

PEER SUPPORT/RECOVERY SERVICES - COMMUNITY							
CPT <sup>®</sup> /HCPCS PROCEDUF	PROCEDURE COL	USAGE					
	H2016		Comprehensive community support services, per				
			diem				
SERVICE DESCRIPTION					•	S	
Treatment services rend			Technical Docum	ientation Requ	lirements		
and adolescents and col			See Page 346				
staff in accordance with for the purpose of ensur			Service Content	or the visit/call	What was the	intended goal or	
continued community p		•				intended goal or e treatment/service	
medically necessary inte	-		plan?	v uoes the serv		e treatment/service	
manage the symptoms of			2. Description of	f the service			
with his/her overall life			3. The therapeu		n(s) utilized and	the individual's	
medical, social, educatio				he intervention			
meet basic human need		necessary to				progress towards	
			goals/objectiv				
					uding any follow	v-up or coordination	
			needed with 3				
NOTES			EXAMPLE ACTIVI				
CCSS up to 4 hours (16	o units) is reported/bil	led as H2015;	Assist with ide	entifying existi	ng natural supp	orts for developing a	
CCSS over 4 hours is rep	orted/billed as H2016	(per diem).	natural suppo	ort team			
			Assist with ide	entifying indivi	dual strengths,	resources,	
			preferences a				
						recovery/resiliency	
			plan, crisis management plan, and/or advance directives (i.e.,				
			WRAP)				
				<ul> <li>Skill building to assist patient in developing functional,</li> </ul>			
			interpersonal, family, coping and community living skills that are				
			negatively impacted by patient's MI				
APPLICABLE POPULATIO		dult(21-64)	UNIT	□ 15 Minutes	DURATION Minimum:	4 hrs 8 mins	
⊠ Adol (12-17) (18-	-	eriatric (65+)			Maximum:		
ALLOWED MODE(S) OF	•		PROGRAM SERV				
	🗵 Individual		K HE (SP)		U4 (ICM)	🗆 HJ (Voc)	
	Sroup (HQ)		$\Box$ TG (Other SP)		TM (ACT)	$\Box$ HQ (Clubhouse)	
⊠ Video Conf (GT)	⊠ Family (HR)		□ HK (Residentia		HM (Respite)	TT (Recovery)	
🗵 Telephone	E Family (HS)				· · · · · · /	□ HT (Prev/EI)	
STAFF REQUIREMENTS							
Peer Specialist	🗵 LCSW (AJ)	X Unlicensed	Master's Level (HO)	<b>X</b> LAC	🗵 LPN/LVN (TE)	🗵 RxN (SA)	
Bachelor's Level (HN)	Lesw (As)		EdD/ PhD/PsyD (HP)		RN (TD)	ARN (SA)	
🗵 Intern	LMFT		D/PhD/PsyD (AH)		🗵 APN (SA) 🗵 QMAP	MD/DO (AF)	
PLACE OF SERVICE (POS	)						
	ACF (13)	ICF-MF	R (54) 🗵 SNF	(31)	Inpt PF (51)	🗵 Other POS (99)	
⊠ Office (11)	🖾 Acr (13) 🗵 Cust Care (33)	⊠ ICI -IVII ⊠ NF (32			ER (23)	Itelehealth (02)	
⊠ Mobile Unit (15)	Grp Home (14)	⊠ NT (52) ⊠ PRTF (5			PF-PHP (52)		
☑ Outp Hospital (22)	⊠ Home (12)	🗵 Shelter			School (03)		
			(- ·)pt				

TREATMENT - REHABILITATION- PSYCHOSOCIAL REHABILITATION (PSR)						
CPT <sup>®</sup> /HCPCS PROCEDURE CODE			DE DESCRIPTION		USAGE	
H2017		Psychosocial rel	nabilitation servio	ces, per 15	🗵 Medicaid	
H2017		minutes				
SERVICE DESCRIPTION						
An array of services, rendered in a variety of setti designed to help patients capitalize on personal sidevelop coping strategies and skills to deal with d to develop a supportive environment in which to independently as possible. PSR differs from counseling and psychotherapy in focuses less on symptom management and more restoring functional capabilities. The focus is on d teaching, practicing/coaching and skills building, of community living competencies (e.g., self-care, commoney management, personal grooming, mainten living environment)	MINIMUM DOCUMENTATION REQUIREMENTS         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 functioning         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 wit	h 3 <sup>rd</sup> parties			
NOTES		EXAMPLE ACTIV	/ITIES			
Social and interpersonal abilities (e.g., conversational co developing and/or maintaining a positive self-image, rep ability to maintain positive relationships) Independence (e.g., developing and enhancing persona handling everyday experiences such as structuring leisu school/work/volunteer schedules). Cognitive and adult role competency (e.g., task-orientee develop and maintain cognitive abilities, to maximize ac functioning such as increased attention, improved conce better memory, enhancing the ability to learn) PSR up to 4 hours (16 units) is reported/billed as H over 4 hours is reported/billed as H2018 (per dier	<ul> <li>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.</li> <li>Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being</li> <li>Development of a crisis plan</li> <li>Identification of eksiting natural supports and resources for addressing personal needs (e.g., families, employers, and friends)</li> <li>Identification and development of organizational support, including such areas as sustaining personal entitlements, locating and using community resources or other supportive</li> </ul>					
APPLICABLE POPULATION(S)		UNIT		DURATION		
	t (21-64)	Encounter	🗵 15 Minutes	Minimum: 8 min	s	
	atric (65+)	🗆 Day	🗆 1 Hour	Maximum: 4 hrs	7 mins	
ALLOWED MODE(S) OF DELIVERY			VICE CATEGORY			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		E HE (SP) ☐ TG (Other SP) ☐ HK (Residention)	) 🗆	] TM (ACT) 🗵 ] HM 🗵	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)	
STAFF REQUIREMENTS						
	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP D/PhD/PsyD (AH)	) □CAC I ▷ □CAC II ▷		⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS)						
<ul> <li>☑ Office (11)</li> <li>☑ Cust Care (33)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Grp Home (14)</li> </ul>	⊠ ICF-MR (54 ⊠ NF (32) ⊠ Shelter (04 ⊠ SNF (31)	⊠ RHC ( 1)   ⊠ Schoo	72)			

TREATMENT - REHABILITATION – PSYCHOSOCIAL REHABILITATION (PSR)						
CPT <sup>®</sup> /HCPCS PROCEDUR			PROCEDURE CO			USAGE
	H2017		Psychosocial rel	nabilitation serv	ices, per 15	🗵 OBH
	112017		minutes			
SERVICE DESCRIPTION			MINIMUM DOC			
An array of services, rendered in a variety of settings, designed to help patients 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 differs from counseling and psychotherapy in that it focuses less on symptom management and more on restoring functional capabilities. The focus is on direct skills teaching, practicing/coaching and skills building, developing community living competencies (e.g., self-care, cooking, money management, personal grooming, maintenance of living environment)			<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>2. Description of the service and how the service is designed to increase functioning</li> <li>3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>4. How did the service impact the individual's progress towards goals/objectives?</li> <li>5. Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ul>			
NOTES			EXAMPLE ACTIV	/ITIES		
<ul> <li>Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships)</li> <li>Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as structuring leisure time, and school/work/volunteer schedules).</li> <li>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)</li> <li>PSR up to 4 hours (16 units) is reported/billed as H2017; PSR over 4 hours is reported/billed as H2018 (per diem).</li> </ul>			<ul> <li>activities: s scheduling communica skills, mone</li> <li>Gaining con in the stabi</li> <li>Developme</li> <li>Identificati addressing friends)</li> <li>Identificati including si</li> </ul>	elf-managemen /time managem ation/assertiven ey management mpetence in une ilization of the ir ent of a crisis pla on of existing na personal needs on and develops uch areas as sus	/budgeting, voca derstanding the r ndividual's well-l n atural supports a (e.g., families, er ment of organiza taining personal	aily Living skills), al seeping/cleaning itional skills building. role medication plays being nd resources for mployers, and tional support,
APPLICABLE POPULATIO	DN(S)		UNIT		DURATION	
	• •	ult (21-64)	□ Encounter	🗵 15 Minutes	Minimum: 8 n	nins
🗵 Adol (12-17) (18-	20) 🗵 Ge	riatric (65+)	🗆 Day	🗆 1 Hour	Maximum: 4	hrs 7 mins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SER			
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>☑ Telephone</li> </ul>	Video Conf (GT)		HE (SP)     TG (Other SP     HK (Resident     HK (2 <sup>nd</sup> modif	) [ ial) [	□ U4 (ICM) □ TM (ACT) □ HM Respite)	□ HJ (Voc) ☑ HQ (Clubhouse) ☑ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS						
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	区 LCSW (AJ) 오 LPC 오 LMFT	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP D/PhD/PsyD (AH)	) □CAC I □CAC II	보 LPN/LVN (TE) 도 RN (TD) 도 APN (SA) 다 QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS						
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	⊠ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-MR (54 ☑ NF (32) ☑ Shelter (04 ☑ SNF (31)	⊠ RHC ( 1) ⊠ Schoo	72)		

TREATMENT - REHABILITATI	ON - PSYCHOSOCIAL REHABILITATION (PSR)
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
H2018	Psychosocial rehabilitation services, per diem
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
An array of services, rendered in a variety of settings, designed to help patients capitalize on personal strengths, develop coping strategies and skills to deal with deficits, an to develop a supportive environment in which to function a independently as possible. PSR differs from counseling and psychotherapy in that it focuses less on symptom management and more on restoring functional capabilities. The focus is on direct skills teaching, practicing/coaching and skills building, developing community living competencies (e.g., self-care, cooking, money management, personal grooming, maintenance of living environment)	<ul> <li>Service Content</li> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>How did the service impact the individual's progress towards</li> </ul>
NOTES	EXAMPLE ACTIVITIES
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, an school/work/volunteer schedules). Cognitive and adult role competency (e.g., task-oriented activities 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; PS over 4 hours is reported/billed as H2018 (per diem).	<ul> <li>activities: self-management (Activities of Daily Living skills), scheduling/time management, interpersonal communication/assertiveness skills, housekeeping/cleaning skills, money management/budgeting, vocational skills building.</li> <li>Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being</li> <li>Development of a crisis plan</li> <li>Identification of existing natural supports and resources for addressing personal needs (e.g., families, employers, and friends)</li> </ul>
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         Image: State St	PROGRAM SERVICE CATEGORY(IES)         Image: Book of the service of t
STAFF REQUIREMENTS	
Image: Second state	sed Master's Level (HO) ELAC ELPN/LVN (TE) RxN (SA) sed EdD/ PhD/PsyD (HP) CAC I RN (TD) E PA (PA) d EdD/PhD/PsyD (AH) CAC II APN (SA) MD/DO (AF)
PLACE OF SERVICE (POS)	
Image: CMHC (53)         Image: CMHC (53)<	🗵 RHC (72)

TREATMENT - REHABILITATION - PSYCHOSOCIAL REHABILITATION (PSR)						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
H2018	Psychosocial rehabilitation services, per diem 🗵 OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
An array of services, rendered in a variety of settings, designed to help patients 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 differs from counseling and psychotherapy in that it focuses less on symptom management and more on restoring functional capabilities. The focus is on direct skills teaching, practicing/coaching and skills building, developing community living competencies (e.g., self-care, cooking, money management, personal grooming, maintenance of living environment)	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>2. Description of the service</li> <li>3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>4. How did the service impact the individual's progress towards goals/objectives?</li> <li>5. Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ul>					
NOTES	EXAMPLE ACTIVITIES					
<ul> <li>Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships)</li> <li>Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as structuring leisure time, and school/work/volunteer schedules).</li> <li>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)</li> <li>PSR up to 4 hours (16 units) is reported/billed as H2017; PSR over 4 hours is reported/billed as H2018 (per diem).</li> </ul>	<ul> <li>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.</li> <li>Gaining competence in understanding the role medication plays in the stabilization of the individual's well-being</li> <li>Development of a crisis plan</li> <li>Identification of existing natural supports and resources for addressing personal needs (e.g., families, employers, and friends)</li> <li>Identification and development of organizational support, including such areas as sustaining personal entitlements, locating and using community resources or other supportive programs</li> </ul>					
APPLICABLE POPULATION(S)	UNIT DURATION					
□ Child (0-11)	Encounter 15 Minutes Minimum: 4 hrs 8 mins					
☑ 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)         ☑ Fatff REQUIREMENTS	PROGRAM SERVICE CATEGORY(IES)         Image: Service Category(IES)         Image: Service Category(IES)         Image: Service Category(IES)         Image: TG (Service Category)         Image: TG (Other SP)         Image: TG (Other SP)					
X Peer Specialist	Mastaría Laus (110)					
☑ Bachelor's Level (HN)       ☑ LCSW (AJ)       ☑ Unlicensed f         ☑ Intern       ☑ LPC       ☑ Unlicensed f         ☑ LMFT       ☑ Licensed Edf	Master's Level (HO) EdD/ PhD/PsyD (HP) DCAC I RN (TD) RN (SA) PA (PA) D/PhD/PsyD (AH) CAC II QMAP MD/DO (AF)					
PLACE OF SERVICE (POS)						
⊠ CMHC (53)         ⊠ ACF (13)         ⊠ ICF-MR (54)           ⊠ Office (11)         ⊠ Outf Care (22)         ⊠ NE (22)	☑ FQHC (50)					
☑ Office (11)       ☑ Cust Care (33)       ☑ NF (32)         ☑ Mobile Unit (15)       ☑ Grp Home (14)       ☑ Shelter (04)	⊠ RHC (72) ⊠ School (03)					
$\boxtimes$ Outp Hospital (22) $\boxtimes$ Home (12) $\boxtimes$ SNF (31)	School (05)					

	TREATMENT - OTHER PROFESSIONAL SERVICES - COMMUNITY-BASED WRAP-AROUND					
<b>CPT®/HCPCS PROCE</b>	DURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	H2021		Community-based wrap-around services, per 15 minutes			
SERVICE DESCRIPTION	N		MINIMUM DOCU	MENTATION RE	QUIREMENTS	
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.			<ul> <li>Technical Documentation Requirements See Page 346 Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service and how activity is designed to increase functioning in the community</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination</li> </ol> </li> </ul>			
NOTES			needed with 3 <sup>rd</sup> parties EXAMPLE ACTIVITIES			
Discrete therapy ser psychotherapy, psyc	vrap-around services vices (e.g., family, gr hiatric services) are parately from H2022	oup and individual documented, and	UNIT		DURATION	
Child (0-11)	Young Adult	Adult (21-64)		🗵 15 Minutes	Minimum: 8	minc
⊠ Adol (12-17)	(18-20)	$\Box$ Geriatric (65+)		□ 1 Hour	Maximum: 4	
ALLOWED MODE(S)			PROGRAM SERVIO	CE CATEGORY(IE	S)	
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		HE (SP)     TG (Other SP)     HK (Residential	□ U4 ( □ TM	ICM)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMEN	NTS					
☑ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	N) ICSN ICLPC ICLPC ICLPF	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I 🗵	LPN/LVN (TE) RN (TD) APN (SA) QMAP	본 RxN (SA) 또 PA (PA) 또 MD/DO (AF)
PLACE OF SERVICE (	POS)					
区 CMHC (53) 区 Office (11) 区 Mobile Unit (15)	☑ Home (12) ☑ Shelter (04) ☑ FQHC (50)	<ul> <li>☑ RHC (72)</li> <li>☑ Independent Clinic</li> <li>☑ School (03)</li> </ul>	区 NRSATF ( 2 (49) 区 Other PO	•		

	TREATMENT - OTHER PROFESSIONAL SERVICES - COMMUNITY-BASED WRAP-AROUND					
<b>CPT®/HCPCS PROCE</b>	DURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	H2021			Community-based wrap-around services, per 15 minutes		
SERVICE DESCRIPTIC	SERVICE DESCRIPTION			MENTATION RE	QUIREMENTS	
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.			<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service and how activity is designed to increase functioning in the community</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination</li> </ol> </li> </ul>			
NOTES			needed with 3 <sup>rd</sup> parties EXAMPLE ACTIVITIES			
Community-based w Discrete therapy ser psychotherapy, psyc reported or billed se	vices (e.g., family, gro hiatric services) are o parately from H2021	oup and individual locumented, and	UNIT		DURATION	
Child (0-11)	Young Adult	🗆 Adult (21-64)		🗵 15 Minutes	Minimum: 8	minc
🗵 Adol (12-17)	(18-20)	Geriatric (65+)	🗆 Day	□ 1 Hour	Maximum: 4	
ALLOWED MODE(S)			PROGRAM SERVI			
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential</li> </ul>	□ U4 ( □ TM I) □ HM		□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMEN	ITS					
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN</li> <li>☑ Intern</li> </ul>	I)	Unlicensed	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)					
S Office (11)	Shelter (04)	॒ RHC (72) य Independent Clinic । य School (03)	区 NRSATF ( (49) 区 Other PO	, ,		

TREATMENT - OTHER PROFESSIONAL SERV	/ICES - COMMUNITY-BASED WRAP-AROUND
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
H2022	Community-based wrap-around services, per diem
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Individualized, community-based non-clinical interventions, delivered as an alternative/adjunct to traditional services. Services may include informal, natural supports and resources provided to a child/adolescent and family members to promote, maintain/restore successful community living. Services are delivered in non-traditional manners/places based on a collaborative planning process. Services are intended to help stabilize and strengthen the placement of the child/adolescent.	<ol> <li>Service Content         <ol> <li>The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service and how activity is designed to increase functioning in the community</li> <li>The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or</li> </ol> </li> </ol>
NOTES	coordination needed with 3 <sup>rd</sup> parties EXAMPLE ACTIVITIES
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.	2
APPLICABLE POPULATION(S)	UNIT DURATION
区 Child (0-11) ⊠ Young Adult □ Adult (21-64) ⊠ Adol (12-17) (18-20) □ Geriatric (65+)	□ Encount □ 15 Minutes Minimum: 4 hrs 8 mins er □ 1 Hour Maximum: N/A ☑ Day
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
☑ Face-to-Face       ☑ Individual         □ Video Conf (GT)       □ Group (HQ)         □ Telephone       ☑ Family (HR)         ☑ Family (HS)	Image: Second system       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)         Image: TG (Other SP)       Image: TM (ACT)       Image: U4 (ICM)       Image: U4 (ICM)         Image: TG (Other SP)       Image: TM (ACT)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)         Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)         Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)         Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)         Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)         Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)         Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)         Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)         Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)         Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)       Image: U4 (ICM)
STAFF REQUIREMENTS	
☑ Peer Specialist       ☑ LCSW (AJ)       ☑ Unlicensed Mass         ☑ Bachelor's Level (HN)       ☑ LPC       ☑ Unlicensed EdD         ☑ Intern       ☑ LMFT       ☑ Licensed EdD/Pl	$PhD/PsyD(HP) \square CAC I  riangle RN(ID)  riangle PA(PA)$
PLACE OF SERVICE (POS)	
<ul> <li>☑ CMHC (53)</li> <li>☑ Home (12)</li> <li>☑ Independent Clinic (49)</li> <li>☑ Office (11)</li> <li>☑ Shelter (04)</li> <li>☑ School (03)</li> <li>☑ Mobile Unit (15)</li> <li>☑ FQHC (50)</li> <li>☑ NRSATF (57)</li> <li>☑ RHC (72)</li> </ul>	) 🗵 Other POS (99)

ТІ	REATMENT - OTHE	R PROFESSIONAL SERVICE	S - COMMUNITY-	BASED WRAP-AROUNI	D
<b>CPT®/HCPCS PRO</b>	CEDURE CODE		PROCEDURE CO	DE DESCRIPTION	USAGE
	H2022		Community-based per diem	wrap-around services,	⊠ OBH
SERVICE DESCRIP	TION		MINIMUM DOC	UMENTATION REQUIR	EMENTS
SERVICE DESCRIPTION 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.			<ul> <li>See Page 346</li> <li>Service Content</li> <li>The reason for agenda? How d treatment/serv</li> <li>Description of increase functii</li> <li>The therapeuti individual's res</li> <li>How did the se towards goals/</li> <li>Plan for next comparison</li> </ul>	the service and how activ oning in the community c intervention(s) utilized ponse to the intervention rvice impact the individu	the rity is designed to and the h(s) al's progress
NOTES					
reported/billed as H (per diem). Discrete psychotherapy, psyc	2021; over 4 hours is services (e.g., family chiatric services, case eported or billed sepa	up to 4 hours (16 units) is s reported/billed as H2022 , group and individual management, etc.) are arately from H2022.		DURATION	
APPLICABLE POPU	JLATION(S)			DURATION	
⊠ Child (0-11) ⊠ Adol (12-17)	⊠ Young Adult (18-20)	□ Adult (21-64) □ Geriatric (65+)	Encoun 15 M ter 11 Ho Z Day		
ALLOWED MODE	(S) OF DELIVERY		PROGRAM SERV	ICE CATEGORY(IES)	
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>	□ TM (ACT) □ HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREM	ENTS				
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HI</li> <li>☑ Intern</li> </ul>	N) N LCSV N LPC N LMF	Unlicensed EdD/ Ph	D/PsyD (HP)	I I APN (SA)	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)
PLACE OF SERVIC	E (POS)				
区 CMHC (53) 区 Office (11) 区 Mobile Unit (15)	<ul> <li>☑ Home (12)</li> <li>☑ Shelter (04)</li> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> </ul>	⊠ Independent Clinic (49) ⊠ School (03) ⊠ NRSATF (57)	⊠ Other POS (99)		

TREATMENT - VOCATIONAL SERVICES							
CPT <sup>®</sup> /HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE			USAGE	
	H2023			Supported employment, per 15 minutes 🗵 Medicaid			
SERVICE DESCRIPTION	SERVICE DESCRIPTION		MINIMUM DOC	UMENTATIO	N REQUIREMENTS		
Employment services, provided by an employment specialist, to assist patients, requiring intensive supportive employment services, in gaining and maintaining competitive employment. When appropriate, services may be provided without the patient being present. 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.			agenda? 2. Description 3. How did the goals/objec 4. Plan for nex	for the visit/ of the servic service imp tives?	'call. What was the ce provided and the pact the individual's	e patient's response	
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).			<ul> <li>Assessing patient's work history, skills, training, education and personal career goals to help match the person with a suitable job</li> <li>Providing patient with information regarding how employment affects disability income and benefits</li> <li>Preparation skills (i.e., resume development, interview skills)</li> <li>Working with individuals and their employers to identify needed accommodations</li> <li>Helping individuals to conduct an individualized job search</li> <li>Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis to help people succeed in their jobs</li> </ul>				
APPLICABLE POPULAT	ION(S)		UNIT		DURATION		
		Adult (21-64) Geriatric ( 65+)	Encounter Day	☑ 15 Minut □ 1 Hour	es Minimum: 8 r Maximum: 4	-	
ALLOWED MODE(S) OI	F DELIVERY		PROGRAM SERV	ICE CATEGO	RY(IES)		
☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia		□ U4 (ICM) □ TM (ACT) □ HM (Respite)	⊠ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS							
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	区 LCSW (AJ) 区 LPC 区 LMFT		1aster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) ⊠ QMAP	보 RxN (SA) 보 PA (PA) 보 MD/DO (AF)	
PLACE OF SERVICE (PO	S)						
区 CMHC (53) 区 Office (11) 区 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 PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H2023	Supported employment, per 15 minutes				
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. When appropriate, services may be provided without the patient being present. 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 chang over time, based on the needs of the patient.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit/call. What was the intended goal or agenda?</li> <li>2. Description of the service provided and the patient's response</li> <li>3. How did the service impact the individual's progress towards goals/objectives?</li> <li>4. Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ul>				
NOTES	EXAMPLE ACTIVITIES				
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).	<ul> <li>Assessing patient's work history, skills, training, education and personal career goals to help match the person with a suitable job</li> <li>Providing patient with information regarding how employment affects disability income and benefits</li> <li>Preparation skills (i.e., resume development, interview skills)</li> <li>Working with individuals and their employers to identify needed accommodations</li> <li>Helping individuals to conduct an individualized job search</li> <li>Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis to help people succeed in their jobs</li> </ul>				
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       ☑ Individual         □ Video Conf (GT)       □ Group (HQ)         ☑ Telephone       □ Family (HR)         □ Family (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					
I Sachelor's Level (HN) (AJ) Intern	Image: Second Condition       Image: Second Condition         Ind Master's Level (HO)       Image: Second Condition         Ind EdD/ PhD/PsyD (HP)       Image: Second Condition         Image: Second Condition       Image: Second Condition         Image: Second Conditin       Image: Second Condition				
PLACE OF SERVICE (POS)					
☑ CMHC (53)         ☑ ACF (13)         ☑ Shelter (           ☑ Office (11)         ☑ Grp Home (14)         ☑ FQHC (50)           ☑ Outp Hospital (22)         ☑ Home (12)         ☑ RHC (72)	D) I Other POS (99)				

TREATMENT -	VOCATIONAL SERVICES			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H2024	Supported employment, per diem 🗵 Medicaid			
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. When appropriate, services may be provided without the patient being present. 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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit/call. What was the integrated agenda?</li> <li>2. Description of the service provided and the page 3. How did the service impact the individual's progoals/objectives?</li> <li>4. Plan for next contact(s) including any follow-uneeded with 3<sup>rd</sup> parties</li> </ul>	tient's response ogress towards		
NOTES	EXAMPLE ACTIVITIES			
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).	<ul> <li>Assessing patient's work history, skills, training, education and personal career goals to help match the person with a suitable job</li> <li>Providing patient with information regarding how employment affects disability income and benefits</li> <li>Preparation skills (i.e., resume development, interview skills)</li> <li>Working with individuals and their employers to identify needed accommodations</li> <li>Helping individuals to conduct an individualized job search</li> <li>Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis</li> </ul>			
APPLICABLE POPULATION(S)	to help people succeed in their jobs 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)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ TG (Other SP) □ TM (ACT) □ □ HK (Residential) □ HM (Respite) □	⊠ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMENTS				
	Master's Level (HO) 区LAC 区 LPN/LVN (TE) dD/ PhD/PsyD (HP) 区CAC I 区 RN (TD) PhD/PsyD (AH) 区CAC II 区 APN (SA) 又CACIII 区 QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ 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)			

TREATMENT -	VOCATIONAL SERVICES			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
H2024	Supported employment, per diem 🗵 OBH			
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. When appropriate, services may be provided without the patient being present. 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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit/call. What was the intended goal or agenda?</li> <li>2. Description of the service provided and the patient's response</li> <li>3. How did the service impact the individual's progress towards goals/objectives?</li> <li>4. Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ul>			
NOTES	EXAMPLE ACTIVITIES			
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).	<ul> <li>Assessing patient's work history, skills, training, education and personal career goals to help match the person with a suitable job</li> <li>Providing patient with information regarding how employment affects disability income and benefits</li> <li>Preparation skills (i.e., resume development, interview skills)</li> <li>Working with individuals and their employers to identify needed accommodations</li> <li>Helping individuals to conduct an individualized job search</li> <li>Providing on-the-job assistance (including, for example, counseling and interpersonal skills training) on a continuing basis</li> </ul>			
APPLICABLE POPULATION(S)	to help people succeed in their jobs UNIT DURATION			
□ Child (0-11)	□ Encounter □ 15 Minutes Minimum: 4 hrs 8 mir ☑ Day □ 1 Hour Maximum: N/A	ns		
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ HK (Residential) □ HM (Respite) □ TT (	(Voc) . (Clubhouse) (Recovery) (Prev/EI)		
STAFF REQUIREMENTS	·			
Intern	dD/ PhD/PsyD (HP) 🛛 🖾 CAC II 🖾 APN (TD) 🖾 PA	N (SA) (PA) D/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)			

		TREATMENT -	VOCATIONAL SER	VICES			
<b>CPT®/HCPCS PROCEDU</b>	RE CODE		PROCEDURE CO	DE DESCRIP	TION	USAGE	
	H2025		Ongoing support to maintain employment, per 15 minutes Medicaid				
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATI	ON REQUIREMENTS		
Ongoing or episodic support to maintain employment are utilized prior to or following successful employment placement, including pre-vocational skills training in non- competitive employment placements, development of natural on-the-job supports for a 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.			<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit/call. What was the intended goal?</li> <li>2. Description of the service provide</li> <li>3. Intervention utilized and patient response</li> <li>4. How did the service impact the individual's progress towards goals/objectives?</li> <li>5. Plan for next contact including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ul>				
NOTES			EXAMPLE ACTIV				
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).			<ul> <li>environme changes an</li> <li>Teaching part job perform non-compe</li> <li>Visiting pat pertinent t</li> <li>Working w establish et make reaso</li> <li>Contacting</li> </ul>	nt/personal d avoid crise atient pre-ve cient identiff nance/relati etitive emplo ient at job s o job retent ith patient a fective supe onable accor	ocational skills y and implement strat ions at work including oyment position ite to identify and add ion and his/her job superv ervision and feedback mmodations to enhan mily/significant other	ify needed support egies that improve placement in a dress issues isor/employer to strategies, ways to ce job performance	
APPLICABLE POPULATIO	ON(S)		UNIT		DURATION		
	Young Adult 3-20)	⊠ Adult (21-64) ⊠ Geriatric ( 65+)	□ Encounter □ Day	⊠ 15 Minu □ 1 Hour	ites Minimum: 8 mi Maximum: 4 h		
ALLOWED MODE(S) OF			PROGRAM SERV	/ICE CATEGO		_	
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>☑ Telephone</li> </ul>	⊠ Individual ⊠ Group (HC □ Family (HR □ Family (HS	.)	□ HE (SP) □ TG (Other SP) □ HK (Residenti		□ TM (ACT) □ HM (Respite)	⊠ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)	
STAFF REQUIREMENTS					_		
⊠ Peer Specialist ⊠ Bachelor's Level (HN) ⊠ Intern	⊠ LCSW ⊠ LPC ⊠ LMFT		1aster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	区 LPN/LVN (TE) 区 RN (TD) 区 APN (SA) 区 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)	) 区 Shelter (04) 区 FQHC (50) 区 RHC (72)	⊠ School (03) ⊠ Other POS				

		TREATMENT -	VOCATIONAL SER	VICES				
<b>CPT®/HCPCS PROCEDU</b>	RE CODE		PROCEDURE CO	DE DESCRIPTI	ON	USAGE		
	H2025			Ongoing support to maintain employment, per 15 minutes				
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATION	N REQUIREMENTS			
Ongoing or episodic support to maintain employment are utilized prior to or following successful employment placement, including pre-vocational skills training in non- competitive employment placements, development of natural on-the-job supports for a 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.			<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit/call. What was the intended goal?</li> <li>2. Description of the service provide</li> <li>3. Intervention utilized and patient response</li> <li>4. How did the service impact the individual's progress towards goals/objectives?</li> <li>5. Plan for next contact including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ul>					
NOTES			EXAMPLE ACTIV					
This service is a more g structure and approach H2024) and may involve employment with job sl Ongoing support to ma units) is reported/billed reported/billed as H202	to supported emp e short-term non-c kills assessment an intain employmen d as H2025; over 4	loyment (H2023 – ompetitive d job skills training. : up to 4 hours (16	<ul> <li>environmen changes an</li> <li>Teaching pat job perform non-compe</li> <li>Visiting pat pertinent to</li> <li>Working wi establish ef make reaso</li> <li>Contacting</li> </ul>	nt/personal er d avoid crises atient pre-voc cient identify a nance/relatior titive employ ient at job site o job retention th patient and fective superv nable accomm	ational skills and implement strat as at work including ment position e to identify and add n d his/her job superv vision and feedback modations to enhan	tify needed support tegies that improve placement in a dress issues		
APPLICABLE POPULATI	ON(S)		UNIT	•	DURATION			
	Young Adult 3-20)	⊠ Adult (21-64) ⊠ Geriatric ( 65+)	□ Encounter □ Day	⊠ 15 Minute	es Minimum: 8 m Maximum: 4 h	-		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEGOR	RY(IES)			
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>☑ Telephone</li> </ul>	⊠ Individual ⊠ Group (HC □ Family (HF □ Family (HS	2)	□ HE (SP) □ TG (Other SP) □ HK (Residenti		TM (ACT)	⊠ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)		
STAFF REQUIREMENTS								
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	⊠ LCSW ⊠ LPC ⊠ LMFT		laster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	⊠ LPN/LVN (TE) ⊠ RN (TD) ⊠ APN (SA) ⊠ QMAP	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)		
PLACE OF SERVICE (POS								
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ ACF (13)</li> </ul>	⊠ Grp Home (14 ⊠ Home (12) ⊠PRTF (56)	) 区 Shelter (04) 区 FQHC (50) 区 RHC (72)	⊠ School (03 ⊠ Other POS	•				

		TREATMENT -	VOCATIONAL SER	VICES			
CPT <sup>®</sup> /HCPCS PROCEDU	RE CODE		PROCEDURE COL	DE DESCRIP	TION		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. When appropriate, services may be provided without the patient being present. 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.		<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit/call. What was the intended goal?</li> <li>Description of the service provide, intervention utilized, and the patient's response</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> <li>Plan for next contact including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ol> </li> </ul>					
NOTES			EXAMPLE ACTIV	ITIES			
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training. Ongoing support to maintain employment up to 4 hours (16 units) is reported/billed as H2025; over 4 hours is reported/billed as H2026 (per diem).		<ul> <li>Talking with patient about changes in health, work environment/personal environment to identify needed support changes and avoid crises</li> <li>Teaching patient pre-vocational skills</li> <li>Helping patient identify and implement strategies that improve job performance/relations at work including placement in a non-competitive employment position</li> <li>Visiting patient at job site to identify and address issues pertinent to job retention</li> <li>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</li> <li>Contacting patient's family/significant other to monitor support network and/or resolve issues</li> </ul>			tegies that improve placement in a dress issues isor/employer to strategies, ways to ice job performance		
APPLICABLE POPULATI	ON(S)		UNIT	,		DURATION	
□ Child (0-11)	oung Adult ⊠ A 20) ⊠ G	dult (21-64) eriatric ( 65+)	□ Encounter ⊠ Day	□ 15 Min □ 1 Hour		Minimum: 4 H Maximum: N	
ALLOWED MODE(S) OF			PROGRAM SERV	ICE CATEG	-	-	
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>☑ Telephone</li> </ul>	<ul> <li>Individual</li> <li>Group (HQ)</li> <li>Family (HR)</li> <li>Family (HS)</li> </ul>		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia	al)		(ICM) I (ACT) I (Respite)	☑ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENTS						-	
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	区 LCSW (AJ) 오 LPC 오 LMFT		1aster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	x x	E LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (PO							
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ ACF (13)</li> </ul>	⊠ Grp Home (14) ⊠ Home (12) ⊠ PRTF (56)	⊠ Shelter (0 ⊠ FQHC (50 ⊠ RHC (72)		ol (03) r POS (99)			

		TREATMENT -	VOCATIONAL SER	VICES			
CPT <sup>®</sup> /HCPCS PROCED	URE CODE		PROCEDURE CO		TION		USAGE
	H2026		Ongoing support to maintain employment, per diem				
SERVICE DESCRIPTION	J		MINIMUM DOCU	UMENTATI	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. When appropriate, services may be provided without the patient being present. 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.		<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit/call. What was the intended goal?</li> <li>2. Description of the service provide, intervention utilized, and the patient's response</li> <li>3. How did the service impact the individual's progress towards goals/objectives?</li> <li>4. Plan for next contact including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ul>					
NOTES			EXAMPLE ACTIV				
structure and approac H2024) and may involv employment with job training. Ongoing supp	general approach than th to supported employ ve short-term non-com skills assessment and jo port to maintain employ orted/billed as H2025; o D26 (per diem).	ment (H2023 – petitive ob skills yment up to 4	<ul> <li>environmer changes and</li> <li>Teaching pati job perform non-competing</li> <li>Visiting pati pertinent to</li> <li>Working with establish effi make reaso</li> </ul>	it/personal d avoid crisu itient pre-vu ient identifi aance/relati titive emplo ent at job s o job retent th patient a fective supe nable accor patient's fa	envirces ocation y and i ons at oymen ite to i ion nd his ervision mmoda mily/si	nal skills mplement stra work including t position dentify and ad /her job superv n and feedback ations to enhan gnificant other	ify needed support tegies that improve placement in a
APPLICABLE POPULAT	rion(s)		UNIT	.,		DURATION	
□ Child (0-11) 区 区 Adol (12-17) (18	Young Adult 🛛 🗵 A 3-20) 🖾 G	dult (21-64) ieriatric ( 65+)	□ Encounter 区 Day	□ 15 Min □ 1 Hour		Minimum: 4 h Maximum: N	
ALLOWED MODE(S) O			PROGRAM SERV	ICE CATEGO	-	-	
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>☑ Telephone</li> </ul>	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia	al)		(ICM) I (ACT) I (Respite)	⊠ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENT	S						
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT		1aster's Level (HO) dD/ PhD/PsyD (HP) /PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	× ×	] lpn/lvn (te) ] rn (td) ] apn (sa) ] qmap	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)
PLACE OF SERVICE (PC	OS)						
⊠ CMHC (53) ⊠ Office (11) ⊠ ACF (13)	⊠ Grp Home (14) ⊠ Home (12) ⊠ PRTF (56)	⊠ Shelter (0 ⊠ FQHC (50 ⊠ RHC (72)	•	ol (03) r POS (99)			

TREATMENT - OTHER PROFESS	SIONAL SERVICES - PSYCHOEDUCATION	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2027	Psychoeducational service, per 15 minutes	🗵 Medicaid
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit/call. What was the intende agenda? How does the service relate to the treatm plan?</li> <li>2. Description of the service; education provided</li> <li>3. How did the patient/family education impact the in progress towards goals/objectives?</li> <li>4. Plan for next contact(s) including any follow-up or plane.</li> </ul>	nent/service ndividual's
	needed with 3 <sup>rd</sup> parties	
NOTES	EXAMPLE ACTIVITIES	
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.	<ul> <li>Information, education and training to assist patier and significant others in managing psychiatric cond symptoms, crisis "triggers," decompensation, medi actions and interactions)</li> <li>Increasing knowledge of MI and patient-specific dia latest research on causes and treatments, brain che functioning)</li> <li>Understanding importance of patients' individualiz treatment/service plans</li> <li>Information, education and training to assist patier and significant others in accessing community reso first responders with crisis intervention training [CI advocacy groups)</li> <li>Information, education and training to assist patier and significant others with medication management management, behavior management, stress manag- and/or crisis management</li> </ul>	ditions (e.g., ication agnoses (e.g., emistry and red nts, families purces (e.g., IT], patient nts, families ent, symptom
APPLICABLE POPULATION(S)	UNIT DURATION	
Child (0-11)      Young Adult      Adult (21-64)	Encounter IS Minutes Minimum: 8 Minute	S
🗵 Adol (12-17) (18-20) 🖾 Geriatric ( 65+)	□ Day □ 1 Hour Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	🗵 HK (Residential) 🗵 HM (Respite) 🗵 TT (	(Voc) (Clubhouse) (Recovery) (Prev/El)
STAFF REQUIREMENTS		
☑ Bachelor's Level (HN)     ☑ LPC     ☑ Unlicensed       ☑ Intern     ☑ LMFT     ☑ Licensed Ed	EdD/ PhD/PsyD (HP)	N (SA) . (PA) D/DO (AF)
PLACE OF SERVICE (POS)		
☑ CMHC (53)       ☑ Cust Care (33)       ☑ ICF-MR (5         ☑ Office (11)       ☑ Grp Home (14)       ☑ NF (32)         ☑ Mobile Unit (15)       ☑ Home (12)       ☑ PRTF (56)         ☑ ACF (13)       ☑ Hospice (34)       ☑ Shelter (0	区 FQHC (50) )	

TREATMENT - OTHER PROFESS	SIONAL SERVICES - PSYCHOEDUCATION
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
H2027	Psychoeducational service, per 15 minutes IS OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>2. Description of the service; education provided</li> <li>3. How did the patient/family education impact the individual's progress towards goals/objectives?</li> <li>4. Plan for next contact(s) including any follow-up or coordination</li> </ul>
	needed with 3 <sup>rd</sup> parties
NOTES	EXAMPLE ACTIVITIES
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.	<ul> <li>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)</li> <li>Increasing knowledge of MI and patient-specific diagnoses (e.g., latest research on causes and treatments, brain chemistry and functioning)</li> <li>Understanding importance of patients' individualized treatment/service plans</li> <li>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)</li> <li>Information, education and training to assist patients, families and significant others with medication management, symptom management, behavior management, stress management, and/or crisis management</li> </ul>
APPLICABLE POPULATION(S)	UNIT DURATION
Child (0-11) Voung Adult Adult (21-64)	Encounter      I 15 Minutes     Minimum: 8 Minutes
🗵 Adol (12-17) (18-20) 🖾 Geriatric ( 65+)	Day     D1 Hour     Maximum: N/A
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       ☑ U4 (ICM)       ☑ HJ (Voc)         □ TG (Other SP)       ☑ TM (ACT)       ☑ HQ (Clubhouse)         ☑ HK (Residential)       ☑ HM (Respite)       ☑ TT (Recovery)         ☑ HT (Prev/EI)
STAFF REQUIREMENTS	
Image: Second of second (HN)     Image: Second of second (HN)       Image: Second of second (HN)     Image: Second (HN)       Image: Second of second (HN)     Image: Second (HN)       Image: Second	Master's Level (HO)LACX LPN/LVN (TE)RxN (SA)EdD/ PhD/PsyD (HP)CAC IIX RN (TD)PA (PA)D/PhD/PsyD (AH)CAC IIIAPN (SA)MD/DO (AF)
PLACE OF SERVICE (POS)	
☑ CMHC (53)       ☑ Cust Care (33)       ☑ ICF-MR (53)         ☑ Office (11)       ☑ Grp Home (14)       ☑ NF (32)         ☑ Mobile Unit (15)       ☑ Home (12)       ☑ PRTF (56)         ☑ ACF (13)       ☑ Hospice (34)       ☑ Shelter (60)	☑ FQHC (50) )

TREATMENT- REH/	ABILITATION - CLUBHOUSE		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
H2030	Mental health clubhouse services, per 15 minutes 🗵 Medicaid		
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).	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol> </li> </ul>		
Clinical consultation by a master's level person should be available during hours of operation.			
NOTES	EXAMPLE ACTIVITIES		
<ul> <li>Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation.</li> <li>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.</li> <li>Skill building and psycho-education groups are curriculum-based.</li> <li>The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered.</li> <li>Should have recent assessment and current treatment/service plan or access through an EHR.</li> <li>The Clubhouse may develop a program- specific plan</li> </ul>	<ul> <li>Vocational and educational services; resume an</li> <li>Leisure activities to promote social skills building</li> <li>Peer support &amp; Recovery groups: increasing eng empowerment, hope</li> <li>Self-help and skills training: collaborative meal p interpersonal skills, etc.</li> <li>Outreach &amp; Engagement: identify and resolve ba care, relationship building exercises.</li> </ul>	g agement, prep,	
APPLICABLE POPULATION(S)	UNIT DURATION		
□ Child (0-11)	□ Encounter	-	
ALLOWED MODE(S) OF DELIVERY         Image: State of the state of	*for adol/young adult only ☐ TM (ACT) ☐ □ TG (Other SP) ☐ HM (Respite) ☐	☐ HJ (Voc) ☑ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)	
STAFF REQUIREMENTS			
Image: Specialist     Image: Specialist       Image: Specialist	EdD/ PhD/PsyD (HP)	] RxN (SA) ] PA (PA) ] MD/DO (AF)	
	~		
区 CMHC (53) 区 Other POS (99)			

TREATMENT- REH	ABILITATION - CLUBHOUSE		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE	
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 Provider Network (IPN).	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>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.</li> <li>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.</li> <li>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.</li> </ol> </li> </ul>		
Clinical consultation by a master's level person should be available during hours of operation.			
NOTES	EXAMPLE ACTIVITIES		
<ul> <li>Written schedule of activities and expected outcomes allow the individual to make informed choices about their participation.</li> <li>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.</li> <li>Skill building and psycho-education groups are curriculum-based.</li> <li>The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered.</li> <li>Should have recent assessment and current treatment/service plan or access through an EHR.</li> <li>The Clubhouse may develop a program- specific plan</li> </ul>	<ul> <li>Vocational and educational services; resume and</li> <li>Leisure activities to promote social skills building</li> <li>Peer support &amp; Recovery groups: increasing eng empowerment, hope</li> <li>Self-help and skills training: collaborative meal p interpersonal skills, etc.</li> <li>Outreach &amp; Engagement: identify and resolve ba care, relationship building exercises.</li> </ul>	g agement, irep,	
APPLICABLE POPULATION(S)	UNIT DURATION		
□ Child (0-11) ⊠ Young ⊠ Adult (21-64) ⊠ Adol (12-17) Adult (18-20) ⊠ Geriatric (65+)	□ Encounter		
ALLOWED MODE(S) OF DELIVERY         ☑ Face-to-Face       ☑ Individual         ☑ Video Conf (GT)       ☑ Group (HQ)         ☑ Telephone       ☑ Family (HR)         ☑ Family (HS)	*for adol/young adult only       □ TM (ACT)       □         □ TG (Other SP)       □ HM (Respite)       □	☐ HJ (Voc) ☑ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)	
STAFF REQUIREMENTS	·		
Image: Specialist     Image: Specialist       Image: Specialist	EdD/ PhD/PsyD (HP) $\Box$ CAC II $\blacksquare$ APN (SA)	] RxN (SA) ] PA (PA) ] MD/DO (AF)	
PLACE OF SERVICE (POS) I CMHC (53) I Other POS (99)			

TREATMENT- REH/	ABILITATION- CLUBHOUSE			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H2031	Mental health clubhouse services, per diem			
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).	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>			
Clinical consultation by a master's level person should be available during hours of operation.				
NOTES  • Written schedule of activities and expected outcomes allow the	EXAMPLE ACTIVITIES			
<ul> <li>individual to make informed choices about their participation.</li> <li>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.</li> <li>Skill building and psycho-education groups are curriculum-based.</li> <li>The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered.</li> <li>Should have recent assessment and current treatment/service plan or access through an EHR</li> <li>The Clubhouse may develop a program- specific plan</li> </ul>	<ul> <li>Vocational and educational services; resume and Leisure activities to promote social skills building</li> <li>Peer support &amp; Recovery groups: increasing eng empowerment, hope</li> <li>Self-help and skills training: collaborative meal p skills, etc.</li> <li>Outreach &amp; Engagement: identify and resolve ba care, relationship building exercises.</li> </ul>	g agement, prep, interpersonal		
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 hi ☑ Day □ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Individual</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	*for adol/young adult only □ TM (ACT) □ TG (Other SP) □ HM	□ HJ (Voc) ☑ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMENTS				
Intern	EdD/ PhD/PsyD (HP)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)		
PLACE OF SERVICE (POS)				
⊠ CMHC (53) ⊠ Other POS (99)				

TREATMENT- REH	ABILITATION- CLUBHOUSE			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
H2031	Mental health clubhouse services, per diem	🗵 ОВН		
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).	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>			
Clinical consultation by a master's level person should be available during hours of operation.				
NOTES <ul> <li>Written schedule of activities and expected outcomes allow the</li> </ul>	EXAMPLE ACTIVITIES			
<ul> <li>individual to make informed choices about their participation.</li> <li>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.</li> <li>Skill building and psycho-education groups are curriculum-based.</li> <li>The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered.</li> <li>Should have recent assessment and current treatment/service plan or access through an EHR</li> <li>The Clubhouse may develop a program- specific plan</li> </ul>	<ul> <li>Vocational and educational services; resume and</li> <li>Leisure activities to promote social skills building</li> <li>Peer support &amp; Recovery groups: increasing enginempowerment, hope</li> <li>Self-help and skills training: collaborative meal p skills, etc.</li> <li>Outreach &amp; Engagement: identify and resolve bac care, relationship building exercises.</li> </ul>	g agement, rep, interpersonal		
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 hr ☑ Day □ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY         Image: State of the state of	*for adol/young adult only □ TM (ACT) □ TG (Other SP) □ HM	□ HJ (Voc) ⊠ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)		
STAFF REQUIREMENTS				
Intern	EdD/ PhD/PsyD (HP)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)		
PLACE OF SERVICE (POS) I CMHC (53) I Other POS (99)				

TRE	ATMENT - R	EHABILITATION - O	THER		
CPT <sup>®</sup> /HCPCS PROCEDURE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
H2032		Activity therapy, per 15 minutes			
SERVICE DESCRIPTION		MINIMUM DOCU	MENTATION RE	QUIREMENTS	
SERVICE DESCRIPTION Activity therapy includes the use of music, dance, of art or any type of play, <u>not for recreation</u> , but rela care and treatment of the patient's disabling beha health problems. These are therapeutic activities in structured setting designed to improve social funct promote community integration and reduce sympt areas important to maintaining/re-establishing res the community. Activities may be delivered on an individual/group basis and are designed to promote development and meet specific goals and measura objectives in the treatment/service plan. NOTES "Structured setting" does not preclude community	ted to the vioral n a tioning, toms in sidency in te skill able	<ul> <li>Technical Docum</li> <li>See Page 346</li> <li>Service Content</li> <li>1. Reason for the does the servi</li> <li>2. Description of</li> <li>3. How did the sigoals/objectiv</li> <li>4. Plan for next of needed with 3</li> <li>EXAMPLE ACTIVIT</li> <li>Playing basket behavior and place</li> </ul>	entation Require e visit. What was ce relate to the t activity ervice impact the es? contact(s) includi grd parties TIES ball with group co passing/taking tu	the intended preatments the intended preatment/serve e individual's p ng any follow- of adolescents rns.	
		reinforce the o exercise. • Puppet play w dynamics	connection betwo	een healthy m ntify feelings a	ind and body with
APPLICABLE POPULATION(S)		UNIT		DURATION	
☑ Child (0-11)☑ Young Adult☑ Adult☑ Adol (12-17)(18-20)☑Geriat			⊠ 15 Minutes □ 1 Hour	Minimum: 8 Maximum: N	-
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVI			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>☑ HK (Residentia)</li> </ul>	×T	4 (ICM) M (ACT) M (Respite)	⊠ HJ (Voc) ⊠ HQ (Clubhouse) ⊠ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS					
S Bachelor's Level (HN)	Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ □CAC II ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)					
	me (12) -MR (54) (32)	区 Shelter (0 区 SNF (31) 区 FQHC (50)	🗵 Scho		

		TREATMENT - R	EHABILITATION - C	DTHER		
<b>CPT®/HCPCS PROCED</b>	URE CODE		PROCEDURE COL	DE DESCRIPTION		USAGE
H2032		Activity therapy, per 15 minutes 🗵 OBH				
SERVICE DESCRIPTION	N		MINIMUM DOCU	JMENTATION RE	QUIREMENTS	
SERVICE DESCRIPTION Activity therapy includes the use of music, dance, creative art or any type of play, <u>not for recreation</u> , 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.		<ul> <li>MINIMUM DOCUMENTATION REQUIREMENTS</li> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. Reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>2. Description of activity</li> <li>3. How did the service impact the individual's progress towards goals/objectives?</li> <li>4. Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> <li>EXAMPLE ACTIVITIES</li> </ul>				
"Structured setting" d	oes not preclude co	mmunity POS.	<ul> <li>behavior and</li> <li>Hiking in com reinforce the exercise.</li> <li>Puppet play w dynamics</li> </ul>	passing/taking tu munity to help a connection betw vith a child to ide	irns. patient with de een healthy mi ntify feelings a	to facilitate prosocial epressive symptoms ind and body with nd interpersonal concentration, etc.
APPLICABLE POPULAT			UNIT		DURATION	
区 Child (0-11) ☑ Adol (12-17) (1	Young Adult .8-20)	⊠ Adult (21-64) ⊠Geriatric (65+)	□ Encounter □ Day	☑ 15 Minutes □ 1 Hour	Minimum: 8 Maximum: N	-
ALLOWED MODE(S) C			PROGRAM SERV			_
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) □ TG (Other SP) ⊠ HK (Residentia	×т	4 (ICM) M (ACT) M (Respite)	⊠ HJ (Voc) ⊠ HQ (Clubhouse) ⊠ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENT	S					
Peer Specialist  Sachelor's Level (HN)  Intern	⊠ LCSW ⊠ LPC ⊠ LMFT	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ □CAC II ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (PC						
🗵 Office (11)	⊠ ACF (13) ⊠ Cust Care (33) ⊠ Grp Home (14)	⊠ ICF-MR (54) ⊠ NF (32) ⊠ Home (12)	⊠ Shelter (0 ⊠ SNF (31) ⊠ FQHC (50	🗵 Scho	(72) ool (03) er POS (99)	

TREATMENT- OTHER PROFESSIONAL SERVE	CES -MULTI-SYSTEMIC THERAPY (MST)				
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H2033	Multi-systemic therapy for juveniles, per 15 minutes Medicaid				
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.	See Page 346				
NOTES	EXAMPLE ACTIVITIES				
Usual duration of MST treatment is approximately 4 months. MST is provided using a home-based model of service delivery. Providers of MST must meet the specific training and supervision requirements.	<ul> <li>Strategic family therapy</li> <li>Structural family therapy</li> <li>Behavioral parent training</li> <li>Cognitive behavior therapies</li> </ul>				
APPLICABLE POPULATION(S)	UNIT DURATION				
□ Child (0-11) □ Young Adult □ Adult (21-64) ☑ Adol (12-17) (18-20) □ Geriatric (65+)	□ Encounter				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Telephone</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       ☑ U4 (ICM)       ☐ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)				
STAFF REQUIREMENTS					
□ Peer Specialist	Image: Market ActionImage: Market ActionImage: Market ActionImage: Market ActionPhD/PsyD $\Box$ CAC I $\Box$ RN (TD) $\Box$ RXN (SA) $\Box$ CAC II $\Box$ APN (SA) $\Box$ PA (PA) $\Box$ CAC II $\Box$ APN (SA) $\Box$ 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 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.	See Page 346			
NOTES	EXAMPLE ACTIVITIES			
Usual duration of MST treatment is approximately 4 months. MST is provided using a home-based model of service delivery. Providers of MST must meet the specific training and supervision requirements.	<ul> <li>Strategic family therapy</li> <li>Structural family therapy</li> <li>Behavioral parent training</li> <li>Cognitive behavior therapies</li> </ul>			
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)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	☑ HE (SP)       ☑ U4 (ICM)       ☐ HJ (Voc)         □ TG (Other SP)       □ TM (ACT)       □ HQ (Clubhouse)         □ HK (Residential)       □ HM (Respite)       □ TT (Recovery)         □ HT (Prev/EI)       □ HT (Prev/EI)			
STAFF REQUIREMENTS				
□ Peer Specialist	$ \begin{array}{c c} \square LAC & \square LPN/LVN (TE) \\ \square CAC I & \square RN (TD) & \square RxN (SA) \\ \square CAC II & \square APN (SA) & \square PA (PA) \\ \square CAC II & \square APN (SA) & \square MD/DO (AF) \\ \end{array} $			
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 – ALCO	HOL AND DRUG ABUSE	
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2034	Halfway house	⊠ ОВН
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	1
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.	<ol> <li>Date of service</li> <li>Start and stop time (duration)</li> <li>Client demographic information</li> <li>Shift notes</li> <li>Consent for emergency medical treatment</li> <li>Client program orientation form</li> <li>Sign with 1<sup>st</sup> initial, last name &amp; credentials</li> </ol>	
NOTES	EXAMPLE ACTIVITIES	
psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2034.		
APPLICABLE POPULATION(S)	UNIT DURATION	
Child (0-11)  Young Adult  Adult (21-64)	Encounter      15 Minutes Minimum: 4hr	s 8min
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Day	4
ALLOWED MODE(S) OF DELIVERY         Image: State of the state of	□ TG (Other SP) □ TM (ACT) □ H □ HK (Residential) □ HM (Respite) □ T	HJ (Voc) HQ (Clubhouse) IT (Recovery) HT (Prev/EI)
STAFF REQUIREMENTS		
Image: Specialist     Image: Specialist       Image: Specialist	Master's Level (HO)	
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	⊡ ОВН		
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.	de 1. Date of service 2. Clinical notes • Type of session			
NOTES This code is reserved for use with the Special Connections Program.	EXAMPLE ACTIVITIES			
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)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ TG (Other SP) □ TM (ACT)	<ul> <li>□ HJ (Voc)</li> <li>□ HQ (Clubhouse)</li> <li>□ TT (Recovery)</li> <li>□ HT (Prev/El)</li> </ul>		
STAFF REQUIREMENTS				
Bachelor's Level (HN)	Master's Level (HO) ⊠ LAC □ LPN/LVN EdD/ PhD/PsyD (HP) ⊠ CAC I □ RN (TD) Ø/PhD/PsyD (AH) ⊠ CAC II □ APRN (SA Ø/PhD/PsyD (AH) ⊠ CACIII □ QMAP	$\square$ RXN (SA)		
PLACE OF SERVICE (POS) ☑ Office (11) ☑ RSATF (55)				

	RESIDENTI	AL - ALCOHOL /	AND DRUG ABUSE -	SOCIAL D	ETOX		
CPT <sup>®</sup> /HCPCS PROCEDURE C	ODE		PROCEDURE CODE	E DESCRIP	PTION		USAGE
5	53005		Performance measurement, evaluation of patient self-assessment, depression			🗵 Medicaid	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATI	ON REQUIREM	IENTS	
Safety screening, including S Behavioral Health Issues	iuicidal Ideation and	l other	Technical Documentation Requirements         See Page 346         Service Content:         1. Result(s) of patient self-assessment(s) or screening includin suicidal ideation or homicidal ideation and other behaviors health issues         2. Plan for interventions and monitoring based on patient self-assessment results			er behavioral	
NOTES			EXAMPLE ACTIVIT	IES			
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.			assess for		
APPLICABLE POPULATION(S	5)		UNIT			DURATIO	DN .
□ Child (0-11) ⊠ Your ⊠ Adol (12-17) (18-20)		ult (21-64) riatric (65+)	Encounter Day	□ 15 M □ 1 Ho		Minimun Maximur	•
ALLOWED MODE(S) OF DEL	IVERY		Program Service C	ategory			
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conference (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>	)	□ U4 (ICM) □ TM (ACT) □ HM (Respi	te) 🗆	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS							
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	보 LCSW (AJ) 보 LPC 보 LMFT	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	IXLAC IXCACI IXCACII IXCACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APN (SA □ QMAP	x x X	2 RxN (SA) 2 PA (PA) 3 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	ΕΤΟΧ		
<b>CPT®/HCPCS PROCEDURE C</b>	ODE		PROCEDURE COD	E DESCRIP	TION		USAGE
S	3005		Performance measurement, evaluation of patient self-assessment, depression			🗵 ОВН	
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATI	ON REQUIREM	IENTS	
Safety screening, including S Behavioral Health Issues	uicidal Ideation and	other	Technical Documentation Requirements         See Page 346         Service Content:         1.       Result(s) of patient self-assessment(s) or screening inclussicidal ideation or homicidal ideation and other behavinealth issues         2.       Plan for interventions and monitoring based on patient services         assessment results       Service Content:			her behavioral	
NOTES			EXAMPLE ACTIVIT	IES			
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	ON
-	ng Adult 🗵 Adu	ult (21-64) riatric (65+)	⊠Encounter □ Day	□ 15 M □ 1 Ho		Minimun Maximur	•
ALLOWED MODE(S) OF DELI	VERY		Program Service C	Category			
I Face-to-Face □ Video Conference (GT) □ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>	)	□ U4 (ICM) □ TM (ACT) □ HM (Respi	te) 🗆	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) D/PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APN (SA □ QMAP	× × ×	E RxN (SA) E PA (PA) E MD/DO (AF)
PLACE OF SERVICE (POS)							
<ul> <li>☑ CMHC (53)</li> <li>☑ Outp Hospital (22)</li> <li>☑ Independent clinic (49)</li> </ul>							

RESPITE CARE - FACILITY/COMMUNITY				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
S5150	Unskilled respite care, not hospice; per 15 minutes 🗵 Medicaid			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Services rendered in the patient's home, community or other place of service as a temporary relief from stressful situation/environment or to provide additional support in home environment in order to maintain the patient in an 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 i	<ul> <li>Service Content</li> <li>Purpose of contact</li> <li>Respite services/activities rendered</li> <li>Special instructions and that those instructions were followed</li> <li>Patient's response</li> <li>Progress toward treatment/service plan goals and objectives</li> </ul>			
maintained. NOTES	EXAMPLE ACTIVITIES			
S5150 does not include skilled practical/professional nursing services; clients who need that level of monitoring should receive respite care under H0045/T1005. Unskilled respite care up to 4 hours (16 units maximum) is reported as S5150 respite care over 4 hours is reported as S5151 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc. are documented, and reported/billed separately from S5150. *When Home POS is used this refers to <i>either</i> the Respite Worker's home or the client's home, for this procedure code.	<ul> <li>Support to assure the safety of client (e.g. developing safety pla identifying triggers and resources, WRAP plan development, etc.</li> <li>Referral to and establishing a stronger connection to communit resources</li> <li>Relationship building with natural environmental support syste</li> <li>Assistance with/monitoring/prompting of activities of daily livir</li> </ul>			
APPLICABLE POPULATION(S)	UNIT DURATION			
Image: Child (0-11)         Image: Young Adult         Image: Adult (21-64)           Image: Adol (12-17)         (18-20)         Image: Geriatric (65+)	□ Encounter       ⊠ 15 Minutes       Minimum: 8 Minutes         □ Day       □ 1 Hour       Maximum: 4 Hrs (16 Units)         □ PROCEAM SERVICE CATECORY/(ES)			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)           □ HE (SP)         □ U4 (ICM)         □ HJ (Voc)			
☑ Face-to-Face     ☑ Group (HQ)       □ Video Conf (GT)     □ Family (HR)       □ Telephone     □ Family (HS)	□ TG (Other SP) □ TM (ACT) □ HQ (Clubhous □ HK (Residential) ⊠ HM (Respite) □ TT (Recovery) □ HT (Prev/EI)			
STAFF REQUIREMENTS				
Intern	ed Master's Level (HO) □CAC I ☑ LPN/LVN (TE) ☑ RxN (SA) ed EdD/ PhD/PsyD (HP) □CAC I ☑ RN (TD) ☑ PA (PA) EdD/PhD/PsyD (AH) □CAC II ☑ APN (SA) ☑ MD/DO (AF)			
PLACE OF SERVICE (POS)				
⊠ CMHC (53)       ⊠ Home (12)*       ⊠ RHC (72)         ⊠ ACF (13)       ⊠ PRTF (56)       ⊠ Other PC         ⊠ Grp Home (14)       ⊠ FQHC (50)				

RESPITE CARE - FACILITY/COMMUNITY				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
S5150	Unskilled respite care, not hospice; per 15 minutes	🗵 OBH		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENT	S		
Services rendered in the patient's home, community or other place of service as a temporary relief from stressful situation/environment or to provide additional support in home environment in order to maintain the patient in an 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 maintained.	iul       See Page 346         in       Service Content         in       1. Purpose of contact         int,       2. Respite services/activities rendered         3. Special instructions and that those instructions were follow         itient       4. Patient's response         care       5. Progress toward treatment/service plan goals and objective			
NOTES	EXAMPLE ACTIVITIES			
S5150 does not include skilled practical/professional nursing services; clients who need that level of monitoring should receive respite care under H0045/T1005. Unskilled respite care up to 4 hours (16 units maximum) is reported as S5150; respite care over 4 hours is reported as S5151 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from S5150. *When Home POS is used this refers to <i>either</i> the Respite Worker's home or the client's home, for this procedure code.	<ul> <li>Support to assure the safety of client (e.g. developed to a stronger connection identifying triggers and resources, WRAP plan developed to and establishing a stronger connection resources</li> <li>Relationship building with natural environmenta</li> <li>Assistance with/monitoring/prompting of activiti (ADLs), routine personal hygiene skills, self-care regular meals/healthy diet options, housekeepir</li> <li>Assistance with implementing medication remining practically addressing medical needs</li> <li>Assistance/supervision needed by patient to par recreational/community activities</li> </ul>	evelopment, etc.). In to community I support system ies of daily living by obtaining g habits, etc. ical condition ders and		
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 Mini □ Day  □ 1 Hour  Maximum: 4 Hrs			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ TG (Other SP) □ TM (ACT) □ □ HK (Residential) ⊠ HM (Respite) □	] HJ (Voc) ] HQ (Clubhouse) ] TT (Recovery) ] HT (Prev/El)		
STAFF REQUIREMENTS				
Intern	EdD/ PhD/PsyD (HP)	∃ RxN (SA) ∃ PA (PA) ∃ MD/DO (AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53)       ☑ Home (12)*       ☑ RHC (72)         ☑ ACF (13)       ☑ PRTF (56)       ☑ Other POS         ☑ Grp Home (14)       ☑ FQHC (50)	(99)			

RESPITE CARE -	- FACILITY/COMMUNITY			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
S5151	Unskilled respite care, not hospice; per diem			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
Services rendered in the patient's home, community or other				
place of service as a temporary relief from stressful				
situation/environment or to provide additional support in	Service Content			
home environment in order to maintain the patient in an				
outpatient setting. Services include observation, support,	2. Respite services/activities rendered			
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				
maintained.				
NOTES	EXAMPLE ACTIVITIES			
S5151 does not include skilled practical or professional				
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	resources			
S5150; respite care over 4 hours is reported as S5151 (per				
diem). Discrete services (e.g., family, group and individual	<ul> <li>Assistance with/monitoring/prompting of activities of daily living</li> </ul>			
psychotherapy, psychiatric services, case management, etc.)				
are documented, and reported/billed separately from S5151.	regular meals/healthy diet options, housekeeping habits, ,etc.			
*When DOC Llome (12) is used this refers to either the	<ul> <li>Assistance implementing health status and physical condition instructions</li> </ul>			
*When POS Home (12) is used this refers to <i>either</i> the Respite Worker's home or the client's home, for this	<ul> <li>Assistance with implementing medication reminders and</li> </ul>			
procedure code.	practically addressing medical needs			
	<ul> <li>Assistance/supervision needed by patient to participate in social,</li> </ul>			
	recreational/community activities			
APPLICABLE POPULATION(S)	UNIT DURATION			
🗵 Child (0-11) 🗵 Young Adult 🗵 Adult (21-64)	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)			
⊠ Individual	□ HE (SP) □ U4 (ICM) □ HJ (Voc)			
Video Conf (GT)	TG (Other SP) TM (ACT) HQ (Clubhouse)			
□ Telephone □ Family (HR)	□ HK (Residential)			
STAFF REQUIREMENTS	☐ HT (Prev/EI)			
X Peer Specialist				
K Bachelor's Level (HNI) K LCSW (AJ) K Unlicensed	Master's Level (HO)			
I Intern I Intern				
	dD/PhD/PsyD (AH) □CACIII ☑ QMAP □ MD/DO (AF)			
PLACE OF SERVICE (POS)				
☑ CMHC (53)				
☑ ACF (13)	(99)			
🗵 Grp Home (14) 🛛 🗵 FQHC (50)				

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 stressful	See Page 346			
situation/environment or to provide additional support in	Service Content			
home environment in order to maintain the patient in an	1. Purpose of contact			
outpatient setting. Services include observation, support, direct assistance with, or monitoring of the physical,	<ol> <li>Respite services/activities rendered</li> <li>Special instructions and that those instructions were followed</li> </ol>			
emotional, social and behavioral; health needs of the patient	4. Patient's response			
by someone other than the primary caregivers. Respite care	5. Progress toward treatment/service plan goals and objectives			
should be flexible to ensure that the patient's daily routine is				
maintained.				
NOTES	EXAMPLE ACTIVITIES			
S5151 does not include skilled practical or professional	<ul> <li>Support to assure the safety of client (e.g. developing safety plane)</li> </ul>			
nursing services; patients who need that level of monitoring	identifying triggers and resources, WRAP plan development, et			
should receive respite care under H0045/T1005. Unskilled	<ul> <li>Referral to and establishing a stronger connection to community</li> </ul>	ty		
respite care up to 4 hours (16 units maximum) is reported as	resources			
S5150; respite care over 4 hours is reported as S5151 (per diem). Discrete services (e.g., family, group and individual	<ul> <li>Relationship building with natural environmental support syste</li> <li>Assistance with (monitoring (prompting of activities of daily livit)</li> </ul>			
psychotherapy, psychiatric services, case management, etc.)	<ul> <li>Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, self-care by obtaining</li> </ul>			
are documented, and reported/billed separately from S5151.	regular meals/healthy diet options, housekeeping habits, ,etc.			
	<ul> <li>Assistance implementing health status and physical condition</li> </ul>			
*When POS Home (12) is used this refers to <i>either</i> the	instructions			
Respite Worker's home or the client's home, for this	<ul> <li>Assistance with implementing medication reminders and</li> </ul>			
procedure code.	practically addressing medical needs			
	Assistance/supervision needed by patient to participate in soci	al,		
	recreational/community activities			
APPLICABLE POPULATION(S)         Second Control Contro Control Control Control Control Control Control Contro	UNIT DURATION			
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)	$\square$ Day $\square$ 1 Hour Maximum: 24 Hours			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)			
Face-to-Face	$\Box$ TG (Other SP) $\Box$ TM (ACT) $\Box$ HQ (Clubhouse	e)		
□ Video Conf (GT) □ Family (HR)	□ HK (Residential)			
□ Telephone □ Family (HK)	□ HT (Prev/El)			
STAFF REQUIREMENTS				
Peer Specialist     ICSW (AJ)     Inlicensed	Master's Level (HO)			
Intern	EdD/ PhD/PsyD (HP) $\Box$ CAC I $\Box$ RN (TD) $\Box$ PA (PA)			
LICENSE LICENSE Edl	D/PhD/PsyD (AH) $\Box$ CACIII $\boxtimes$ QMAP $\Box$ MD/DO (AF)			
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ Home (12)* ☑ RHC (72)				
🗵 ACF (13) 🗵 PRTF (56) 🖾 Other POS (	99)			
🗵 Grp Home (14) 🛛 🖾 FQHC (50)				

TREATMENT - ALCOHO	L AND DRUG ABUSE - EDUCATION			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
S9445	Patient education, not otherwise classified, non-			
	physician provider, individual			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
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 senarate code solely for sample collection.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content: <ol> <li>The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service provided, including results of AOD screening, the education provided, strategies used, and the</li> </ol></li></ul>			
no separate code solely for sample collection. NOTES	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 should occur only once per drug screening.	Collection of specimen and counseling of the results.			
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)	<b>-</b> <i>k</i>		
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>☑ Telephone</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>	□ TG (Other SP) □ TM (ACT) □ □ HK (Residential) □ HM (Respite) □	∃ HJ (Voc) ∃ HQ (Clubhouse) ∃ TT (Recovery) ∃ HT (Prev/El)		
STAFF REQUIREMENTS				
Intern	EdD/ PhD/PsyD (HP)	RxN (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (POS)				
⊠ CMHC (53)         ⊠ Cust Care (33)         ⊠ NF (32)           ⊠ Office (11)         ⊠ Grp Home (14)         ⊠ PRTF (56)           ⊠Outp Hospital (22)         ⊠ Home (12)         ⊠ SNF (31)           ⊠ ACF (13)         ⊠ ICF-MR (54)         ⊠ FQHC (50)	<ul> <li>☑ RHC (72)</li> <li>☑ Independent clinic (49)</li> <li>☑ Other POS (99)</li> <li>☑ PF-PHP (52)</li> <li>☑ Telehealth (02)</li> <li>☑ School (03)</li> </ul>			

TREATMENT - ALCOHO	L AND DRUG ABUSE - EDUCATION			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
S9445	Patient education, not otherwise classified, non-	🗵 ОВН		
	physician provider, individual			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
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.	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content: <ol> <li>The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service provided, including results of AOD screening, the education provided, strategies used, and the individual's response to the education</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> </ol> </li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ul>			
NOTES	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 should accur only accessing	Collection of specimen and counseling of the results.			
should occur only once per drug screening. APPLICABLE POPULATION(S)	UNIT DURATION			
Image: Arrelicable PoroLATION(3)         Imag	Dokation       Image: Second seco			
		⊐ HJ (Voc)		
☑ Face-to-Face     □ Group (HQ)       ☑ Video Conf (GT)     □ Family (HR)       ☑ Telephone     □ Family (HS)	HK (Residential)	☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)		
STAFF REQUIREMENTS				
Intern	EdD/ PhD/PsyD (HP)	RxN (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (POS)				
Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the system       Image: Construction of the system         Image: Construction of the	<ul> <li>☑ RHC (72)</li> <li>☑ NRSATF (57)</li> <li>☑ Independent clinic (49)</li> <li>☑ Telehealth (02)</li> <li>☑ PF-PHP (52)</li> <li>☑ Other POS (99)</li> <li>☑ School (03)</li> </ul>			

PREVENTION/EARLY INTERVENTION - EDUCATION - SMOKING CESSATION						
CPT®/HCPCS PROCEDURE CODE			PROCEDURE CODE DESCRIPTION			USAGE
	S9453		Smoking cessation classes, non-physician provider, per session			🗵 Medicaid
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION	REQUIREMENTS	
			•			ented and
NOTES			EXAMPLE ACTIVIT	•		
This service is for pat dependence or a history	-					
APPLICABLE POPULATIO	N(S)		UNIT	UNIT DURATION		
□ Child (0-11) ⊠ Y ⊠ Adol (12-17) (18-	-	dult (21-64) eriatric (65+)		□ 15 Minute: □ 1 Hour	s Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGORY	(IES)	
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	□ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		⊠ HE (SP) *for adol/young a □ TG (Other SP) □ HK (Residential		□ TM (ACT) □ HM	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) ⊠ HT (Prev/El)
STAFF REQUIREMENTS						
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	보 LCSW (AJ) 보 LPC 도 LMFT	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠CAC II	APN (SA)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)
PLACE OF SERVICE (POS)						
区 CMHC (53) 区 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	) 🗵	RHC (72) School (03) NRSATF (57)	⊠ Other POS (99)

	PREVENTION/EA	RLY INTERVENT	ON - EDUCATION -	SMOKING CES	SATION	
<b>CPT®/HCPCS PROCEDUR</b>	RE CODE		PROCEDURE COD	USAGE		
	S9453			n classes, non-p	hysician provider,	🗵 ОВН
SERVICE DESCRIPTION	SERVICE DESCRIPTION			MENTATION R	EQUIREMENTS	
Structured classes rendered for the treatment of tobacco dependence.			<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content</li> <li>1. What was the intended class goal or agenda?</li> <li>2. Description of the class material reviewed/presented and individual's response to class</li> </ul>			
NOTES			EXAMPLE ACTIVI	TIES		
This service is for pat dependence or a history						
APPLICABLE POPULATIO	DN(S)		UNIT DURATION			
□ Child (0-11) ⊠ Y ⊠ Adol (12-17) (18-	0	dult (21-64) eriatric (65+)	Encounter □ 15 Minutes Minimum: N/A     Day □ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVI	CE CATEGORY	ES)	
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	□ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>*for adol/young a</li> <li>□ TG (Other SP)</li> <li>□ HK (Residentia)</li> </ul>	adult only [	⊐ TM (ACT) ⊐ HM	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) ⊠ HT (Prev/El)
STAFF REQUIREMENTS						
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	보 LCSW (AJ) 보 LPC 보 LMFT	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I I CAC II I	APN (ID)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)
PLACE OF SERVICE (POS						
区 CMHC (53) 区 Office (11) 区Outp Hospital (22)	⊠ ACF (13) ⊠ Cust Care (33) ⊠ Grp Home (14)	⊠ ICF-MR (54) ⊠ NF (32) ⊠ PRTF (56)	⊠ Shelter ⊠ SNF (31 ⊠ FQHC (5	) 🛛 🗶	RHC (72) School (03) NRSATF (57)	🗵 Other POS (99)

	PREVENTION/EA	RLY INTERVENTI	ON- EDUCATION	STRESS	MANAGEMENT		
CPT <sup>®</sup> /HCPCS PROCEDUR	RE CODE		PROCEDURE CO	PROCEDURE CODE DESCRIPTION			
	S9454		Stress managem provider, per ses		es, non-physician	🗵 Medicaid	
SERVICE DESCRIPTION					TION REQUIREMENTS		
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				· ·			
10125				11123			
APPLICABLE POPULATIO	N(S)		UNIT		DURATION		
⊠ Child (0-11) ⊠ Y ⊠ Adol (12-17) (18-	-	dult (21-64) eriatric (65+)	Encounter □ 15 Minutes Minimum: N/A     □ Day □ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATE	GORY(IES)		
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	□ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>*child/adol/you</li> <li>□ TG (Other SP)</li> <li>□ HK (Residenti</li> </ul>	-	□ U4 (ICM) □ TM (ACT) □ HM (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) ☑ HT (Prev/El)	
STAFF REQUIREMENTS							
⊠ Peer Specialist ⊠ Bachelor's Level (HN) ⊠ Intern	오 LCSW (AJ) 오 LPC 오 LMFT	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC ⊠CAC ⊠CACI	II 🗵 APN (SÁ)	□ RxN (SA) □ PA (PA) □ MD/DO (AF)	
PLACE OF SERVICE (POS							
区 CMHC (53) ☑ Office (11) ☑Outp Hospital (22)	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> </ul>	区 ICF-MR (54) 区 NF (32) 区 PRTF (56)	오 Shelte 오 SNF (3 오 FQHC	1)	⊠ RHC (72) ⊠ PF-PHP (52) ⊠ School (03)	⊠ Other POS (99)	

	PREVENTION/EA	RLY INTERVENTI	ON- EDUCATION -	STRESS N	MANAGEN	MENT	
<b>CPT®/HCPCS PROCEDU</b>	RE CODE		PROCEDURE CODE DESCRIPTION				USAGE
	S9454		Stress managem		es, non-ph	nysician	IX OBH
			provider, per ses				
SERVICE DESCRIPTION			MINIMUM DOC				
Structured classes desig	ned to educate patien	ts on the	Technical Docun	nentation	n Requirer	ments	
management of stress.			See Page 346				
			Service Content				
						ass goal or a	0
						ial reviewed/	presented and
10750			individual's	!	e to class		
NOTES			EXAMPLE ACTIV	ITIES			
APPLICABLE POPULATIO			UNIT	<u> </u>		DURATION	1.
· · ·	0	dult (21-64)	Encounter 15 Minutes Minimum: N/A			,	
	· · · · · · · · · · · · · · · · · · ·	eriatric (65+)	Day	🗆 1 Ηοι	-	Maximum: N	I/A
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATE			<b>—</b> · ·
	Individual		🗵 HE (SP)			J4 (ICM)	□ HJ (Voc)
I Face-to-Face	🗵 Group (HQ)		*child/adol/your	-		ГМ (ACT)	HQ (Clubhouse)
□ Video Conf (GT)	□ Family (HR)		□ TG (Other SP)				TT (Recovery)
Telephone	□ Family (HS)		🛛 HK (Residentia	al)	(Re	spite)	🗵 HT (Prev/El)
STAFF REQUIREMENTS			<u> </u>				
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	보 LCSW (AJ) 보 LPC 도 LMFT	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠LAC □CAC ⊠CAC ⊠CACI	I XR II XA	PN/LVN (TE) N (TD) PN (SA) MAP	□ RxN (SA) □ PA (PA) □ MD/DO (AF)
PLACE OF SERVICE (POS	5)						
🗵 CMHC (53)	🗵 ACF (13)	🗵 ICF-MR (54)	🗵 Shelte	r (04)	🗵 RHC (	72)	🗵 Other POS (99)
🗵 Office (11)	🗵 Cust Care (33)	🗵 NF (32)	🗵 SNF (3	,	🗵 PF-PH		
⊠Outp Hospital (22)	🗵 Grp Home (14)	🗵 PRTF (56)	🗵 FQHC	(50)	🗵 Schoo	ol (03)	

	TREATMEN	-INTENSIVE – INTEN	SIVE OUTPATIENT	PROGRAM (IOP	– MH)	
CPT <sup>®</sup> /HCPCS PROCED	URE CODE		PROCEDURE COD	USAGE		
	S9480		Intensive outpatient psychiatric (IOP) services, per diem			
SERVICE DESCRIPTION	I		MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
Services focus on mair abilities for a patient a hospitalization. Service coordinated individua treatment/service plai and treatment modali treatment team.	at risk of/with a hist es are based on a co lized and recovery- n, utilizing multiple	ory of psychiatric omprehensive and oriented concurrent services	1. The reason for the visit. What was the intended goal or agend			service plan? e individual's ogress towards p or coordination progress notes (if
NOTES			EXAMPLE ACTIVI			
While services are ava week, at minimum, th patient is directly relat specified in the patien	e amount of weekly ted to the goals and	/ services per l objectives	• Sessions focus on reducing/eliminating symptoms that, in the past, have led to the need for hospitalization.			
APPLICABLE POPULAT	TON(S)		UNIT		DURATION	
	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: Avai 5 days/week	lable 4 hours/day,
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)	
☑ Face-to-Face □ Video Conf (GT) □ Telephone	区 Individual 区 Group (HQ) 区 Family (HR) 区 Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residentia)</li> </ul>		I (ACT) [ I (Respite) [	l HJ (Voc) l HQ (Clubhouse) l TT (Recovery) l HT (Prev/El)
STAFF REQUIREMENT	S					
□ Peer Specialist ⊠ Bachelor's Level (HN) ⊠ Intern	区 LCSV 区 LPC 区 LMF	Inlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I 🗵	APN (SA)	본 RxN (SA) 본 PA (PA) 본 MD/DO (AF)
PLACE OF SERVICE (PC						
区 CMHC (53) 区 Office (11) 区Outp Hospital (22)	⊠ ICF-MR (54 ⊠ PRTF (56) ⊠ PF-PHP (52		S (99)			

	TREATMEN	T -INTENSIVE – INTEN	SIVE OUTPATIENT	PROGRAM (IOP	– MH)	
CPT <sup>®</sup> /HCPCS PROCEDU	JRE CODE		PROCEDURE COD	DE DESCRIPTION		USAGE
	S9480		Intensive outpatient psychiatric (IOP) services, per diem			
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATION RE	QUIREMENTS	
Services focus on main abilities for a patient a hospitalization. Service coordinated individual treatment/service plar and treatment modalit treatment team.	t risk of/with a hist es are based on a c ized and recovery- n, utilizing multiple	ory of psychiatric omprehensive and oriented concurrent services	MINIMUM DOCUMENTATION REQUIREMENTS           Technical Documentation Requirements           See Page 346           Service Content           1.         The reason for the visit. What was the intended goal or agendated 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 <sup>rd</sup> parties.           6.         Daily log of attendance and time duration           7.         Weekly note re: Patient and/or family specific progress notes (daily notes do not meet full minimum documentation requirements)			'service plan? ne individual's ogress towards p or coordination progress notes (if
NOTES			EXAMPLE ACTIVI			
While services are avai week, at minimum, the patient is directly relat specified in the patient	e amount of weekl ed to the goals and	y services per d objectives		s on reducing/elir I to the need for I		ms that, in the
APPLICABLE POPULAT	ION(S)		UNIT		DURATION	
	Young Adult 8-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter ☑ Day	□ 15 Minutes □ 1 Hour	Minimum: Ava 5 days/week	lable 4 hours/day,
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERV	ICE CATEGORY(IE	S)	
☑ Face-to-Face □ Video Conf (GT) □ Telephone	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residentia)</li> </ul>		I (ACT) [ I (Respite) [	] HJ (Voc) ] HQ (Clubhouse) ] TT (Recovery) ] HT (Prev/El)
STAFF REQUIREMENTS	S					
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	区 LCSV 区 LPC 区 LMF	Inlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I 🗵	APN (SA)	본 RxN (SA) 본 PA (PA) 본 MD/DO (AF)
PLACE OF SERVICE (PC	DS)					
⊠ CMHC (53) ⊠ Office (11) ⊠Outp Hospital (22)	⊠ ICF-MR (54 ⊠ PRTF (56) ⊠ PF-PHP (52		S (99)			

		CRISIS – BE	HAVIORAL HEAL	тн			
CPT <sup>®</sup> /HCPCS PROCEDUR	E CODE		PROCEDURE CO	DE DESCRIF	TION	USAGE	
	S9485		Crisis interventi	on mental h	ealth services, pe	r 🗵 Medicaid	
	39465		diem				
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATI	ON REQUIREMEN	ITS	
Unanticipated services re			Technical Docu	mentation <b>R</b>	lequirements		
client crisis, requiring imr	nediate attentio	n, that without	See Page 346				
intervention, could result			Service Content	t			
,	LOC., Services include: immediate crisis intervention to de-					he intended goal or	
escalate the individual or						or crisis intervention	
dangerousness of situatio						(assessment, mental	
danger to others, assess a		•			•	tation, referral) and the	
support, triage, assess for level care or additional fo		-	-	ramily s resp	oonse to the inter	vention(s)	
stabilize the immediate si			,	noods (imm	ediate short-ter	m, long-term) linked	
client has developed a W					olan (WRAP, adva		
(WRAP) and/or psychiatri			available	String crisis h	auvar, auva		
followed with the client's				lems identif	ied (mental healt	h, substance abuse,	
			medical, et			, , , , , , , , , , , , , , , , , , , ,	
			,	,	) including any fo	llow-up or coordination	
				th 3 <sup>rd</sup> parties			
NOTES			EXAMPLE ACTIV	/ITIES			
Services may be provided	d at any time, da	iy or night and by a	<ul> <li>Face-to-face</li> </ul>	/telephone	contact to provid	e immediate, short-term	
	mobile team/crisis program in a facility/clinic or other			crisis-specific assessment and intervention/counseling with client			
provider as appropriate.			and, as necessary, with client's caretakers/ family members				
direct care staff if neede			Referral to other applicable BH services, including pre-inpatient				
safety); all staff involved a			screening; activities include telephone contacts/ meeting with				
documented. H2011 or			receiving provider staff				
individual psychotherapy			Face-to-face/telephone consultation with physician/ hospital				
is unscheduled (e.g., clier and involves immediate			<ul> <li>staff, regarding need for psychiatric consultation or placement</li> <li>Face-to-face/telephone contact with another provider to help</li> </ul>				
response.	e allu/ol specia		<ul> <li>Face-to-face/telephone contact with another provider to help that provider deal with a specific client's crisis</li> </ul>				
						ff to address the crisis	
APPLICABLE POPULATIO	N(S)		UNIT		DURATIC		
	oung Adult	🗵 Adult (21-64)	Encounter	🗆 15 Min		n: 4 hrs 8 mins	
🗵 Adol (12-17) (18-2	-	⊠ Geriatric (65+)	🗵 Day	□ 1 Hour		n: N/A	
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SER	VICE CATEG	ORY(IES)		
V Face to Face	🗵 Individual		🗵 HE (SP)		🗵 U4 (ICM)	🗆 HJ (Voc)	
⊠ Face-to-Face ⊠ Video Conf (GT)	🗆 Group (HQ)		🗆 TG (Other SP	)	🗵 TM (ACT)	🗆 HQ (Clubhouse)	
I Telephone	🗵 Family (HR)		🗵 HK (Resident	ial)	🗆 HM (Respite)	🗆 TT (Recovery)	
	🗵 Family (HS)					🗆 HT (Prev/El)	
STAFF REQUIREMENTS							
Peer Specialist	🗵 LCSW	/ (AJ) 🗵 Unlicensed	Master's Level (HO)			E) 🗵 RxN (SA)	
Bachelor's Level (HN)	🗵 LPC	Inlicensed	EdD/ PhD/PsyD (HP		🗵 RN (TD) 🗵 APN (SA)	🗵 PA (PA)	
X Intern			D/PhD/PsyD (AH)			🗵 MD/DO (AF)	
🗵 Intern	🗵 LMF1		<i>b)</i> ( ( ( ))			1 - ( )	
					□ QMAP		
PLACE OF SERVICE (POS)						I Telehealth (02)	
PLACE OF SERVICE (POS)	조 LMF1 조 ACF (13) 조 Cust Care (33)	⊠ Hospice (3	4) 🗵 Shelte	er (04)	<ul> <li>☑ QMAP</li> <li>☑ ER (23)</li> <li>☑ PF-PHP (52)</li> </ul>		
PLACE OF SERVICE (POS) CMHC (53)	⊠ ACF (13)	⊠ Hospice (3 ⊠ ICF-MR (54	4) 🗵 Shelte	er (04) 31)	🗵 ER (23)		

		CRISIS – BE	HAVIORAL HEAL	ГН			
<b>CPT®/HCPCS PROCEDU</b>	RE CODE		PROCEDURE CO	DE DESCRIP	TION		USAGE
	S9485		Crisis interventi	on mental h	ealth ser	vices, per	🗵 ОВН
	39483		diem				мовп
SERVICE DESCRIPTION			MINIMUM DOC				
Unanticipated services			Technical Docu	mentation R	equiren	nents	
client crisis, requiring in			See Page 346				
intervention, could resu			Service Content 1. The reason				
	LOC., Services include: immediate crisis intervention to de-						ntended goal or
escalate the individual of	, ,		0	•		•	risis intervention
dangerousness of situat							essment, mental on, referral) and the
danger to others, asses support, triage, assess f					•	the interven	· ·
level care or additional		-	3. BH history	ianniy s resp		the interven	(1011(3)
stabilize the immediate				needs (imm	ediate.s	short-term. Io	ong-term) linked
client has developed a						AP, advance	-
(WRAP) and/or psychia	•		available	0	- (	,	
followed with the client		•		lems identif	ied (mer	ntal health, s	ubstance abuse,
			medical, et		-		
						ng any follow	-up or coordination
				h 3 <sup>rd</sup> parties	5		
NOTES			EXAMPLE ACTIV				
Services may be provid							mediate, short-term
	mobile team/crisis program in a facility/clinic or other		crisis-specific assessment and intervention/counseling with client				
provider as appropriate			and, as necessary, with client's caretakers/ family members				
direct care staff if need safety); all staff involved			<ul> <li>Referral to other applicable BH services, including pre-inpatient screening; activities include telephone contacts/ meeting with</li> </ul>				
documented. H2011 c							
individual psychothera							
is unscheduled (e.g., cli			staff, regarding need for psychiatric consultation or placement				
and involves immedia			<ul> <li>Face-to-face/telephone contact with another provider to help</li> </ul>				
response.	, ,		that provider deal with a specific client's crisis				
							address the crisis
APPLICABLE POPULATI	ON(S)		UNIT		I	DURATION	
🗵 Child (0-11) 🛛 🗵 🛛	Young Adult	🗵 Adult (21-64)	🗆 Encounter	🗆 15 Min	utes I	Minimum: 4	nrs 8 mins
· · · ·		🗵 Geriatric (65+)	🗵 Day	🗆 1 Hour		Maximum: N	/A
ALLOWED MODE(S) OF			PROGRAM SERV	/ICE CATEGO			
⊠ Face-to-Face	Individual		🗵 HE (SP)		⊠ U4 (I	-	□ HJ (Voc)
☑ Video Conf (GT)	Group (HQ)		□ TG (Other SP		🗵 TM (		HQ (Clubhouse)
I Telephone	E Family (HR)		🗵 HK (Resident	al)	Ш НМ (	Respite)	TT (Recovery)
	🗵 Family (HS)						□ HT (Prev/El)
STAFF REQUIREMENTS				<b>X</b> LAC		PN/LVN (TE)	
Bachelor's Level (HN)	🗵 LCSW		Master's Level (HO)			N (TD)	🗵 RxN (SA)
Intern			EdD/ PhD/PsyD (HP			PN (SA)	PA (PA)
	🗵 LMFT	즈 Licensed Ed	D/PhD/PsyD (AH)				🗵 MD/DO (AF)
PLACE OF SERVICE (POS	S)						
🗵 CMHC (53)	🗵 ACF (13)	🗵 Hospice (3	4) 🗵 Shelte	er (04)	🗵 ER (	(23)	🗵 Telehealth (02)
🗵 Office (11)	🗵 Cust Care (33)	🗵 ICF-MR (54		•	🗵 PF-I	PHP (52)	
🗵 Mobile Unit (15)	🗵 Grp Home (14)		🗵 FQHC			ool (03)	
	🗵 Home (12)	🗵 PRTF (56)	🗵 RHC (1	70)		er POS (99)	

	RES	IDENTIAL – F	ROOM AND BOARD			
CPT <sup>®</sup> /HCPCS PROCEDUI	RE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	S9976		Lodging, per diem, n	ot otherwise	specified	⊡ ОВН
SERVICE DESCRIPTION			MINIMUM DOCUM	ENTATION RE	QUIREMENTS	
Room and board costs p	er day		<ol> <li>Date of service</li> <li>Start and stop</li> <li>Sign with 1<sup>st</sup> in</li> </ol>	time (duratio	n) e & credentials	
NOTES			EXAMPLE ACTIVITIE	S		
			Room and board pro	Svided to the	ι.	
APPLICABLE POPULATIO	DN(S)		UNIT		DURATION	
	oung Adult 🛛 🗵 Adult (21-6			15 Minutes 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE	CATEGORY(I	ES)	
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>□ Group (HQ)</li> <li>□ Family (HR)</li> <li>□ Family (HS)</li> </ul>		□ HE (SP) □ TG (Other SP) □ HK (Residential)	□ U4 ( □ TM □ HM	(ACT) □ (Respite) □	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)
STAFF REQUIREMENTS						
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	I LPC I	] Unlicensed I	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	`´ ∐ RxN (SA) □ ₽Δ (₽Δ)
PLACE OF SERVICE (POS						
⊠ Home (12) ⊠ RSATF (55)						

		RESPITE CAR	RE – FACILITY-BAS	ED		
CPT®/HCPCS PROCED	URE CODE		PROCED	DURE CODE DESC	RIPTION	USAGE
	T1005		Respite care serv	vices, up to 15 mir	nutes	🗵 Medicaid
SERVICE DESCRIPTION			MINIMUM DOCI	UMENTATION RE	QUIREMENTS	
Services to temporarily substitute for primary caregivers to maintain patients in outpatient setting. Services include assistance with/monitoring of personal hygiene, nutritional support, safety, and environmental maintenance. Respite care should be flexible to ensure that the patient's daily routine is maintained.			Technical Documentation RequirementsSee Page 346Service Content1. Purpose of contact2. Respite services/activities rendered3. Special instructions and that those instructions were followed4. Patient's response5. Progress toward treatment/service plan goals and objectives			
NOTES			EXAMPLE ACTIV		1 0	,
Unlike respite procedure codes S5150 – S5151, T1005 requires skilled practical or professional nursing care to meet the health and physical needs of the patient. Respite care up to 4 hours and 7 minutes (16 units maximum) is reported as T1005; respite care over 4 hours is reported as H0045 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from T1005. *POS Home (12): Refers to <i>either</i> the Respite Worker's home or the patient's home, for this procedure code.			<ul> <li>Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc.</li> <li>Assistance with monitoring health status and physical condition</li> <li>Assistance with medication and other medical needs</li> <li>Cueing and prompting for preparation and eating of meals</li> <li>Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.)</li> <li>Support to assure the safety of patient</li> <li>Assistance/supervision needed by patient to participate in social, recreational/community activities</li> </ul>			sing, etc. d physical condition cal needs eating of meals activities (bed
APPLICABLE POPULAT	'ION(S)		UNIT		DURATION	
⊠ Child (0-11) ⊠ Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	⊠ 15 Minutes □ 1 Hour		3 Minutes 4 hrs 7 min (16 Units)
ALLOWED MODE(S) O				ICE CATEGORY(IE	-	
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual ⊠ Group (HQ) □ Family (HR) □ Family (HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia		(ICM) 1 (ACT) / (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENT	S					
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern		Unlicensed B	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ □CAC II ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)
PLACE OF SERVICE (PC						
<ul> <li>☑ CMHC (53)</li> <li>☑ ACF (13)</li> <li>☑ Grp Home (14)</li> </ul>	⊠ Home (12)* ⊠ PRTF (56) ⊠ FQHC (50)	⊠ RHC (72) ⊠ Other POS (9	9)			

RESPITE CARE – FACILITY-BASE						
CPT <sup>®</sup> /HCPCS PROCED	URE CODE		PROCE	DURE CODE DESC	RIPTION	USAGE
	T1005		Respite care serv	vices, up to 15 mir	nutes	🗵 OBH
SERVICE DESCRIPTION	I		MINIMUM DOC	UMENTATION RE	QUIREMENTS	
Services to temporarily substitute for primary caregivers to maintain patients in outpatient setting. Services include assistance with/monitoring of personal hygiene, nutritional support, safety, and environmental maintenance. Respite care should be flexible to ensure that the patient's daily routine is maintained.			Technical Documentation RequirementsSee Page 346Service Content1. Purpose of contact2. Respite services/activities rendered3. Special instructions and that those instructions were followed4. Patient's response5. Progress toward treatment/service plan goals and objectives			
NOTES			EXAMPLE ACTIV			
Unlike respite procedure codes S5150 – S5151, T1005 requires skilled practical or professional nursing care to meet the health and physical needs of the patient. Respite care up to 4 hours and 7 minutes (16 units maximum) is reported as T1005; respite care over 4 hours is reported as H0045 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from T1005. *POS Home (12): Refers to <i>either</i> the Respite Worker's home or the patient's home, for this procedure code.			<ul> <li>Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc.</li> <li>Assistance with monitoring health status and physical condition</li> <li>Assistance with medication and other medical needs</li> <li>Cueing and prompting for preparation and eating of meals</li> <li>Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.)</li> <li>Support to assure the safety of patient</li> <li>Assistance/supervision needed by patient to participate in social, recreational/community activities</li> </ul>			sing, etc. d physical condition al needs ating of meals activities (bed
APPLICABLE POPULAT			UNIT		DURATION	
区 Child (0-11) 区 Adol (12-17)	⊠ Young Adult (18-20)	⊠ Adult (21-64) ⊠ Geriatric (65+)	□ Encounter □ Day	⊠ 15 Minutes □ 1 Hour		Minutes 1 hrs 7 min (16 Units)
ALLOWED MODE(S) O						_
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>□ Family (HR)</li> <li>□ Family (HS)</li> </ul>		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia		(ICM) I (ACT) I (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/EI)
STAFF REQUIREMENT	S					
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern	LCSV LCSV LPC LMF	Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	□CAC I ⊠ □CAC II ⊠	LPN/LVN (TE) RN (TD) APN (SA) QMAP	区 RxN (SA) 区 PA (PA) 区 MD/DO (AF)
PLACE OF SERVICE (PC						
<ul> <li>☑ CMHC (53)</li> <li>☑ ACF (13)</li> <li>☑ Grp Home (14)</li> </ul>	⊠ Home (12)* ⊠ PRTF (56) ⊠ FQHC (50)	🗵 RHC (72) 🗵 Other POS (9	9)			

TREATMENT – FAMILY/COUPLE COU	JNSELING - ALCOHOL AND DRUG ABUSE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
T1006	Alcohol and/or substance abuse services, family/couple counseling				
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.	eir 1. Date of service e 2. 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       ☑ Individual         □ Video Conf (GT)       □ Group (HQ)         □ Telephone       ☑ Family (HR)         ☑ Family (HS)	□ HE (SP) □ U4 (ICM) □ H □ TG (Other SP) □ TM (ACT) □ H □ HK (Residential) □ HM (Respite) □ T	IJ (Voc) IQ (Clubhouse) T (Recovery) IT (Prev/El)			
STAFF REQUIREMENTS		TE)			
Bachelor's Level (HN) ILPC IN 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				
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 <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Alcohol and/or substance abuse services,				
T1007	treatment/service plan development and/o				
	modification, including vital sign monitoring				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREME	INTS			
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	1. Assessment of detox progression				
plan, focused on aftercare and treatment, as needed, may be developed. This may be the initial plan for a patient	Degree of Alcohol or Drug intoxicat				
beginning treatment or the modification of a plan for a	evidenced by breathalyzer, UA, self	r-report, observation or			
patient already in treatment. It is typically a scheduled	other accepted means				
service that is not necessarily delivered in conjunction with	Initial vital signs				
another treatment. This service may require the	Need for emergency medical and/c				
participation of clinicians and specialists in addition to those	<ul> <li>Substance use disorder history and assist durfunction, as even as eligib</li> </ul>				
usually providing treatment.	social dysfunction, as soon as clinic	any reasone			
	Pregnancy screen				
	Clinical Institute Withdrawal Assess     Boyised (CIWA AB) or comparable i				
	Revised (CIWA-AR) or comparable i 2. Detox monitoring	instrument			
	All monitoring activities				
	<ul> <li>Vital signs taken at least every 2 ho</li> </ul>	ours until remaining in			
	normal range for at least 4 hours; t	-			
	discharge	,			
	Routine monitoring of physical and	mental status			
	3. Referral for medical interventions based	d on assessment and			
	monitoring 4. Detox plan modification or, as appropriate development of a				
	treatment/service plan for aftercare based on assessment and				
NOTEC	monitoring				
NOTES Facility must be licensed by the Colorado Department of	EXAMPLE ACTIVITIES Monitoring vital signs, administering and re				
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)	□Encounter	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)			
U Group (HQ)	□ TG (Other SP) □ TM (ACT)	HQ (Clubhouse)			
	□ HK (Residential) □ HM (Respit				
		🗆 HT (Prev/El)			
STAFF REQUIREMENTS		(TE)			
K Bachelor's Level (HN) K LCSW (AJ) K Unlicensed	Master's Level (HO) SLAC LPN/LVN ( SLAC I RN (TD)	🖾 RxN (SA)			
X Intern X LPC X Unlicensed	EdD/ PhD/PsyD (HP)	PA (PA)			
LIMFT Licensed Ed	D/PhD/PsyD (AH)	🗵 MD/DO (AF)			
PLACE OF SERVICE (POS)					
I CMHC (53)					
🗵 Outp Hospital (22)					
🗵 Independent clinic (49)					

RESIDENTIAL - ALCOHOL A	ND DRUG ABUSE - SOCIAL DETOX				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Alcohol and/or substance abuse services,				
T1007	treatment/service plan development and/o				
	modification, including vital sign monitoring				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREME	INIS			
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	1. Assessment of detox progression				
plan, focused on aftercare and treatment, as needed, may be developed. This may be the initial plan for a patient	<ul> <li>Degree of Alcohol or Drug intoxicat evidenced by breathalyzer, UA, self</li> </ul>				
beginning treatment or the modification of a plan for a	other accepted means				
patient already in treatment. It is typically a scheduled	<ul> <li>Initial vital signs</li> </ul>				
service that is not necessarily delivered in conjunction with another treatment. This service may require the	<ul> <li>Need for emergency medical and/o</li> </ul>	or psychiatric services			
participation of clinicians and specialists in addition to those usually providing treatment.	<ul> <li>Substance use disorder history and social dysfunction, as soon as clinic</li> </ul>				
	Pregnancy screen				
	<ul> <li>Clinical Institute Withdrawal Assess Revised (CIWA-AR) or comparable i</li> </ul>				
	2. Detox monitoring	<del>-</del>			
	All monitoring activities				
	• Vital signs taken at least every 2 ho	ours until remaining in			
	normal range for at least 4 hours; t	hen every 8 hours until			
	discharge				
	Routine monitoring of physical and				
	3. Referral for medical interventions based on assessment and				
	<ul><li>monitoring</li><li>4. Detox plan modification or, as appropriate development of a</li></ul>				
	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 re	eviewing CIWA			
Human Services, Office of Behavioral Health as an OBH					
Provider. Detox plan must be provided in accordance with					
OBH licensure					
APPLICABLE POPULATION(S)  Child (0-11)  Young Adult  Adult (21-64)		DURATION Minimum: 8 minutes			
$\boxtimes$ Adol (12-17) (18-20) $\boxtimes$ Geriatric (65+)		Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY	Program Service Category				
	⊠ HE (SP) □ U4 (ICM)	🗆 HJ (Voc)			
I Face-to-Face	$\Box$ TG (Other SP) $\Box$ TM (ACT)	HQ (Clubhouse)			
□ Video Conference (GT) □ Family (HR) □ Telephone □ Family (HR)	HK (Residential)				
		🗆 HT (Prev/El)			
STAFF REQUIREMENTS					
□ Peer Specialist ⊠ LCSW (AJ) ⊠ Unlicensed	Master's Level (HO)	(TE) 🗵 RxN (SA)			
LPC Unlicensed	EdD/ PhD/PsyD (HP) SCAC I RN (TD)	🗵 PA (PA)			
Licensed Ed	D/PhD/PsyD (AH)	🗵 MD/DO (AF)			
PLACE OF SERVICE (POS)					
⊠ CMHC (53)					
Outp Hospital (22)					
🗵 Independent clinic (49)					

	SUPPORT SEF	VICES – CHILDCA	RE – ALCOHOL AND	DRUG ABUSE			
<b>CPT®/HCPCS PROCEDUR</b>	E CODE		PROCEDURE CODE DESCRIPTION USAGE				
	T1009		Child sitting services for the children of the individual receiving alcohol and/or substance abuse servicesImage: OBH				
SERVICE DESCRIPTION			MINIMUM DOCUN	IENTATION RE	QUIREMENT	S	
Care of the children of cl alcoholism or drug abuse			<ol> <li>Date of servic</li> <li>Start and stop</li> <li>Signed with 1<sup>st</sup></li> </ol>	time (duratio		ntials	
NOTES			EXAMPLE ACTIVITI	ES			
APPLICABLE POPULATIO	N/C1		UNIT		DURATION		
	ung Adult 🛛 Adult	(21-64)	-	15 Minutes	Minimum: 8	2 mins	
⊠ Adol (12-17) (18-20	-	(21-64) tric (65+)		1 Hour	Maximum: I		
ALLOWED MODE(S) OF D			PROGRAM SERVICE			,	
☑ Face-to-Face □ Video Conf (GT)	⊠ Individual ⊠ Group (HQ) ⊠ Family (HR) ⊠ Family (HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential)	□ U4 ( □ TM	ICM) (ACT) (Respite)	🗆 TT (I	/oc) Clubhouse) Recovery) Prev/El)
STAFF REQUIREMENTS							
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN)</li> <li>☑ Intern</li> </ul>	区 LCSW (AJ) 区 LPC 区 LMFT	🗵 Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) 9/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	区 LPN/L 区 RN (T 区 APRN 区 QMA	D) (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)
PLACE OF SERVICE (POS)							
🗵 Office (11) 🛛 🗵	FQHC (50) 🛛 🖾 RHC (72) NRSATF (57)	Other POS (99)					

	TREA	TMENT – REHABILITATIO	)N – ALCOHOL AND D	RUG ABUSE				
CPT®/HCPCS PROCED	DURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE		
	T1012		Alcohol and/or substance abuse services, skills development					
SERVICE DESCRIPTIO	N		MINIMUM DOCUM	IENTATION RE	QUIREMENTS	•		
For those involved in component helps fac activities. The skills d sufficiency and indep	<ol> <li>Date of service</li> <li>Start and stop t</li> <li>Description of s</li> <li>Recommendati</li> <li>Signed with 1<sup>st</sup></li> </ol>	ervice render ons	ed	ls				
NOTES			EXAMPLE ACTIVITIE	S				
			<ul> <li>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)</li> <li>Development of appropriate personal support networks to diminish tendencies towards isolation and withdrawal</li> <li>Development of basic language skills necessary to enable client to function independently</li> </ul>					
APPLICABLE POPULA	TION(S)		UNIT		DURATION			
_ 、 ,	-	⊠ Adult (21-64) ⊠ Geriatric (65+)		15 Minutes 1 Hour	Minimum: 8 n Maximum: N/	-		
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE	CATEGORY(I	ES)			
☑ Face-to-Face □ Video Conf (GT) □ Telephone	☑ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residential)	□ U4 ( □ TM □ HM	(ACT) 🗆 (Respite) 🗆	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
STAFF REQUIREMEN	TS							
<ul> <li>☑ Peer Specialist</li> <li>☑ Bachelor's Level (HN</li> <li>☑ Intern</li> </ul>	Ż LPC ⊠ LMF	⊠ Unlicensed	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	区 LPN/LVI 区 RN (TD) 区 APRN (S 区 QMAP	X IXI RXN (SA)		
PLACE OF SERVICE (P								
⊠ CMHC (53) ⊠ Office (11) ⊠ Grp Home (14)	⊠ Home (12) ⊠ PRTF (56) ⊠ Shelter (04)	⊠ FQHC (50) ⊠ RHC (72) ⊠ RSATF (55)	⊠ NRSATF (57) ⊠ Prison/CF (09) ⊠ School (03)	⊠ Other PO	S (99)			

SUPPORT SERVICES – LANGUAGE – ALCOHOL AND DRUG ABUSE								
CPT <sup>®</sup> /HCPCS PROCE	DURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE		
	T1013		Sign language or oral interpreter for alcohol and/or substance abuse services					
SERVICE DESCRIPTIC	N		MINIMUM DOCUM	ENTATION REC	QUIREMENTS			
An additional service health clients is unde sign language or oral services required by	erstood or received for interpretation, inclu	MINIMUM DOCUMENTATION REQUIREMENTS         1. Date of service         2. Start and stop time (duration)         3. Signed with 1 <sup>st</sup> initial, last name & credentials						
NOTES			EXAMPLE ACTIVITIE	s				
			Sign language or ora they understand the in relation to alcoho	treatment or	services being			
APPLICABLE POPULA	TION(S)		UNIT		DURATION			
🗵 Child (0-11)	Young Adult	Adult (21-64) Geriatric (65+)			Minimum: 8 m Maximum: N/	-		
ALLOWED MODE(S)	,		PROGRAM SERVICE					
<ul> <li>☑ Face-to-Face</li> <li>☑ Video Conf (GT)</li> <li>□ Telephone</li> </ul>	<ul> <li>☑ Individual</li> <li>☑ Group (HQ)</li> <li>☑ Family (HR)</li> <li>☑ Family (HS)</li> </ul>		□ HE (SP) □ TG (Other SP) □ HK (Residential)	□ U4 (I0 □ TM (A □ HM (I	CM) 🗌 ACT) 🔲 Respite) 🗌	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
STAFF REQUIREMEN	TS							
Peer Specialist     Bachelor's Level (HI     Intern		(AJ) Unlicensed Mas Unlicensed EdD Licensed EdD/Ph DHOH Interpre	/ PhD/PsyD (HP) D/PsyD (AH)	□ LAC □ CAC I □ CAC II □ CACIII	LPN/LVN     RN (TD)     APRN (S     QMAP	$\Box$ RXIN (SA)		
PLACE OF SERVICE (F			_					
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	⊠ACF (13) ⊠Cust Care (33) ⊠ Grp Home (14) ⊠ Home (12)	区ICF-MR (54) 区NF (32) 区PRTF (56)	<ul> <li>☑ Shelter (04)</li> <li>☑SNF (31)</li> <li>☑ FQHC (50)</li> <li>☑ RHC (72)</li> <li>☑RSATF (55)</li> </ul>	区 NRSATF (5 区Inpt Hosp ( 区Inpt PF (51 区ER (23) 区PF-PHP (52	(21) ⊠Scho ) ⊠Otho ⊠ Tele	on/CF (09) ool (03) er POS (99) ehealth (02)		

	TREATMENT - CASE MANAGEMENT								
CPT <sup>®</sup> /HCPCS PROCEDUF	RE CODE		PROCEDURE COD	DE DESCRIPT	ION	USAGE			
	T1016		Case management, each 15 minutes 🗵 OBH						
SERVICE DESCRIPTION			MINIMUM DOCU	JMENTATIO	N REQUIREMEN	ITS			
<ul> <li>Services designed to ass access to needed medica services. Case managem</li> <li>Assessing service nee patient needs, complet information from othe</li> <li>Treatment/Service pl and actions to address participation, identify</li> <li>Referral and related a arranging initial appoin providers/informing p addresses and telephot services; working with access to services, ince appointments/service</li> <li>Monitoring and follow ensure patient is follow treatment/service plation</li> </ul>	and other entifying ts, gathering cifying goals ng patient ded services – th service able, es providing ders to secure cies for rocess; and ent/others to	<ul> <li>MINIMUM DOCUMENTATION REQUIREMENTS</li> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>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)</li> <li>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)</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> <li>Plan for next contact(s) including any follow-up or coordination needed with 3<sup>rd</sup> parties</li> </ol> </li> </ul>							
NOTES 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			<ul> <li>EXAMPLE ACTIVITIES</li> <li>Assessing the need for service, identifying and investigating available resources, explaining options to patient and assisting in application process</li> <li>Contact with patient's family members for assistance helping patient access services</li> <li>Care Coordination between other service agencies, healthcare providers</li> </ul>						
patient for purposes of r follow-up.		5							
APPLICABLE POPULATIO			UNIT		DURATIO				
× Adol (12-17) (18-	20) 🗵 Ge	dult (21-64) eriatric (65+)	Encounter Day	⊠ 15 Minu □ 1 Hour	Maximur				
ALLOWED MODE(S) OF Face-to-Face Video Conf (GT) Telephone STAFF REQUIREMENTS	DELIVERY ☑ Individual □ Group (HQ) ☑ Family (HR) ☑ Family (HS)		PROGRAM SERVI ☑ HE (SP) □ TG (Other SP) □ HK (Residentia		RY(IES) ☑ U4 (ICM) ☑ TM (ACT) ☑ HM (Respite	区 HJ (Voc) 区 HQ (Clubhouse) ) 区 TT (Recovery) 区 HT (Prev/El)			
Peer Specialist					LPN/LVN (TI	=)			
⊠ Bachelor's Level (HN) ⊠ Intern	区 LCSW (AJ) 오 LPC 오 LMFT	🗵 Unlicensed E	Master's Level (HO) EdD/ PhD/PsyD (HP) D/PhD/PsyD (AH)		⊠ RN (TD) ⊠ APN (SA) □ QMAP	<sup>=)</sup> ⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)			
PLACE OF SERVICE (POS	)								
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	<ul> <li>☑ Hospice (34)</li> <li>☑ ICF-MR (54)</li> <li>☑ NF (32)</li> <li>☑ PRTF (56)</li> </ul>	) 🗵 Shelte 🗵 SNF (3 🗵 FQHC 🗵 RHC (7	1) [ (50) [	⊠ Inpt Hosp (21 ⊠ Inpt PF (51) ⊠ ER (23) ⊠ PF-PHP (52)	) 区 School (03) 区 Other POS (99) 区 Telehealth (02)			

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	Targeted Case Management- Behavioral Health TCM Services								
<b>CPT®/HCPCS PROCEDURE CODE</b>	*	-	PROCEDURE				USAGE		
	T1017		Targeted cas	e managei	ment, each 15	minutes	🗵 Medicaid		
SERVICE DESCRIPTION				OCUMEN	TATION REQU	IREMENT	S		
<ul> <li>Services designed to assist and subeing assessed for a mental healt medical, social, educational, and coordination and care transition</li> <li>Assessing service needs – gatherin needs;</li> <li>Treatment/Service plan developme address patient needs, ensuring patiently and related activities to ob appointments for patient with service and/providing contact information patient/collaterals to secure access for appointments/services after ini</li> <li>Monitoring and follow-up – contact following the agreed upon service and impact of plan.</li> </ul>	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment/service plan?</li> <li>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)</li> <li>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)</li> <li>How did the service impact the individual's progress towards goals/objectives?</li> </ol> </li> </ul>								
See Appendix E: <u>Targeted Case M</u> NOTES		coordir		ded with 3 <sup>rd</sup> pa	arties				
Case management involves linking to services, but is not itself the direct do been referred. Case management do patient to required services/time spe scheduled appointment. However, it appointment with the patient for pur follow-up. T1017* may be used, when appropria social detox. However, it may <i>not</i> be approved for use when several case in documentation must support).	<ul> <li>Assessing the need for service, identifying and investigating available resources, explaining options to patient and assisting in application process</li> <li>Contact with patient's family members for assistance helping patient access services</li> <li>Care Coordination between other service agencies, healthcare providers</li> <li>Development and follow-up of a transition plan from the hospital to outpatient services</li> <li>Social Detox example:</li> <li>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.</li> </ul>								
APPLICABLE POPULATION(S)			UNIT			DURATIO			
Image: Child (0-11)         Image: Young Adu           Image: Adol (12-17)         (18-20)	🗵 Geriati		Encounter     Day		15 Minutes 1 Hour	Minimur Maximu	n: 8 mins m: N/A		
ALLOWED MODE(S) OF DELIVER         ☑ Face-to-Face       ☑ Indivia         ☑ Video Conf (GT)       ☑ Group         ☑ Telephone       ☑ Family         STAFF REQUIREMENTS	dual o (HQ) y (HR)		PROGRAM S ☑ HE (SP) □ TG (Other □ HK (Reside	SP)	TEGORY(IES)	T) X	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)		
Peer Specialist				<b>X</b> LAC	LPN/LVN	I (TE)			
⊠ Bachelor's Level (HN) ⊠ Intern	区 LCSW (AJ) 区 LPC 区 LMFT	Unlicensed Master Unlicensed EdD/	Ister's Level (HO) □CAC I ⊠ RN (TD) ⊠ RxN (SA) D/ PhD/PsyD (HP) □CAC II ⊠ APN (SA) ⊠ PA (PA)				PA (PA)		
PLACE OF SERVICE (POS)				(2.1)		(2.1)			
<ul> <li>☑ CMHC (53)</li> <li>☑ Office (11)</li> <li>☑ Mobile Unit (15)</li> <li>☑ Outp Hospital (22)</li> </ul>	<ul> <li>☑ ACF (13)</li> <li>☑ Cust Care (33)</li> <li>☑ Grp Home (14)</li> <li>☑ Home (12)</li> </ul>	<ul> <li>☑ Hospice (34)</li> <li>☑ ICF-MR (54)</li> <li>☑ NF (32)</li> <li>☑ PRTF (56)</li> </ul>	区 Shelter 区 SNF (31 区 FQHC (5 区 RHC (72	) 50)	☑ Inpt Hosp ( ☑ Inpt PF (51 ☑ ER (23) ☑ PF-PHP (52	.) X X	School (03) Other POS (99) Telehealth (02)		

Targeted Case Management- Behavioral Health TCM Services									
CPT <sup>®</sup> /HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE							
T1017	Targeted case management, each 15 minutes	🗵 ОВН							
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENT	S							
<ul> <li>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:</li> <li>Assessing service needs – gathering patient history/collateral info, treatment needs;</li> <li>Treatment/Service plan development – specifying goals and actions to address patient needs, ensuring participation, identifying a course of action; includes transition plan development</li> <li>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 service; working with patient/collaterals to secure access to services, including contacting agencies for appointments/services after initial referral process; and</li> <li>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.</li> </ul>	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content <ol> <li>The reason for the visit/call. What was the intended goal of agenda? How does the service relate to the treatment/service plan?</li> <li>Description of the service provided (specify issues addressed (adult living skills, family, income/ support, lega medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources)</li> <li>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)</li> <li>How did the service impact the individual's progress</li> </ol> </li> </ul>								
	towards goals/objectives? 5. Plan for next contact(s) including any foll	ow-up or							
See Appendix E: <u>Targeted Case Management</u> NOTES	coordination needed with 3 <sup>rd</sup> parties								
<ul> <li>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.</li> <li>T1017* may be used, when appropriate to patient status for an individual in social detox. However, it may <i>not</i> 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).</li> </ul>	<ul> <li>process</li> <li>Contact with patient's family members for assistance helping patien access services</li> <li>Care Coordination between other service agencies, healthcare providers</li> <li>Development and follow-up of a transition plan from the hospital to outpatient services</li> <li>Social Detox example:</li> <li>To link patient from social detox to outpatient services, multiple case management services are offered (calls, meetings with collaterals, etc.)</li> </ul>								
APPLICABLE POPULATION(S)	schedule an intake, obtain records and information a UNIT DURATIO								
☑ Child (0-11)       ☑ Young Adult       ☑ Adult (21-64)         ☑ Adol (12-17)       (18-20)       ☑ Geriatric (65+)		n: 8 mins							
	OGRAM SERVICE CATEGORY(IES)								
⊠ Face-to-race     □ Group (HQ)       ☑ Video Conf (GT)     □ Group (HQ)	TG (Other SP)Image: TM (ACT)Image: TM (ACT)HK (Residential)Image: HM (Respite)Image: TM (ACT)	HJ (Voc) HQ (Clubhouse) TT (Recovery) HT (Prev/El)							
STAFF REQUIREMENTS									
□ Peer Specialist ⊠ LCSW (AJ) ⊠ Unlicensed Mast ⊠ Bachelor's Level (HN) ⊠ LPC ⊠ Unlicensed EdD/ ⊠ Intern ⊠ LMFT ⊠ Licensed EdD/Phi		⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)							
PLACE OF SERVICE (POS)									
Image: CMHC (53)       Image: ACF (13)       Image: Hospice (34)         Image: CMHC (53)       Image: Cust Care (33)       Image: ICF-MR (54)         Image: CMHC (15)       Image: Cust Care (14)       Image: ICF-MR (54)         Image: CMHC (15)       Image: Cust Care (14)       Image: ICF-MR (54)         Image: CMHC (15)       Image: Cust Care (14)       Image: ICF-MR (54)         Image: CMHC (15)       Image: Cust Care (14)       Image: ICF-MR (54)         Image: CMHC (15)       Image: Cust Care (14)       Image: ICF-MR (54)         Image: CMHC (15)       Image: Cust Care (14)       Image: ICF-MR (54)         Image: CMHC (12)       Image: ICF-MR (54)       Image: ICF-MR (54)         Image: CMHC (12)       Image: ICF-MR (54)       Image: ICF-MR (54)         Image: CMHC (12)       Image: ICF-MR (54)       Image: ICF-MR (54)         Image: CMHC (12)       Image: ICF-MR (54)       Image: ICF-MR (54)         Image: CMHC (12)       Image: ICF-MR (14)       Image: ICF-MR (14)         Image: CMHC (12)       Image: ICF-MR (14)       Image: ICF-MR (14)         Image: CMHC (12)       Image: ICF-MR (14)       Image: ICF-MR (14)         Image: CMHC (14)       Image: ICF-MR (14)       Image: ICF-MR (14)       Image: ICF-MR (14)         Image: CMHC (14)       Image: ICF-MR (14)	⊠ FQHC (50) ⊠ ER (23) ⊠	School (03)   Other POS (99)   Telehealth (02)							
RESIDENTIAL - – ALCOHOL AND I	DRUG ABUSE - SOCIAL DETOX								

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<b>CPT®/HCPCS PROCEDURE CO</b>	ODE		PROCEDURE CODE	DESCRIPTIC	)N		USAGE
			Personal care servio	ces, per 15 r	ninutes, not	for an	
			inpatient or resider	nt of a hospi	tal, nursing t	facility,	🗵 Medicaid
	T1019		ICF/MR or IMD, part of the individualize plan of				
			treatment (code may not be used to identify				
			services provided b	y home hea	lth aide or C	NA)	
SERVICE DESCRIPTION			MINIMUM DOCUM	IENTATION	REQUIREM	ENTS	
Provision of daily living need	Technical Documer	ntation Requ	uirements				
cleanliness and toiletries for	See Page 346						
maintain the safety and health of the patient, which will generally			Service Content:				
be similar for all patients.			1. Patient's identif	•	l care servic	e needs, a	as reflected in
			the treatment/s	•			
			2. Outcome/plan, ir	-		•	care services
		needed, based o	·	presentatio	n/needs.		
NOTES	EXAMPLE ACTIVITI	ES					
Facility must be licensed by the Colorado Department of Human			Hydration, nutrition				
Services, Office of Behaviora		ider.					
APPLICABLE POPULATION(S	•		UNIT			DURATI	ON
		t (21-64)	Encounter	🗵 15 Minutes 🛛 Minim			m: 8 mins
🗵 Adol (12-17) 20)		atric (65+)	🗆 Day	🗆 1 Hou	r	Maximu	m: N/A
ALLOWED MODE(S) OF DELI	VERY		Program Service Ca				
	🗵 Individual		🗵 HE (SP)		J4 (ICM)	[	□ HJ (Voc)
🗵 Face-to-Face	Group (HQ)		□ TG (Other SP)		M (ACT)	-	⊐ HQ
□ Video Conference (GT)	□ Family (HR)		□ HK (Residential)		IM (Respite)		Clubhouse)
Telephone	□ Family (HS)						□ TT (Recovery)
						[	□ HT (Prev/El)
STAFF REQUIREMENTS							
<ul> <li>Peer Specialist</li> <li>Bachelor's Level (HN)</li> </ul>	🗵 LCSW (AJ)	🗵 Unlicensed	d Master's Level (HO)			I (TE)	🗵 RxN (SA)
Sachelor's Level (HN)	K LPC	🗵 Unlicensed	d EdD/ PhD/PsyD (HP)	⊠CAC I ⊠CAC II	🗵 RN (TD) 🗵 APN (SA)		⊠ PA (PA)
		dD/PhD/PsyD (AH)			/	MD/DO (AF)	
PLACE OF SERVICE (POS)							
☑ Outp Hospital (22)							
Independent clinic (49)							

	RESIDENTIA	L - – ALCOHO	LAND DRUG ABUSE	- SOCIAL DI	ΤΟΧ		
CPT <sup>®</sup> /HCPCS PROCEDURE CO	DDE		PROCEDURE CODE	DESCRIPTIO	ON		USAGE
T:	1019		Personal care servic inpatient or residen ICF/MR or IMD, par treatment (code ma services provided b	⊠ OBH			
SERVICE DESCRIPTION			MINIMUM DOCUM	IENTATION	REQUIREM	ENTS	
Provision of daily living need nutrition, cleanliness and toi designed to maintain the saf which will generally be simila	<ul> <li>Technical Documentation Requirements</li> <li>See Page 346</li> <li>Service Content: <ol> <li>Patient's identified personal care service needs, as reflected in the treatment/service plan</li> <li>Outcome/plan, indicating any changes in personal care services needed, based on patient's presentation/needs.</li> </ol> </li> </ul>						
NOTES			EXAMPLE ACTIVITI	ES	<u>.</u>		
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.			Hydration, nutritior	1			
APPLICABLE POPULATION(S	)		UNIT DURATION				DN
□ Child (0-11)	-	ult (21-64) riatric (65+)	Encounter     Day	⊠ 15 M □ 1 Ho		Minimun Maximur	
ALLOWED MODE(S) OF DELI	VERY		Program Service Ca	tegory			
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conference (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>		U4 (ICM) TM (ACT) HM (Respite)	) C	] HJ (Voc) ] HQ (Clubhouse) ] TT (Recovery) ] HT (Prev/El)
STAFF REQUIREMENTS							
Peer Specialist     Sachelor's Level (HN)     El LCSW (AJ)     Unlicensed     Dirtern     Dirtern		d Master's Level (HO) d EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH) ECAC II ECAC I ECAC I ECA		<u>א</u> יי א	2 RxN (SA) 2 PA (PA) 3 MD/DO (AF)		
PLACE OF SERVICE (POS)							
<ul> <li>☑ CMHC (53)</li> <li>☑ Outp Hospital (22)</li> <li>☑ Independent clinic (49)</li> </ul>							

	RESIDENTIA	L - ALCOHOL	AND DRUG ABUSE	- SOCIAL	DETOX		
<b>CPT®/HCPCS PROCEDURI</b>	E CODE		PROCEDURE CODE DESCRIPTION USAGE				
Т	1023		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 DOCU	JMENTA	<b>FION REQUIR</b>	EMENT	S
A screening procedure limited merely indicate whether the health and/or substance use Screening may be accomplis interview or a formal standa culturally and age relevant. and need for further treatm connect them to appropriate	that a mental s present. ired pol that is motivation s taken to	Technical Documentation Requirements         See Page 346         Service Content:         1. Screening addresses, at minimum:         • Continued withdrawal potential Motivation for change         • Current medical conditions         • Current SI/Psychiatric conditions         2. Patient readiness for treatment         3. Patient response					
NOTES	EXAMPLE ACTIVITI	ES					
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.			Discharge planning	, referral p	plans, client res	sponse to	o discharge plan
APPLICABLE POPULATION(S	5)		UNIT			DURAT	ION
□ Child (0-11)	0	lult (21-64) eriatric (65+)	Encounter	□ 15 N □ 1 Ho			um: N/A um: N/A
ALLOWED MODE(S) OF DEL	IVERY		Program Service Ca	ategory			
☑ Face-to-Face □ Video Conference (GT) □ Telephone	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>		□ U4 (ICM) □ TM (ACT) □ HM (Respite	E) [	☐ HJ (Voc) ☐ HQ (Clubhouse) ☐ TT (Recovery) ☐ HT (Prev/El)
STAFF REQUIREMENTS							
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	오 LCSW (AJ) 오 LPC 오 LMFT	🗵 Unlicensed	sed EdD/ PhD/PsyD (HP)		`´	본 RxN (SA) 본 PA (PA) 본 MD/DO (AF)	
PLACE OF SERVICE (POS)							
⊠ CMHC (53) ⊠ Outp Hospital (22) ⊠ Independent clinic (49)							

	RESIDENTIAL	- ALCOHOL	AND DRUG ABUSE	- SOCIAL	DETOX			
<b>CPT®/HCPCS PROCEDURE</b>	CODE		PROCEDURE CODE DESCRIPTION USAG					
т	1023		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 limite merely indicate whether the health and/or substance use Screening may be accomplisl interview or a formal standa culturally and age relevant. O and need for further treatme connect them to appropriate	nat a mental present. red ol that is motivation taken to	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 4. Patient readiness for treatment 3. Patient response						
NOTES			EXAMPLE ACTIVITI					
Facility must be licensed by t Human Services, Office of Be Provider.			Discharge planning	, referral I	olans, client re	sponse to	o discharge plan	
APPLICABLE POPULATION(S	)		UNIT			DURAT	ION	
□ Child (0-11)	g Adult 🗵 Adu	ult (21-64) riatric (65+)	Encounter	□ 15 N □ 1 Ho			um: N/A um: N/A	
ALLOWED MODE(S) OF DELI	VERY		Program Service Ca	ategory		•		
<ul> <li>☑ Face-to-Face</li> <li>□ Video Conference (GT)</li> <li>□ Telephone</li> </ul>	⊠ Individual □ Group (HQ) □ Family (HR) □ Family (HS)		<ul> <li>☑ HE (SP)</li> <li>□ TG (Other SP)</li> <li>□ HK (Residential)</li> </ul>		□ U4 (ICM) □ TM (ACT) □ HM (Respite	E) [	] HJ (Voc) ] HQ (Clubhouse) ] TT (Recovery) ] HT (Prev/El)	
STAFF REQUIREMENTS								
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	⊠ LCSW (AJ) ⊠ LPC ⊠ LMFT	🗵 Unlicensed	l Master's Level (HO) l EdD/ PhD/PsyD (HP) dD/PhD/PsyD (AH)	⊠LAC ⊠CAC I ⊠CAC II ⊠CACIII	⊠ LPN/LVN ⊠ RN (TD) ⊠ APN (SA) □ QMAP	L:	본 RxN (SA) 본 PA (PA) 본 MD/DO (AF)	
PLACE OF SERVICE (POS)								
<ul> <li>☑ CMHC (53)</li> <li>☑ Outp Hospital (22)</li> <li>☑ Independent clinic (49)</li> </ul>								

	SUPPORT SERVICE	S – TRANSPORT	ATION - ALCOHOL	AND DRUG ABL	JSE	
<b>CPT®/HCPCS PROCEDURE</b>	CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	T2001		Non-emergency t	ransportation		⊠ ОВН
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENT	s
Providing transportation so reach their destination ind issues, age of patient, or u destination.	ependently, be it for co	ompetency	<ol> <li>Description</li> <li>Reason for t</li> <li>Origin of pic</li> <li>Purpose of t</li> </ol>	ice op time (duratio of service rende transportation k up and destina transportation to 1st initial, last n	ation o destination	ntials
NOTES			EXAMPLE ACTIVI	TIES		
APPLICABLE POPULATION			UNIT		DURATION	
<ul> <li>☑ Child (0-11)</li> <li>☑ Your</li> <li>☑ Adol (12-17)</li> <li>☑ (18-20)</li> </ul>	🗵 Geriatr			□ 15 Minutes □ 1 Hour	Minimum: N Maximum: N	
ALLOWED MODE(S) OF DE			PROGRAM SERVI	CE CATEGORY(II	ES)	
✓ Face-to-Face     ✓ Video Conf (GT)     ✓	Individual Group (HQ) Family (HR) Family (HS)		☐ HE (SP) ☐ TG (Other SP) ☐ HK (Residentia	□ U4 ( □ TM I) □ HM	(ACT) (Respite)	□ HJ (Voc) □ HQ (Clubhouse) □ TT (Recovery) □ HT (Prev/El)
STAFF REQUIREMENTS						
<ul> <li>Peer Specialist</li> <li>Bachelor's Level (HN)</li> <li>Intern</li> </ul>	区 LCSW (AJ) 区 LPC 区 LMFT	🗵 Unlicensed I	Master's Level (HO) EdD/ PhD/PsyD (HP) J/PhD/PsyD (AH)	⊠ LAC ⊠ CAC I ⊠ CAC II ⊠ CACIII	区 LPN/L 区 RN (T 区 APRN 区 QMAI	D) X PA (PA) (SA) X MD/DO(AE)
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<sup>®</sup>) 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<sup>®</sup> 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).<sup>31</sup>
- "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),<sup>32</sup> 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<sup>®</sup> 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 ( $\geq$ ) 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.

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.<sup>33</sup>

## 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 ( $\geq$ ) 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<sup>®</sup> 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<sup>®</sup> 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.<sup>34</sup>

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.<sup>35</sup>

## 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.<sup>36</sup> (Refer to Section IV.C.)

### 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.<sup>37</sup>

## X. Procedure Coding and Documentation

## i. Coding

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 Regional Accountable Entities (RAEs) under a capitated system of care. This section outlines general billing guidelines for the Colorado Medicaid Community Mental Health Services Program (through the RAEs). For complete billing guidelines, refer to the following resources:

	Colorado Regional Accountable Entities (RAEs)				
Region 1	Rocky Mountain Health Plans	https://www.rmhpcommunity.org/			
Region 2	Northeast Health Partners	https://www.northeasthealthpartners.org/			
Region 3	Colorado Access	http://www.coaccess.com			
Region 4	Health Colorado, Inc.	https://www.healthcoloradorae.com/			
Region 5	Colorado Access	http://www.coaccess.com			
Region 6	Colorado Community Health Alliance	http://www.cchacares.com			
Region 7	Colorado Community Health Alliance	http://www.cchacares.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)

Outpatient Laboratory

**Outpatient Hospital** 

- Hospital-Based Transportation
- Rural Health Clinic
- Federally Qualified Health Center (FQHC)<sup>38</sup>

Dialysis Center

Providers bill the appropriate RAE for the Medicaid behavioral health services rendered. For detailed instructions on completing the UB-04, refer to the <u>Colorado MAP Billing Manuals</u>;<sup>39</sup> the 837I Transaction Data Guide; the 837I Implementation Guide or the Web Portal User Guide; and/or the appropriate RAE 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 RAE for the Medicaid behavioral health services rendered. For detailed instructions on completing the CMS-1500, refer to the <u>Colorado MAP Billing Manuals</u>;<sup>40</sup> the National Uniform Claim Committee (NUCC) *1500 Claim Form Map to the X12 837 Health Care Claim: Professional*;<sup>41</sup> the 837P Transaction Data Guide; the 837P Implementation Guide or the Web Portal User Guide; and/or the appropriate RAE 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 <u>Appendix Q – Revenue Codes</u> in the Appendices section under Billing Manuals on the Department of Health Care Policy and Financing website.

## b. Colorado HCPF Procedure Code Revisions

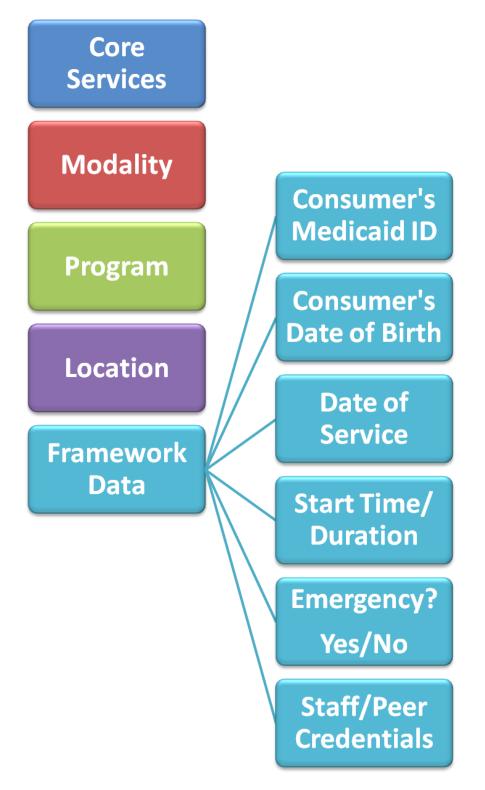
To submit a suggestion to add, delete or change the Colorado Capitated Behavioral Health Benefit under the Accountable Care Collaborative approved procedure code list (<u>Appendix C</u>) submit the following information to the Colorado Department of Health Care Policy and Financing (HCPF):

- Current approved CPT<sup>®</sup>/HCPCS procedure code, if applicable
- Suggested CPT<sup>®</sup>/HCPCS procedure code(s)
- Brief rationale for the suggested CPT<sup>®</sup>/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., regional accountable entities (RAEs), community mental health centers/clinics (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



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		

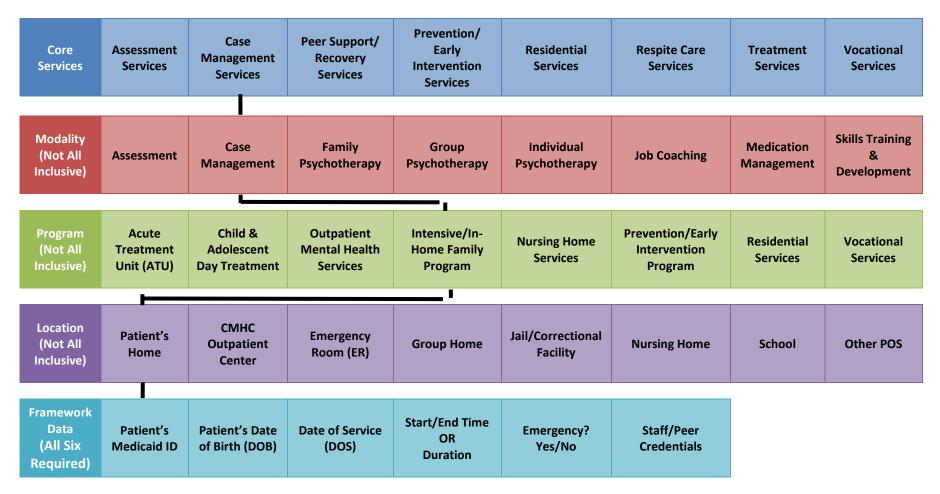
#### Colorado Health Network's (CHN) Encounter Design Matrix

Core Services	Assessment Services	Case Management Services	Peer Support/ Recovery Services	Prevention/ Early Intervention Services	Residential Services	Respite Care Services	Treatment Services	Vocational Services
								I
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
				•	'	1		
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		

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

Procedure Code: H2025, Ongoing support to maintain employment

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



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

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 qualified 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
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
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. Typica 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. Typica 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 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 minutes
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 15 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	Behavioral Health 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 code			Interactive			
90785	for the primary service)	Treatment	Psychotherapy	Complexity	Х		E
90791	Psychiatric diagnostic evaluation	Assessment	Diagnosis	n/a	Х	Х	E
90792	Psychiatric diagnostic evaluation with medical services	Assessment	Diagnosis	n/a	х	х	E
	Psychotherapy, 30 minutes with the patient and/or family			Individual			
90832	member	Treatment	Psychotherapy	Psychotherapy	х	Х	Е
	Psychotherapy, 30 minutes with the patient and/or family					<u> </u>	
	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	Х	Х	E
	Psychotherapy, 45 minutes with the patient and/or family			Individual			
90834	member	Treatment	Psychotherapy	Psychotherapy	Х	Х	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	Х	Х	E
	Psychotherapy, 60 minutes with the patient and/or family			Individual			
90837	member	Treatment	Psychotherapy	Psychotherapy	Х	Х	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	Х	Х	E

		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	х	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	Х	Х	30 M
				Family			
90846	Family psychotherapy (without the patient present)	Treatment	Psychotherapy	Psychotherapy	Х	Х	E
	Family psychotherapy (conjoint psychotherapy) (with patient			Family			
90847	present)	Treatment	Psychotherapy	Psychotherapy	Х	Х	E
				Group			
90849	Multiple-family group therapy	Treatment	Psychotherapy	Psychotherapy	Х	Х	E
				Group			
90853	Group psychotherapy (other than of a multiple-family group)	Treatment	Psychotherapy	Psychotherapy	Х	Х	E
	Individual psychophysiological therapy incorporating						
	biofeedback training by any modality (face-to-face with the					x	
	patient), with psychotherapy (e.g., insight-oriented, behavior						
	modifying or supportive psychotherapy); approximately 30		Other Professional				_
90875	minutes	Treatment	Services	Biofeedback	Х	Х	E
	Individual psychophysiological therapy incorporating						
	biofeedback training by any modality (face-to-face with the						
	patient), with psychotherapy (e.g., insight-oriented, behavior					X	
	modifying or supportive psychotherapy); approximately 45		Other Professional				_
90876	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, or advising them		Psychological	1	v		-
90887	how to assist patient	Assessment	Testing	n/a	Х		E
	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		Davahalasisal				
06101	administering tests to the patient and time interpreting these	Accordent	Psychological Testing	n/2	v	x x x x x x	тн
96101	test results and preparing the report	Assessment	Testing	n/a	Х	۸	

		Primary			SP		
Code	Description	Category	Secondary Category	<b>Tertiary Category</b>	(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		Psychological			(b)(3)	
96116	time interpreting test results and preparing 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						
	administering tests to the patient and time interpreting these		Psychological				
96118	test results and preparing 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), 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
	Neuropsychological testing (e.g., Wisconsin Card Sorting Test),						
	administered by a computer, with qualified health care		Psychological		1		
96120	professional interpretation and report.	Assessment	Testing	n/a	Х		1 H
	Therapeutic, prophylactic, or diagnostic injection (specify		Medication				
96372	substance or drug) subcutaneous or intramuscular	Treatment	Management	n/a	Х		E

		Primary			SP		
Code	Description	Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	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						
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					(b)(3)          (b)(3)         X	
	and/or work environment/modification analysis, work task						
	analysis, use of assistive technology device/adaptive						
97537	equipment), direct one-on-one contact by provider, each 15 minutes	Treatment	Rehabilitation	n/a	x	x	15 M
57557		Treatment	Renabilitation	Phone	~	~	13 101
	Telephone assessment and management provided by qualified			Assessment and			
98966	non-physician health care professional.	Assessment	Non-Face-to-Face	Management	Х	x	15 M
				Phone			
	Telephone assessment and management provided by qualified			Assessment and			
98967	non-physician health care professional.	Assessment	Non-Face-to-Face	Management	х	х	15 M
				Phone			
	Telephone assessment and management provided by qualified			Assessment and			
98968	non-physician health care professional.	Assessment	Non-Face-to-Face	Management	Х	Х	15 M
	Office or Other Outpatient Services: requires problem focused						
	history, problem focused examination, and straight forward		Office or Other				
99201	medical decision making. Typical time spent is 10 minutes.	E&M	Outpatient	New Patient	Х	Х	E
	Office or Other Outpatient Services: requires expanded						
	problem focused history, expanded problem focused						
	examination, and straightforward medical decision making.		Office or Other				-
99202	Typical time spent is 20 minutes.	E&M	Outpatient	New Patient	Х		E
	Office or Other Outpatient Services: requires detailed history,				1		
00202	detailed examination, and low complexity medical decision	59.14	Office or Other	New Detient	V		
99203	making. Typical time spent is 30 minutes.	E&M	Outpatient	New Patient	Х		E

					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	Х		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	Х		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	Х		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	Х		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	Х		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						
	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		Е

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Code	Description	Primary Category	Secondary Category	<b>Tertiary Category</b>	(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	Х		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	Х		E
	Initial hospital care, per day, for the evaluation and			Initial Hospital			
99221	management of a patient (low severity)	E&M	Hospital Inpatient	Care	Х		E
	Initial hospital care, per day, for the evaluation and			Initial Hospital			
99222	management of a patient (moderate severity)	E&M	Hospital Inpatient	Care	Х		E
	Initial hospital care, per day, for the evaluation and			Initial Hospital			
99223	management of a patient (high severity)	E&M	Hospital Inpatient	Care	Х		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	Х		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	Х		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
33231					SP		<b></b>
Cada	Description	Duinean Catagon	Canadam. Catagoria	Tautian Cataor	-	(h)(2)	l lmi+*
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*

	Subsequent hospital care, per day (patient responding					
	inadequately to therapy or has developed a minor			Subsequent		
99232	complication)	E&M	Hospital Inpatient	Hospital Care	x	E
JJZJZ	Subsequent hospital care, per day (unstable patient or the			Subsequent	~	L
99233	development of significant complications or problems)	E&M	Hospital Inpatient	Hospital Care	x	E
00200	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	E
	Same day admit/discharge observation/inpatient Evaluation					
	and Management services: requires comprehensive history,					
	comprehensive exam, high complexity med decision making,			Subsequent		
99236	Typical time 55 minutes	E&M	Hospital Inpatient	Hospital Care	Х	E
99238	Discharge day management; 30 minutes or less	E&M	Hospital Inpatient	Hospital Discharge	Х	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					
	exam low complexity med decision making, Typical time 40			Office or Other		
99243	minutes	E&M	Consultations	Outpatient	Х	E

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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	Х		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
	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	Х		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	Х		E
	Emergency Department Services: requires problem focused						
	history, problem focused examination straight forward		Emergency				
99281	medical decision making	E&M	Department	n/a	Х		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		Е
	Emergency Department Services: requires detailed history,						
	detailed examination moderate complexity medical decision		Emergency		1		
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	Х		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	Х		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	Х		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	Х		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		E
	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	Х		E
	Subsequent Nursing Facility Services: requires comp interval						
	history, comprehensive examination high complexity medical			Subsequent			
99310	decision making, Typical time is 35 minutes	E&M	Nursing Facility	Services	Х		E
	Nursing Facility discharge services: nursing facility discharge						
99315	day management; 30 minutes or less	E&M	Nursing Facility	Discharge Services	Х		E
	Nursing Facility discharge services: nursing facility discharge						
99316	day management; more than 30 minutes	E&M	Nursing Facility	Discharge Services	Х		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				1		
	expanded problem focused interval history, expanded				1		
	problem focused examination low complexity medical		Domiciliary, Rest				
	decision making Typical time 25 minutes		Home, Custodial	Established	1		_
99335		E&M	Care	Patient	Х		E

					SP		
Code	Description	Primary Category	Secondary Category	<b>Tertiary Category</b>	(HE)	(b)(3)	Unit*
	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
	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	Х		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	Х		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	Х		E
	Home care services: requires detailed history, detailed						
	examination moderate complexity medical decision making,						
99343	Typical time 45 minutes	E&M	Home	New Patient	Х		E
	Home care services: requires comprehensive history,						
	comprehensive examination moderate complexity medical						
99344	decision making, Typical time 60 minutes	E&M	Home	New Patient	Х		E
	Home care services: requires comprehensive history,						
	comprehensive examination high complexity medical						
99345	decision making, Typical time 75 minutes	E&M	Home	New Patient	Х		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	Х		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	Х		E
	Home care services: requires detailed interval history,						
	detailed examination moderate complexity medical decision			Established	1		
99349	making, average time 40 minutes	E&M	Home	Patient	Х	1	Е

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	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	Х		E
	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	Х		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	Х		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	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						
99441	appointment; 5 – 10 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						
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	Х		E

					SP		
Code	Description	Primary Category	Secondary Category	Tertiary Category	(HE)	(b)(3)	Unit*
	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	РНР	Х		E
	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	РНР	Х		E
			Alcohol and Drug				
H0001	Alcohol and/or Drug (AOD) Assessment	Assessment	Abuse	n/a	Х		E
	Behavioral health screening to determine eligibility for						
H0002	admission to treatment program	Screening	Program Eligibility	n/a	Х		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		Х	E
				Individual			
H0004	Behavioral health counseling and therapy, per 15 minutes	Treatment	Psychotherapy	Psychotherapy	Х	Х	15 M
			Alcohol and Drug	Group			
H0005	Alcohol and/or drug services; group counseling	Treatment	Abuse	Psychotherapy	Х	Х	1 H
			Alcohol and Drug	Case			
H0006	Alcohol and/or drug services; case management	Treatment	Abuse	Management	Х	Х	15 M
			Alcohol and Drug				
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	Crisis	Abuse	n/a		Х	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	Х	Х	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	Х*		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						
	systems in order to mainstream prevention through policy	Prevention/Early					
H0027	and law)	Intervention	Community	n/a			E
	Alcohol and/or drug prevention problem identification and						
	referral service (e.g. student assistance and employee	Prevention/Early	Alcohol and Drug				
H0028	assistance programs), does not include assessment	Intervention	Abuse	Screening			15 M
	Alcohol and/or drug prevention alternatives service (services				1		
	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			E
H0030	Behavioral Health, Hotline Services	Crisis	Non-Face-to-Face	Phone			E
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*	Х	E

					SP		
Code	Description	Primary Category	Secondary Category	<b>Tertiary Category</b>	(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
	Community psychiatric supportive treatment, face-to-face,				X		45.84
H0036	per 15 minutes	Treatment	Rehabilitation	CPST	Х		15 M
110027	Community psychiatric supportive treatment, face-to-face,	Treatment	Rehabilitation	CPST	x	х	D
H0037	per diem	Treatment Peer	Renabilitation	CPSI	^	^	D
H0038	Self-help/peer services, per 15 minutes	Support/Recovery	Behavioral Health	n/a	Х*	х	15 M
H0039	Assertive community treatment, face-to-face, per 15 minutes	Treatment	Rehabilitation	ACT	Х	х	15 M
H0040	Assertive community treatment program, per diem	Treatment	Rehabilitation	ACT	Х	Х	D
H0043	Supported housing, per diem	Residential	Supported Housing	n/a	Х	Х	D
H0044	Supported housing, per month	Residential	Supported Housing	n/a	Х	Х	М
H0045	Respite care services, not in the home, per diem	Respite Care	Facility-Based	n/a		Х	D
H0047	Alcohol and/or other drug abuse services; not otherwise specified	Treatment	Alcohol and Drug Abuse	NOS		x	15 M
	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
		Prevention/Early					
H1003	Prenatal Care, at risk enhanced service, education	Intervention	Education	Prenatal			1 H
			Alcohol and Drug	Case Management			
H1004	Prenatal follow up home visit	Treatment	Abuse	(Prenatal)			15 M
H1011	Family assessment by a licensed behavioral health professional for State defined purposes	Assessment	Diagnosis	n/a	x		E
	· ·				X		E
H2000	Comprehensive multidisciplinary evaluation	Assessment	Diagnosis	n/a Rehabilitation	^		C
H2001	Rehabilitation program, per ½ day	Treatment	Rehabilitation	Program	х	х	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	Х	Х	15 M
H2012	Behavioral health day treatment, per hour	Treatment	Intensive	Day Treatment	Х	Х	1 H
H2014	Skills training and development, per 15 minutes	Treatment	Rehabilitation	Other	Х		15 M
H2015	Comprehensive community support services, per 15 minutes	Peer Support/Recovery Peer	Community	n/a	x	x	15 M
H2016	Comprehensive community support services, per diem	Support/Recovery	Community	n/a	х		D
H2017	Psychosocial rehabilitation services, per 15 minutes	Treatment	Rehabilitation	PSR	Х		15 M
H2018	Psychosocial rehabilitation services, per diem	Treatment	Rehabilitation	PSR	Х	х	D
H2021	Community-based wrap-around services, per 15 minutes	Treatment	Other Professional Services	Community-Based Wrap-Around	x	x	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		Х	D
H2025	Ongoing support to maintain employment, per 15 minutes	Treatment	Vocational Services	n/a		Х	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	x	15 M
H2030	Mental health clubhouse services, per 15 minutes	Treatment	Rehabilitation	Clubhouse	Х	Х	15 M
H2031	Mental health clubhouse services, per diem	Treatment	Rehabilitation	Clubhouse	Х	Х	D
H2032	Activity therapy, per 15 min	Treatment	Rehabilitation	Other	Х	Х	15 M
H2033	Multi-systemic therapy for juveniles, per 15 minutes	Treatment	Other Professional Services	MST	x	x	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	Х		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	E
	Smoking cessation classes, non-physician provider, per	Prevention/Early		Smoking			
S9453	session	Intervention	Education	Cessation	Х		E
	Stress management classes, non-physician provider, per	Prevention/Early		Stress			
S9454	session	Intervention	Education	Management	Х	Х	E
S9480	Intensive outpatient psychiatric (IOP) services, per diem	Treatment	Intensive	IOP – MH	Х	Х	D
S9485	Crisis intervention mental health services, per diem	Crisis	Behavioral Health	n/a	Х		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		Х	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		1		
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	Х	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	Х	Х	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
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
<ul> <li>Resiliency, Recovery and Wellness</li> <li>Understand principles and concepts of resiliency, recovery, and a wellness oriented lifestyle</li> <li>Assist others with their own resiliency and recovery</li> <li>Encourage options and choices</li> <li>Understand impacts of labels, stigma, discrimination, and bullying</li> <li>Understand person-centered resiliency and recovery planning for all ages and stages</li> </ul>	<ul> <li>Trauma-Informed Support</li> <li>Understand impact of trauma and responses to trauma</li> <li>Demonstrate sensitivity and acceptance of individual experiences</li> <li>Practice cultural sensitivity</li> <li>Promote shared decision-making</li> </ul>
Resources         - Knowledge of community resources and those specific to behavioral 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 o         *Item pertains specifically to Family Advocates/Family Systems Navigators	

Sources of Information and Input:

- 1. Advocates for Recovery Colorado Core Competencies for Recovery Coaches, (2010)
- 2. Blanch, A., Filson, B., & Penney, D. Engaging Women in Trauma-Informed Peer Support: A Guidebook (2012)
- 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

## **Appendix E: Targeted 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 not include the following:

- Case management activities that are an integral component of another covered Medicaid service.
- Direct delivery of medical, educational, social or other services to which a Medicaid eligible patient has been referred.

- Activities integral to the administration of foster care programs.
- Activities, for which a Medicaid eligible patient may be eligible, but are integral to the administration of another non-medical program.

## **Appendix F: Interactive Complexity**



Interactive Complexity Revised 11/3/12

American Academy of Child GAddlesscryt Psychlatry

Definition	A new concept in 2013, interactive complexity refers to 4 specific communication factors <i>during</i> a visit that complicate delivery of the primary psychiatric procedure. Report with CPT add-on code 90785.	Typical Patients	<ul> <li>Interactive complexity is often present with patients who:</li> <li>Have other individuals legally responsible for their care, such as minors or adults with guardians, or</li> <li>Request others to be involved in their care during the visit, such as adults accompanied by one or</li> </ul>
Code Type	Add-on codes may be reported in conjunction with specified "primary procedure" codes. Add-on codes may never be reported alone.		<ul> <li>more participating family members or interpreter or language translator, or</li> <li>Require the involvement of other third parties,</li> </ul>
Replaces	Codes for interactive diagnostic interview examination, interactive		such as child welfare agencies, parole or probation officers, or schools. Interactive complexity is commonly present during
	individual psychotherapy, and interactive group psychotherapy are deleted.		visits by children and adolescents, but may apply to visits by adults, as well.
Use in Conjunction With	The following psychiatric "primary procedures":	Report 90785	When at least one of the following communication factors is present during the visit:
	<ul> <li>Psychiatric diagnostic evaluation, 90791, 90792</li> <li>Psychotherapy, 90832, 90834, 90837</li> </ul>		<ol> <li>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.</li> </ol>
	<ul> <li>Psychotherapy add-on codes, 90833, 90836, 90838, when</li> </ul>		<ol><li>Caregiver emotions or behaviors that interfere with implementation of the treatment plan.</li></ol>
	reported with E/M Group psychotherapy, 90853 When performed with psychotherapy, the interactive		<ol> <li>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.</li> </ol>
	complexity component (90785) relates only to the increased work intensity of the psychotherapy service, and does not change the time for the psychotherapy service.		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
May Not Report With	<ul> <li>Psychotherapy for crisis (90839, 90840)</li> </ul>		language skills to use or understand typical language.
	<ul> <li>E/M alone, i.e., E/M service not reported in conjunction with a psychotherapy add-on service</li> </ul>		Per the Center for Medicare and Medicaid Services (CMS), "90785 generally should not be billed solely for
	<ul> <li>Family psychotherapy (90846, 990847, 90849)</li> </ul>		the purpose of translation or interpretation services" as that may be a violation of federal statute.
Complicating	The following examples are NOT inter	ractive comp	lexity:
Communication Factor Must Be Present During the Visit	<ul> <li>Multiple participants in the visit wis straightforward communication</li> <li>Patient attends visit individually w sentinel event or language barrier</li> </ul>	ith no	<ul> <li>Treatment plan explained during the visit and understood without significant interference by caretaker emotions or behaviors</li> </ul>

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

	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			

### a. Office or Other Outpatient Services

#### 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		

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

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

#### 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		

### m. Subsequent Nursing Facility Services

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

#### n. Nursing Facility Discharge Services

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

#### o. 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 Medi		
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	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	Procedure Code Procedure Code Description			
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	and moderate complexity medical 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	Procedure Code Procedure Code Description			
99224	99224 Requires problem focused interval history, problem focused exam, and straight forward or low complexity medical decision making. Typical time is 15 minutes.			
99225	Expanded problem focused interval history, expanded problem focused exam, and moderate complexity medical decision making. Typical time is 25 minutes.			
99226	Requires detailed interval history, detailed exam, and high complexity medical decision Making Typical time is 35 minutes.			

### 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 Description			
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 Procedure Code Description Usage				
99221 Initial hospital care, per day, for the evaluation and management of a patient (low severity) Med		Medicaid/OBH		
99222 Initial hospital care, per day, for the evaluation and management of a patient (moderate Medica severity)		Medicaid/OBH		
99223	99223 Initial hospital care, per day, for the evaluation and management of a patient (high severity) Medicaid/0			

#### *ii. Subsequent Hospital Care*

Treatment Services – Inpatient Services – Subsequent Hospital Care				
Procedure Code	Procedure Code Procedure Code Description			
99231	99231 Subsequent hospital care, per day (stable, recovering or improving patient)			
99232	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)		Medicaid/OBH		

#### iii. Hospital Discharge Services

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

#### 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 other outpatient services.

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

#### 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 Procedure Code Description					
99251	Inpatient consultation for a new or established patient; the presenting problem(s) N are self-limited or minor				
99252	99252 Inpatient consultation for a new or established patient; the presenting problem(s) are of low severity				
99253	53 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.		Medicaid/OBH			
99255	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.	Medicaid/OBH			

# **E/M Components**

	SIGNIFICANCE			
COMP- ONENT	OF COMPONENT TO CODING DECISION	# AND TYPES OR LEVELS OF EACH COMPONENT	DESCRIPTION	COMMENT
History	Кеу	<ol> <li>4 Types:</li> <li>1. Problem-focused</li> <li>2. Expanded Problem-focused</li> <li>3. Detailed</li> <li>4. Comprehensive</li> </ol>	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	Кеу	<ol> <li>4 Types:</li> <li>1. Problem-focused</li> <li>2. Expanded Problem- focused</li> <li>3. Detailed</li> <li>4. Comprehensive</li> </ol>	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	Кеу	<ol> <li>4 Types:</li> <li>Straightforward</li> <li>Low Complexity</li> <li>Moderate Complexity</li> <li>High Complexity</li> </ol>	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	<ol> <li>5 Types:</li> <li>Minimal: likely straightforward level of medical decision-making</li> <li>Self-limited or minor: likely straightforward level of medical decision-making</li> <li>Low severity: likely low to moderate complexity of medical decision-making – although this depends on work-up needed to get to rule in DX</li> <li>Moderate severity: likely moderate to high complexity of medical decision-making depending on outcome and work-up needed to get to DX.</li> <li>High severity: likely moderate to high-risk medical decision-making.</li> </ol>	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.

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	ory			Exa	am		Medi	ical 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	x				x				x				10 MIN
	99202	New Patient Office or other outpatient Visit *Requires 3 of 3		х				x			x				20 MIN
	99203	New Patient Office or other outpatient Visit *Requires 3 of 3			x				х			x			30 MIN
OFFICE OR OTHER OUTPATIENT	99204	New Patient Office or other outpatient Visit *Requires 3 of 3				x				x			х		45 MIN
THER OU	99205	New Patient Office or other outpatient Visit *Requires 3 of 3				x				х				х	60 MIN
RO	99211	N/A													5
OFFICE O	99212	Established Patient Office or Outpatient Visit *Requires 2 of 3	x				х				x				10 MIN
	99213	Established Patient Office or Outpatient Visit *Requires 2 of 3		х				x				х			15 MIN
	99214	Established Patient Office or Outpatient Visit *Requires 2 of 3			х				х				x		25 MIN
	99215	Established Patient Office or Outpatient Visit *Requires 2 of 3				x				х				x	40 MIN
	99281	Emergency Department Visit *Requires 3	x				х				x				N/A
RTMENT	99282	Emergency Department visit *Requires 3		х				x				x			N/A
VCY DEP	99283	Emergency Department Visit *Requires 3		x				x					x		N/A
EMERGENCY DEPARTMENT	99284	Emergency Department Visit *Requires 3			х				х				x		N/A
	99285	Emergency Department Visit *Requires 3				x				х				х	N/A

					1			1							1	
			Initial Nursing Facility													
	ш	99304	Care. New or established patient.			х	Х			х	х	Х	Х			25 MIN
	INITIAL NURSING HOME CARE		*Requires 3 of 3.													
	нg		Initial Nursing Facility													
	URSIN CARE	99305	Care. New or				v				v			v		
	S IC	99305	established patient.				х				х			х		35 MIN
	AL N		*Requires 3 of 3.													
	1 E		Initial Nursing Facility													
	Z	99306	Care. New or				х				х				х	45 MIN
			established patient. *Requires 3 of 3.													
			Subsequent Nursing													
			Facility Care. New or													
	RE	99307	established patient.	Х				Х				х				10 MIN
Ľ.	C		*Requires 2 of 3.													
NURSING FACILITY	ME		Subsequent Nursing													
G F/	Η	99308	Facility Care. New or		х				х				х			15 MIN
SIN	<b>N</b> I		established patient. *Requires 2 of 3.													
UR	URS		Subsequent Nursing													
z	IN L		Facility Care. New or													
	JE N	99309	established patient.			х				х				х		25 MIN
	SUBSEQUENT NURSING HOME CARE		*Requires 2 of 3.													
	JBS		Subsequent Nursing													
	SI	99310	Facility Care. New or established patient.				Х				Х				Х	35 MIN
			*Requires 2 of 3.													
	,		Nursing Facility													30 or
	1E V	99315	Discharge 30 minutes													<30
	AON GE REV		or less													MIN
	NURSING HOME DISCHARGE OR ANNUAL REVIEW	99316	Nursing Facility Discharge >30 minutes													>30 MIN
	RSI DISC NNI		Annual Nursing Facility													IVIIIN
	NU I R A	99318	Assessment *Requires			х					х		х	х		30 MIN
	0		3 of 3.													
RE			Domiciliary, Rest													
S.		99324	Home, Custodial Care.	х				х				х				20 MIN
IAI			New patient. *Requires 3 of 3.													
ME), CUSTODIAL CARE			Domiciliary, Rest													
SUS		00225	Home, Custodial Care.		v				v				v			
E), (		99325	New patient.		х				х				х			30 MIN
IWO			*Requires 3 of 3.													
H C			Domiciliary, Rest													
NIC		99326	Home, Custodial Care. New patient.			х				х				Х		45 MIN
ARC			*Requires 3 of 3.													
BO			Domiciliary, Rest													
.g.		99327	Home, Custodial Care.				х				х			х		60 MIN
IE (e		55521	New patient.				^				~			^		
NO			*Requires 3 of 3.													
ЦH			Domiciliary, Rest Home, Custodial Care.													
RES		99328	New patient.				х				х				х	75 MIN
RY,			*Requires 3 of 3.													
DOMICILIARY, REST HOME (e.g., BOARDING HO	1		Domiciliary, Rest													
MIC		99334	Home, Custodial Care.	х				х				х				15 MIN
NOC			Established patient. *Requires 3 of 3.													
-			Requires 3 01 3.		l		I		I	1	1		I	1		

		1					r			r	r	r		r		
			Domiciliary, Rest													
		99335	Home, Custodial Care.		х				х				х			25 MIN
			Established patient.													
1			*Requires 3 of 3.													
			Domiciliary, Rest													
		99336	Home, Custodial Care.			х				х				х		40 MIN
			Established patient.													
			*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
		99343	Home visit . New Patient *Requires 3			х				х				х		45
			Home visit. New													
		99344	Patient *Requires 3				х				х			х		60
6			Home visit. New													
HOME SERVICES		99345	Patient *Requires 3				х				х				х	75
RVI			Home visit.													
SE		99347	Established Patient	х				х				х				15
Ξ		55547	*Requires 2 of 3	^				^				^				15
위			Home visit.				-				-					-
		99348	Established Patient		х				х				х			25
		55540	*Requires 2 of 3		~				~				^			25
			Home visit.													
		99349	Established Patient			х				х				х		40
		550.5	*Requires 2 of 3													
			Home visit.													
		99350	Established Patient				х				х			х	х	60
			*Requires 2 of 3													
			Initial Inpatient													
		00221	Hospital Care. New or			v				~		x				30 MIN
	RE	99221	established patient. *			х				х		^	х			SU IVIIIN
	5		Requires 3 of 3													
	<u> </u>		Initial Inpatient													
	E E	99222	Hospital Care. New or				x				x			х		50 MIN
Ś	Ϋ́	55222	established patient. *				^				^			^		50 10111
Ü	F		Requires 3 of 3													
HOSPITAL INPATIENT SERVICES	INITIAL HOSPITAL CARE		Initial Inpatient													
L SE	l ⊒	99223	Hospital Care. New or				х				х				х	70 MIN
EN			established patient. *													
ATI			Requires 3 of 3													
7dN	անա		Subsequent Hospital													
L L	ARI	99231	Care. New or	х				х				х	х			15 MIN
TI C			established patient.													
DSP	SUBSEQUENT HOSPITAL CARE, SUBSEQUENT HOSPITAL CARE		*Requires 2 of 3													
Ŧ	SP SP		Subsequent Hospital													
	보보	99232	Care. New or established patient.		Х				Х					Х		25 MIN
	INT INT		*Requires 2 of 3													
	μ Σ		Subsequent Hospital													
	SEC		Care. New or													
	BU BU	99233	established patient.			Х				х					Х	35 MIN
	~ ~ ~		*Requires 2 of 3													
													1	1		

	CARE, RVATION	99234	Same Day Admit/Discharge Observation/Inpatient. New or established patient. *Requires 3 of 3			x	x			x	x	x	x			40
	SUBSEQUENT HOSPITAL CARE, SAME DAY ADMIT & DC OBSERVATION	99235	Same Day Admit/Discharge Observation/Inpatient. New or established patient. *Requires 3 of 3				x				х			x		50
	SAME DAY	99236	Same Day Admit/Discharge Observation/Inpatient. New or established patient. *Requires 3 of 3				х				х				x	55
	SUBSEQUENT HOSPITAL CARE, DISCHARGE	99238	Hospital Discharge Day Management 30 minutes or less													30 or <30 MIN
	SUBSE HOSPIT/ DISCF	99239	Hospital Discharge Day Management >30 minutes													>30 MIN
	DIS- CHARGE	99217	N/A													
	DN CARE	99218	Initial Observation Care. New or established patient. * Requires 3 of 3			x	x			x	x	x	x			30
7	INITIAL OBSERVATION CARE	99219	Initial Observation Care. New or established patient. * Requires 3 of 3				x				x			x		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				x				x	x			15
	SUBSEQUENT OBSERVATION	99225	Subsequent Observation Care. New or established patient. *Requires 2 of 3.		x				x					x		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				x				x				15
	OFFICE OR OTHER OUTPATIENT CONSULTATIONS	99242	Office or Outpatient Consultation Established Patient *Requires 3		x				x			x				30
	OUTPATIEN	99243	Office or Outpatient Consultation Established Patient *Requires 3			x				х			x			40
SNG	OR OTHER	99244	Office or Outpatient Consultation Established Patient *Requires 3				x			х				x		60
CONSULTATIONS	OFFICE	99245	Office or Outpatient Consultation Established Patient *Requires 3				x				x				x	80
0		99251	Inpatient Consultation New or Established Patient *Requires 3	x				x				x				20
	TATIONS	99252	Inpatient Consultation New or Established Patient *Requires 3		x				х			х				40
	T CONSUI	99253	Inpatient Consultation New or Established Patient *Requires 3			x				х			x			55
	INPATIENT CONSULTATIONS	99254	Inpatient Consultation New or Established Patient *Requires 3				x				x			x		80
	_	99255	Inpatient Consultation New or Established Patient *Requires 3				x				x				x	110

# **E/M Documentation**

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

# **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
С	Conditional
C/A CAC	Child/Adolescent Certified Addiction Counselor
CAMFTE	Commission on Accreditation for Marriage and Family Therapy Education
CARF	Commission on Accreditation of Rehabilitation Facilities
CASASTART <sup>™</sup>	The National Center on Addiction & Substance Abuse at Columbia University Striving Together to Achieve
CDUD	Rewarding Tomorrows
CBHP	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
СНР	Colorado Health Partnerships
CIT	Crisis Intervention Training
CIWA-AR	Clinical Institute Withdrawal Assessment of Alcohol – Revised
CLIA	Clinical Laboratory Improvements Amendment
СМ	Case Management
СМНС	Community Mental Health Center/Clinic
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
СР	Clinical Psychologist
CPST	Community Psychiatric Supportive Treatment
CPT <sup>®</sup>	Current Procedural Terminology

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
El	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
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 FTE	Federally Qualified Health Center Full-Time Equivalent
FY GED	Fiscal Year General Education Diploma
GED Grp Home	
HCBS	Group Home Home and Community-Based Services
HCPCS HCPF	Healthcare Common Procedure Coding System Colorado Department of Health Care Policy and Financing
	Colorado Department of Health Care Policy and Financing Hepatitis C
Нер С	
HHS	US Department of Health and Human Services
	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

Term/Acronym	Definition
IEP	Individualized Education Program
IMD	Institution(s) for Mental Disease
npt Hosp	Inpatient Hospital
npt PF	Inpatient Psychiatric Facility
OP	Intensive Outpatient Psychiatric/Program
ntox	Intoxication
ICAHO	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
МНР	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 Courselors
NBHP	Northeast Behavioral Health Partnership
NCAC	Notifieast behavioral reaction and the ship
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
Р	Professional
PA	Physician Assistant
РСР	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/El	Prevention/Early Intervention
Prison/CF	Prison/Correctional Facility

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
RAE	Regional Accountable Entity
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
ТСМ	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**

<sup>1</sup> 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).

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

<sup>3</sup> 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/.

<sup>iv</sup> 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).

<sup>v</sup> 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).

<sup>vi</sup> 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).

<sup>7</sup> American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*. Chicago, IL: American Medical Association (AMA).

<sup>8</sup> 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.

<sup>9</sup> Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 4.

<sup>10</sup> "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.

<sup>11</sup> Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 15.

<sup>12</sup> § 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."

<sup>13</sup> §§ 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."

<sup>14</sup> § 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.

<sup>15</sup> 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.

<sup>16</sup> 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.

<sup>17</sup> 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.

<sup>18</sup> American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*. Chicago, IL: American Medical Association (AMA), page 8.

<sup>19</sup> American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*, pages 27 – 28. Chicago, IL: American Medical Association (AMA).

<sup>xx</sup> Ingenix (2008). 2009 Coders' Desk Reference for Procedures. Eden Prairie, MN: Ingenix.

<sup>xxi</sup> 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.

<sup>xxii</sup> 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.

<sup>xxiii</sup> Population limits are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), the Medicaid State Plan and 1915(b)(3) Waiver, and the regional accountably entity (RAE) current contracts.

<sup>xxiv</sup> 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 regional accountable entity (RAE) current contracts.

<sup>XXV</sup> 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 regional accountable entity (RAE) current contracts.

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

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

<sup>xxviii</sup> Program service categories are based on the Medicaid State Plan and 1915(b)(3) Waiver, the regional accountable entity (RAE) current contracts, and the Colorado Department of Health Care Policy & Financing (HCPF) Approved Procedure Code List for Calendar Year 2009.

<sup>xxix</sup> 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. <sup>xxx</sup> 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 regional accountable entity (RAE) current contracts.

<sup>31</sup> 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.

<sup>32</sup> 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.

<sup>33</sup> 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).

<sup>34</sup> 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).

<sup>35</sup> 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.

<sup>36</sup> 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).

<sup>37</sup> Straheli, W.L. (Editor) (2008). 2008 Behavioral Health Multibook. Dammeron Valley, UT: InstaCode Institute, page C.17.

<sup>38</sup> 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.

<sup>39</sup> 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.

<sup>40</sup> 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.

<sup>41</sup> 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).